

Domestic Squalor/ Hoarding Information Package

A Guide for services to assist with identifying and dealing with
Domestic Squalor/Hoarding in the Blue Mountains



Produced by
Blue Mountains Domestic Squalor/Hoarding Working Party
June 2014

Dear Service Provider,

Dealing with Domestic Squalor/Hoarding in the Blue Mountains

As a result of ongoing discussions with service providers and government organisations regarding continual incidences of domestic squalor/hoarding, 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 domestic squalor in the Blue Mountains Local Government Area (LGA).

This package provides a comprehensive listing of agency/s that are involved in assisting people who are living in, or are in danger of, living in domestic squalor/hoarding.

In order to assist agencies and community members alike who are unsure about what constitutes domestic squalor/hoarding, 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/s should be involved.

Whilst this package is a good starting point for service providers to identify what constitutes squalor and the relevant agency/s, 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 living in squalor and/or hoarding 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 domestic squalor/hoarding in the Blue 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.

Cover photo kindly provided by Susan Graham, Catholic Community Services, October 2008

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¹ Source: Northern Sydney Severe Domestic Squalor Working Party Information Pack August 2005, First Edition

² Source: Northern Sydney Severe Domestic Squalor Working Party Information Pack August 2005, First Edition

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Blue Mountains Aged Care Assessment Team - Lawson Community Health Centre

Blue Mountains City Council

Eloura Industries - Blue Mountains Disability Services

Home Care NSW

Housing and Accommodation Support Initiative

Housing NSW

Katoomba Coordinated Care Team

Personal Helpers and Mentors Program- Aftercare

Royal Society for the Prevention of Cruelty to Animals

Uniting Care Community Care Services, Springwood

Special appreciation goes to Blue Mountains City Council's Aged and Disability Services Development Officer for taking leadership in the coordination and development of this package.



Definition of Squalor and Hoarding

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 labelled 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* 1966:1032-37.

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

Definitions of hoarding and cluttering involve excessive collection of items (which appear to have little or no value) and a failure to remove or discard them. This often means that the environment in which they are being kept becomes so cluttered that it can no longer be used for the purpose for which it was designed.

Adapted from Catholic Community Services Squalor and Hoarding Tool Kit, 2013.

Factors that Contribute to Severe Domestic Squalor and/or Hoarding

Severe domestic squalor and hoarding 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/hoarding suffer from dementia or alcohol-related brain damage, or mental health issues such as schizophrenia and depression. There are also associated factors including domestic violence, 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

Case Study

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 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 this incidence. 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 overgrown. 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 this incidence. 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, and/or poor nutrition) and further assessment is warranted. Whether further intervention would be 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 not yet determined and has a past history of mental illness, Mental Health Services (the local psycho-geriatric service or crisis team, for example) would need to undertake an 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 Aged Care Assessment Team (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 would also likely to be indicated in any case. A physical examination and further investigation, 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 (NGO)

are sometimes able to forge an initial relationship with the clients 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 if he needs to receive further medical treatment (e.g. medications, hospitalisation, or 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 decisions.

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 sewerage. If these concerns are apparent in Mr A's case, it would be necessary to notify Environmental Health Officers (EHO's) 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 Council may be able to provide contact details for local cleaning services and assist with the removal of property and rubbish. In milder cases, with less infectious risk, particularly if Mr A were voluntarily accepting assistance, some NGO's organisations may undertake some of the cleaning themselves. A small amount of funding is available from various organisations that come under the Ageing Disability and Home Care (ADHC) 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. This is 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 "lead agency" and identifying a coordinator or "key worker" is probably the ideal outcome. Continuing efforts should be made to engage Mr A and convince him to accept help voluntarily.

If Mr A continues to resist help, legal authorisation to enter his home to conduct an assessment will need to be undertaken. 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 service, 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 person's capacity to make decisions please refer to the Capacity Tool Kit produced by the Attorney General's Department as listed on page 38 of this document.

Assessing Domestic Squalor/Hoarding Rating Scales

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

Living conditions rating scale for squalor

The scale has 13 domains, totalling 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 Ctd

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 ➤ Groceries left in bags on the floor ➤ little food in the house e.g. 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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Clutter/Hoarding Inventory Scale

This scale has 13 questions, totaling 52 and each scoring 0 to 4.
(Please circle the response that is most appropriate)

1. To what extent do you have difficulty throwing things away?

- 0 = Not at all
- 1 = To a mild extent
- 2 = To a moderate extent
- 3 = To a considerable extent
- 4 = Very much so

2. How distressing do you find the task of throwing things away?

- 0 = No distress
- 1 = Mild distress
- 2 = Moderate distress
- 3 = Severe distress
- 4 = Extreme distress

3. To what extent do you have so many things that your rooms(s) are cluttered?

- 0 = Not at all
- 1 = To a mild extent
- 2 = To a moderate extent
- 3 = To a considerable extent
- 4 = Very much so

4. How often do you avoid trying to discard possessions because it's too stressful or time consuming?

- 0 = Never avoid, easily able to discard items
- 1 = Rarely avoid, can discard with a little difficulty
- 2 = Sometimes avoid
- 3 = Frequently avoid, can discard items occasionally
- 4 = Almost always avoid, rarely able to discard items

5. How distressed or uncomfortable would you feel if you could not acquire something you wanted?

- 0 = Not at all
- 1 = Mild, only slightly anxious
- 2 = Moderate, distress would mount but remain manageable
- 3 = Severe, prominent and very disturbing increase in distress
- 4 = Extreme, incapacitating discomfort from any such effort

6. How much of the living area in your home is cluttered with possessions?(Consider the amount of clutter in your kitchen, living room, dining room, hallways, bedrooms, bathrooms or other rooms.)

- 0 = None of the living area is cluttered
- 1 = Some of the living area is cluttered

- 2 = Much of the living area is cluttered
- 3 = Most of the living area is cluttered
- 4 = All or almost all of the living area is cluttered

7. How much of the clutter in your home interferes with your social, work or ever day functioning? Think about things that you don't do because of clutter.

- 0 = Not at all
- 1 = Mild, slight interference, but overall functioning not impaired
- 2 = Moderate, definite interference, but still manageable
- 3 = Severe, causes substantial interference
- 4 = Extreme, incapacitating

8. How often do feel compelled to acquire something you see (e.g., when shopping or offered free things)?

- 0 = Never feel compelled.
- 1 = Rarely feel compelled
- 2 = Sometimes feel compelled
- 3 = Frequently feel compelled
- 4 = Almost always feel compelled

9. How often do you decide to keep things you do not need and have little space for?

- 0 = Never keep such things.
- 1 = Rarely
- 2 = Occasionally
- 3 = Frequently
- 4 = Almost always keep such possessions

10. How frequently does the clutter in your home prevent you from inviting people to visit?

- 0 = Not at all
- 1 = Rarely
- 2 = Sometimes
- 3 = Often
- 4 = Very often or nearly always

11. How upset or distressed do you feel about your acquiring habits?

- 0 = Not at all upset
- 1 = Mildly upset
- 2 = Moderately upset
- 3 = Severely upset
- 4 = Extreme embarrassment

12. To what extent does the clutter in your home prevent you from using parts of your home for their intended purpose? For example, cooking, using furniture, washing dishes, cleaning etc?

- 0 = Never
- 1 = Rarely

- 2 = Sometimes
- 3 = Frequently
- 4 = Very frequently or almost all the time.

13. How often has the amount of clutter in your home been the subject of disagreements or arguments with other people (for example, family members, friends, landlord, neighbours etc.)?

- 0 = Never.
- 1 = Rarely
- 2 = Sometimes
- 3 = Frequently
- 4 = Almost all the time

14. Have you been avoiding activities that might tempt you to acquire more things?

- 0 = No avoidance
- 1 = Mild minimal avoidance
- 2 = Moderate some avoidance
- 3 = Severe, much avoidance
- 4 = Extreme, very extensive avoidance, I do almost everything I can to avoid these types of situations

Clutter Image Rating: Bedroom

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



1



2



3



4



5



6



7



8



9

Please note the above rating scales are guides only. If a person you are assessing does not rate highly on these scales, it does not mean that they should not be referred to relevant services for assistance.

All service providers prior to assessing a property should consider Work Health & Safety requirements. Where possible, you should not attend an initial visit to a residence on your own. Services should also be aware of potential slip and trip hazards.

If you feel unsafe either due to the person's behavior or environmental risks such as fall risks or unsafe wiring you should leave the property immediately.

Source: Partnership Against Homelessness-Guidelines for field staff to assist people living in severe domestic squalor, August 2000 (Adapted for Blue Mountains Domestic Squalor/Hoarding Working Group, September 2013). An analysis of Fire Incidents Involving Hoarding Households May 2009 (Adapted for Blue Mountains Domestic Squalor/Hoarding Working Group, September 2013)

Suggested Contact list to address Impacts of Squalor/Hoarding on the Individual's Health and Well being

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

Factor/s	Sources for further information
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, Aged Care Assessment Team)
Confusion, disorientation, memory impairment, wandering and getting lost, delirium, chronic psychiatric symptoms and symptoms suggestive of severe depression.	Medical, psychiatric services (see above)
Aggressive behaviour or threatened harm to self or others.	Medical, psychiatric, drug and alcohol services, police, emergency services e.g. Ambulance

Factor/s	Sources for further information
Exposure to possible financial exploitation or abuse	NSW Trustee and Guardian, Aged Care Assessment Team
Threatened eviction and at risk of becoming homeless	Housing Authority (Housing NSW, Community Housing, 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 ADHC, Aged Care Assessment Team
Limited mobility and risk of falls, incontinence	Medical services, ADHC, Aged Care Assessment Team
Utilities not present or not functional, i.e. water, power, sewerage, heating, telephones	Local Council, Local Water Authority, NGOs, Housing NSW, Community Housing, Landlord/Real Estate Agent.

Source: *Partnership Against Homelessness-Guidelines for field staff to assist people living in severe domestic squalor, August 2007(Adapted for Blue Mountains Domestic Squalor Working Group, September 2009).*

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

In assessing the impact of squalor/hoarding on family members and the local community, field staff may encounter the issues identified below. If such issues are apparent, they may need to seek further information from relevant agencies listed in the right column of the table below.

Issue	Agencies and/or services for further information
Excessive hoarding /squalor causing health and safety issues for neighbours.	Housing NSW, Community Housing Local Council.
Complaints from adjoining neighbours regarding the mess, invasion of space, excessive smells (from rubbish and/or sewerage), fire hazards, or vermin infestation.	Housing NSW, Community Housing Local Council, some cleaning services, local water authority, Community Legal Centre.
Presence of dependent others, e.g. children, elderly relatives.	Department of Community Services, Department of Ageing Disability and Home Care, Aged Care Assessment Team
Pets kept in poor health	Royal Society Prevention of Cruelty to Animals, Pets of Older Persons

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

Coordination of Services and Development of Action Plan

The principal aims of cooperation between agencies are to:

- Identify a key worker responsible for ongoing liaison with the person living in squalor/hoarding
- Report on the initial assessment of the person and the proposed interventions
- Determine the course of action, agreed interventions, monitoring arrangements and the individuals/organisations responsible

Often the person who makes the initial contact with the client will initiate the collaboration process. 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 should consider convening a joint agency case conference with representatives from the other relevant services. However, it may be difficult to coordinate a meeting quickly, therefore phone/e-mail communication should be considered 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 key worker should consider completing a Squalor/Hoarding Action Plan in collaboration with services and the client to identify the actions to be undertaken, the person(s) responsible and review dates. The key worker should distribute the Squalor/Hoarding Action Plan to all involved agencies for their review and the client where possible. This will enable coordination of services to be provided for the client.

Please Note:-

When developing an Action Plan it should have a person centred approach. Each client should be treated individually and assessed in accordance with their individual abilities and needs, prior to individual goals being set, whilst ensuring all information remains confidential and duty of care is adopted (For a sample Action Plan template to use please refer to page 21 of this document).

Source: Partnership Against Homelessness- Guidelines for field staff to assist people living in severe domestic squalor, August 2007 (Adapted for Blue Mountains Domestic Squalor/Hoarding Working Group, September 2009)

Squalor/Hoarding Action Plan Template

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 the squalor/hoarding conditions is completed and there is a substantial improvement in the person's living conditions, ongoing monitoring or follow-up is essential, as there is a high risk of recurrence. This is an important component in addressing squalor/hoarding to ensure the persons residence does not revert back to its previous conditions.

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

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

Ongoing monitoring and follow up of the person should be provided in a collaborative approach with the client and the relevant services identified in developing the initial Action Plan. For information on the services to liaise with please refer to page 36.

DIAGRAM 1: ASSESSMENT & MANAGEMENT OF PEOPLE LIVING IN SQUALOR/HOARDING **POSSIBLE RESPONSES:**

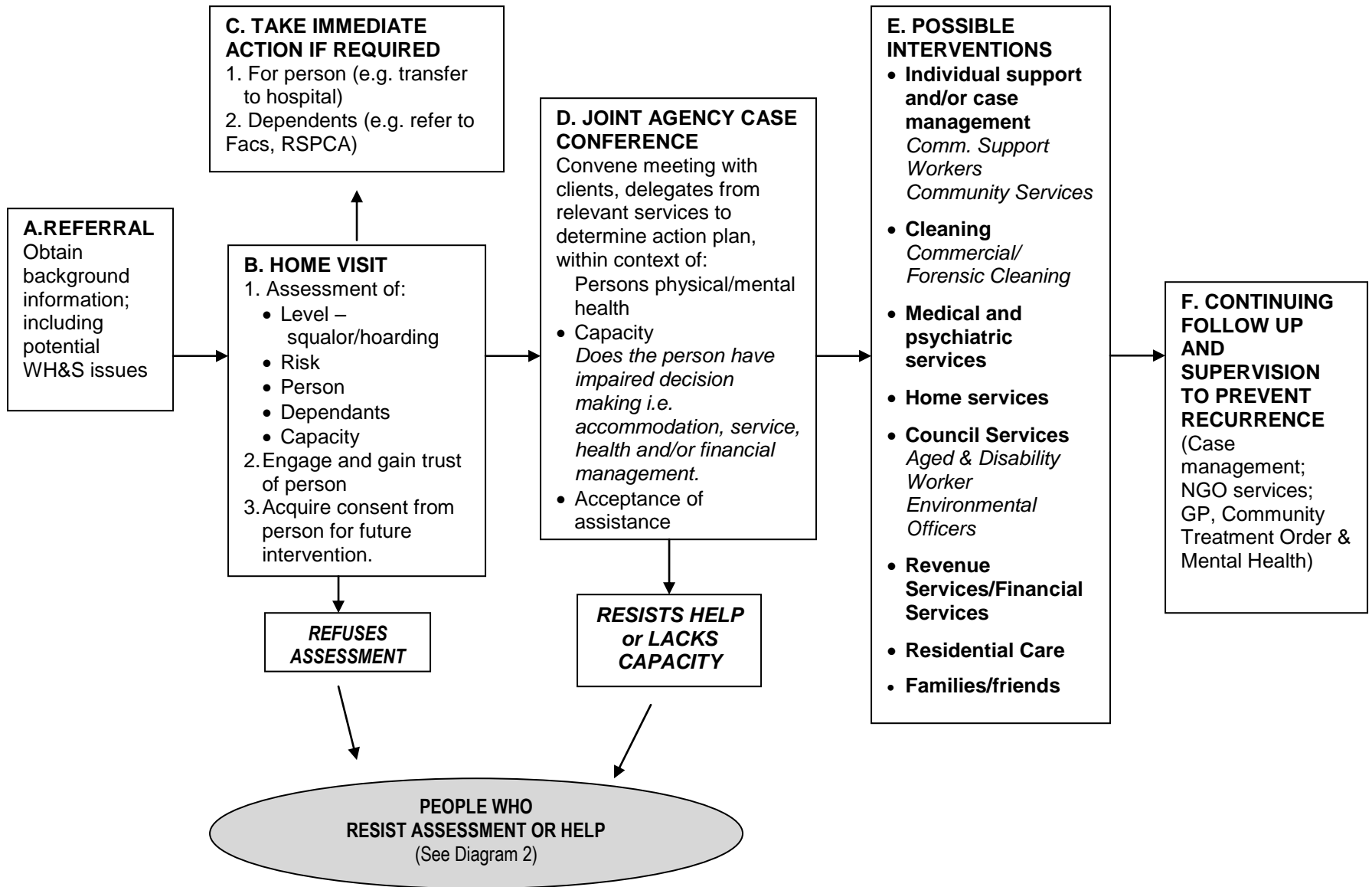
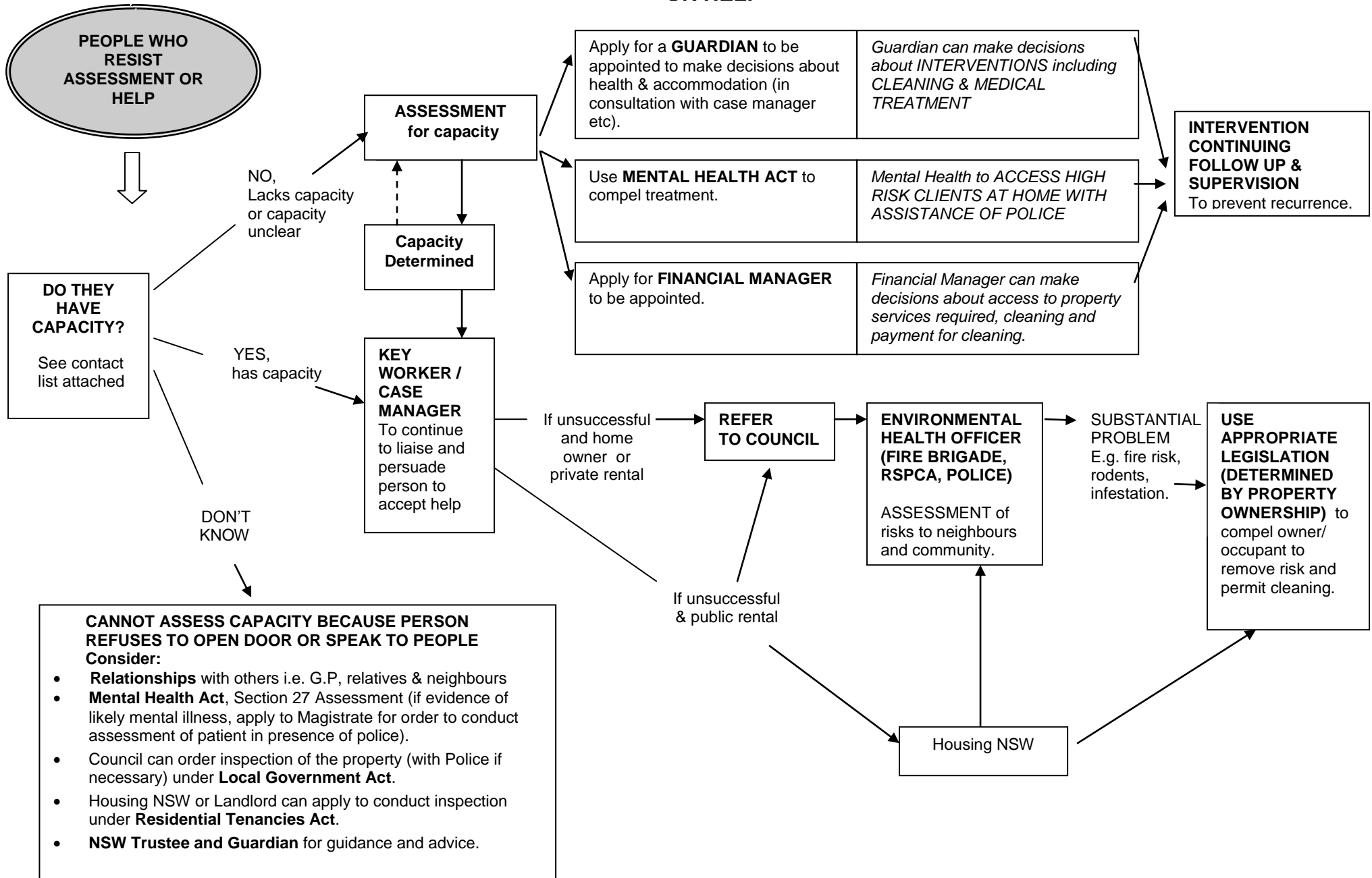


DIAGRAM 2: PEOPLE LIVING IN SQUALOR/HOARDING RESISTING ASSESSMENT OR HELP



What Organisations can do to Assist

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

Blue Mountains Aged Care Assessment Team (ACAT)

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

In cases of domestic squalor, if a person meets the above criteria and agrees to a referral, an assessment of the home environment will be included in 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 be identified when a clinician makes the home visit.

Blue Mountains City Council

Community Outcomes Team

The Council's Aged and Disability Services Development Officer is responsible for providing advice, input and advocacy on issues relating to improving the quality of life of the frail aged, people with a disability and people living with or recovering from a mental illness. This support may include: a referral to a community care service to assist with the clean up of the property. Or the coordination of other services so that the health and well being of the person is supported, and the identification of the possible issues that contributed to the property becoming of a squalid nature are identified so that the property does not revert back to its squalid nature.

Development Monitoring Team

The Council's Development Monitoring Team (DMT) responds to complaints from the public in regards to a wide range of compliance matters, many of them about untidy, unhealthy and overgrown premises. Upon investigation these matters may involve domestic squalor. DMT's response to these issues can take a number of avenues and would initially involve an inspection and discussions/requests to the resident. If this is unsuccessful and there is an impact to neighbouring properties DMT may use the regulatory approach. This means the issue of Notices and Orders requiring certain works to remediate the unhealthy or unsafe conditions. Where the person may not have the capacity to undertake the works, DMT will ensure the person is brought to the attention of other agencies that may be able to assist. In determining if Notices or Orders are the best way to respond DMT will consider any recommendations from agencies assisting the person and/or any underlying issues. When Orders are not complied with the person could be subject to fines or court action to resolve the matter.

Noxious Weeds Section

Council's Noxious Weeds section periodically inspects properties for the presence of noxious weeds. These are plants which have been declared as noxious by the Department of Primary Industries (NSW) which have been known to have significant impact on human health, the value of the land and the environment and a contributing factor to squalor. If an inspection is to occur to a person's property they will receive prior notification in writing by Council. If weeds are found on the land, the person will receive further notification from Council. Where the person does not have the capacity to undertake the necessary works, the Team will engage with other support agencies both internal and external to assist the person with the removal of the weeds.

Council Officers are able to advise on the best approach to controlling weeds in the long term. Where a person has difficulties with making payment for the removal of weeds by Council, Staff can also assist in the development of a plan which spreads the costs over an extended time period. If a person receives a notice and they are concerned about what it might mean, or how to deal with it, the Noxious Weed Team can discuss this with the person to allay any fears that they might have with complying with the notice.

Revenue/Rates Section

Council's Revenue Department oversees the administration of rate and revenue payments throughout the Blue Mountains Local Government Area. Part of this process is to assist ratepayers who experience difficulty making payments. Revenue Officers are aware of issues that ratepayers could encounter when experiencing financial difficulty. This includes identifying squalor, which in turn could lead to referrals to relevant stakeholders.

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

- Identifying potential cases and referring these to the relevant agency;
- Avoiding or minimising the costs incurred for clean ups;
- When 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 identified rate payers with the aim of minimising the likelihood of future squalor.

Waste Services Section

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. For the dumping of special waste and asbestos at these facilities it needs to be booked in advance. Plastics, metal and cardboard are accepted for free. 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 booked paid Clean Up service available on demand).

There are set fees and charges which apply 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 or payment plans.

Blue Mountains 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.

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.

The Aider Program

The Aider Program is a one off free service that provides assistance for the Infirm, Disabled and Elderly Residents to support them to live more safely and confidently in their own home on Bush fire prone land.

Forensic Cleaning Services

This service offers forensic cleaning and removal of waste from both private and community housing.

Metro Cleaning and Maintenance Service

This service specialises in hoarding and squalor, forensic cleaning, heavy-duty home cleaning, removal of unwanted items, sanitising as well as carpet cleaning. They work with a number of agencies, such as the NSW Trustee and Guardian, Mission Australia, The Crossing, The Station Drop In Centre as well as private businesses.

They have a good understanding that some clients present with complex needs and/or often live in neglected home environments. They work with case managers and service coordinators to address the issue, provide an initial clean-up so mainstream community services can take over and maintain a clean and safe home environment. The team has qualifications and experience in the mental health field and have the ability to collaborate with families, social workers, guardians, executors as well as community and government agencies.

Home Care NSW

The Home Care Service is one of a number of Home and Community Care providers subsidised by the Australian and NSW Governments to help people with a disability, older people and their carers to live independently in their own homes. Home Care provides domestic assistance, personal care and respite services to eligible clients.

Referrals are made to the central Referral and Assessment Centre. An assessment of the client's individual need is conducted by an assessor. If the assessment outcome indicates that the household presents with domestic squalor, a referral will be made to an appropriate service provider for a major clean up. If Home Care has capacity to take on the services for the client, a regular ongoing service will be organised once the initial clean up has been undertaken.

Home Care staff will then monitor the client's situation during regular service provision and advise appropriate service providers if the client's situation deteriorates.

Housing and Accommodation Support Initiative 2 AfterCare (HASI 2)

The Housing and Accommodation Support Initiative (HASI) assists people with a diagnosed mental illness who live in public housing who may be 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 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; and
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) HASI2 which operates in St Marys, Hawkesbury, Penrith, Katoomba and Lithgow and is funded by NSW Health.

Housing and Accommodation Support Initiative in the Home (HASI)

The Mental Health Housing and Accommodation Support Initiative (HASI) in the Home is a joint initiative between Uniting Care Mental Health and NSW Health. The aim of the program is to provide stable housing and accommodation support for people with diagnosed mental health problems in the Western Cluster of Sydney West Area Health Service. HASI in the home differs from other HASI programs as a social housing tenancy is not an essential criterion. Uniting Care Mental Health *Parramatta Mission*, currently manages four HASI programs across Sydney West Area Health Service. Referrals to this program are via NSW Health Agencies.

The HASI in the Home program aims to maintain linkages for people with mental illness to clinical mental health services and secure housing that is appropriate to their needs with the aim of maintaining the property via various supports to prevent domestic squalor and/or homelessness. Particular aims are as follows:

- Assist people with mental illness to access clinical mental health services that support psychosocial rehabilitation and the recovery framework;
- Assist people with mental illness to participate in community life and to improve their quality of life;
- Assist people with mental illness to maintain stable and good quality housing;
- Address housing and accommodation support sustainability issues and, strengthen housing and support partnerships in the community.

Entry Criteria are as follows:

1. Primary diagnosis of mental illness
2. Case managed by SWAHS community teams
3. Reside in own home or private rental (Social housing tenants may be referred)

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

This service is funded through existing Aftercare funds.

Housing NSW

Housing NSW provides services to people of NSW, and supports its tenants to live safely and in harmony with neighbours. It assumes the responsibilities of a landlord under the Residential Tenancy Act and manages tenancies to ensure that tenants keep their premises reasonably clean, do not cause a nuisance, and do not interfere with the reasonable peace, privacy and comfort of their neighbours.

Where extreme hoarding or unclean behaviours create a public health or safety risk (such as fire risks), then Housing NSW will attempt to negotiate with the tenant, emphasising the safety, aesthetic and access implications of their actions.

Housing NSW staff will make every effort to salvage tenancies where unacceptable, unclean or hoarding behaviours are evident by supporting and referring clients. Where possible, staff will take on an early intervention approach and work closely with other agencies when managing extreme hoarding or unclean behaviours.

Where tenants refuse support and their behaviours continue to be in breach of their Residential Tenancy Agreement, action may be taken through the Consumer Trader and Tenancy Tribunal (CTTT) to gain access to premises or to ratify Specific Performance Orders. The agreement content of these orders may be developed in conjunction with other agencies and be intended to support longer term changes for the client.

In addition to this, there are major strategic level policy initiatives, led by Housing NSW, intended to increase the quality of service to social housing tenants with mental health issues. These are the Joint Guarantee of Service and Housing NSW and Human Services Accord.

Joint Guarantee of Service

Under the JGOS, local committees of key service providers work together to address the housing and support needs of people with mental health problems and disorders living in, or applying for, social housing.

By taking part in local JGOS committees, agencies can strengthen networks, advocate more effectively for consumers, facilitate better service collaboration, planning and problem solving, promote good practice and better plan for the future.

Housing NSW and Human Services Accord (the Accord)

The Accord is a formal agreement between NSW Government agencies. It provides an overarching framework for human service agencies – both government and non-government – to work in partnership to support the most vulnerable and disadvantaged in our community.

The Accord recognises that affordable and stable housing can maximise the effectiveness of other services, such as mental health support, disability services or family support.

The Accord aims to assist social housing tenants with complex needs to receive the support services they need to live independently and maintain their tenancies.

Wentworth Community Housing

Wentworth Community Housing provides social housing in the Blue Mountains, Hawkesbury, Nepean and Blacktown Local Government Areas. Like Housing NSW, Wentworth Community Housing assumes the responsibilities of a landlord under the Residential Tenancy Act and manages tenancies to ensure that tenants uphold their responsibilities of keeping their premises reasonably clean and tidy, not causing a nuisance, and not interfering with the reasonable peace, privacy and comfort of their neighbours.

Wentworth Community Housing will attempt to negotiate with a tenant when a hoarding or squalor situation becomes evident. Staff will make every effort to save such tenancies by supporting and referring clients to relevant services. Wentworth Community housing will work closely with other agencies and services to try and resolve any health and safety concerns for the tenant and community.

Where tenants refuse assistance and their behaviours continue to be in breach of their Residential Tenancy Agreement, action may be taken through the Consumer Trader and Tenancy Tribunal (CTTT). Such action could involve gaining access to the premises or a Specific Performance Order aimed at supporting the tenant to make necessary changes to comply with the Agreement.

Mental Health Services, Katoomba

Mental Health Services NSW provide services to people perceived to be experiencing mental illness and/or disorders concurrent with major dysfunction(s) that can negatively impact on their welfare.

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' situations 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 behaviours]: 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 when a report is required to the Development and Monitoring Team of Blue Mountains City Council 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 be a 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, 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 harbouring of infective sources. This would require consideration of a referral to the Development Monitoring Team at Blue Mountains City Council.
- 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 Development Monitoring Team at Blue Mountains City Council would be strongly considered.

Personal Helpers and Mentors Program Aftercare (PHAMS)

The Personal Helpers and Mentors program supports people whose life is seriously affected by mental health issues. The illness does not need to be diagnosed at the point of referral.

The service can support a person in many ways including working with the person to learn how to better manage everyday tasks. This can include housekeeping to ensure the property does not become of a squalid nature, budgeting 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 Blue Mountains and Upper Blue Mountains/Lithgow regions. It uses a Collaborative Recovery Model.

Royal Society for the Prevention of Cruelty to Animals (RSPCA)

In response to a call of animal hoarding with regards to 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 animal(s) 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 an RSPCA Inspector.

For contact details of any of each of these organisations please refer to page 35.

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:

Blue Mountains Family Support Service

Blue Mountains Family Support Service provides a number of services for families and individuals requiring practical assistance or parenting support. Services include:-

- Referral and Information
- Emergency relief food vouchers
- Electricity, gas and water assistance
- Food from shelves.
- Access to parenting groups and workers, for families with children aged 12 years and under. To access this service you must be residing in the Blue Mountains.

This service covers all areas of the Blue Mountains Local Government Area.

Gateway Family Services

This service provides the same service as Blue Mountains Family Support Service . The service covers the areas of Lapstone to Hazelbrook.

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 service covers the areas between Glenbrook and Linden.

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 a minimum of 3 months. This is only available to customers if they do not have a debt with Centrelink.

Payments can be accessed online, 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 their bank account. If a person is on a pension, it will take approximately 2 working days to go into the bank account.

Advance Payments can be made up to \$500, once a year only. The amount that can be borrowed depends on the amount the client is paid. A \$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. This is only available to customers if they do not have a debt with Centrelink. It is calculated on the number of Family Tax benefit payments left in the 6 months. So clients need to ask for it in January and July to get the maximum payment. It can be arranged to be paid automatically into their bank account.

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. The client needs 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
- Bell/Mt Tomah
- Mt Victoria
- Megalong Valley
- Blackheath
- Medlow Bath
- Katoomba
- Leura
- Wentworth Falls
- Lawson
- Hazelbrook
- Woodford
- Linden
- Falconbridge
- Springwood
- Winmalee
- Yellow Rock
- Hawkesbury Heights
- 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. The Salvation Army will accept referrals from all services on official letter head.

Money Care-Salvation Army

This service provides FREE and confidential financial counselling on Wednesdays and Thursdays by appointment only.

Wesley Credit Line Financial Counselling Service

Provides a FREE financial Counselling outreach service each Friday at the Lower Mountains Neighbourhood Centre in Blaxland for people under financial stress.

Please note referrals to the above agencies are dependent upon 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 any one agency over another.

Contact details of these agencies are provided on page 36.

Blue Mountains Domestic Squalor/Hoarding Contact List

- AfterCare **HASI PHAMS**
Penrith
Ph: 4720 9780
Upper Blue Mountains
Ph: 6350 0100
Lower Blue Mountains
Ph: 4720 9780
- Aider Program
Ph: 8741 4955
- Blue Mountains Aged Care Assessment Team
Ph: 1800 013 101
- Blue Mountains City Council
Ph: 4780 5000
- Family and Community Services – Brighter Futures Program
Ph. 47522 600
- Eloura Industries/Blue Mountains Disability Service
Ph. 4751 5266 or 0414 265 826
- Home Care NSW
Ph: 4734 9433, referrals 1800 350 792
- Katoomba Mental Health Services
Ph. 4782 2133
- Lower Mountains Family Support Service
Ph: 4739 5963
- Mental Health Access Team
Ph: 1800 650 749
- Metro Cleaning and Maintenance
Ph: 04 3256 8189 or 04 3071 4352
- Pets of Older Persons
Ph: 9749 0378 or 0418 232 759
- Royal Society for the Prevention of Cruelty to Animals
Ph: 9770 7555
- Springwood Mental Health Services)
Ph. 4751 0100

- Specialist Mental Health Services For Older People
Advise Line Ph. 4724 4720 referrals via the Mental Health Access Number 1800 650
- Uniting Care Community Care Services/Community Options
Ph: 1800 486 484
- Uniting Care Mental Health/Parramatta Mission
Ph: 9635 5082
- Wentworth Community Housing
Ph: 47806 008
- Forensic Cleaning
Ph: 0416 225 229
- DoCS Helpline –Family and Community Services (Formally DoCS)
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 Advisory Services/Assistance Support Contacts

- Blue Mountains Family Support Service
Ph. 4782 1555
- Credit Line Central West
(02) 6332 3456
- Credit Line Penrith
Ph: 4725 9200
- Centrelink
Ph: 131 021
- No Interest Loan Services (NILS)
Branches:
 - Blackheath Area Neighbourhood Centre
Ph: 4787 7770
 - Lower Mountains Neighbourhood Centre
Ph: 4739 1164
 - Mid Mountains Neighbourhood Centre
Ph: 4759 2592
 - Winmalee Neighbourhood Centre
Ph: 4754 4050
- The Salvation Army Katoomba Corps
Ph: 4782 6683 or 4782 9251(primary number)
Covers the townships of Woodford to Mt Victoria
- The Salvation Army Springwood Corps

Ph: 47511802
Covers the townships of Linden to Lapstone.

- Wesley Credit Line Financial Counselling Service
Ph: 4731 2598

Acronyms

ACAT	Aged Care Assessment Team
ADHC	Ageing, Disability and Home Care
BMCC	Blue Mountains City Council
BMDS	Blue Mountains Disability Service
DOCS	Department of Community Services
GP	General Practitioners
HASI	Housing and Accommodation Support Initiative
HNSW	Housing NSW
KCCT	Katoomba Coordinated Care Team
NGO	Non-Government Organisations
WH&S	Work Health & Safety
PHAMS	Personal Helpers and Mentors Program
POOPS	Pets of Older Persons
RSPCA	Royal Society Prevention of Cruelty to Animals
SCCT	Springwood Coordinated Care Team

Useful Website Contacts/References

Blue Mountains City Council	www.bmcc.nsw.gov.au
ADHC	www.facs.nsw.gov.au
Dealing with Domestic Squalor Northern Sydney	www.northsydney.nsw.gov.au
NSW Trustee and Guardian	www.gt.nsw.gov.au
Housing NSW	www.housing.nsw.gov.au
Local Government Act	www.legislation.nsw.gov.au
Mental Health Act: Section 27.	www.legislation.nsw.gov.au
Partnerships Against Homelessness	www.housing.nsw.gov.au
Residential Tenancies Act	www.legislation.nsw.gov.au

Community Care Guide (published November 2008, updated 2014) - A guide to Community Care Services in the Blue Mountains Local Government Area. Copies are available from Blue Mountains City Council, ph: 4780 5000.

Capacity Toolkit (published 2008) - 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

Map of the Blue Mountains Local Government Area



Source: Blue Mountains Business Information Booklet 2006/Blue Mountains City Council and Community Research & Regional Innovation, UWS 2003

The Blue Mountains Local Government Area covers 143,000 hectares of land in the Greater Sydney Region. About 70% of area is incorporated into the world heritage Blue Mountains National Park. The resident population for the Blue Mountains in the year 2006 was 73,084 people, who lived in, or in the vicinity of, the 27 towns and villages.

Source:-Blue Mountains City Council Management Plan 2009-2010



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