

Domestic Squalor Information Package

A guide for Services to assist with identifying and dealing with Severe Domestic Squalor in the Blue Mountains.



Produced by
Blue Mountains Domestic Squalor Working Party
June 2009



Dear Service Provider,

Dealing with Severe Domestic Squalor in the Blue Mountains

As a result of ongoing discussions with Service Providers and Government organisations regarding continual incidences of Domestic Squalor, The Blue Mountains City Council in partnership with Government Agencies and Community Organisations developed a Working Party in 2009 to compile a strategic plan of action to best deal with cases of people living in Severe Domestic Squalor in the Blue Mountains Local Government Area (LGA).

This package provides a comprehensive listing of agencies that are involved in assisting people who are living in or are in danger of living in severe domestic squalor.

In order to assist agencies and community members alike who are unsure about what constitutes domestic squalor a definition and a living conditions rating scale is provided. This scale will greatly aid workers in any initial assessment of an individual's living conditions.

There is also a flow chart for assessing and managing incidences of squalor with a detailed diagram to show at what stage the key agency/ies should be involved.

Whilst this package is a good starting point for service providers to identify what constitutes squalor and the agency/ies to refer to, it should not be referred to in isolation as people living in severe domestic squalor vary markedly in their nature, personality style, perception of circumstances and their acceptance of the situation. It is imperative that Service Providers be flexible in their approach and show cultural sensitivity to each case presented.

Good communication and sound partnerships with all agencies involved in assisting a person in squalor is paramount.

The information listed in this package was compiled in 2009. This package, to the best of our knowledge, is a comprehensive plan of action to best deal with incidences of severe domestic squalor in the Mountains. However, we welcome any suggestions and comments on the content for further enhancement of the package.

If you have any queries regarding the package, please contact the Aged and Disability Services Development Officer at the Blue Mountains City Council on **4780 5546**.

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Definition of 'Squalor'

Dictionary definitions of a squalid dwelling or place (as opposed to clothing or appearance) refer to somewhere that is filthy, unclean or foul through neglect. With the exception of some very extreme examples, whether someone lives in 'squalor' is subjective and influenced by the attitude, exposure to the unclean environment and personal living conditions of the person making the assessment.

Some environments, furthermore, such as those that are cluttered and inaccessible may be more likely to be labeled as 'squalid' even though they may be no dirtier than other places where there is less property and possessions.

Adapted from published criteria:

Macmillan D, Sahw P. Senile breakdown in standards of personal and environmental cleanliness. *BMJ* 1966;1:1032-37.

Clark AN, Maniker GD, Gray I. Diogenes syndrome: a clinical study of gross neglect in old age. *Lancet* 1975;1: 366-68.

Factors that Contribute to Severe Domestic Squalor

Severe domestic squalor can occur in a number of circumstances and situations. It affects a range of household types and age groups; both younger and older people as well as couples. The list of circumstances is endless however evidence suggests that half to two-thirds of all persons living in severe domestic squalor suffer from dementia or alcohol-related brain damage, or mental health disorders such as schizophrenia and depression. There is also associated factors including economic and cultural poverty, diverse cultural values and beliefs and war or other trauma

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

A recent study conducted in November 2008 by the University of Sydney found that at least one in 1,000 NSW people are living in severe domestic squalor.

However since numerous cases of severe domestic squalor are never referred to medical services, the actual incidence is likely to be considerably higher.

Source: Northern Sydney Severe Domestic Squalor Working Party Information Pack August 2005, First Edition

Sample Case Study

CASE 6

Mr A. is a 70-year-old man who lives alone in his own home. He was referred to mental health services by his neighbour, who was concerned that he was in a severe state of self-neglect, and that his mental and physical health were declining. The neighbour reported seeing Mr A. talking to himself, and that he was becoming increasingly pale and losing weight. His house was extremely neglected and dilapidated. There were several holes in the roof, no glass in the windows, no electricity and no water.

Mental health services visited his home on several occasions but Mr A. was never at home or refused to answer the door. He did not respond to written requests to see him sent in by mail. He was not known to have any living friends or relatives. Mental health records confirmed Mr A. had been admitted to hospital 30 years ago with schizophrenia, but was not known to have had any contact since. Mr A. was known to the local council, who had received complaints in relation to the neglected state of the property, and that the yard and garden were over-grown. The council had cleared the yard on several occasions after his failure to respond to compulsory orders under the *Local Government Act*. Mr A.'s rates were in arrears, but he made payments from time to time and last visited the council offices several months before. Otherwise, Mr A. is not known to have caused any problems and is not known to be a danger to himself or others.

Discussion

Based upon the report of his neighbour, Mr A. may be at risk (from untreated mental illness, self neglect, poor nutrition) and further assessment is warranted. Whether further intervention is required will depend upon whether or not it is possible to see Mr A. at his home (or elsewhere) and his willingness to cooperate. Assuming it is possible to contact him, and he agrees to an assessment, a number of areas need to be addressed.

Medical and psychiatric assessment.

As Mr A. has hallucinatory behaviour and a past history of mental illness, mental health services (the local psycho-geriatric service or crisis team, for example) would need to undertake the initial assessment. They would then determine whether further assessment by other medical specialists is required. Sometimes a person may agree to see a general practitioner or a geriatrician (from the ACAT for example) before seeing a psychiatrist.

Because of the suggestion of physical health problems and nutritional deficiencies (weight loss and pale appearance) a review of Mr A.'s physical health is likely to be indicated in any case. A physical examination and further investigations, such as blood tests, may also be required. In less urgent situations, workers from the Assistance

with Care and Housing for the Aged program and non-government organisations are sometimes able to forge an initial relationship with the client and obtain their consent to arrange medical appointments.

Assessing capacity. An important question to be addressed from the outset is whether or not Mr A. has the capacity to decide whether or not he needs to receive further medical treatment (e.g. medications, hospitalisation, investigations) and remain in his current accommodation. He needs to be able to understand the options available to him and the potential benefits and risks associated with each of these.

Environmental and public health assessment. Severe domestic squalor can present the following significant health risks to the occupant, to neighbours and to the local community: fire from the accumulation of large quantities of flammable material; rodents and other pests; and the spread of disease associated with lack of running water or lack of sewage. If these concerns are apparent in Mr A.'s case, it would be necessary to notify Environmental Health Officers (EHOs) with the local council.

Cleaning. Cleaning is often difficult to organise and to pay for. If Mr A.'s living conditions are extreme and there are concerns about exposure to human waste, body fluids, excretions and an infection risk, 'forensic' cleaning may be required. The local council may be able to provide contact details for local cleaning services and assist with removal of property and rubbish. In milder cases, with less infectious risk, particularly if Mr A. were voluntarily accepting assistance, some NGOs (such as Mercy Arms or the Brown Sisters) may undertake some of the cleaning themselves. A small amount of funding is available from the Department of Ageing, Disability and Home Care (DADHC) to broker cleaning services in some cases.

What happens if Mr A. persistently resists assessment and/or intervention?

Should Mr A. be continually unavailable for assessment and the concerns in relation to his health and living conditions persist, there are several ways in which his case could be dealt with. These are likely to be influenced by which service has had the most involvement. In Mr A.'s case, this would be mental health services and the local council. A joint approach (taking as much care to maintain confidentiality as possible), with one service taking on the role of the 'lead agency' and identifying a coordinator or 'key worker', is probably the ideal. Continuing efforts should be made to engage Mr A. and convince him to accept help voluntarily.

If Mr A. continues to resist, legal authorisation to enter his home to conduct an assessment, is required. If there is evidence of a likely mental illness, mental health services could apply to the local court for authority to conduct an assessment under the *Mental Health Act*. This

would permit a psychiatrist to enter his home (in the presence of Police and, if necessary, by force) to enable a medical examination, including an assessment of capacity and risk.

If Mr A. were determined to be mentally ill and at risk, the psychiatrist could request the police to hospitalise him for further assessment and/or treatment under the *Mental Health Act 1990*.

If authority to undertake an assessment was not granted to the mental health services, then the council could invoke its powers under the amended *Local Government Act 1993* and order a clean up without Mr. A.'s consent.

Source: Partnership Against Homelessness- Guidelines for field staff to assist people living in severe domestic squalor August 2007.

For further information on how to identify a persons capacity to make decisions please refer to the Capacity Tool Kit produced by Attorney General's Department as listed on page 27 of this document.

Assessing Domestic Squalor Rating Scale

The aim of the rating scale below allows Governments and community organisations to gauge the nature and urgency of the issue. It promotes better planning and intervention strategies, especially when seeking the support and assistance of other agencies or family members

Living conditions rating scale

The scale has 13 domains, totaling 39 and each scoring 0 to 3.

1 = acceptability

2 = moderate

3 = extensive

Information for Scoring:

Interior of house	Scale
Accessibility	Score according to ability to access e.g. 3 for completely unable to enter due to holes in floor/belongings piled up
Odour	Score 3 only if it is physically impossible to stay in the residence
Lighting	To score 3, no lighting/natural lighting i.e. very dark and unable to see without torch
Floor/carpet	Score 3 if unable to see the majority of carpet due to covering of newspapers etc
Walls	To score 3, the majority of the wall is covered with filth etc
Furniture	To score 3, there is only a mattress and no other furniture
Kitchen	To score 3, there must be no evidence of organisation, cleaning or rubbish removal over a long period of time; or no kitchen
Food	To score 3, there must be only minimal food/ poorly stored food
Bathroom/toilet	To score 3, there must be a blocked, or not functioning sewerage system; or no bathroom; and/or no toilet
Disposal of excreta	To score 3, human or large pet excreta (exclude occasional cockroach dropping)
Hoarding	To score 3, there must be a massive number of items stored in the home
Clutter	To score 3, there must be more clutter than accessible routes through the home
Vermin	To score 3, vermin must be visible on inspection

Living Conditions Rating Scale

RCMHS

CRT

Organisation of Person who completed rating scale:

Age of Client: Sex of Client: Post Code.....

Dwelling: [circle those appropriate] single/ shared/ unit/ house/ group home/ rented/ privately owned/ other.....

Age of Dwelling:

Interior of house		Tick / comment
Accessibility	<ul style="list-style-type: none"> ➤ within acceptable standards ➤ some difficulty entering the house or rooms ➤ moderately difficult to enter the house or rooms ➤ rooms or house inaccessible or impossible to enter safely 	
Odour	<ul style="list-style-type: none"> ➤ within acceptable standards ➤ slight unpleasant smell ➤ moderate unpleasant smell ➤ unable to spend any length of time in house due to the smell 	
Lighting	<ul style="list-style-type: none"> ➤ within acceptable standards ➤ poor lighting ➤ most lights not working ➤ no lighting available 	
Floor/carpet	<ul style="list-style-type: none"> ➤ within acceptable standards ➤ some rubbish, food stains, filth covering floor ➤ moderate amount of rubbish, food stains, filth covering floor ➤ thick covering of newspaper, cardboard, discarded packaging and stains on floor covering 	
Walls	<ul style="list-style-type: none"> ➤ within acceptable standards ➤ some filth, nicotine stains and grime covering some walls ➤ moderate filth, nicotine stains and grime covering most walls ➤ all walls covered with filth, nicotine stains and grime 	

Furniture	<ul style="list-style-type: none"> ➤ acceptable amount of furniture (bed, table, chairs, white goods) ➤ short of some necessary items (i.e. no couch or bed) ➤ missing essential items (e.g. no fridge or stove but has a bed) ➤ no essential furniture (i.e. mattress only) 	
Kitchen	<ul style="list-style-type: none"> ➤ within acceptable standards ➤ some unwashed crockery and benches left for a couple of days ➤ most crockery unwashed and benches unwiped for some time ➤ full of unwashed crockery, mouldy scraps evident, benches not wiped for months or more 	
Food	<ul style="list-style-type: none"> ➤ acceptable amount of storage space and healthy variety of food ➤ some storage problem (i.e. food not in cupboards) and reasonable variety of food ➤ balanced diet only on pay days and /or shopping left in bags on the floor ➤ little food in the house egg staple diet of tea, bread, biscuits, cakes and tinned food and/or inappropriate storage of food (i.e. frozen food not in freezer) 	
Bathroom/ toilet	<ul style="list-style-type: none"> ➤ workable sewerage system ➤ blocked or non-workable sewerage system 	
Disposal of excreta (include pet excreta)	<ul style="list-style-type: none"> ➤ no excreta noted throughout the house ➤ excreta noted in the house i.e. on floor or walls 	
Hoarding	<ul style="list-style-type: none"> ➤ within acceptable standards ➤ some collection of singular items i.e. cartons, bottles, newspapers ➤ moderate collection of singular items ➤ mass collection of singular items 	
Clutter (include clothing)	<ul style="list-style-type: none"> ➤ within acceptable standards ➤ some cluttering of living space ➤ moderate amount of clutter starting to affect living space ➤ bags and boxes markedly reduce living space 	

Vermin	<ul style="list-style-type: none">➤ within acceptable standards➤ some evidence of vermin present➤ moderate amount of evidence of vermin present➤ rats/cockroaches are evident most of the time	
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Please note that this is a guide only, if a person you are assessing does not rate highly on this scale; it does not mean that they should not be referred to relevant services for assistance.

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Suggested contact list to address individual Impacts of Squalor on the Person's Health and Lifestyle

On completing the rating scale for squalor present the table below gives suggestions of how to address the individual components of the case.

Factor/s	Sources for further information ⁴
Self-neglect with poor nutrition, dehydration, probable untreated medical problems	Medical services (e.g., GP, home nurses, Aboriginal Medical Service) psychiatric services (e.g., community mental health team, Transcultural Mental Health)
Confusion, disorientation, memory impairment, wandering and getting lost, delirium, acute psychiatric symptoms such as hallucinations, threatening self-harm, suicidal behaviours and symptoms suggestive of severe depression	Medical, psychiatric services (see above)
Aggressive behaviour or threatened harm to others	Medical, psychiatric, drug and alcohol services, police

Factor/s	Sources for further information ⁴
Exposure to possible financial exploitation or abuse	Office of the Protective Commissioner, Office of the Public Guardian
Threatened eviction and at risk of becoming homeless	Housing authority (DoH, landlord/real estate agent), NGOs
Lives alone and/or unable to access help or supervision, marked decline in activities of daily living and functional status	Medical services, intake and referral section of DADHC, ACAT
Limited mobility and risk of falls, incontinence	Medical services, DADHC, ACAT
Utilities not present or not functional, i.e. water, power, sewerage, heating, telephones	Local council, local water authority, NGOs, DoH, landlord/real estate agent

Source: Partnership Against Homelessness- Guidelines for field staff to assist people living in severe domestic squalor August 2007.

What Organisations can do to Assist

Services and agencies that can support and or assist people living in squalor include the following:-

Aged Care Assessment Team (ACAT)

The Aged Care Assessment Teams role is to independently and comprehensively assess the care and support needs of frail older people and to inturn facilitate access to available care services as appropriate. To be eligible for a service the person must be over 70 years of age (50 for Aboriginal or Torres Strait Islander people) and or have an age related illness such as dementia who are in need of community care services.

In cases of domestic squalor, if a person meets these eligibility criteria and agrees to a referral, an assessment of the home environment is included n the comprehensive assessment. There are Occupational Therapists in the ACAT team who can assess safety aspects of the home and make recommendations. Squalor is not usually the main reason for referral to ACAT however it can nevertheless be identified when a clinician makes the home visit.

Community Options

Community Options provides case management and coordination of relevant support services to assist the frail aged and people with a disability with complex care needs. Once a client has been assessed as having complex care needs and is in need of ongoing services including a clean up of their property for squalor. Community Options can assist with the clean up of the property and its surrounds.

Clients pay a contribution for services acquired via this service.

Councils Revenue/Rates Section

Council's Rates Department oversees the administration of rate payments for ratepayers throughout the Blue Mountains. Part of this process is to assist ratepayers who have difficulty with making payments. Through their dealings with ratepayers experiencing financial difficulty, staff try to promote an awareness of the possible issues that ratepayers suffering financial difficulties could encounter. This includes accumulation of squalor which in turn could lead to referrals to relevant stakeholders where ratepayer difficulty has been identified.

The Council Rates and Revenue Section have a focus on the following in relation to squalor:

- Minimising or avoiding the costs incurred for clean ups;
- Where invoices are raised, ensure the debt recovery process is conducted sensitively and accommodates mutually acceptable arrangements to pay;
- Assessment of overall financial and other hardship issues for individual circumstances; and

- Promote a system of regular follow up of financial difficulties experienced by rate payers with the aim of minimising the likelihood of future squalor.

Katoomba Co-ordinated Care Team

When the local Blue Mountains Mental Health Assessment and Referral Team [MACCESS Team] or the Katoomba Co-ordinated Care Team [Case Management Team] are conducting a full Mental Health Assessment of presenting clients, Domestic Squalor and/or Tidiness is one of many facets of clients' presentations that is considered within a large spectrum of personal and environmental criteria.

The living conditions of individuals are considered when attempting to assist them to make as full a recovery as possible from their acute presentation. Often squalor may only be in the eye of the referring party. That is, whatever is seen as squalid conditions by a referrer, the mental health clinicians need to be objective in their assessment of a person's personal living environment. Things to be considered within a spectrum of undesirable conditions for a person to be living in, squalor include:

- Clutter [and Hoarding behaviors]: A remedy to this presentation may not be attempted due to low risk of harm to the client's health e.g. no risk of trips or falls or poisonous gases exuded by piles of clutter]. In cases where clutter is 'hiding' damp [water caused] or other unwanted 'contaminant', which may cause health problems for the individual or prejudice the structure of the building, then this will be determined to be a potential deterrent to the individual's welfare.
- Also, Outside Clutter or Hoarding behaviour and/or Unkempt Grounds/Yards: These would be considered as requiring a report to local BMLGA Council Authorities where the level of neglect e.g. severely overgrown shrubbery and lawns] or level of clutter may be, or display evidence of, harbouring vermin or disease promoting environment.
- Excessive number of Domestic Animals: Where the number of domestic animals is seen to be beyond the physical capabilities of the individual to accommodate them and care properly for and feed them e.g. where the animals are apparently diseased or are soiling the floor, without timely response from the owner. Alternatively, where the number of animals is beyond the economic resources of the owner to care for them, then this situation would be seen as one to be referred to proper authorities to assess e.g. RSPCA or POOPS.
- Unclean households: This would include only those residences where it was apparent that no attempt to clean up had occurred for some time [usually months or even years] leading to a state of potential harboring of infective sources. This would require consideration of referral to appropriate BM LGA Council Inspection.
- Sighting of vermin: Where rodents or other disease carrying animals are reported to have been sighted; and an apparent inadequate response from the individual is noted, then this would be seen as a major health issue. Again, referral to the appropriate Blue Mountains Local Government Area Council Authority would be strongly considered.

The Department of Housing

Housing and Accommodation Support Initiative 2 (HASI 2)

The Housing and Accommodation Support Initiative (HASI) assists people with a diagnosed mental illness who live in public housing who maybe at risk of losing their tenancy due to mental health related issues. Case Managers work collaboratively with the resident and the housing co-operative to help maintain tenancy and prevent domestic squalor and/or homelessness. There are three key criteria's that a person must meet in order to be eligible for the service these include:-

1. Must have relatively good independent living skills;
2. Have existing mental health supports;
3. Willing to set and work toward specific goals related to greater community involvement and living skills/conditions.

The service uses the Collaborative Recovery Model (CRM) it operates between St Marys, Hawkesbury and Lithgow and is funded by NSW Health.

Housing and Accommodation Support Initiative- Aboriginal and Torres Strait Islanders

The Housing and Accommodation Support Initiative (HASI) for Aboriginal and Torres Strait Islanders provides the same service as HASI 2, the difference in this model is that a Flexible model is used that is designed around culturally sensitive principles it may utilise the extended family system for accommodation if required.

The service area covers essentially Penrith, St Mary's and Hawkesbury but support outside these areas is accommodated for cultural reasons.

This service is funded through existing Aftercare funds.

Personal Helpers and Mentors Program (PHAMS)

The Personal Helpers and Mentors program assists people with serious mental health issues. The illness does not need to be diagnosed at the point of referral.

The service can support you in many ways including:-

Working with you to learn how to better manage everyday tasks such as housekeeping to ensure the property does not become of a squalid nature, managing your finances and or accessing other support services including Home Care, Respite, Drug and Alcohol and or Medical support.

The service is limited to specific postcodes in the Penrith, St Marys, Hawkesbury areas and the Lower and Upper Mountains/Lithgow regions. It is uses a Collaborative Recovery Model and support is ongoing.

The service is federally funded.

Blue Mountains Family Support Service

Blue Mountains Family Support Service provides a number of services for families experiencing crisis. Services include:-

- Counselling
- Emergency relief
- Electricity and Water vouchers

Low income families have priority access.

Waste Services

The Council operates two Waste Management Facilities (WMF) in the Blue Mountains. These offer a wide range of services including landfill, special waste and asbestos. These two types of waste need to be booked in advance.

Council also provides a weekly household waste and recycling kerbside collection service as well as an annual Clean Up service for bulky waste (including a paid Clean Up service).

There are set fees and charges which applies to waste which has been produced within the Blue Mountains (waste not produced in the Blue Mountains is not accepted at the Waste Management Facilities). Customers must be able to show proof of residency in the form of a driver's licence or rates notice when delivering waste at the site. Sorted waste can reduce fees and charges.

Where residents present with financial and or hardship issues, Council assesses these cases on a case by case basis for possible intervention.

Development and Monitoring Team

The Council's Development and Monitoring Team has the responsibility to investigate complaints of unhealthy premises. These investigations from time to time involve domestic squalor. The Team's response to these issues can take a number of avenues; one of the avenues is to solely use a regulatory approach i.e. Lodge an Order of Works to remove the unhealthy conditions. Where the person does not have the capacity to undertake the necessary works, the Team will work with other support agencies both internal and external to assist the person with the clean up. They will also assist with a coordinated approach to service provision with other services so that in the long term the issues that lead to the initial squalor are addressed.

Historically, the instances of domestic squalor tend to be reoccurring unless the underlying issues leading to the domestic squalor are addressed and the Development Monitoring Officer's Team call upon the expertise of other agencies in this regard.

Royal Society for the Protection and Care of Animals (RSPCA)

In response to a call of animal hoarding with domestic squalor the RSPCA Inspectors will initially attempt to make contact with the owners. If the owners refuse access to the property, and there are significant animal welfare concerns, then application maybe made via the local magistrate to access the property. If the owner of the animals is deemed violent or presents antisocial behaviour then the Mental Health Team and or the Police may be asked to accompany the inspectors on a site visit.

Where the animals are deemed in very poor condition and/or in need of immediate veterinary assistance or any other breach of the Prevention of Cruelty to Animals act the inspectors can seize the animals from the property under the above act

Pets of Older Person's (POOP's) may assist with the care of an animal of an older person who is unable to appropriately care for their pet and or who is living in squalor. Referrals can be received by individuals and or agencies. Where there are more than two or three animals in need of care the case is referred to an RSPCA inspector.

Any concerns over the welfare of animals can be referred to the RSPCA Inspector.

Eloura-Blue Mountains Disability Services

Eloura Blue Mountains Disability Services provides a range of services including:

- Day programs
- Residential Services
- Business Services
- Industries and
- Landscaping and Grounds Maintenance.

The Eloura Landscaping and Grounds Maintenance Service carries out jobs ranging from rubbish and noxious weed removal, lawn mowing, complex landscaping and general maintenance works in the Blue Mountains, Hawkesbury and Penrith Regions.

The services are provided to private residences as well as commercial customers including Blue Mountains City Council and RailCorp.

Eloura has five fully trained teams comprising of supported employees and staff. Employees are trained and supported in safe handling and use of all equipment

Quotes can be obtained for the removal of noxious weeds and rubbish by contacting the service.

Financial Advisory Services/Assistance Support

There are a number of agencies that can assist or support a person living in squalor that have financial difficulty these include:-

Credit Line Central West

Provides FREE Counselling services and skilled impartial advice on personal finances to assist a person with:

- Debt problems;
- Difficulties with meeting financial commitments
- Spending more than you earn
- Assistance with sorting out family finances
- Assistance with financial problems associated with gambling

The service covers Mt Victoria to Woodford. Credit Line Central West is an activity of Life Line Central West. It does not lend money. **All information given to this service is completely confidential.**

Credit Line Penrith

- Provides the same service as Credit Line Central West. The services covers the areas between Glenbrook and Linden

No Interest Loan Services (NILS) ®

No Interest Loan Schemes NILS is a community based program to help low income earners buy essential household items, such as a washing machine, fridge or medical appliance. Certain criteria apply you need to have lived in the same postcode area for at least 6 months. In general, loans are only made to people whose main income is social security (e.g. on a pension, benefit, allowance or maximum Family Assistance or hold a Health Care Card).

This service covers the following areas:

- | | |
|-----------------------|-------------------|
| ○ Mt Wilson/Mt Irvine | ○ Wentworth Falls |
| ○ Bell/Mt Tomah | ○ Falconbridge |
| ○ Mt Victoria | ○ Woodford |
| ○ Megalong Valley | ○ Linden |
| ○ Blackheath | ○ Hazelbrook |
| ○ Medlow Bath | ○ Lawson |
| ○ Katoomba | ○ Winmalee |
| ○ Leura | ○ Yellow Rock |

- Hawkesbury Heights
- Springwood
- Valley Heights
- Warrimoo
- Blaxland
- Mt Riverview
- Glenbrook
- Lapstone

This program operates via Blackheath, Winmalee, Mid Mountains and Lower Mountains Neighbourhood Centres.

The Salvation Army

Provides a range of voluntary welfare services via a family store and community service centre, these services include emergency material assistance, referral to other services and communal meals. The Salvation Army Corps based at Katoomba covers the townships from Woodford to Mt Victoria. The Springwood Corps covers Linden to Lapstone. Referrals are required from Centrelink.

Money Care – Financial Counselling Service

The Salvation Army at Parramatta provides a FREE Financial Counselling Service to people in financial crisis. This service can be provided via the phone or at their office in Parramatta.

Centrelink

Provides a number of payment schemes to assist families and/or individuals who are financially disadvantaged. Some of these schemes include:-

Centrelink Advance Payments

Advance Payments are available from Centrelink for most customers. Customers need to have been on a Centrelink payment for 3 months. This is only available to customers if they don't have a debt with Centrelink.

Payments can be accessed on line, by phone or by coming into the office. If a person is on an allowance, the money will take approximately one working day to go into the bank. If a person is on a pension, it will take approximately 2 working days to go into the bank.

Advance Payments can be made up to \$500, once a year only. The amount you can borrow depends on the amount you are paid. The \$500 loan takes 6 months to pay off at \$38.50 per fortnight.

There is also a Family Tax Benefit Advance which can be paid twice a year. You cannot get this payment if you have a debt with Centrelink. It is calculated on the number of Family Tax benefit payments left in the 6 months. So you need to ask for it in January and July to get the maximum payment. It can be arranged to be paid automatically into your account.

Please note referrals to the above agencies are dependent on each case study presented. There is no one referral agency hence a coordinated approach to service provision is essential.

Further these are only suggested agencies, the Council does not endorse anyone agency over another.

Contact details of these agencies are provided on page 25.

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Coordination of Services and Development of Action Plan

The principal aims of cooperation between agencies are to:

- identify a key worker or case manager responsible for ongoing liaison with the person living in squalor
- report on the initial assessment of the person and the proposed interventions
- determine the course of action, agreed interventions, monitoring arrangements and the individual's responsible.

Often the person who makes the initial contact with the client will assume the role of case manager. In some cases, the person who receives the referral will contact another agency and request that this agency assume the coordinating role. The service that conducted the initial assessment might wish to convene a joint agency case conference with representatives from the relevant services. However, it may be difficult to coordinate a meeting quickly, therefore phone/e-mail communication should be considered as the next best option.

Identifying the interventions required should be determined through a joint care planning process, in consultation with the relevant agencies. Resource constraints apply to human service agencies, and therefore the resources available will need to be prioritised on a case-by-case basis.

The case manager should complete a Squalor Action Plan (see Appendix 4), which identifies the actions to be undertaken, the person(s) responsible, and review dates. The case manager should distribute the Squalor Action Plan to all involved agencies. This will enable coordination of the services to be provided.

Please Note:-

When developing an Action Plan it should have a client-centred approach. Each client should be treated individually and assessed in accordance with their individual abilities and needs prior to individual goals being set.

Source: Partnership Against Homelessness- Guidelines for field staff to assist people living in severe domestic squalor August 2007.

Squalor Action Plan

Client Name:	
Client Address:	
Case Manager:	Employer:
Referral :	
Source	
Date	
Initial Visit Date	
Issues Identified (including Aboriginal or Torres Strait Islander background, CALD, language/communication barriers)	
1.	
2.	
3.	
4.	

Actions Required	Agency	Review Date

This Plan will be reviewed on

Ongoing Monitoring

Where cleaning of squalor is successfully completed and there is a substantial improvement in the person's living conditions, ongoing monitoring or follow-up is highly desirable, as there is a high risk of recurrence.

The service that provides ongoing monitoring will be determined by the following:

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

Ongoing monitoring and follow up of the person could be provided by a number of individuals, including the General Practitioner, Mental Health Staff, NGOs, Local Council, DoH, DOCS and Pets of Older Persons (POOPS) for older residents in squalor with an animal.

*This is an important component in addressing squalor, to ensure the persons residence does not revert back to its squalid condition.

Source: Partnership Against Homelessness- Guidelines for field staff to assist people living in severe domestic squalor August 2007.

DIAGRAM 1: ASSESSMENT & MANAGEMENT OF PEOPLE LIVING IN SQUALOR

POSSIBLE RESPONSES:

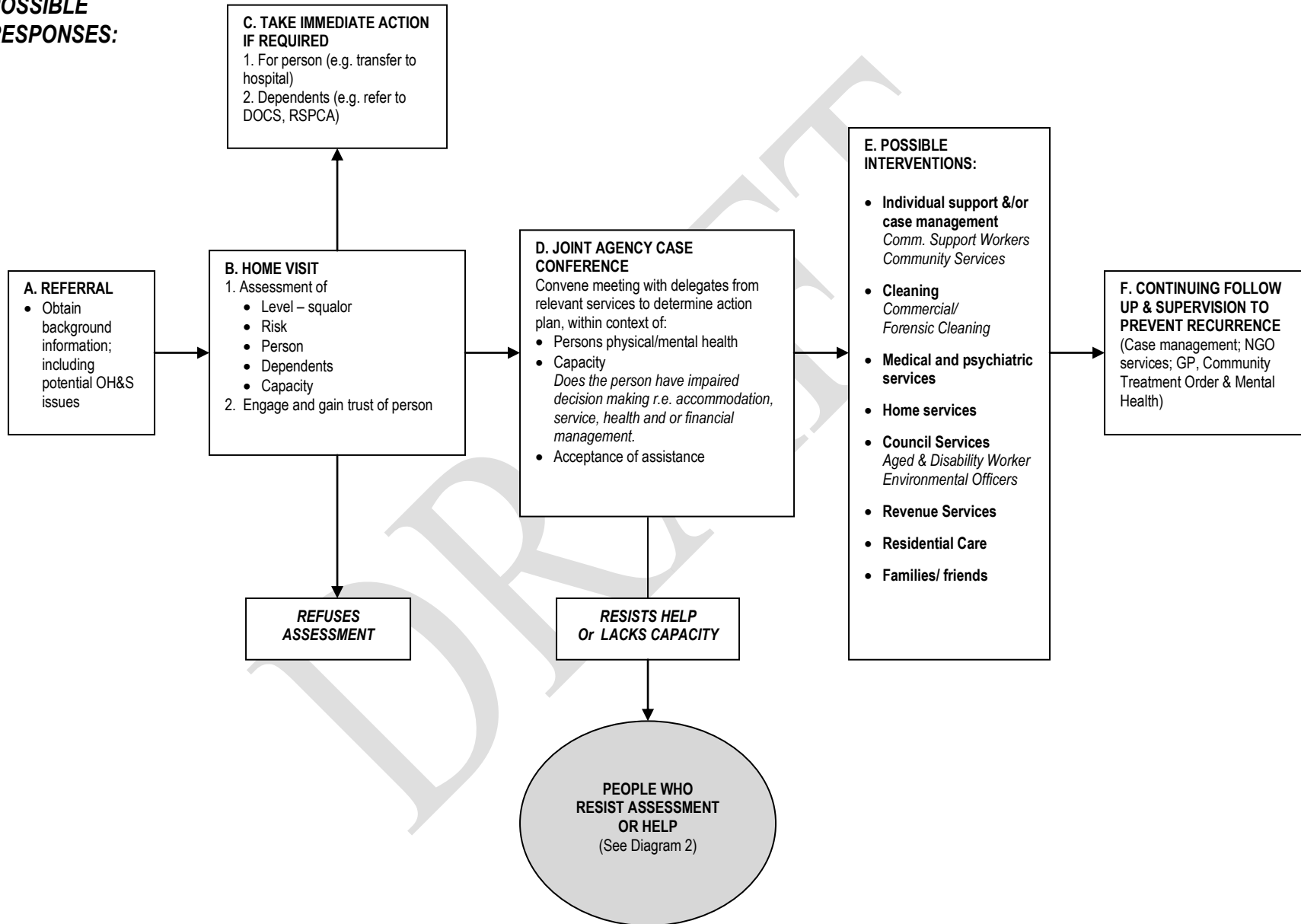
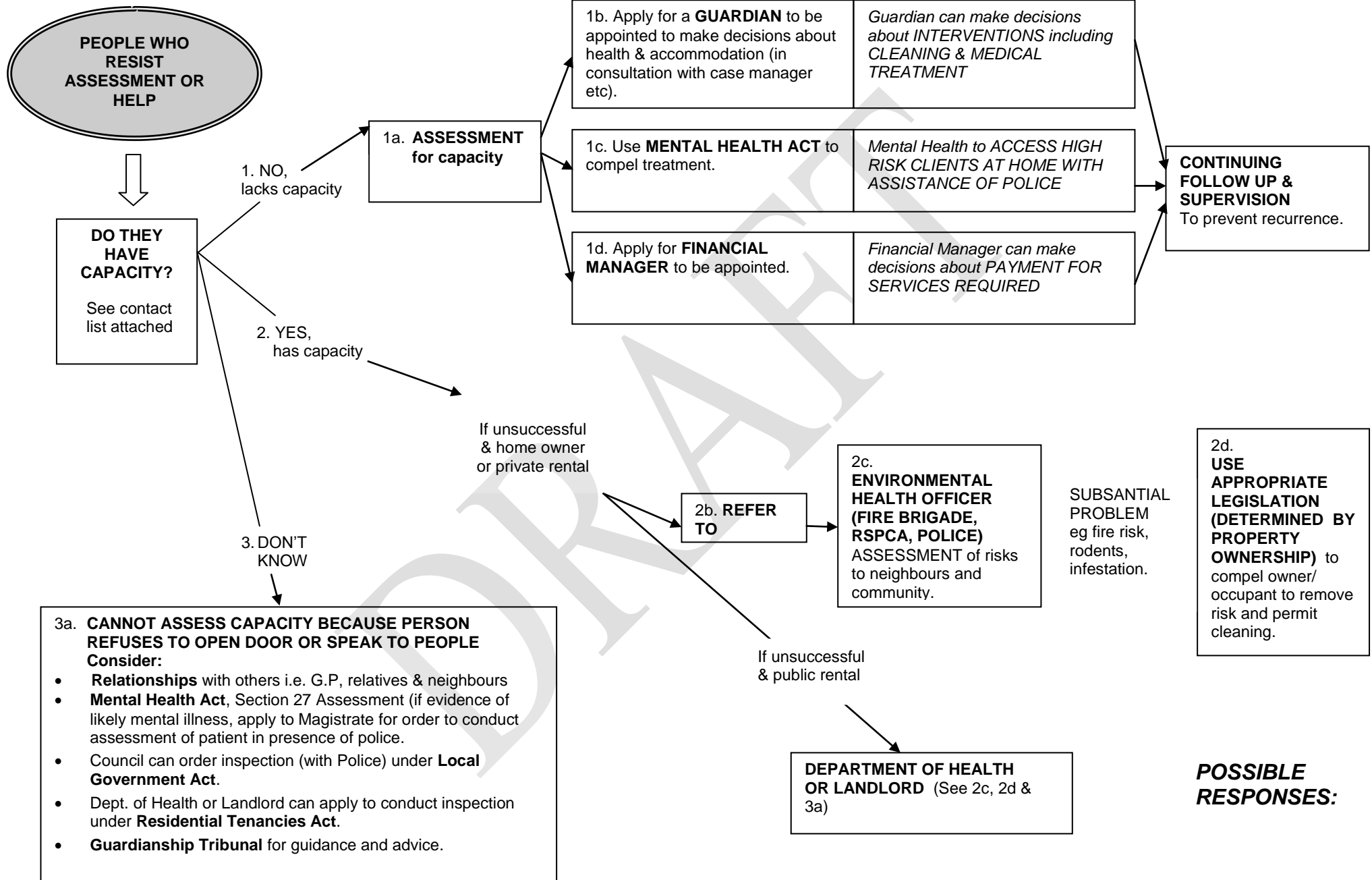


DIAGRAM 2: PEOPLE LIVING IN SQUALOR RESISTING ASSESSMENT OR HELP



Blue Mountains Domestic Squalor Contact List

- Aged Care Assessment Team
Ph: 1800 013 101
- Mental Health Access Team
Ph: 1800 650 749
- Blue Mountains City Council
Ph: 4780 5000
- Uniting Care Community Care Services/Community Options
Ph: 4751 7617
- Royal Society for the Protection and Care of Animals
Ph: 9770 7555
- Pets of Older Persons
Ph: 9749 0378 or 0418 232 759
- Department of Housing
Ph: 47216 429
- Eloura Industries
Ph. 4751 5266 or 0416 265 827
- Westworks
Ph: 4721 8187
- Family Support Services
Ph. 4782 1555
- DOCS – Brighter Futures Program
Ph. 4782 3066
- Katoomba Coordinated Care Team
Ph. 4782 2133
- Springwood Coordinated Care Team
Ph. 4751 0100
- AfterCare
Ph: 4732 6117

DOCS Helpline

If you suspect a child or young person is at risk of harm due to severe domestic squalor report it to DOCS Helpline

Ph: 132 111(TTY 1800 212 936) for the cost of a local call 24 hours a day/ 7 days a week.

Financial Services

- Credit Line Central West
(02) 6332 3456
- Credit Line Penrith
Ph: 4731 2598
- The Salvation Army Katoomba Corp
Ph: 4782 6683 or 4782 5124
Covers the townships of Woodford to Mt Victoria
- The Salvation Army Springwood Corp
Ph: 47511802
Covers the townships of Linden to Lapstone.
- Money Care- Financial Counselling Service Parramatta
Ph: 9633 5011?
- No Interest Loan Program (NILS)
Branches
Blackheath Area Neighbourhood Centre
Ph: 4787 7770
- Winmalee Neighbourhood Centre
Ph: 4754 4050
- Mid Mountains Neighbourhood Centre
Ph: 4759 2592
- Lower Mountains Neighbourhood Centre
Ph: 4739 1164
- Centrelink
Ph:131 021

Acronyms

ACAT	Aged Care Assessment Team
DOCS	Department of Community Services
RSPCA	Royal Society Prevention of Cruelty to Animals
OH&S	Occupational Health & Safety
NGO	Non-Government Organisations
GP	General Practitioners
DADHC	Department of Ageing, Disability and Home Care
POOPS	Pets of Older Persons
DoH	Department of Housing
KCCT	Katoomba Coordinated Care Team
SCCT	Springwood Coordinated Care Team
BMCC	Blue Mountains City Council

Website Contacts/References

Mental Health Act: Section 27.	www.legislation.nsw.gov.au/
Local Government Act	www.legislation.nsw.gov.au/
Residential Tenancies Act	www.legislation.nsw.gov.au/
DADHC	www.dadhc.nsw.gov.au
Guardianship Tribunal	2a Rowntree Street, Balmain 2041 Phone: (02) 9555 8500 or 1800 463928
Blue Mountains City Council	www.bmcc.nsw.gov.au

Service Provider Handbook - A guide to Home and Community Care Providers in the Blue Mountains area. Copies available from Blue Mountains City Council.

Capacity Tool kit handbook- A guide to assist Government and Non Government bodies, families and carers in New South Wales identify a person's capacity to make decisions. For copies of the handbook refer to the website www.lawlink.nsw.gov.au/diversity_of_services



Blue Mountains City Council acknowledges that the City of the Blue Mountains is located on the traditional lands of the Darug and Gundungurra Nations.

Katoomba Office:

Monday - Friday, 8:30am to 5:00pm
2 - 6 Civic Place
Katoomba NSW 2780

Springwood Office:

Monday - Friday, 9:00am to 5:00pm
104 Macquarie Road
Springwood NSW 2777

Council E-mail: council@bmcc.nsw.gov.au

Telephone (Local call Cost):

Lower Mountains (02) 4723 5000
Upper Mountains (02)4780 5000

Fax: (02) 4780 5555

Postal Address:

Locked Bag No 1005
Katoomba NSW 2780

Document Exchange:

DX8305 Katoomba