

Tackling the health implications of cold and damp housing in Scotland

CASE STUDIES

August 2004



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Tackling the health implications
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**Tackling the health implications
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Part 1

Introduction

On several occasions over the last decade, as a result of various funding programmes and government policies, the energy efficiency sector has attempted to build joint initiatives with its professional colleagues in the health sector. A recent example in Scotland was the launch of the training resource, Health Implications of Cold and Damp Housing. The development of this training module was initially supported by Transco plc over a two-year period. During this time the module was piloted with more than 600 front line health staff and health and nursing studies undergraduate and post-graduate students.

With further funding from NHS Education for Scotland, the then Public Health Institute of Scotland (now part of NHS Health Scotland) and the Eaga Partnership Charitable Trust the module was produced as a complete training resource. This contained the necessary trainer's notes and training materials to allow the trainer to deliver the module at a local level. The complete training resource was launched in July 2003.

To promote its uptake amongst health trainers and health departments in training institutions it was placed on the web sites of the three supporting organisations and any potential user could download all or part of the resource completely free of charge. The launch was also backed up with a series of training of trainers' events that were attended by 92 front line health staff with a responsibility for training plus academic staff from nursing and health studies courses.

The training resource is updated on an annual basis and the 2004 version will be placed on the same three organisations' web sites from August 2004.

This series of case studies illustrate the range of ways the energy efficiency and health sectors have developed partnership initiatives in various localities throughout Scotland. All have training as part of the initiative; while in some it is the central focus of the activity, in others it is just one element in a much broader based, longer- term project offering a range of services to different target groups.

The three supporting organisations hope that these illustrations of a partnership approach between the two sectors, to the benefit of numerous vulnerable client groups in the community, will help to promote further joint action as well as influencing health and housing policy. There is already evidence that this is taking place: many of those organisations involved in the case studies have been able to make an input to the development of the new Community Health Partnership in their local area, with the result that tackling fuel poverty and the health implications of cold and damp housing conditions have been adopted as priority areas for action in the Joint Health Improvement Plans.

Although the mechanisms of support for the energy efficiency sector in Scotland may differ from that in the rest of the UK the aims, objectives and outcomes of the following case studies are equally applicable throughout the whole country.

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The approach and outcomes

A questionnaire was designed to gather the information used in the case studies and this was sent to all those that attended the training of trainers events linked to the launch of the training resource, Health Implications of Cold and Damp Housing. The questionnaire was kept very straightforward to complete and its main purpose was to see if and how the participants had utilised the training resource. The questionnaire also sought to elicit information regarding the obstacles encountered by those unable to incorporate the training resource.

Of the 80 questionnaires sent out, 32 were returned by the closing date and following a series of reminder telephone calls a further 19 completed questionnaires were returned, making an overall total of 51. This number may have been higher but for the fact that a significant number of those taking part in the events had either moved post or had left the health service altogether or left incomplete contact details.

Of the 51 returned questionnaires, 36 respondents said they had been able to utilise the training resource in one way or another while 15 said that, for various reasons, this had not been possible in the time since the training of trainer's event. The obstacles highlighted by respondents included a lack of funding and other resources, and not enough time.

A selection was then made of those who had utilised the training resource. This selection was based on various factors such as the different type of partnership activity between the two sectors, whether the initiative was a one-off exercise or part of a longer term strategy/project, where the initiative was located, the target group and beneficiaries of the initiative.

Semi-structured interviews were then held with key personnel involved in each initiative and the evidence gathered was used to produce the following case studies.

Case studies

Case study 1 - Training for health staff and students.

Case study 2 - Aberdeen Healthy Living Network - Cash In Your Pocket.

Case study 3 - Give your child a warm start in life, Angus.

Case study 4 - Healthy Warm Homes, Ayr.

Case study 5 - The North Lanarkshire Partnership.

Case study 6 - Warm and Well, Edinburgh.

The various initiatives illustrated in these case studies demonstrate the wide variety of ways the energy efficiency and health sectors can work together to the benefit of the individual client and/or vulnerable groups in the community as well as the health service itself. Some of the initiatives are straightforward one-off events that delivered the training as it is set out in the training resource (Case study 1). In the main these training events targeted either professional health staff working at the local level or nursing and health studies students.

In some of the case studies (e.g. Case study 1) training is the main focus of the initiative while in others it is only one part of a much broader-based project that is designed primarily to deliver actual services to clients (Case studies 2 -6). Various initiatives (Case study 1 and 5) used the training simply to raise awareness amongst health staff and others of the range of different forms of help, advice and financial assistance in the form of heating and insulation grants that may be available to many of their clients. In other initiatives the training is used to promote the services of a new partnership project and to encourage front line health staff to refer particular groups of clients to the project (Case studies 2, 3, 4, and 6). These projects demonstrate how this type of joint initiative between the two sectors can be used to target different vulnerable groups in the community, ranging from parents with infants and young children (Case study 3) to those with particular health problems (Case study 4).

The services provided by these partnership projects also vary. Almost all provide access to heating and insulation grants, primarily the Scottish Executive's Warm Deal and Central Heating Programme (Case studies 2 - 6), and some have specific funds that have allowed a wider range of measures to be offered to clients (Case studies 2, 4 and 6). Some of the initiatives provide energy advice directly using their own staff (Case studies 3, 4 and 6) or indirectly using staff from specialist energy advice agencies (Case studies 2 and 5). All the initiatives (Case studies 2 - 6) act as a signpost to point clients in the direction of other sources of advice that may be helpful to their situation.

All the projects (Case studies 2 - 6) require the support and assistance of locally based health staff, the relevant local health care co-operative and/or the health trust. For some of the projects this link was already in place prior to the establishment of the initiative (Case studies 2 and 5), while in others much time was required to establish this before the initiative could commence (Case studies 3, 4 and 6). Most of the initiatives rely on front



line health staff to refer clients to the project (Case studies 3 - 6) and each of these initiatives have developed their own particular referral system. In most cases this is a paper-based procedure and consequently this has been kept as straightforward as possible; all have to be signed by the health professional and the client. In an attempt to boost referrals, some initiatives (Case studies 3 and 4) have streamlined this system even further.

Most of the initiatives (Case studies 3 - 6) have set a specific time by which all those referred to the project will receive a response by a member of the project staff and numerous projects will provide more than one home visit to the client.

The target group of the different initiatives also varied. In one it is householders with particular health problems such as heart disease or respiratory problems (Case study 4); in another it is parents with infants and young children (Case study 3); while in another it is low income households that may be vulnerable to fuel poverty (Case study 2).

For all the various initiatives illustrated in the case studies the main barrier to progress was the availability of funding. (This, of course, was the most frequently reported barrier by those respondents to the questionnaire that had been unable to utilise the resource since it was launched.) For several of the one-off initiatives this was also an obstacle and for some it proved difficult to repeat the training event even though it may have been a success. Securing on-going funding was also a problem for several of the partnership projects and this made it difficult to formulate future plans and strategies. In addition, uncertainty over future funding can also make it difficult to maintain links with professional colleagues in other sectors.

Another obstacle faced by many of the initiatives was the lack of evidence to support such joint action between the two sectors. While there have certainly been numerous examples of this type of partnership approach in the past there has been little evaluation of the actual health benefits to the client. Almost all the initiatives have recognised this important gap and have therefore incorporated a means of evaluating their health outcomes. For many of the initiatives this evaluation is still on-going and it will not be until sometime in the future before this vital evidence is available.

Some of the initiatives reported that, even with a user-friendly referral process, it was difficult to encourage front line health staff to adopt such a simple system, as even this could take up valuable time. Many health staff are continually being required (and requested) to take on new responsibilities and different ways of working. Any new initiative that requires their input therefore has to compete with a host of other tasks.

Maintaining the commitment and support of all the different parties involved in any partnership activity is always difficult, as there is frequently a lack of understanding of the operational priorities of each of the partner organisations, different sources and availability of funding, plus time parameters that do not conveniently synchronise with each other. Keeping everyone on board, especially during the early planning stages, can prove very time consuming.



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When asked what were the key lessons they had learned as a result of taking part in such a partnership approach many of the health staff reported that it was the realisation that there was a network of agencies designed to offer help and advice to many of their most vulnerable clients. Just as importantly was the understanding that there were a variety of different forms of financial assistance again available to large numbers of their clients. From the point of view of many of the staff of the projects the main lesson appeared to focus on the various means by which the health professionals can be encouraged to support the initiative and utilise its services. All the projects that incorporated a referral system had purposefully kept this process as simple as possible. Equally important was the need to provide feedback to the referrer as to what action had been taken by the project and what were the outcomes for the client. All the projects had a method of feedback - for some it was a simple verbal report back to the referrer while in others it took the form of a short written report summarising the key points. This, more than anything else, seemed to encourage the health staff to continue to make referrals to the project.

In the case of the one-off initiatives (Case study 1) many indicated that they planned to repeat the joint exercise and in the case of the broader partnership projects almost all planned to increase the number of referrals to the project and/or expand the services of the project to new geographical areas.

Further information

Details of how to find further information on the different initiatives is provided at the end of each case study. For further information regarding the training resource, Health Implications of Cold and Damp Housing, the updated version is available on the web sites of NHS Education for Scotland (www.nes.scot.nhs.uk), NHS Health Scotland (www.healthscotland.com) and the Eaga Partnership Charitable Trust (www.eaga.co.uk) from August 2004

Case Studies

The table below summarises the key dimensions of each of the case studies in Part 2, it provides a quick guide to the broad similarities and differences between each initiative.

Case study 1 - Training for health staff and students.

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Dimensions	Case study					
	1	2	3	4	5	6
Partnership approach		●	●	●	●	●
One-off initiative	●				●	
Longer-term project		●	●	●		●
Involves training	●	●	●	●	●	●
Specific target group	●	●	●	●		
Involves a referral process		●	●	●	●	●
Access to energy advice		●	●	●	●	●
Access to energy efficiency measures		●	●	●	●	●
Access to other measures		●		●	●	
Monitoring		●	●	●	●	●
Evaluation		●		●	●	●



Following the publication of the training resource, Health Implications of Cold and Damp Housing, in July 2003 it has been utilised by front line health staff and health trainers in a wide variety of ways and locations.

The resource has been incorporated as a training module by Queen Margaret University College in the syllabus of all Health and Nursing Studies courses at undergraduate and post-graduate levels. The University of Paisley has also used the resource with Public Health and Nursing Studies students and Robert Gordon University in Aberdeen has included the training as a module within their Health Visitor course and all other courses with a focus on the elderly or young children.

Various public health officers in the Highlands area joined forces with their local authority colleagues from the HECA unit and the Energy Efficiency team plus staff of local Citizens Advice Bureaux to organise a series of events for all front line health staff. These were scheduled to coincide with the annual round of flu-vaccination clinics in late autumn.

In Dumfries and Galloway one-off training sessions were organised for specific target groups such as community midwives and public health practitioners. Similar events took place in Glasgow, Dunfermline, Wishaw and Paisley where, in the case of the latter, the resource was used with staff from a range of different professional backgrounds who make up the multi-disciplinary Elderly Forum.

Many of the recipients of the resource reported that they had used the information within the resource to raise awareness amongst their colleagues of the scale of the problem of fuel poverty and the impact that housing conditions may have on the health of the occupants. Recipients of the resource have also used the information on heating and insulation grants plus other sources of help and advice to inform themselves and their colleagues of these various forms of assistance available to their clients.

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The Aberdeen Healthy Living Network first came together in 2000 and received funding from the New Opportunities Fund in 2002. Additional funding, both financial and in-kind, is also provided by the various organisations that are partners in the initiative. This broad coalition includes a range of 20+ voluntary organisations, Aberdeen City Council, the local Council of Voluntary Service, Aberdeen College and NHS Grampian.

These organisations form the core or Network of the initiative and all members meet on a six monthly basis to review progress. The initiative is overseen by the Planning and Policy Group that meets more regularly and has representation from all the sectors. The initiative is managed on a day-to-day basis by the Network Support Team based at Aberdeen City Council.

The main aim of the initiative is to promote health and reduce health inequalities amongst people living in economic disadvantage in Aberdeen. The initiative will seek to fulfil this aim by improving the financial circumstances of key target groups, improving life chances and choices by helping people develop life skills and personal competencies, providing support to disadvantaged parents and improving and shaping local health policies.

In practice the Healthy Living Network has established three priority programmes of action: Cash in Your Pocket, Parenting Support and Life Skills. Each of these programmes brings together partners within the Network that have the relevant skills and experience to meet that particular programme's objectives. The Cash in Your Pocket priority programme will help people to improve their health by assisting them to access benefits and resources they are entitled to and help with how to make these resources go further. One of the key areas of work will be to help vulnerable households to reduce their fuel bills by providing energy advice, information on paying for fuel bills and switching fuel suppliers, plus eligibility to grants such as the Warm Deal and the Central Heating Programme.

During the early stages of the development of the Healthy Living Network the Health Implications of Cold and Damp Housing training resource was piloted in the area and this generated much interest from the front line health staff that attended. To help target the resources of the initiative in the most effective manner the Cash in Your Pocket programme decided to provide a similar round of training sessions for the staff and volunteers of the partner organisations that make up this part of the overall initiative. These staff and volunteers were seen as crucial to the success of this part of the initiative as they have a high level of contact with vulnerable groups in the community. For instance, the Pension Service operates 400 home visits throughout the city every month.

As the bulk of the participants on these initial training sessions would be non-health sector personnel the original version of the training resource was adapted accordingly. More information was included on how to identify fuel poor households and the input on health research was reduced.



Training sessions were held for 40 staff and volunteers from six organisations taking part in Cash in Your Pocket. These included the Pension Service, Welfare Rights, the Great Northern Partnership, Victim Support Aberdeen, Age Concern Counselling and Advice Service and managers of day care centres in the city. The training was provided by a member of staff from the council's housing department and an energy adviser from SCARF, the locally based energy advice agency.

As part of the training all the participants were informed of the wide range of services provided by other organisations involved in providing Cash In Your Pocket services. The participants were encouraged to refer those householders they considered to be at risk of fuel poverty to one or more of these organisations. The first round of training and the level of referrals generated is currently being evaluated and further training sessions are planned with the staff and volunteers from other organisations within the wider Network, such as the staff and volunteers of the Food Co-op. Discussions with NHS Grampian are in the early planning stages to provide similar training to front line health staff in the area.

Other future plans include encouraging householders to join the Credit Union (a partner in Cash in Your Pocket) so that they are then able to pay their fuel bills by direct debit, thus avoiding the higher tariffs of other payment methods, especially pre-payment meters. The Aberdeen City Council in conjunction with the Pension Service and the Eaga Partnership has also launched its own local heating and insulation initiative, Keep your home as warm as toast, that will operate alongside the Scottish Executive's Central Heating Programme.

The close working relationship developed between the Healthy Living Network and NHS Grampian has ensured that the partners within the Network have been able to make a co-ordinated input to the consultation on the Joint Health Improvement Plan and inform the discussions on the new Community Health Partnership.

The Aberdeen Healthy Living Network is one of six healthy living initiatives that are being evaluated by the Scottish Executive. A half way stage study is currently being undertaken and a full report will be produced in June 2005.

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To demonstrate the positive outcomes of joint action between the energy efficiency sector and the health sector Energy Action Scotland (EAS) sought funding to develop a locally based initiative that would combine the expertise of front line health staff with access to energy advice and insulation grants for households that may be vulnerable to fuel poverty. The necessary financial support was secured from Scottish Hydro and support at the local level came from Angus Council who had earlier taken part in the organisation of four pilot sessions of the Health Implications of Cold and Damp Housing training. These sessions had been very well attended and drew together not only health staff but also staff from other professional groups such as social work, housing and welfare rights. Feedback after the sessions suggested the need for further action.

In partnership with local officials from the health sector, EAS and Angus Council established the project Give your child a warm start in life. The focus of the project is, as the title suggests, parents of babies and young infants. The potential vulnerability of this group to fuel poverty is not always recognised but the introduction of new members to the family can frequently place added financial strain on the family budget. This group is also one that is more open to changes in lifestyle and behaviour and more receptive to advice and information concerning the importance of keeping their home warm and free of condensation dampness. The key message of the project therefore focuses on the health of the child rather than the energy efficiency of the home.

The project began in 2003 and its short to medium aim is to take 100 families in the area out of fuel poverty. The funding from Scottish Hydro was used to pay for promotional literature and a leaflet containing a wide range of energy advice that could be given to the client. The funding also paid for a further series of training and briefing sessions for health staff and other interested parties. Angus Council agreed to allocate a member of staff to co-ordinate and act as a focal point for the new initiative. This Home Energy Management Officer works in close partnership with the public health facilitator of the LHCC, local social work teams, staff from the Child and Family Centre and the local Welfare Rights initiative. Initially the project concentrated its activities in the Arbroath area due to the location of the maternity unit and Child and Family Centre in the town.

A very straightforward referral process has been developed by the project. Staff wishing to refer families to the project need only complete a simple referral form with the contact details for the householder. If, however, time does not allow for the form to be completed the member of staff can simply pass on the same information by email or telephone.

The project aims to provide a home visit to all those referred to it within a week of receiving the referral details. During this visit the project officer will underline the importance of keeping the home warm and if the parent(s) is having any difficulties in this area then energy advice on a range of topics can be provided. If the family lives in a council property then the project officer will also ensure that all necessary repairs are being



addressed. The project officer also provides information regarding the Warm Deal and will help the family to access the grant. Families are also informed of other sources of help and advice. They can also be referred onto the Welfare Rights Team for advice on other topics such as benefits. This initial visit can take from 30 - 60 minutes and most families require only one visit. However, if further visits are necessary then these are provided. All the action undertaken by the project officer is relayed back to the referrer and this is seen as crucial by the project in maintaining goodwill with its partner organisations.

The project has already helped numerous families. One mother of two young children was helped to reduce her fuel bills by 50%. A couple with two young children living in a council property with ineffective solid fuel heating had this upgraded to gas central heating. Another young family were helped to make their home warmer and free of condensation dampness by applying for the Warm Deal and receiving advice regarding the drawbacks of using bottled gas heaters which they had been relying on as their main form of heating. They were also shown how best to use their storage heaters.

Following the training sessions almost 55 referrals have been generated under this particular project. Although the numbers of those making the referrals remains small, the project is planning another series of training sessions and to expand beyond the Arbroath area.

The project has demonstrated that the health and energy efficiency sector can work together to identify specific target groups in the community. It would also appear from initial results that families with young children are more open to advice on ways to improve the heating of their home. The partnership between the housing department and local health officials has also ensured that tackling fuel poverty has been included in the Angus Joint Health Improvement Plan. The housing department of the council have now formally recognised the value for this type of initiative and their staff involved with the project will continue to provide on-going support and co-ordination.

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In 2001 the Energy Saving Trust (EST) invited applications for funding under its HECAction Challenge Programme. One of the aims of this funding was to promote joint initiatives between the energy efficiency and health sectors that would increase the uptake of energy efficiency measures by householders whose health may be affected by their housing conditions. South Ayrshire Council secured funding from the EST in consortium with East Ayrshire and North Ayrshire Councils. The Warm Homes Energy Agency, based in Ayr, was contracted to act as managing agents and the Healthy Warm Homes project was launched in April 2002.

The project has a steering group consisting of representatives from the three local authorities, the Warm Homes Energy Agency and the Local Health Care Co-operatives in the area. This group meets every six weeks with the Project Manager and Project Officer to review progress.

The project specifically targets householders suffering from heart disease or respiratory problems and to assist the project to identify potential beneficiaries it has joined forces with front line health staff throughout the three local authority areas. The project has promoted itself to this group by means of a series of briefing sessions and short training events using the training resource - Health Implications of Cold and Damp Housing.

It has also produced a newsletter and a leaflet explaining the purpose of the project, who is eligible and what types of assistance can be provided. The leaflet has a short explanation of the insulation and ventilation measures the project will fund and how these can help the householder save on their fuel bills. These leaflets are given to all those attending the training and briefing sessions, as well as being sent to all GPs' surgeries and health clinics in the area. Different prototypes of the leaflet were thoroughly piloted with health staff at the beginning of the project and the final version has a straightforward, user-friendly, tear-off, self-sealing and pre-addressed (freepost) section that the health professional completes and the householder signs. It is then returned to the project.

To promote itself directly to householders, the project has used a series of advertisements placed in the local press. Householders are then able to decide for themselves if they are eligible. However, to be referred to the project they must contact their GP's surgery or health clinic.

The measures on offer include central heating measures, cavity wall insulation, loft insulation, draught proofing and a heat recovery fan. For those householders that are in receipt of benefits these measures are installed completely free (via the Warm Deal). For those not in receipt of benefit the measures are available at a significant discount on the normal price (£70 for cavity wall insulation instead of £400). Where the householder is a local authority tenant the council will arrange and pay for the measures. If the householder is eligible they will also receive information on how to apply to the Central Heating Programme. All those referred to the project have a visit before the measures are installed and a follow-up visit after installation. All health staff that refer clients are kept



informed of the actions undertaken and the outcomes by means of a simple postcard reply service.

Since the project began it has received 182 applications, 116 respondents have had respiratory problems, including 44 with allergic asthma, and 94 have had heart disease. Altogether 139 energy efficiency measures have been installed.

The project is monitored on an on-going basis and progress reports are regularly submitted to the steering group. The possible health benefits to householders are being evaluated by Ayrshire and Arran NHS and the Warm Homes Energy Agency. This is undertaken by means of health and well-being questionnaires that are completed by the householder prior to the installation of the measures and again after installation and a full heating season has elapsed.

The project is currently seeking to expand the numbers of health professionals making referrals and to stream-line the referral process even further it is piloting the idea of a referral book. This is placed in a small number of surgeries and the health staff simply put the householder's contact details in the book. The books are then checked on a regular basis by the project staff.

Like many other projects, Healthy Warm Homes depends on funding that is frequently time-limited and narrowly focused in terms of eligibility/targets. To continue beyond the initial two year EST funding period the project must achieve a level of self-sustainability and this can be very difficult when it depends on different sources of funding for the energy efficiency measures it provides.

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Following a series of highly successful training events during the pilot phase of the training resource Health Implications of Cold and Damp Housing, the Planning and Environment and Social Work Departments of North Lanarkshire Council in conjunction with NHS Lanarkshire (Motherwell LHCC) agreed to explore the possibilities of producing a co-ordinated strategy to reduce fuel poverty, improve health standards and levels of home accidents and crime in the area. To test out the benefits of such joint action a task group was established to draw up a plan of action and secure the necessary funding to implement this plan. The group identified the Innovation Programme administered by the Energy Saving Trust as a possible source of seed-corn funding and an application, supported by the feedback from the earlier training events, was drawn up. This was approved in March 2004 and the project began in June.

The overall aim of the project is to reduce the numbers of those in fuel poverty in the North Lanarkshire area by helping those in the energy efficiency sector to target more accurately where resources are needed most. Linked to this, the project will also target residents who may be at risk of accidents in the home, or may be victims or potential victims of crime and will offer assistance to improve home safety and security through the Council's Safer Homes Project.

The project will begin with a promotion campaign to all front line health, housing and social work staff, as well as the voluntary sector and local housing associations in the Bellshill & District area. This will be undertaken using a leaflet distributed to all line managers plus information posted on internal council and local NHS web sites. This promotional phase will be followed by a series of five training sessions for up to 150 participants. Input to these sessions will be based on the Health Implications of Cold and Damp Housing plus an input by the local Safer Homes initiative.

All the participants will be informed of the aims of the project and encouraged to refer clients that they consider to be vulnerable to fuel poverty, or at risk through accident, crime or fear of crime. A multi-agency referral form has been designed that can be used by all the participants regardless of the department/health body in which they are based or which service they may require. This form has been designed to be easy-to-use and quick to complete and once the client has signed the form it is returned to the Energy Unit based within the Council.

Once the completed referral form is processed, an adviser will make contact with the householder to provide advice over the telephone or arrange a home visit. The home visit should take place shortly after the referral is received. Advice to the householder will include information regarding heating and insulation grants, different methods of paying for fuel, home safety and security. The householder will also be given information regarding sources of advice on other topics, such as benefits, housing repairs and proactive health advice including information on influenza and pneumococcal vaccination. Referrals to the Safer Homes initiative also includes the free supply and installation of safety and security equipment.



All those making referrals to the project will receive feedback on action taken with the householder.

The project will be managed by the task group that will meet on a monthly basis. All those taking part in the training sessions will be required to complete feedback forms and these plus the resulting levels of referrals will be closely monitored by the Energy Unit. Regular progress reports will be submitted to the task group.

The impact of the project will be jointly evaluated by NHS Lanarkshire (Motherwell LHCC) and North Lanarkshire Council. This evaluation process will take the form of an initial benchmarking exercise to assess current perceptions on health, energy efficiency and safety and security followed by a longitudinal re-assessment of perceived changes following intervention.

Although the seed-corn funding from the Innovation Programme will last only until late 2004, the task group is hoping that the series of training events coupled with positive outcomes for those households referred to the project will create a momentum amongst front line health and social work staff that will be sustained once this initial funding ends.

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Case study 6 - Warm and Well, Edinburgh

Warm and Well is a partnership project which aims to improve health and housing conditions and tackle fuel poverty. It targets householders of all tenures who have chronic physical or mental health problems that are exacerbated by cold or damp housing conditions.

Warm and Well was launched in May 2002 by Susan Deacon MSP. The project was established as a result of a combination of factors, such as the strategic decision by Lothian and Edinburgh Environmental Project (LEEP) to demonstrate how the energy efficiency sector and the health sector could work in partnership to produce real health benefits for vulnerable households. This was combined with the availability of suitable funding from the Energy Saving Trust (EST) and three local authorities (the City of Edinburgh Council, East Lothian and Mid-Lothian). The project was also backed by several power companies (ScottishPower, Scottish Gas and Transco). Crucially, the project also received funding from NHS Lothian and the support of the University of Edinburgh Primary Care Research Group. Each of these organisations is a key partner in the project and each has a representative on the steering group. These partner organisations provide a range of assistance to the project - skills and knowledge of particular areas, venues and space for events, contacts with relevant networks of health staff, etc.

The main purpose of the project is to improve the individual householder's quality of life (including their health) by improving the energy efficiency of their home to provide affordable warmth. The project employs a manager (part-time), an adviser and an administrator.

Warm and Well is managed by Lothian and Edinburgh Environmental Partnership (LEEP) in conjunction with a steering group which meets on a regular basis. Targets are agreed and progress reports are submitted to these meetings by the project team.

The project works in close partnership with front line health staff and, in two of the local authority areas with social work staff, to identify those clients whose health may be affected by their housing conditions. These clients are then referred to Warm and Well for energy advice and help accessing heating and insulation grants.

To enlist the support of health and social work staff the project has used a combination of training and briefing sessions. At the beginning of the project five Health Implications of Cold and Damp Housing training sessions took place throughout the area and these were followed by a series of briefing sessions in particular GP practices and clinics. A wide range of health staff attended these sessions, including health visitors, district nurses and community nurses.

Health and social work staff complete a short referral form for each client they wish to refer to the project. The client also signs the referral form and this is sent to the project. The Warm and Well adviser will then contact the client within seven days to arrange a visit.

Tackling the health implications of cold and damp housing in Scotland



The project provides energy advice (delivered to the householder in their own home) by a trained adviser, information regarding the availability of heating and insulation grants or, if the client is ineligible for these, information regarding the Warm and Well Intervention Fund (subject to status). Warm and Well assists the householder through the whole process of making energy efficiency improvements and, once the installation is complete, a final visit is made to ensure the householder is able to use their energy efficiency improvements effectively.

In 2003/04 almost 150 referrals were made to the project and 43 had new heating systems installed. Referrals have been made by a variety of front line health staff including GP's and although this group has remained small it continues to grow. To encourage health staff to refer clients to the project, feedback is given to referrers informing them of the action taken and the advice given by the adviser.

The project is being evaluated on an on-going basis by the University of Edinburgh Primary Care Research Group. Prior to any insulation or heating work in the home the client is asked to complete a health status questionnaire (SF-36) for each member of the household. The client is asked to undertake a similar exercise six months after the work has been completed. Initial results from the evaluation study show that the project is succeeding in targeting vulnerable clients and the intervention of the project does appear to be having a positive impact on the well-being of the client.

The key lessons learned by the project are that the housing and health sectors can work together to produce tangible benefits for vulnerable households, that preliminary meetings with health professionals are essential, and that it is equally important to ensure that health professionals can access the service easily and effectively with a minimum of bureaucracy.

Warm and Well has gained recognition at a national level and is currently looking at ways to continue and expand its services in the next financial year.

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