

# Getting Going: Delivering the Training Session

## Notes for Trainers

*Below is a step by step, slide by slide guide to delivering the training course using the model presentation.*

**Part One**  
**Introduction and setting the scene**  
**Allow 45 minutes**

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 (3)	<p>When people have all arrived, stand up and introduce yourself. Say who you are, who you work for and a little about your 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 (eg. 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 style of the training is a mixture of information provision and participation. Explain that you welcome questions and comments as you deliver the training. If you do not have a health background mention this, pointing out that whilst you know more about housing, the participants are likely to be more knowledgeable about some of the health issues mentioned during the training and that their comments are welcomed.</p> <p>Participants are also likely to have a wealth of experience from visiting patients in their own homes. Encourage participant’s to reflect on this experience and apply what they are learning to these past home visits and share thoughts and ideas with others on the course.</p>
2	Aims (3)	<p>State the 3 aims of the session.</p> <p>If you are from a Home Improvement Agency (HIA) you may want to mention that the third aim will be focussing on the work of your agency.</p>

		You could also mention that another aim of the training is to encourage greater partnership working. If you are going to end with a lunch mention that this is a good opportunity to continue discussion and for people to network.
3	Exercise (15)	This exercise will encourage people to participate, get to know each other 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.  You may want to have a <b>flip chart and pens</b> to list some of the housing suggestions that are fed back. Be careful not to spend too long on this session. The purpose of the session can be achieved fairly quickly.
4	Comment on exercise (1)	This slide reinforces what has hopefully been fed back and sets the scene for the rest of the session.
5	Group quiz (23)	Invite people to call out what they think are the answers. You may want to write them on a <b>flip chart</b> .
6-9	Answers	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.
10	<b>Optional</b> Local Information (2)	<b>Delete or amend slide.</b>  You may wish to highlight local housing information.  Statistical information about the housing in your area can be obtained from the 2001 Census on your local authorities web site. The figure on the slide relate to Bristol.  Again, note the high % of owner occupation and therefore the high number of people who are responsible for the repair and maintenance of their properties.
11	Implications (2)	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.
12	Decent Homes (1)	Introduce the concept of the <i>Decent Homes Standard</i> . Briefly explain the broad parameters for assessing a home and that a Housing Health & Safety Rating System was introduced in 2006. If you are not familiar with these details already you can get further information by referring to the Healthy Homes Self Training Kit (pages 8 – 11) or from the Communities web site <a href="http://www.communities.gov.uk/housing/decenthomes/housingstandards/housinghealth/">http://www.communities.gov.uk/housing/decenthomes/housingstandards/housinghealth/</a>

13	Identifying non-decent homes	<p>Provide a brief overview of the Housing Healthy &amp; Safety Rating System (HHSRS).</p> <p>HHSRS now looks at a house to identify potential health and safety hazards that could affect <b>any</b> occupant or visitor, not necessarily the person who lives there at that time. Some hazards are greater for certain groups of the population e.g. young children or older people, and so the potential hazard is assessed for it's impact upon them.</p> <p>Explain the impact it has had on the statistics for non-decent homes. The number of houses that fail the decency standard if HHSRS is taken into account rises from 5.9 to 8.1 million.</p> <p>For more information see Information regarding Housing Health &amp; Safety Rating System look at the HHSRS Toolkit <a href="http://www.careandrepair-england-hhhl.org.uk/hhsrstoolkit.htm">http://www.careandrepair-england-hhhl.org.uk/hhsrstoolkit.htm</a></p>
14	Decent Homes statistics	<p>Use this for discussion on Decent homes and government strategies/targets. Note that Decent Homes targets set in 2001 for both social and private sector were dropped in the 2007 Spending Review.</p> <p>Note that increasingly it is considered the responsibility of the homeowner to meet the cost of repairs and not rely on grants or outside help – may be difficult if they are older or vulnerable.</p> <p>Refer briefly to any local financial help linked to health and housing and say will be coming back to this.</p> <p>Briefly discuss government policy regarding health, housing and social care, relating it to the role delegates can play by making referrals to local organisations such as HIAs &amp; Handyperson schemes.</p>
15	<i>Optional Local Information (2)</i>	<p><i>Delete or amend slide</i></p> <p>.</p> <p>The figures on this slide are for Bristol and come from the City's Private Sector House Conditions Survey. All Housing Authorities produce similar information.</p> <p>This is an opportunity for you to make reference to the particular housing in your area. Are there any unique features e.g. age of housing stock, construction, and condition?</p> <p><i>(For background information to help with slides 5 - 15 see The Self Training Toolkit pages 7 - 18)</i></p>

**Part Two  
Identifying the Problems**

**Allow 90 minutes**

**This section is structured around a 40 minute session that uses a quiz to introduce the technical topics, and a 40 minute case study exercise to illustrate the health risks and begin to introduce some of the solutions.**

**Allow 10 minutes for a break for drinks at the mid point**

**Presenting the topics without a quiz will reduce the total time by approximately 15 minutes**

16	<p>Health impact of poor housing Introduction to</p> <p style="text-align: center;">Quiz (40 mins)</p>	<p>Explain that they are now going to look at the specific impact of poor housing on health</p> <p>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.</p> <p>Start feedback and use the following slides to illustrate and discuss the answers</p> <p>Use the feedback to introduce information about local services and schemes such as the Home Improvement Agency, Handyperson and grants.</p>
17-19	<p>Health Effects of Cold Homes</p>	<p>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.</p> <p>Stress the mental as well as physical consequences.</p> <p>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. Highlight vulnerable groups – older people, disabled people, and homeowners, people living in older properties.</p> <p>25,000 additional older people 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)</p>

		<p>22,000 (2003 – 2004) Age Concern also produces figures.</p> <p>Explain that a combination of recent milder winters and insulation grants might account for the fall in the mortality rate, but explain that we still experience more additional winter deaths than other northern European countries.</p> <p>Introduce the Warmfront and the grants available from fuel suppliers.</p> <p><i>(For background information to help with slides 17 - 19 see The Self Training Toolkit pages 25 - 27)</i></p>
20 -22	Condensation & damp	<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> <p>Mould growth is a form of fungal growth and a damp home is an ideal environment for the spread of these fungi.</p> <p>Research has shown that mould growth can give rise to different types of allergies and health problems: -RHINITIS (inflammation of the nasal passages) -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> <p>Reiterate the 4-step approach to preventing condensation.</p> <p>Briefly consider the other kinds of damp and discuss that it usually requires repairs/ renovations to improve the situation.</p> <p><i>(For background information to help with slides 20 - 22 see The Self Training Toolkit pages 22 – 24)</i></p>

23 -26	Defective appliances Carbon Monoxide	<p>Outline the ways to identify CO emissions from an appliance.</p> <p>Explain that the appliance showed has no flue and would be condemned as unsafe, but that they still do exist.</p> <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 slides 23 - 26 see The Self Training Toolkit pages 28 - 30)</i></p>
27 - 28	Defective appliances Dangerous Electrics	<p>Trailing cables are a major falls hazard – <i>Remedial action</i> - adequate number and appropriately sited outlets</p> <p>Explain that electrical standards are regularly reviewed and old circuits are usually not able to be brought up to current NICEIC standards. Quote the cost of a full re-wire for a 3-bed property – (£2 - £3K) Are grants available?</p> <p>Note any local free safety check schemes or grants</p> <p><i>(For background information to help with slides 27 - 28 see The Self Training Toolkit pages 31)</i></p>
29	Water Supply	<p>There is no question in the quiz specifically regarding water supply, but it is an opportunity to discuss the problem of unscrupulous builders and the effect this has on people's reluctance to have essential repairs and maintenance carried out. <b>A short case study to accompany this illustration is in the Self Training Toolkit.</b></p> <p>Lead pipes are easy to fracture and are bad for your health. Old taps may be difficult to use particularly for people with arthritis. If there is no hot water system it is likely that people are relying on kettles to heat water, this is of particular danger to older people.</p> <p>Describe remedial options and any local service eg. Handyperson scheme for small plumbing problems</p> <p><i>(For background information to help with slide 29 see The Self Training Toolkit pages 32)</i></p>

30-31	Accidents and Falls	<p>Falls have a huge impact on older people and are a major killer. Also impact on acute health services.</p> <p>This is why the Government identified falls prevention strategies as a target in the National Service Framework for Older People.</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>Explain the main environmental '<i>trigger points</i>' for falls &amp; accident hazards in the home. Invite additional examples from participants.</p> <p>Research undertaken, as part of an 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><i>(For background information to help with slides 30 - 31 see The Self Training Toolkit pages 33 - 34)</i></p>
32 - 33	Security	<p>In the 41 police force areas for which data were available, there were over 15,000 recorded distraction burglaries in 2003/04.</p> <p>Examine how older people are more likely to experience a distraction burglary than a forced entry burglary, but actually fear the latter most.</p> <p>The fear of crime is higher among older people – important for their mental health to be reassured that doors and windows are as secure as they can be. Mention remedial measures possible</p> <p><i>(For background information to help with slides 32 - 33 see The Self Training Toolkit pages 35)</i></p> <p><i>Details available about the impact of burglary on older and vulnerable groups in the Home Office Research Study 269 and Findings 197 on the Government website</i>  <a href="http://www.homeoffice.gov.uk/rds/pdfs2/dpr11.pdf">http://www.homeoffice.gov.uk/rds/pdfs2/dpr11.pdf</a></p> <p><i>Crime figures at national and local level are available on <a href="http://www.crimereduction.gov.uk">www.crimereduction.gov.uk</a> )</i></p> <p><b>Optional 10 minute break for refreshments</b></p>

34	Case Study Exercise (15)	<p>Divide delegates into groups and hand out sets of photographs.</p> <p><b>It is a good idea to have sufficient sets of photographs printed and laminated so that groups of 4-5 participants can look at a set.</b></p> <p>Give delegates around 10 minutes to look at the photographs and list their answers.</p> <p>Use the feedback to reinforce information about local services and schemes such as the Home Improvement Agency, Handyperson and grants</p>
35 - 44	Case Study Exercise Feedback (30)	<p><b>Appendix 1 Suggested Answers</b> provide details of the building problem and associated health hazard linked to each slide.</p> <p><b>Appendix 2 Case Descriptions</b> gives a more detailed case description for each of the situations illustrated</p> <p><b>Go through each slide fairly quickly inviting feedback. The following are some issues relating to disrepair that should have been identified. If participants don't automatically consider the health implications you should ask the question before moving on to the next slide.</b></p>

**Part Three**  
**Finding the Solutions**  
**Allow 30 minutes**

**This section is based on a structure that allows 15minutes for a presentation of local services, followed by a 15 minute group exercise to illustrate how to make effective referrals.**

**We strongly suggest that you adapt the following slides, using them to provide a structure for presenting information about local schemes and services.**

45 - 46	Finding the Solutions	Explain that in this final session you are aiming to pull together the information mentioned that helps to solve the housing problems identified.
47	Warm Front 2	<p>Explain that the main source of help for people on an income related benefit is the government backed 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.</p> <p>Do not go into too much detail, people can take the detail away with them.</p>
48	Warm Front 2 Eligibility	<p>Explain that the main source of help for people on an income related benefit is the government backed 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.</p> <p>Do not go into too much detail, people can take the detail away with them.</p>
49	Keep Warm Keep Well	<p>Summary slide of national help lines that provide free advice.</p> <p>Explain that the utility companies also have schemes and initiatives – these tend to vary and last for a set period.</p>
50	Repairs & Maintenance	Summary slide to introduce more detailed information 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.
51	Adaptations	Summary slide to introduce more detailed information Outline any local grants, loans, assistance or services

		that are available in your area.
52	Grants for Adaptations	Explain that the Disabled Facilities Grant 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 and to amend details according to any changes in legislation.
53 - 55	<i>Local HIA information</i>	<i>Delete or amend slides.</i> Amend to include the name/s of the local agencies. If you have local photograph these should be included.
56	<i>Housing Options Staying Put</i>	<i>Details of information that is available for people who want to stay put. Supplement with local information.</i>
57 - 58	<i>Housing Options Moving On</i>	<i>Details of information that is available for people who decide to move into other accommodation. Supplement with local information</i>
59	Care & Repair England	This training came from the Healthy Homes, Healthier Lives which was a three year product to raise awareness of housing and health.
60	<i>Final Slide</i>	<i>Add your own slide with local contact information.</i>

We recommend that you follow on with a group exercise looking at a case study. If you think you may not have time for groups to feed back from the case study have a suggested answer to give out as a handout.

Remember to hand out a short evaluation form to give you feed back on the session.

Thank people for attending and encourage them to take away information.