

# Healthy Homes, Healthier Lives

## Using the presentation

This is a step-by-step, slide-by-slide guide to help you use the model presentation.

### Resources and materials

To run a session you will need a copy of the presentation and the following resources

#### **Equipment**

Lap-top computer\*  
Projector\*  
Extension lead  
Flip chart and pens (optional)

*\*If this equipment is not available you could use an overhead projector, in which case a reduction in the number of slides might be necessary*

#### **Handouts and resources for the session**

Sets of photos for the case study exercise  
Copies of the quiz  
Evaluation forms (with box or envelope for participants to leave it in)

#### **Pack for participants**

The Healthy Homes Healthier Lives folder  
The Healthy Homes Healthier Lives facts leaflet  
Information about the schemes you are running  
Useful contacts list  
Information about local Home Improvement Agencies & Handyperson schemes  
Warm Front leaflets and details about other local grants

## Running the session

If you use all of the quizzes and exercises, and have a 10 minute break you will need approximately 2 hours to run the full session.

### Part One: Introduction and setting the scene

Allow approximately 20 minutes for this

Slide Number	Topic (Time in minutes)	Notes
1	Title	You may want to show this slide while people are arriving. It reassures participants that they have come to the right place and it reassures you that your equipment is working.
1	Title (2)	<p>When people have all arrived, stand up and introduce yourself. Say who you are and a little about you're day to day job.</p> <p>Go through "house keeping" information: location of toilets, fire procedure, when breaks will be, when the session will end, any other ground rules e.g. no smoking, confidentiality</p> <p>Thank everyone for attending and if the session has been arranged/ sponsored by anyone in particular then do not forget to acknowledge this help.</p> <p>Explain that the format for the presentation combines a mixture of information provision and participation. Explain that you welcome questions and comments as you deliver the session.</p> <p>Explain that each participant will take away a pack, containing copies of the Powerpoint Slides, checklists and any other leaflets. It is probably best to distribute these at the <b>end</b> of your presentation, to avoid distraction and the temptation for participants to leaf through the information before you have had time to talk about it. It will also mean that the exercises and quizzes are more fun because they won't have the answers before you do them.</p>

2	Introduction Exercise (5)	<p>This exercise will encourage people to participate, get to know each other (if they don't already) and set an interactive tone to the session. It will also take the focus away from you so that you can take stock of how the session is going.</p> <p>Ask the participants to talk to their neighbour for a couple of minutes to discuss the statements and decide on their answers.</p>
3	Introduction Answers (5)	<p>Use this slide to reinforce what has been fed back and to introduce the aims of the training session.</p>
4-12 (includes slide 5 x 4 pop in answers)	Setting the Scene (10)	<p>These slides give you the opportunity to discuss the implications that these statistics have for the future if older people want to stay in their own homes.</p> <p>You may get reactions to these statistics – encourage people to express these but be careful that you don't get into a lengthy discussion. Your aim is just to make people aware of the housing context in which they are working.</p> <p>Stress the importance of safe, well maintained housing to older and disabled people. Without appropriate housing other interventions – health, social care – are going to be less successful</p> <p>Talk about how local authorities should have Decent Homes strategies for their own housing stock and for other RSL stock, but that since 2003 they should also have a strategy for private sector housing as well.</p> <p>The Housing Healthy &amp; Safety Rating System will be a new way to measure Decent Homes but won't come into use officially until April 2006. It should help councils to set up a grant strategy and prioritise how money is awarded. For more information see <a href="http://www.odpm.gov.uk">www.odpm.gov.uk</a></p> <p><i>(For background information to help with these slides see The Self Training Toolkit pages 6 – 14)</i></p>

## Part Two: Identifying the problems

Allow 20 minutes for this if you deliver it as a presentation. Allow 40 minutes if you decide to structure this part of the presentation around the quiz.

13	Identifying the problems (2)	Use this slide to introduce Part Two of the presentation.  Summarise the topics that you will cover mentioning warmth & comfort, damp and condensation, poor services including gas safety, carbon monoxide, and inadequate electrical wiring, trips and slips and security.
<b>Quiz</b>	(10)	If you decide to use the quiz to introduce the issues, hand out copies. Encourage participants to work in pairs to answer the questions. Give them around 10 minutes to go through the quiz.
<b>Feedback</b>	(18)	The questions are ordered to co-ordinate with slides 14 to 29. Take feedback for each question, showing the relevant slides to answer the question, provide more detail and emphasise the actions they should take before moving onto the answer for the next question. e.g. the answer to question 1 should be provided and developed with the help of slides 14 to 16.
14	Cold Homes Thermometer	Use this slide to introduce discussion about excess winter deaths, the cost of maintaining safe and healthy levels of heating and the concept of fuel poverty.  Explain the definition of Fuel Poverty, people who <u>have to</u> (not just choose to) spend more than 10% of their income to keep their home adequately heated.
15	Cold Homes  Health Effects of Cold Homes	Highlight vulnerable groups – older people, disabled people, and homeowners, people living in older properties.  45,000 is the number of people who die during a bad winter due to the cold. Figures from the Office for National Statistics showed actual excess winter deaths of: 45,000 (1999 – 2000) 26,000 (2001 – 2002) 22,000 (2003 – 2004) Cold reduces peoples' mental and physical reactions – older people are particularly at risk of accidents and falls as a result. There is some evidence that heart attacks and strokes are another consequence of cold homes.  Stress the mental as well as physical consequences of cold homes

16	Action for Cold Homes	<p>Summarise the need for adequate heating.</p> <p>Refer to the Warmfront grant and show the leaflet. Also provide information about contact numbers for further advice about energy efficiency and the other grants that may be available</p> <p>e.g. The local Energy Efficiency Advice Centre can help with both by calling 0800 512 012</p> <p>e.g. Fuel suppliers often provide financial incentives and grants for householders who are not eligible for Warmfront and details are usually available from the EEAC.</p> <p>Try to include a leaflet from you local EEAC in the pack.</p> <p><i>(For background information to help with these slides see The Self Training Toolkit pages 6 – 14)</i></p>
17	Damp & Condensation	<p>Summarise the health affects of damp and particularly the mould that grows on condensation damp</p> <p>Mould growth is a form of fungal growth and a damp home is an ideal environment for the spread of these fungi. Research has shown that mould growth can give rise to different types of allergies and health problems:</p> <p style="padding-left: 40px;">RHINITIS (inflammation of the nasal passages)</p> <p style="padding-left: 40px;">ALVEOLITIS (Inflammation of the lungs)</p> <p>Some fungal growth can be toxic and if swallowed acts like a poison.</p> <p>Stress the mental health implications of living in a cold, damp, mouldy home.</p>
18	Action for reducing condensation	<p>Explain that condensation can be a big problem. To control condensation four factors must be considered.</p> <ol style="list-style-type: none"> <li>1. Reduce moisture production – lids on cooking pots – not using bottled gas – extracting steam from bathrooms and kitchens</li> <li>2. Good ventilation – air bricks- trickle vents – to create a small air flow</li> <li>3. Adequate heating – ideally central heating</li> <li>4. Insulation – reduce the number of cold surfaces</li> </ol>
19	Action for keeping damp at bay Rising damp & penetrating damp	<p>Briefly describe how rising damp and penetrating damp can occur the actions required to deal with it.</p> <p>Rising damp occurs up to 3metres from ground level where there is no Damp Proof Course (DPG) or if it has been breached or broken.</p> <ol style="list-style-type: none"> <li>5. The source of penetrating damp and plumbing leaks can often be difficult to find. Mould will grow on these types of damp if the problem is not fixed.</li> </ol> <p><i>(For background information to help with these slides see The Self Training Toolkit pages 18 – 20)</i></p>

20	Defective gas and solid fuel appliances	<p>Soot stains show that chimneys or flues are not taking away combustion gases adequate.</p> <p>A yellow flame shows that there is not enough oxygen present in the combustion process and means that the appliance is producing carbon monoxide. Most modern appliances have a balanced flue, which automatically brings in enough oxygen for complete combustion, but it is still important to look for the blue flame that shows the appliance is safe.</p> <p>Explain that the appliance in the photograph does not have a safe flue and would no longer be legal, but that old water heaters like can still be found in older houses.</p>
21	Defective appliances and health	Summarise the health risks from faulty appliances
22	Symptoms of carbon monoxide poisoning	Explain that often people do not realise that they have carbon monoxide poisoning because the effects can be so subtle. Feeling well during a spell away from home, and noticing symptoms on return might be the only way to know
23	Action for faulty appliances and carbon monoxide risk	<p>Stress the importance of checking all gas appliances annually by a CORGI registered plumber. All modern gas appliances are fitted with CO cut off devices. Note any local schemes.</p> <p>People could consider installing CO detectors where they consider people are vulnerable.</p> <p><i>(For background information to help with these slides see The Self Training Toolkit pages 24– 28)</i></p>
24	Defective or inadequate electrical wiring	<p>Summarise the health risks from defective wiring. Emphasise that trailing cables are a major falls hazard</p>
25	Action for defective or inadequate electrics	<p>Explain that electrical standards are regularly reviewed and old circuits often cannot be brought up to current NICEIC standards.</p> <p>Quote the cost of a full re-wire for a 3-bed property – (£2 - £3K) Are grants available?</p> <p>Sockets and outlets should be of an adequate number and appropriately sited</p> <p>Note any local free safety check schemes or grants and refer to any leaflets you have in the pack.</p> <p><i>(For background information to help with these slides see The Self Training Toolkit page 27)</i></p>

26	Falls hazards	Falls have a huge impact on older people and are a major killer. They also impact on acute health services. This is why the Government identified falls prevention strategies as a target in the National Service Framework for Older People.
27	Action for falls hazards	<p>Explain the main environmental '<i>trigger points</i>' for falls &amp; accident hazards in the home. Invite additional examples from participants. Link them to the actions listed.</p> <p>Research by the NHS Falls Collaborative has shown that older people are at particular risk first thing in the morning from bending down to pick up post and milk bottles.</p> <p>Encourage participants to come up with more ideas from their experience of useful aids and adaptations.</p> <p>You may want to refer to any local falls prevention schemes or Slips Trips and Broken Hips campaign and have leaflets available.</p> <p><i>(For background information to help with these slides see The Self Training Toolkit pages 29 – 30)</i></p>
28	Poor security and burglary risk	<p>The fear of crime is higher among older people. It is important that they are reassured that doors and windows are as secure as they can be.</p> <p>Fear of burglary can be responsible for sleep problems, as well as depression and isolation.</p> <p>Poor maintenance and unkempt front gardens can be tell-tale signs that a vulnerable person lives in the home. Distraction burglars and rogue callers target these properties.</p> <p>In 2003 there were 18,664 distraction burglaries in the UK. Government research into distraction burglaries amongst older adults and ethnic minority communities shows victims of distraction burglary suffer high levels of trauma at first, but recover after around 4 months. Victims of forced entry burglary take much longer to recover.</p> <p>The same research showed that participants in the study were far more concerned about national and local crime levels, with particular fears about forced entry.</p> <p><i>(Details are available in Home Office Research Study 269 and Findings 197 on the Government website <a href="http://www.homeoffice.gov.uk">www.homeoffice.gov.uk</a> Crime figures at national and local level are available on <a href="http://www.crimereduction.gov.uk">www.crimereduction.gov.uk</a> )</i></p>

29	Action for poor security and burglary risks	<p>Mention any local schemes that may be available to promote crime prevention or to discourage bogus callers.</p> <p>Keeping front gardens tidy will help to keep vulnerable people safe from targeting by bogus callers and potential sneak thieves.</p> <p>A description of the case study for the photograph is in the <b>Appendix to this guide</b>.</p> <p><i>(For background information to help with these slides see The Self Training Toolkit pages 31.)</i></p>
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Option of a 10 minute break for drink. This gives people the opportunity to speak to each other about the slides and their experience

### Part 3: Recognising the problems & identifying the solutions

Allow 40 minutes for this part of the presentation. Remember to ensure that you have enough time for questions before you close

30	Recognising the problems (10)	<p>Explain that now going to look at the specific impact of poor housing on health</p> <p>Split participants into groups and distribute the photographs. Ask them to list the housing problems and potential health risk.</p>
31 – 38	Photographs (10)	<p>Take feedback for each photograph.</p> <p>The case study details for each photograph are given in the <b>Appendix to this guide</b>.</p> <p>Emphasise that these photographs are of relatively extreme cases, and that people can be at risk in homes with much less obvious problems.</p> <p>If you have your own photographs of examples in your area use those instead. They will represent familiar housing types and the case study details might be more relevant.</p> <p><i>(For background information to help with all the slides in this section see The Self Training Toolkit pages 44 – 60.)</i></p>

39	Example of grant help and outcome	Illustration of before and after for the Case Study in Photograph 38
40 - 41	Finding the Solutions	<p>Summarise the issues that have to be taken into account and explain that you will consider them in the categories listed</p> <p>When looking at Warmth &amp; Comfort, and Repairs, Maintenance and Adaptations you will concentrate on the agencies and grants that are available.</p> <p>In Housing Options you will look briefly at the help that is available for householders who are wondering whether to stay put or move home.</p>
42 - 43	Warmfront 2	<p>Explain that the main source of help for people on an income related benefit is the Warm Front scheme.</p> <p>You should contact Warm Front and have up-to-date information leaflets available to give out to participants. Very briefly go through the eligibility criteria and type of work undertaken. Do not go into too much detail, people can take the details away with them.</p>
44	Keep Warm Keep Well	<p>Summary slide of the national help lines that provide free advice.</p> <p>Draw attention to the grants and schemes that are also offered by the fuel companies, and point out that these tend to vary and last for a set period. To get current information contact the local EEAC.</p>
45	Repairs & maintenance	<p>Summarise the help that is available.</p> <p>Explain that there is no longer a national grant scheme for repairs. Local authorities have been given the power to devise their own forms of assistance. Details about local grant criteria will help you to develop the discussion.</p>
46	Adaptations	<p>Summarise the help that is available.</p> <p>Find out if there is a local Falls Prevention Scheme of similar and mention this here.</p>
47 - 48	Home Improvement Agencies	<p>These slides provide generic information about the kind of services that Home Improvement Agencies such as Care &amp; Repair &amp; Anchor Staying Put schemes can offer.</p> <p>Please amend them or add to them to present information about your local organisations.</p>
49	“Handyperson” schemes	<p>Most HIAs provide these schemes. They can offer a range of services from small running repairs, changing light bulbs to minor adaptations such as hand rails and grab rails. Some schemes specialise in security and safety measures such as new locks on windows &amp; doors, key safes and fire alarms.</p> <p>The Help The Aged website provides details of the schemes that they run in each area.</p>

50	Grants for adaptations	Explain that the Disabled Facilities Grant (DFG) is the only Mandatory Grant available. You will need to explain the local situation regarding waiting lists, referrals and whether there are any discretionary grants to supplement the mandatory DFG.
51	Housing Options: staying put	<p>This slide provides information about the help that is available for householders whose homes need adaptation or improvement in order for them to live safely and independently.</p> <p>In Good Repair is a useful guide for those who do not qualify for HIA assistance or want to take a DIY approach.</p>
52	Housing Options: moving on	<p>This slide provides general information about sources of information for householders who decide that they want to move home.</p> <p>If you want to expand upon this, look at the Housing Options pages on the Care &amp; Repair England website.</p>
53	Care & Repair England	The Care & Repair website contains much information and many references that may be useful for your work.

If there is time, complete the session with an action planning exercise to encourage your trainees to think about the ways they can use the information that you have covered.

Take any questions. Thank people for attending, distribute the packs and encourage them to take away any other information you provide. Remember to hand out a short evaluation form to give you feedback on the session and have a box by the door, where people can leave their completed forms

## Appendix

### Identifying the problems: case study details

#### Photograph on slide 29

*Miss W was in her late 80's living alone. She lived an active life, going shopping most days. One day on her return from shopping she discovered that burglars had entered her home by smashing the glass in her back door.*

Although very little had been stolen all her drawers had been ransacked and the contents emptied out on the floor. Miss W contacted the Police and Care & Repair. The Care & Repair Handyperson re-glazed the door, re-enforced the door panel and fitted bolts and a five lever deadlock.

Because Miss W lived in a high crime area, the HIA was able to help her to get a grant to pay for a stronger back door and replace her ground-floor windows with double glazed and more secure units.

### Recognising the problems: answers for the case study exercise

Slide Number	Photograph	Problems	Health Problems
31	Kitchen	Damp? Lead (?) paint flaking Unsafe gas cooker? General Disrepair	Respiratory complaints Lead poisoning Gastric problems Accident (gas, electrocution) Mental Health?
32	Kitchen	Trailing electrical cable and appliance near to water Mould Leaking tap Poor windows Broken work surface No splash back tiles	Electrocution  Gastric problems, especially for baby as so unhygienic  Cold and damp (windows, bare floor)  Accident – bare floors, exposed under sink
33	Pathway	Several changes in level	Trip hazard
34	Steps to mobile home	Exposed steps	Trip hazard

35	Bedroom	Clutter Soot stains on chimney	Falls/accident hazards Possibly CO hazard Cold related health problems
36	Bathroom	No ceiling – is roof leaking? Inadequate plumbing? No hot water Bath not in use WC not working (note bucket)	Falls/ accident hazards  Damp and cold related health problems Worry  Illustrates how resourceful people can be, and how desperate they may be to stay in their own homes.
37	Collapsing roof	Roof timbers are collapsing because builders have replaced former slates with tiles that are too heavy for the roof structure.	Roof could fall in – accident  Mental health – extreme worry for householder
38	Open Fire	Blackened walls indicate problem with fire and ventilation	Respiratory complaints Fire hazard

## Recognising the problems: case studies for the photographs

### Photograph 31

*Mr P was his late 80's, living alone in the house he was born in. Very little had been done to the house over the years. Mr P spent most of his day out of the house, just returning home to sleep.*

The house was in a serious state of disrepair:

- There was no bathroom or inside toilet, and the outside toilet did not flush.
- Large sections of the roof had collapsed into the house bringing down sections of some of the internal walls
- The electrical circuit was very old.
- There was no hot water in the house other than the kettle used on the cooker.
- Security was very poor and Mr P had had many burglaries and had lost most things of any value.

Mr P's next door neighbour made a complaint to the Council about Mr P using a bucket as a toilet and then emptying it down the drain in the road. The Council asked the local HIA to visit Mr P. The HIA worker discovered that Mr P was very reluctant to have any work carried out to his house although he was entitled to grant assistance.

However he was persuaded to have a new toilet, security measurers and a new roof. He did not want any internal improvements and said that he was happy with the way his house was and didn't want any further upheaval. The HIA worker respected Mr P's wishes and was careful not to impose her own standards on Mr P but was able to make the house safer.

## Photograph 32

*An elderly couple that had received help from the local HIA asked if the Caseworker could visit their daughter who was struggling to bring up four children under five on a very low income.*

The Caseworker discovered that the daughter, Ms K, had taken out a loan to have uPVC windows installed at the front of the house and to have the front room decorated. However the kitchen had a number of serious hazards, particularly given the presence of four young children.

The Caseworker referred Ms K to a local Debt Advice Agency for financial advice. The Caseworker was able to obtain a grant to address the kitchen hazards:

- Re-wiring the electrical circuit and providing additional sockets.
- New sink unit.
- A new boiler to provide hot water.

A local charity provided £400 to decorate the kitchen.

## Photograph 33

*An older couple live in this house which was on a very steep hill. There were 40 steps up to the property from the road. The husband still drove a car, which is kept in the garage to the right of the picture. The front door is to the right. Therefore in order to get from the house to the car they had to negotiate slopes several changes of level, and a concrete bund.*

Care & Repair North Somerset put grab rails at critical positions along their route to the garage and also on the steps leading from the road to the garden.

## Photograph 34

*The older couple living in this mobile home, which had 2 doorways. The council had provided a grant to put in a ramp to the side door, but did not allow additional money for the front door shown in the picture.*

The HIA had worked with the couple on the installation of both the first ramp and a level access shower, which was paid for out of charitable funds. These had been exhausted, so the Handyperson scheme installed a temporary hand rail to the front door using money from the hardship fund.

## Photograph 35

*An older man lived alone in this house but had been admitted to hospital. Case workers discovered that he used the coal fire in this cluttered bedroom, which was an accident waiting to happen. The chimney was in need of cleaning adding the danger of carbon monoxide poisoning..*

The HIA had to respond quickly to this case so that the householder could return home from hospital. They supplied temporary heating, and de-cluttered the room so that the bed could be removed from the fire place in case the client still intended to use the open fire. In the long term they were able to help the client apply for a Warmfront grant for central heating.

## Photograph 36

*Mrs T was in her early 90's and lived alone in a large Victorian house. For a number of years her bathroom roof had leaked. In an effort to keep as much of the rain as possible off the floor Mrs T rigged up a number of gutters and pipes to channel rain that was coming through the ceiling and down the walls into the bathroom sink. She had no money to pay for roof repairs and was very worried about being able to stay in her home.*

Mrs T became increasingly concerned about slipping on the wet floor when she used the toilet. Mrs T's next-door neighbour suggested she contact her local HIA.

The HIA was able to secure a repair grant and a Disabled Facilities Grant to pay for essential repairs and the installation of a level access shower. At the same time the HIA helped Mrs T apply for Attendance Allowance, which made a very major difference to her income and standard of living.

A Warm Front Plus grant was obtained to pay for central heating and insulation works. All of this left Mrs T much safer, warmer and happier in her own home.

## Photograph 37

*Mrs W was in her early eighties and had been referred to the local HIA by her Occupational Therapist for help in installing a level access shower funded by a Disabled Facilities Grant.*

While this work was being scheduled Mrs W contacted the HIA to say that her roof had suddenly collapsed. Three years earlier a builder had called on Mrs W saying they were doing work in the area and noticed that her roof was in a bad condition. She was persuaded to have the old slate tiles replaced with concrete ones at a cost of £7,000, using up most of her savings.

The additional weight of the new tiles was too much for the old timber roof structure and after three years the timber joists snapped resulting in a collapsed

roof. The HIA attempted to contact the original builder but discovered that they had ceased trading. Over £12,000 was required to replace all the roof timbers.

A grant was secured for £5,000, the British Legion provided a loan of £5,000 and Mrs W's family helped with the balance. Because the property was in such a dangerous state, the HIA arranged temporary accommodation for Mrs W while both the disabled adaptation work and roof works were carried out.

## Photograph 38

*Mr B was in his late seventies living alone in the house that he had been born in. Mr B had been admitted to hospital with burns having tripped on the floor covering in front of his fire and falling into the fire.*

Home Care had been approached to provide community support on Mr B's discharge but when a home assessment was undertaken the Home Care Team leader considered it unsafe for her staff to work in the house. It was suggested by the hospital Social Worker that Mr B be placed in a care home.

However Mr B was adamant that he was going home and would not be "put in a home". The local Home Improvement Agency was then contacted.

They secured a repair grant and some charitable funds to pay for the minimum amount of work to make the home safe for Mr B to return to, including organising and supervising all of the work. This included:

:

- A toilet that flushed was installed.
- A new electric heater replaced the old range that emitted coal tar and carbon monoxide into the room. It emerged that the chimney was completely blocked (coal-tar can be seen on the walls where it has condensed) which was having a major effect on Mr Bs health.
- A new kitchen sink installed that was connected to mains sewage. (His old sink discharged under the floor-boards which had caused extensive rot and a very unstable floor)
- New floorboards and floor supports were installed.
- The electrical circuit was re-wired.
- New floor coverings and decorations.
- A cooker and electric kettle purchased to replace the range that had been the only source of heating and cooking.

Raising the funds and undertaking this work took two months. During this period Mr B moved to a rehabilitation unit and then moved home on completion. He remained living happily in his own home for a further three years before he died.