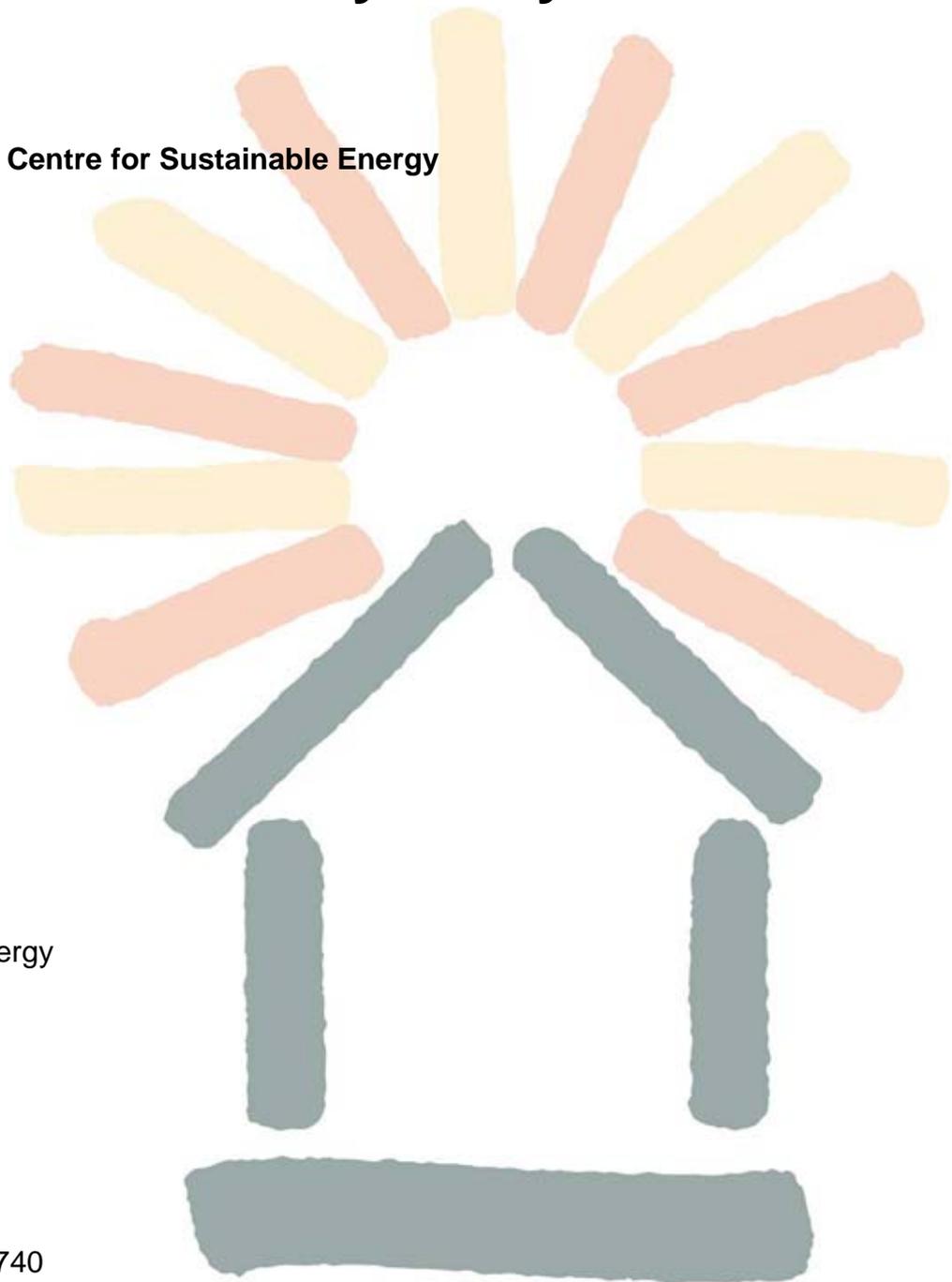




**CENTRE FOR  
SUSTAINABLE  
ENERGY**

# **Healthy Homes, Healthy Communities EST Innovation Feasibility Study Final Report**

Prepared on behalf of the Centre for Sustainable Energy  
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# Healthy Homes, Healthy Communities – Final Report

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The work described in this report was carried out with support from the Energy Saving Trust’s Innovation Programme. The views and judgements expressed in this report are those of the authors and do not necessarily reflect those of the Energy Saving Trust.

## 1 Project details

|                           |  |
|---------------------------|--|
| <b>Project name</b>       | <b>Healthy Homes, Healthy Communities</b>  |
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## 2. Partner details

- Centre for Sustainable Energy (Lead partner)
- Sedgemoor District Council
- West Somerset District Council
- Somerset Coast Primary Care Trust
- Somerset County Council - Somerset Coast Adult Social Services
- Somerset Coast Home Improvement Partnership
- EAGA Partnership Limited

### **3. Executive summary**

This feasibility study sets the groundwork for delivering coordinated action between the health, community and social services sector and providers of energy efficiency services across the Somerset Coast area.

The project started by focusing on existing priorities for the health sector – reducing falls in the home – and aimed to develop an understanding amongst key front line staff of the causal relationship with cold homes and the preventive potential of improving energy efficiency as part of a package of interventions being used by these front line staff. By going “with the grain” of existing priorities and programmes, the project hoped to reduce resistance to “yet another new initiative.”

By working with multi-agency teams including front line health, community and social services workers the project has increased community engagement in the energy efficiency advice process. Additionally it has increased awareness of energy efficiency grants and the links between cold homes, poor property maintenance and associated health and social problems including falls and accidents in the home.

This project has helped to identify a network of key staff that are best placed to target energy efficiency advice and grants at elderly people who are at risk of falls (through signposting and provision of support and information). It has also helped to identify vulnerable householders suitable for the installation of energy efficiency measures such as loft insulation and cavity wall insulation.

Building the contacts and relationships with partners took considerably longer than expected from CSE. It was often very difficult to make contact with the most appropriate person to speak with and once identified or recommended many were not responsive or did not have the time to discuss the project in any detail over the phone.

It is very difficult to predict with whom the best relationships will be built, and it is essential that time is available to explore every opportunity. In a project with such a short time frame as this, the results of the advice activity may not be evident for a period of months after the project has ended. It is therefore important to obtain continued funding to maintain the links and the support that is required and also to monitor the results. Without the funding secured through the Energy Saving Trust it would not have been possible to build this partnership and the links that have been established.

In CSE’s case some of our biggest successes came from working with the Primary Care Trust Healthy Communities Collaborative Initiative project manager and the volunteers within the multi agency teams, who are now going out into the community to deliver energy efficiency advice and information.

One of the key findings of this study has been that working with lots of partners of this nature can be a long and slow process and it is essential that enough time is available to build the relationship with partners and to find dates in the diary that all partners can meet. It is also important that time is available for these meetings to be carried out face to face.

It was apparent throughout this project that working with the health and social services sector is extremely difficult. It was not possible to share householder information due to data protection issues. It was difficult to arrange meetings with senior health and social services staff to discuss the project. Also the front line staff (Occupational Therapists and District Nurses) are extremely busy people and do not consider energy efficiency a high priority.

By increasing grant referrals and installation of measures, the Healthy Homes project has reduced Carbon emissions in the area. With linking into the HCC initiative with joint advice undertaken through the project it has also contributed to a significant reduction of falls in the home within three focus areas.

This report shows an approach that can be modelled and developed for other regions of the UK. It also identified some of the difficulties and barriers faced when working on a project of this nature and highlights what has worked well and what needs to be improved upon.

The study has enabled the development of relationships and approaches for the delivery of energy efficiency advice that will ensure a greater success when working with the communities within the Somerset Coast area in the future.

As a result of the work undertaken throughout this project 53 referrals have been made to the local Energy Efficiency Advice Centre for energy efficiency grants and further information. Additionally the number of falls in the home within the three focus areas has reportedly reduced dramatically (by up to a third). However, this data is not sufficiently clear or robust at this stage, to conclude on the relevant importance of energy efficiency in achieving this reduction.

It is hoped that this project will continue to develop and expand to improve health and home safety, to create decent homes, to tackle fuel poverty and to enable greater community involvement in regeneration and energy efficiency across Somerset Coast.

## **4 Description of the feasibility study**

### **4.1 Scope of the study**

The scope of this study was to improve the energy efficiency of people's homes and reduce falls in the home within three deprived communities in the Somerset Coast area.

### **4.2 Background**

This study has looked at a partnership approach to engage local communities from the area in order to increase grant referrals and better target the installation of energy efficiency measures, whilst also helping to reduce falls in the home by elderly people. A partnership between the health sector, Social Services, community representatives and energy service providers was selected to coordinate activity between sectors and service providers in the local area. The background to this report outlines the reasons for why this study has been undertaken.

According to the 'Fuel Poverty and Health Guide' produced by the National Heart Forum, having a cold home increases the risk of falls in the elderly as well as increasing the risk of accidents due to loss of strength and dexterity. Published data on the links between fuel poverty and ill-health have been well documented over the last 25 years. Since the definitive work on the threat of hypothermia to elderly people was carried out by Malcolm Wicks in 1972, the debate has widened to cover the full range of health issues from increased blood pressure, risk of heart attacks and strokes, increased social isolation and worsening arthritis.

Incidents of falls are very common especially for older people, and can result in fractures, reduced mobility and poorer quality of active life. Statistics show that every 5 hours someone over the age of 65 dies from a fall in the UK, and the NHS spends £1.7 billion per year as a result of fractures incurred by Falls.

Somerset Coast covers the areas of Sedgemoor and West Somerset, two of the five district councils in Somerset, in all about 1,300 square kilometres of mostly rural countryside. The rurality of the area provides many challenges to the effective integration of the development and delivery of services. The population of Somerset Coast is older than the average in England and Wales. Around 11.7% of the population is over 75 years old, compared with 9.4 % nationally, and there are areas with high rates of lone elderly households who are known to represent a particularly vulnerable group both to falls and to the problem of cold homes.

The Healthy Communities Collaborative (HCC) is an existing initiative from the National Primary Care Development Team (NPDT) which is delivered using evidence gathered by the Health Development Agency (HDA). It engages communities to improve health and reduce inequalities, with particular emphasis on the subject of falls in older people from disadvantaged communities. The key objective of the HCC project is to engage partners in using improvement techniques to reduce falls in older people, thus impacting on the reduced life expectancy of older people in disadvantaged communities.

A HCC programme was introduced to Somerset Coast in November 2002 by the rehabilitation service across Somerset Coast PCT. It offers a thorough assessment of the cause of the fall, promotes recovery and aims to prevent further falls.

It was anticipated that through this Healthy Homes project a partnership would be built to deliver coordinated action on improving the energy efficiency of peoples homes by training front line health, social services workers and community representatives from the area and linking into the activity of the HCC initiative.

It was also hoped that a better understanding of the links between home safety (in particular falls) and home energy efficiency (i.e. warmer homes) would be established and that energy efficiency grants would be targeted at those facing a higher risk of falls.

#### **4.3 Purpose of study**

The overarching aim of this project was to build better partnerships between the health, community and Social Services sectors and providers of energy efficiency services, to increase grant referrals and to better target the installation of energy efficiency measures thus helping to reduce falls in the home.

This project was designed with three main objectives in mind. These were to:

- i. Establish a better understanding of the links between home safety (in particular falls) and home energy efficiency i.e. warmer homes
- ii. Target energy efficiency grants at those at higher risk of falls e.g. the elderly
- iii. Design and test a multi agency partnership referral network (including an interactive training programme) combining energy efficiency, health and social problems particularly associated with home safety and falls in the home

#### **4.4 Aims & objectives for the lead organisation and any partners (as distinct from the overall aims and objectives of the study, if appropriate)**

The specific aims of this project were to undertake activity to complete the following:

- to build and develop an innovative new partnership with Somerset Coast PCT; Somerset Coast Adult Social Services (part of Somerset County Council); Sedgemoor District Council; West Somerset District Council, EAGA and the Centre for Sustainable Energy (which runs the local Energy Efficiency Advice Centre)
- to investigate the most appropriate way of engaging frontline health, community and social services workers in education programmes designed to both reduce falls and promote energy efficiency, grants and discounts
- to test the design and delivery of three pilot interactive training workshops for the HCC's multi agency teams and partner's staff which include front line health, community, and social services workers
- to develop a network of key staff to better target energy efficiency advice and grants at elderly people who are at risk of falls (through signposting and provision of support and information to local communities)
- to undertake specific marketing activities to engage local communities, including advice sessions, presentations, briefing sessions for councillors and provision of support and information to local community groups

- to provide energy efficiency advice and support through the local EEAC to the partnership, the multi-agency teams, the network of front line staff and elderly householders at risk of falls in the local community.
- to raise awareness, increasing grant referral and take up of energy efficiency measures offered by EEC providers, Local Authorities, Warm Front and installers for the 'fuel poor', 'nearly poor' and 'able to pay sector'.
- to develop and test a methodology to track participants by working with grant providers to record and evaluate the number of new grant referrals and link this to the Somerset Coast existing falls register.
- to analyse data and results from the project to provide evidence of and evaluate the links between falls in the home and energy efficiency

#### **4.5 Role of partners in the feasibility study**

##### **Lead Organisation**

The **Centre for Sustainable Energy (CSE)** was responsible for managing the project, coordinating meetings and liaising with the project funding body to establish a better understanding of the relationship between home safety (in particular falls) and home energy efficiency. Additionally CSE held the role of facilitating existing partnerships; designing and delivering the interactive training workshops; designing the multi agency referral mechanisms for the energy efficiency advice process; marketing; promotion and disseminating information.

##### **Local Authorities**

**West Somerset District Council (WSDC) and Sedgemoor District Council (SDC)** were responsible for providing strategic local direction to the project and representation of their district within the partnership. Both provided match funding and in-kind support for provision of energy efficiency advice to vulnerable householders and assisted to link with the Falls programme to facilitate the energy efficiency grant referral process.

##### **Primary Care Trust**

The role of **Somerset Coast Primary Care Trust (PCT)** was to link this project to the Healthy Communities Collaborative and develop routes to engage front line health and community staff from the local area (including PCT staff, Occupational Therapists, District Nurses, and community representatives).

The Healthy Communities Collaborative, managed by Somerset Coast PCT, would provide a direct route to engage householders who were at risk of falls.

The role of the Health Promotion Team for Somerset Coast was to link the project into the objectives of the local Accident Prevention Strategy and the objectives of the local version of the National Service Framework for Older People.

##### **Social Services**

The role of Somerset County Council - Somerset Coast Adult Social Services was to encourage their teams of occupational therapists and social service workers to attend the new interactive training workshops and be involved in the network of key support staff to facilitate the energy efficiency advice process.

## **Other Agencies**

The role of **Bristol and Somerset Energy Efficiency Advice Centre (B&S EEAC)** was to directly support vulnerable householders from the Somerset Coast area (West Somerset and Sedgemoor) through the provision of sustainable energy advice, including monitoring of energy efficiency grant uptake and installation of measures.

The B&S EEAC also assisted with the development of a methodology to track participants and work with grant providers to record and evaluate the number of new grant referrals as a result of the project and the partnership.

The role of **Somerset Coast Home Improvement Partnership (SHIP)** was to support vulnerable householders in finding grant assistance for Home Improvements in the local area. It was anticipated that SHIP would take an active role to assist with the development of the referral mechanism and tracking systems and with the provision of advice and support to vulnerable householders for home improvement grants including energy efficiency grants and uptake of measures. It was also anticipated that SHIP would be a referral partner.

**EAGA Partnership Limited** provided cash funding towards direct project costs including monitoring data and in-kind support.

### **4.60 Programme of work/methodology**

The programme of work has been presented as follows:

- 4.6.1 Defining areas of focus
- 4.6.2 Building the partnership
- 4.6.3 Engaging front line health, community and social services workers
- 4.6.4 Design and delivery of training workshops
- 4.6.5 The network of key staff
- 4.6.6 Activities including advice sessions, presentations and briefing sessions
- 4.6.7 Energy efficiency advice and support through the local EEAC
- 4.6.8 Raising awareness, increasing grant referral and up take of measures
- 4.6.9 Methodology to track participants
- 4.6.10 Promoting the project
- 4.6.11 Research, the links between home energy efficiency and home safety (in particular falls in the home)
- 4.6.12 Continuing the work

#### **4.6.1 Defining areas of focus**

The Healthy Communities Collaborative (HCC) originally chose three focus areas for delivering their HCC initiative in the Somerset Coast area. These were:

- Sedgemoor, Bridgwater: Hamp ward (population 6,860)
- Sedgemoor, Highbridge ward (population 6,420)
- West Somerset, Williton and West Alcombe wards (population 5,140)

For the purpose of this feasibility study, it was decided to link into the HCC initiative and work with the same three focus areas. These areas were chosen by the HCC and for the Healthy Homes project because 3 out of 4 of these wards were within the most deprived 20% of wards in England, according to the Index of Deprivation.

It was decided to coordinate the activity of the Healthy Homes project with the project manager for the HCC initiative and with staff from multi agency teams that had been set up by the PCT to reduce falls. Each of these teams comprise of local people plus representatives of:

- Health Services, GPs, nurses, occupational therapists, physiotherapists and pharmacists
- Local authorities (Social Services)
- Voluntary organisations e.g. Age Concern

At the start of this project these multi agency teams did not promote energy efficiency despite being ideally placed to ensure better targeting of energy efficiency advice and take up of measures by vulnerable householders within the local community. Training was designed primarily for the members of these multi agency teams and it was anticipated that these champions in their field would form a network of key staff to better target energy efficiency advice and grants at vulnerable householders at risk of falling in their home.

#### **4.6.2 Developing the partnership**

##### **Meeting and maintaining contact with the partners**

The first phase of the project involved meeting the partners to discuss a suitable programme of work and to clarify what each partner's role would be. The meeting allowed a detailed discussion of the action plan, outlining key opportunities for joint awareness raising activity to be undertaken and the design and delivery of the interactive training workshops.

A separate meeting was held with Somerset Coast Adult Social Services to fully bring them on board with the project, as they were unable to attend the initial start up meeting.

A final meeting was held with the partners to ensure that all of the actions listed in the action plan were completed or scheduled to be completed by mid March at the latest. Other topics discussed at this meeting included successes and lessons learnt through the project, continuing the work and maintaining established links.

Contact throughout the project was made between partners via email and telephone; to organise and coordinate joint activity where possible.

##### **Integrating activity with the Falls steering group**

The Healthy Homes project was discussed by PCT staff at a Falls steering group meeting, chaired by the Director of Public Health, to identify how energy efficiency fitted in with the Falls prevention work being undertaken by the PCT and multi agency teams. An outline of the training programme was provided for this meeting and opportunities were identified for engaging the multi agency teams in training and integrating this activity with the work of the multi agency teams.

#### **4.6.3 Investigating ways to engage front line health, community and social services workers in training**

Several options were discussed with the Healthy Homes group on the best way to engage front line health, community and social services workers in training. It was thought particularly important to engage staff from the three multi agency teams in this training.

Separate discussions were also held with the PCT HCC project manager and with the Deputy Area Manager for Adult Social Services.

The Healthy Homes group thought that the best way of engaging front line health and social services staff was to keep the training to a minimum and tag onto existing events or team/steering group meetings that had already been planned or scheduled. It was anticipated that this would increase the number of staff likely to attend the training.

#### **4.6.4. Design and delivery of the training workshops**

Two approaches were trialled to deliver three 'Healthy Homes' interactive training workshops. These were:

1. Delivery at an event that was organised by the PCT involving all three multi agency teams.
2. Delivery at existing team meetings for front line Adult Social Services staff.

In total, four workshops were planned through the Healthy Homes project for front line Social Services staff. Two were delivered through this project and the other two would be delivered directly by the EEAC using the same training package. The teams involved in this training were:

- Health Team - Deals with patients from Community Hospitals and Acute Hospitals in the area (Sedgemoor).
- Care Management Team – Deals with the needs of long term patients in the community and also protection issues (Sedgemoor).
- In Take Team – Deals with new patient referrals that come through from the community (Sedgemoor).
- Minehead Team – Deals with patients for each of the above services but for West Somerset.

The interactive training workshops included an outline of the Healthy Homes project, the basics on energy efficiency, grants and the health risks of living in a cold damp home (See appendix III for outline of training).

#### **4.6.5 Undertaking activities to engage local communities, including advice sessions, presentations and briefing sessions**

A variety of different approaches were taken to engage local groups and vulnerable householders with the project. The following joint awareness raising activities were undertaken by volunteers from the multi-agency teams, PCT and EEAC staff:

- 2 advice sessions at Flu Jab days in Highbridge (Sedgemoor)
- An Older Peoples Open Day in Bridgewater (Sedgemoor)
- 1 advice session at a Flu Jab day in Minehead (West Somerset)
- A coffee morning engaging elderly people in Williton (West Somerset)

Other activities that were keyed into these joint awareness events by the PCT included changing Ferrals (tips of walking sticks), providing free energy efficiency lightbulbs, and a Message in a Bottle (a small container that is kept in the fridge with personnel and medical details in case of an accident or fall).

To encourage elderly householders to attend the events a variety of promotional items were given away including card thermometers, 50 free kettles and prize draw

Christmas hampers as well as advice and information on falls prevention and energy efficiency.

Additional activity was undertaken by the local EEAC to engage householders and local community groups with energy efficiency. This activity included:

- mailout of a letter and Home Energy Check to 2000 householders
- mailout of newsletter to 130 community groups in West Somerset.
- energy efficiency presentation to West Somerset District Council staff
- energy efficiency presentation to West Somerset Advice Bureaux
- briefing sessions to University of the Third Age in Sedgemoor
- two additional training workshops planned for front line Social Services staff (Sedgemoor)

Also, additional energy efficiency information and grant leaflets were provided for PCT staff to take to other events they were involved with, and to staff within the Social Services teams for distribution to their service users.

#### **4.6.6 Providing energy efficiency advice and support through the local EEAC**

The local EEAC contributed a service of providing energy efficiency advice and support to householders and partners throughout the project. This service was delivered through provision of information, attendance by energy advisors at events, delivery of briefing sessions to local groups, tracking householders involved in the project and the provision of a comprehensive telephone advice service.

Social Services recommended two staff per team to receive further advice and information from the EEAC. It was agreed that the EEAC would send a quarterly newsletter containing new information on energy efficiency grants and changes, to ensure continued support and up-to-date information was provided to Social Services.

#### **4.6.7 Raising Awareness, increasing grant referral and take up of measure**

To increase grant referral and uptake of measures, project specific leaflets were given to householders detailing existing grant schemes offered by EEC providers, local authorities, Warm Front and installers for the 'fuel poor', 'nearly poor' and 'able to pay sector'.

#### **4.6.8. Developing and testing the methodology to track participants**

A meeting was held with the Bristol and Somerset EEAC to discuss the development of a tracking mechanism, to record the number of referrals made and the number of householders who had received advice through the Healthy Homes project.

Three different systems were used to track participants through the project including:

- the EEAC DAX database
- local energy efficiency grant scheme spreadsheets
- an event activity spreadsheet

The following information was recorded:

- number of people given advice or leaflets at events
- number of direct referrals made through the project
- source of the referral

- number of reports and enquiries via the local EEAC as a result of activity undertaken
- type of measures installed as a result of referrals including category of householder and grant type e.g. Warm Front, Able to Pay, Council Assisted grant

Samples of referral mechanisms that had been used for other home health projects were considered, along with referral mechanisms that were used by partner organisations for other home improvement measures.

At the early stage of the project a draft tracking sheet was developed however this was not used due to the time available for collecting this information at events.

#### **4.6.9 Promoting the project**

Discussions were held with the Healthy Homes group to develop promotional materials. It was agreed that 5000 greeting cards would be produced. These cards included ten handy tips to help householders keep safe, secure, warm and well throughout the year. All of the partners involved in the project provided their organisations contact details and logo for these cards. Other useful telephone numbers were also provided from the locality such as the local Fire Service, Age Concern, Care Direct and The Pension Service.

Sedgemoor District Council agreed to contribute £450 of funding, West Somerset District Council agreed to contribute £400 of funding and £350 was provided from the Healthy Homes funding to produce these greetings cards.

All partners agreed to assist with the distribution of the cards to the multi-agency teams and vulnerable householders engaged with the project, through direct activities.

Other promotional activity that was undertaken included:

- press articles in local papers
- news articles for CSE's e-news bulletin, web news and energise (glossy publication)
- delivery of workshops on the Healthy Homes project at two national conferences

#### **4.6.10. Links between home safety and energy efficiency (in particular falls in the home)**

Discussions were held with the PCT HCC Project Manager to ascertain what existing information was being provided to the elderly through the HCC initiative and how it would be possible to tie in energy efficiency with this.

To establish a better understanding of the links between home safety (in particular falls) and home energy efficiency, a question was added to a 'falls' screening questionnaire that was being by the PCT for the Falls programme.

The PCT staff and volunteers from the multi-agency teams piloted the falls and energy questionnaire at joint awareness raising events undertaken throughout the project. This questionnaire aimed to establish the cause of the fall and what proportion of householders who had fallen in the last year lived in a cold, un-insulated home.

Background research was also undertaken to gain a fuller picture of the links between falls in the home and home energy efficiency.

#### **4.6.11 Continuing the work**

A meeting and further discussions were held with the Somerset Coast Home Improvement Partnership, and internally at CSE, to develop a funding application (to be submitted to the Community Fund) to extend and complement the outreach activity initiated by this project in West Somerset and Sedgemoor. An outline brief was produced by CSE and work has begun on the development of this project and funding application.

### **4.7 Results**

The results of the feasibility study are presented as follows:

- 4.7.1. Building the partnership
- 4.7.2. Ways to engage front line health, community and social services workers in training
- 4.7.3. Delivery of training workshops
- 4.7.4. The network of key staff
- 4.7.5. Activities including advice sessions, presentations and briefing sessions
- 4.7.6. Energy efficiency advice and support through the local EEAC
- 4.7.7. Raising awareness, increasing grant referral and uptake of measures
- 4.7.8. Tracking participants
- 4.7.9. Publicity, promotion and marketing activities
- 4.7.10. Research, the links between home energy efficiency and home safety (in particular falls)
- 4.7.11. Continuing the work

#### **4.7.1 Building the partnership**

The successful partnership built through this project has enabled coordinated activity between the health sector, Social Services, community representatives and providers of energy efficiency services for the area of Somerset Coast.

Members of the multi agency teams involved in the PCT HHC initiative are now signposting householders for energy efficiency grants as part of their role to improve health. Front line members of staff from Social Services have agreed to hand out energy efficiency leaflets to their service users and key champions from each team have been selected to receive further information on grants and energy efficiency.

Building a partnership of this nature has been a long process and has been very difficult within such a short timescale (6 months). Through the structures that have been set up within this project it is hoped that energy efficiency will continue to be promoted through coordinated activity between the Healthy Homes partners.

#### **4.7.2 Ways to engage front line health, community and social services workers in training**

The Healthy Homes group identified two effective ways of engaging front line health, community and social services workers in training. These were:

1. Building the workshop into an existing event organised through the HCC initiative

2. Training front line staff through existing team meetings scheduled for Social Services

Adaptations of the training package were made in each workshop to suit the size of the group, the time limitations and the audience. It was hoped that this approach could be replicated for training other front line staff in the area.

#### 4.7.3 Design and delivery of training workshops

This project has tested the design and delivery of three pilot interactive training workshops.

**Table 1: Training front line staff**

| <b>Training</b> | <b>Date</b> | <b>Who</b>  | <b>Number of people trained</b> | <b>Location</b>                                    |
|-----------------|-------------|---|---------------------------------|--|
| Session one     | 15/12/04    | Staff from three multi-agency teams comprising front line health staff and volunteers involved in the project | 40                              | Taunton – representing West Somerset and Sedgemoor |
| Session two     | 08/02/05    | Social Service – Health Team  | 12                              | Bridgewater Sedgemoor                              |
| Session three   | 14/03/05    | Social Service – Minehead Team  | 12                              | Minehead West Somerset                             |

There are now 64 health, social services and community representatives who have been trained in energy efficiency, grant referral and associated health benefits, going out in their everyday roles and signposting the most vulnerable householders to the EEAC and providing leaflets where appropriate.

As a result of training the multi-agency teams, one elderly volunteer has become a be-friender for Age Concern and is now actively going out and helping other elderly people in the community to improve their health and their homes by raising awareness of available grants and providing information and leaflets.

#### 4.7.4 The network of key staff

Through the Healthy Homes project a network of key staff has been developed to better target energy efficiency advice and grants at elderly people who are at risk of falls. Key front line members of staff within Social Services and representatives from the multi-agency teams have been made aware of the health risk associated with living in a cold damp home, how to refer householders and what support and advice is available. These members of staff are now signposting householders who are most in need to the EEAC and where appropriate providing information and leaflets on energy efficiency grants.

Within the timescale of this project it has not been possible to gauge the level of activity that the network of key staff has undertaken to promote grants and energy efficiency.

#### 4.7.5 Activities including advice sessions, presentations and briefing sessions

A new method of payment of pensions had recently been introduced removing the need for pensioners to pick up their pension from the post office. The Healthy Homes group decided a better route to target the elderly with advice would be to attend flu jab days at medical centres as these were deemed to have a higher number of elderly/vulnerable householders going through the door. Attending these events also fitted in with the activity of the PCT HCC initiative.

To engage local communities with the project, advice, information and leaflets on energy efficiency and fall prevention were given to approximately 650 householders at five joint awareness raising events. Approximately 650 CFL's were also given out.

**Table 2: energy efficiency and falls prevention advice activity**

| <b>Event</b>                      | <b>Location</b>                      | <b>Staff involved</b>  | <b>Advice/leaflets</b> |
|-----------------------------------|--------------------------------------|--|------------------------|
| Flu Jab                           | Highbridge Medical Centre, Sedgemoor | EEAC staff, PCT staff and volunteers from the multi-agency teams | 150                    |
| Flu Jab                           | Highbridge Medical Centre, Sedgemoor | EEAC staff, PCT staff and volunteers from the multi-agency teams | 150                    |
| Flu Jab                           | Minehead West Somerset               | EEAC staff, PCT staff and volunteers from the multi-agency teams | 250                    |
| Coffee morning for elderly people | Williton West Somerset               | EEAC staff, PCT staff and volunteers from the multi-agency teams | 30                     |
| Older Peoples Open Day            | Highbridge Sedgemoor                 | EEAC staff, PCT staff and volunteers from the multi-agency teams | 50                     |

Additional activities were undertaken by the EEAC through the Healthy Homes project, to raise the awareness levels of energy efficiency and to inform local groups about the grants that are available.

**Table 3: Additional activities undertaken by the local EEAC through this project**

| Activity                       | Location      | Audience                             | Staff involved | Number people |
|--------------------------------|---------------|--------------------------------------|----------------|---------------|
| Energy Efficiency presentation | West Somerset | Advice Bureaux                       | EEAC Advisor   | 12            |
| Energy Efficiency presentation | West Somerset | West Somerset District Council staff | EEAC Advisor   | 8             |
| HEC Mail out                   | West Somerset | Householders                         | EEAC           | 2000          |
| Newsletter Mailout             | West Somerset | Community groups                     | EEAC           | 130           |
| Energy Efficiency presentation | Sedgemoor     | University of the Third Age          | EEAC Advisor   | 30            |

A further two training workshops were planned for front line Social Services staff, however it has not been possible to deliver these within the timescale of this project.

Over 2700 people have been given energy efficiency advice or information through the Healthy Homes project. In addition, front line staff and partner organisation staff are handing out information and leaflets. It has not been possible to track the extent of partner activity within the timescales of this project.

#### **4.7.6 Energy efficiency advice and support through the local EEAC**

The local EEAC has continued to provide an excellent service with the provision of energy efficiency advice and support to the project, its partners and local elderly householders at risk of falls.

Within West Somerset, figures demonstrate (see appendix I) a notable increase in the level of activity and awareness raised on energy efficiency.

Within Sedgemoor the results are mixed. The total number of enquiries and HEC reports delivered through the EEAC is actually lower compared to last years report. However this was partly due to the fact that a mailout had been undertaken last year but not within the period of this project. Other activity for Sedgemoor has increased.

#### **4.7.7 Raising awareness, increasing grant referral and take up of measure**

As a direct result of the activity of this project approximately 53 householders have been referred to the EEAC for further information and support. To date 15 of these householders have had measures installed and advice and leaflets have been provided to over 2700 householders as a result of the activity undertaken through the project (see appendix II).

One of the main objectives of the Innovation Programme is to achieve Carbon emission reductions. It was recognised at an early stage that six months is not an appropriate timescale to achieve significant calculable carbon savings and that a fuller picture of the results of this project will be seen over a longer period of time.

To date, the estimated carbon saving as a resultant lifetime carbon saving (tC) of this project is 90.18tC with an annual carbon saving of 4.4 tC/yr (see appendix II).

#### **4.7.8 Tracking participants**

The methodology for tracking participants through the project has been successful in part. Further work is required to develop the referral mechanism so that it records all partner activity.

Samples of other referral mechanisms from partner organisations and other home health projects were collated however they were not used within this project. The simplest method of referral was thought to be through the HEC and through staff being made aware of the EEAC phone number and leaflets. Within this project, it has not been possible to track which partner organisation the referral has come from, in all circumstances.

Two types of Home Energy Checks were piloted at these events. The first was a Warm and Well application form. This takes longer to complete and is more fiddly at an event such as the flu jab sessions, but it does automatically refer the householder directly for a grant and an installed measure.

The second method was the use of a one page Home Energy Check, slightly quicker and easier to complete. The householder would be sent a Home Energy Report as a result of completing this HEC but the onus was still left on the householder to follow this up and apply for a grant.

Through the EEAC we have been able to track householders who have been directly referred by an advisor at events.

#### **4.7.9. Publicity and promotion and marketing activities**

As part of the project it was important to raise awareness through publicity and promotion. To do this, articles to promote the project were written and included in CSE's newsletter and e-news which were sent to approximately 3000 people in total.

Two workshops were delivered; the first to over 20 people at a National Community Action for Energy conference (2005) and the second to over 20 people at the UK Public Health Conference (2005). The objectives of this promotional activity were to raise awareness of the project and engage delegates in discussions about its approach, successes, barriers and lessons learnt with a view to replicate good practise in other areas across the country.

The PCT partner promoted the joint events in local newspapers.

The Healthy Homes project has also contributed £350 towards the production of a greetings card along with an additional £850 contributed between both local authorities. All of the project partners have agreed to promote their local telephone numbers and logos on this card along with other local support agencies that can provide advice and support to the local community such as the local Fire and Safety services, Age Concern, The Pension Service and the Fuel Debt Payment Line. Local Partners have agreed to assist with the distribution of these cards for support, information, advice and referral (see example card in Appendix IV).

#### **4.7.10 Research: the links between home energy efficiency and home safety (in particular falls)**

A falls and energy screening questionnaire was piloted at the five joint events by staff involved in the PCT HCC initiative. It was hoped that from this research the cause of fall and whether that householder lived in a cold, un-insulated home would be determined. As yet, it has not been possible to obtain the results of these questionnaires due to data protection issues and the time available to meet with the partner organisation to review the data.

Background research was also undertaken to gain a fuller understanding of the links between falls and home energy efficiency.

Out of 674 questionnaires completed 254 fallers were identified and out of these 134 said that their house was cold and un insulated. Figures are slightly skewed due to some events being piloted before the energy question was added to the questionnaire. Paper copies of the questionnaire need to be checked to obtain a truer sample.

#### **4.6.11 Continuing the work**

As mentioned previously work has begun by CSE to secure funding to further the activity developed through this project.

The EEAC will act as a main point of contact for energy efficiency advice and support to the local community and the partners within this project.

Additionally, the Local Authority Support Programme for the area has set up a new Affordable Warmth Partnership meeting for Bristol and Somerset. The main partners of the Healthy Homes project have been keyed in to this partnership and it is hoped that through coordination the Health Homes partnership will be sustained and built upon.

#### **4.8 Key issues and lessons learnt**

The focus of this project has been raising awareness of and building a successful partnership between health, social services and community representatives and providers of energy efficiency advice.

One of the key lessons learnt from this study is that six months is not an adequate time period within which to secure meaningful results in terms of referrals made and CO<sub>2</sub> emissions saved. It is believed by CSE that a more appropriate time frame for this type of project would be at least two years.

The referral mechanisms used were successful in part. Further work is required to ensure front line staff continue to be provided with energy efficiency information and that they know how to refer householders for measures. It would be beneficial to train all of the occupational therapists and the district nurses in the locality (there are over 300 of these staff operating in the area) visiting vulnerable people in their homes. Additional funding is required to ensure continued coordination of activity between these sectors and service providers.

It was not possible within the timescales of this project to arrange a meeting with the lead District Nurse and the lead Occupational Therapist to discuss training other members of their teams.

The tracking mechanisms need to be honed to pick up energy efficiency activity undertaken by front line staff and to ensure that other support organisations such as Age Concern and Care Direct are also keyed into this.

With a project like this it is important to make time available to develop suitable and tailored approaches. Analysing what has worked well and what needs to be improved upon will hopefully ensure better delivery of activity in the future in this area.

One of the difficulties with working on a project of this nature is trying to agree dates with all partners. Many of the senior staff, who's input is required, that you need to meet with to explain the project have very busy diaries. To engage them in a project that has a six month timescale is very difficult. For this reason, some of the training was delayed until near the end of the project. As a result of this delay there has been no indication of how many leaflets have been given out by front line staff. It is anticipated that with a longer timeframe this activity will be shown more clearly with the tracking mechanisms now established.

It was apparent throughout this project that working with the health and social services sector can be extremely difficult. It was not possible to share householder information due to data protection issues. It was difficult to arrange meetings with senior health and social services staff to discuss the project. Also the front line staff (Occupational Therapists and District Nurses) are extremely busy people and do not consider energy efficiency a high priority.

Therefore it is important to link activity with an existing initiative that meets all partner objectives and is active in the local area. It is as a result of working with the PCT Healthy Communities Collaborative (HCC) initiative that the partnership activity within this project has been possible and successful.

The HCC initiative has more recently changed the topic of its activity and will now be focusing on nutrition and food. However it is anticipated that, through the partnership and structures that have been established by this project, energy efficiency will continue to be promoted through the multi-agency teams and the partner organisations.

Many of the householders engaged with at the joint events were elderly, hard of hearing and not able to see very well. It is therefore important to ensure that advisors are made available to help vulnerable householders complete grant forms and if possible automatically refer householders directly.

At an event such as a flu jab session, where lots of vulnerable and elderly people are receiving treatment, you have about 5 seconds to engage the householder with your information and if you ask the right questions to begin with, the householder may stay and talk to you long enough to fill in a Home Energy Check, which is the main way of referring a householder for an energy efficiency grant.

Part of the problem when trying to give advice and make referrals at events such as those delivered in this project is the time that you have to spend with each householder. It is important that at events with high numbers of vulnerable people, that more than one energy advisor is in attendance to ensure adequate support and assistance is available to fill in these forms.

The original scope of this study was to concentrate activity in three focus areas. This scope was widened slightly to fit in with the activities of partners and availability of venues. It was thought that over a longer period of time the full extent of this project would be realised.

#### **4.9 Recommendations for implementation (or reasons why not to be implemented – as appropriate) including estimate of carbon savings possible if implemented**

It is recommended that CSE seek implementation funding for this project. Although the Carbon savings made in this study are not outstanding, it is thought that over a longer period of time figures would increase dramatically.

This decision is based on a number of factors. The successful approach taken has engaged with thousands of householders and the partnership developed has been instrumental to key energy efficiency activity into local activity.

The experience of CSE is that these projects work better over a longer period of time and as the partnership has already been developed through this study, implementation of the project would be able to focus more on CO<sub>2</sub> savings, training front line staff, training partner organisations and increasing referrals for installation of energy efficiency measures.

Tracking the successes and outcomes of this project has been very difficult. Should this study be taken to implementation then further work would need to be undertaken to harmonise the referral mechanism used by other partner organisations and to track partner referrals more effectively. It is also thought that the number of project partners should be reduced.

Should CSE secure funding from the Community Fund to continue the community aspects of this project, it would be possible to use this as match funding for Innovation implementation funding.

## **5 Conclusions**

A new partnership has been built between the health, community and Social Services sector and providers of energy efficiency services from the Somerset Coast area.

A new approach has been taken, to provide a local network of support, using multi-agency teams to facilitate the promotion of energy efficiency advice, grant referral, and uptake of measures. Three new interactive training workshops have been delivered to engage multi-agency teams in education programmes to reduce falls through the promotion of energy efficiency grants and discounts in the local area

This project has provided an approach that has successfully engaged with 64 front line health, community and Social Services staff in effective training to promote energy efficiency and increase grant referral.

Over 2700 people have received advice, information or leaflets on energy efficiency grants through the project and although only a modest number of referrals have been made as a result (53), it is anticipated that these figures will improve dramatically over time.

In a project with such a short time frame as this, the results of the advice activity may not be evident for a period of months after the project has ended. It was thought that at least eighteen months is needed to allow generation of a significant number of referrals to grant schemes and to calculate resultant carbon savings of the project.

One of the key findings of this study has been that working with lots of partners of this nature can be a long and slow process and it is essential that enough time is available to build lasting relationship with partners and to find dates in the diary that all partners can meet.

However, by concentrating on the priorities of the project partners, it has been possible to “infiltrate” energy efficiency into the activities and intervention programmes they are developing and delivering to address their own priorities, in this case Falls in the home.

This project has provided the groundwork to develop a funding application to be submitted to the Community Fund (part of the National Lottery fund) to continue the outreach work that has been initiated within this study. It is hoped that a long lasting relationship will be forged between Somerset Coast Home Improvement Programme, CSE and the partners within this project to coordinate joint outreach activity across the Somerset Coast area.

## **APPENDIX 1**

### **Comparison of EEAC activity over winter period (2003:2005) for the district of Sedgemoor**

#### **September 2003 to February 2004**

| <b>Source</b>      | <b>Enquiry</b> | <b>HEC Report</b> | <b>Total</b> |
|--------------------|----------------|-------------------|--------------|
| Royal Mail D2D     | 3              | 386               | 389          |
| All other activity | 135            | 73                | 208          |
| <b>Total</b>       | <b>138</b>     | <b>459</b>        | <b>597</b>   |

#### **September 2004 to February 2005**

| <b>Source</b>              | <b>Enquiry</b> | <b>HEC Report</b> | <b>Total</b> |
|----------------------------|----------------|-------------------|--------------|
| Healthy Homes (PCT Events) | 6              | 14                | 20           |
| All other activity         | 110            | 111               | 221          |
| <b>Total</b>               | <b>116</b>     | <b>125</b>        | <b>241</b>   |

### **Comparison of EEAC activity over winter period (2003:2005) for West Somerset**

#### **September 2003 to February 2004**

| <b>Source</b> | <b>Enquiry</b> | <b>HEC Report</b> | <b>Total</b> |
|---------------|----------------|-------------------|--------------|
| All Activity  | 76             | 40                | 116          |

#### **September 2004 to February 2005**

| <b>Source</b>                                 | <b>Enquiry</b> | <b>HEC Report</b> | <b>Total</b> |
|---|----------------|-------------------|--------------|
| Cold Canvas by West Somerset District Council | 1              | 849               | 850          |
| Healthy Homes (PCT Events)                    | 0              | 39                | 39           |
| All other activity                            | 85             | 57                | 142          |
| <b>Total</b>                                  | <b>86</b>      | <b>945</b>        | <b>1031</b>  |

## **APPENDIX II**

### **Installed measures as a result of the project**

| <b>Householder/Area</b> | <b>Type of grant</b> | <b>Category</b> | <b>Measures installed</b> |
|-------------------------|----------------------|-----------------|---------------------------|
| 1 B-o-S                 | Able to pay          | Over 60         | LI/HWTJ                   |
| 2 B-o-S                 | Council Grant        | Over 60         | LI/CWI                    |
| 3 Highbridge            | Warm Front           | Over 60         | LI/CWI/DP                 |
| 4 B-o-S                 | Council Grant        | Over 60         | LI/CWI/HWTJ               |
| 5 B-o-S                 | Warm Front           | Child under 16  | LI                        |
| 6 B-o-S                 | Council Grant        | unknown         | DP                        |
| 7 Bridgwater            | Council Grant        | unknown         | LI                        |
| 8 B-o-S                 | Council Grant        | unknown         | CWI/LI/DP                 |
| 9 Highbridge            | Warm Front           | unknown         | LI/DP                     |
| 10 Bridgwater           | Able to pay          | Over 60         | LI/CWI/DP                 |

### **Resultant CO<sub>2</sub> Savings**

| <b>Number of measures installed</b> | <b>Year One</b> | <b>Annual Energy Saving (kWh/yr)</b> | <b>Lifetime Energy Saving (GWh/yr)</b> | <b>Annual Carbon Saving (tC/yr)</b> | <b>Lifetime Carbon Saving (tC)</b> |
|-------------------------------------|-----------------|--------------------------------------|--|-------------------------------------|------------------------------------|
| Loft insulation (top up)            | 9               | 12,284                               | 0.37                                   | 0.73                                | 21.76                              |
| Cavity wall insulation              | 5               | 17,907                               | 0.72                                   | 1.06                                | 42.29                              |
| Draught proofing                    | 5               | 2,226                                | 0.02                                   | 0.13                                | 1.31                               |
| Hot water tank insulation           | 2               | 1,081                                | 0.01                                   | 0.06                                | 0.64                               |
| Low energy lightbulbs               | 650             | 40,950                               | 0.41                                   | 2.42                                | 24.18                              |
| <b>Totals</b>                       | <b>721</b>      | <b>74,448</b>                        | <b>1.53</b>                            | <b>4.40</b>                         | <b>90.18</b>                       |

## APPENDIX III: OUTLINE OF TRAINING

### Healthy Homes Healthy Communities Health Risks from Cold Homes - Problems and Solutions

“Few people choose to live in cold damp homes that they cannot afford to heat well enough to protect their health. Yet for millions of British households this is the reality of poor quality housing, inefficient heating systems and inadequate buildings standards stretching back over generations”

From a British Medical Journal Editorial, by Dr Noel DL Olsen, 2001

#### Aims:

- to discover the links between under-heated homes, poor health and falls in the home
- to provide basic information about condensation, insulation and saving energy
- to investigate the ways in which front line health workers can use the information provided to improve the well-being of their patients and reduce falls in the home

#### By the end of the sessions delegate will:

- understand the links between under-heated homes and risks to health and well-being
- have discussed how to recognise patients that are at risk
- have a grasp of some basic energy saving tips
- know about local grants and incentives to help with energy saving measures
- be aware of useful local partners and specialist referral agencies
- have started a simple action plan covering how to refer vulnerable householders

#### Programme

(10 minutes)

##### Why Energy Efficiency?

- Quiz and discussion session to identify the reasons for energy efficiency and establish the links to health and well-being and its benefits for all stakeholders in the national health service

(30 minutes)

##### Developing Key Skills

A series of presentations to cover:

- how to recognise the problems
- basic tips on the control of condensation
- simple advice for saving money on fuel bills
- grants and incentives for energy efficiency measures
- referral agencies that provide specialist advice and support to vulnerable householders.

(20 minutes)

##### Planning your next steps

- Group and individual action plan session

Delegates will take away a small manual, containing copies of the presentation materials, supporting information and details of other sources of information.

**APPENDIX IV: SAMPLE GREETINGS CARD**

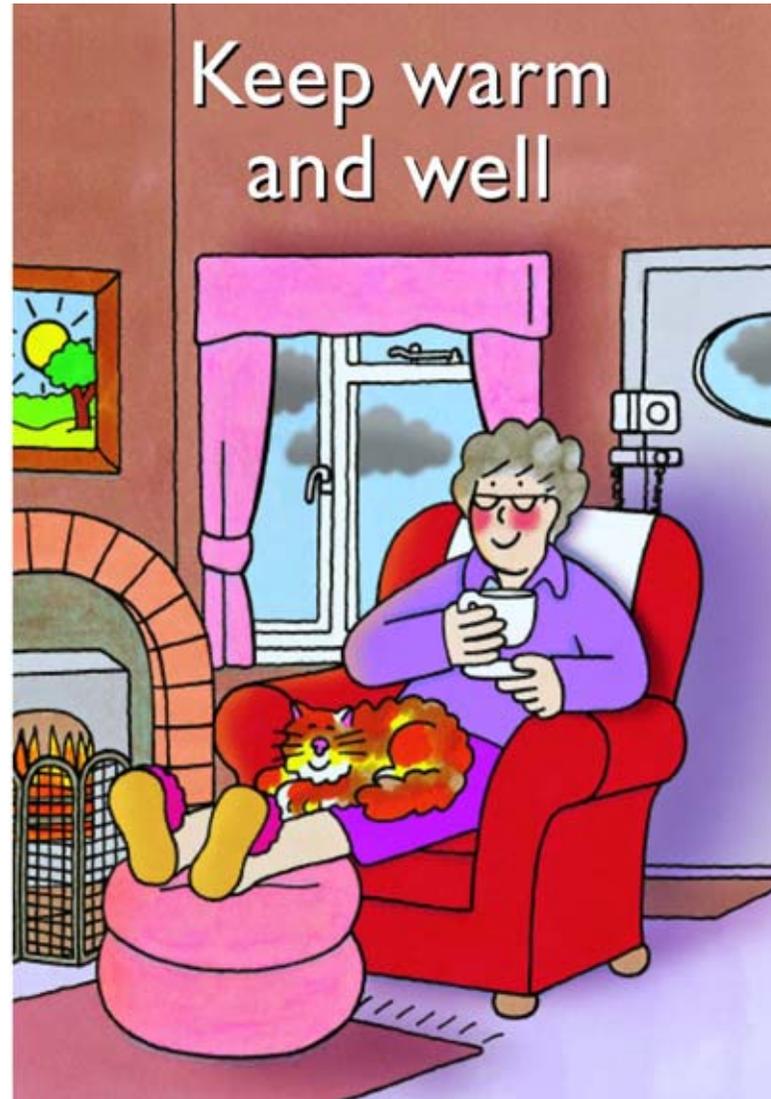
**KEEP THESE USEFUL NUMBERS  
BY YOUR TELEPHONE**

|  |                      |
|--|----------------------|
| <b>Bristol Energy Efficiency Advice Centre</b>             |                      |
| Advice on saving energy in your home                       | <b>0800 512 012</b>  |
| <b>Somerset Coast Home Improvement Partnership (SCHIP)</b> |                      |
| A care and repair agency to private homes                  | <b>01278 435 239</b> |
| <b>Age Concern Somerset</b>                                |                      |
| District-wide services for older people                    | <b>01823 423 496</b> |
| <b>Care Direct</b>   |                      |
| For help on benefits and social services                   | <b>0800 444 000</b>  |
| <b>Winter Fuel Payment Helpline</b>                        | <b>0845 915 1515</b> |

|                  | Name  | Telephone |
|------------------|-------|-----------|
| Your GP          | _____ | _____     |
| Friend/neighbour | _____ | _____     |
| Local MP         | _____ | _____     |
| Local Authority  | _____ | _____     |

|  |                       |
|--|-----------------------|
| <b>Police (call 999 in an emergency)</b> | <b>0845 456 7000</b>  |
| <b>Crimestoppers</b>                     | <b>0800 555 111</b>   |
| <b>Bogus Callers Helpline</b>            | <b>0808 1000 777</b>  |
| <b>NHS Direct</b>                        | <b>0845 46 47</b>     |
| <b>Pension Credit Helpline</b>           | <b>0845 60 60 265</b> |
| <b>Somerset Fire and Rescue Services</b> | <b>0845 345 9188</b>  |

Adapted from an original idea by Warm Hearted Homes in partnership with Wiltshire based statutory and voluntary agencies.



## TEN WAYS TO STAY WARM AND WELL

**1** Make sure that your loft and cavity walls are insulated. They will keep you warm and could save you up to £100 per year. There may be a grant to help, call 0800 512 012 to find out more.

**2** Wear warm slippers with fastenings and strong soles that provide enough support to reduce the risk of tripping and falling.

**3** Keep your room between 18°C–21°C (65°F–70°F). If the temperature drops below this your health could be at risk.

**4** SCHIP helps older and disabled people stay safe, comfortable and independent at home and may help to fund required works.

**5** Make sure you know how to use your heating system controls to get more heat for your money.

**6** Wear several thin layers of clothing to keep warm. Natural fibres like cotton and wool are the best insulation.

**7** Eat for warmth – stock up on basic foods. Eat at least one hot meal a day. Be physically active, moving helps you stay warm.

**8** Plan a route out of your home in case of a fire, keep all exits clear.

**9** You could stay warmer and save money on your bills by tucking the curtains behind the radiators and using draft excluders. Each low energy light bulb could save you up to £8 per year in electricity.

**10** Think about the security in your home – always use your door chain when answering the door and double check the caller's identity card.

CUT OUT THIS CARD AND KEEP IT WHERE YOU CAN SEE IT!



**Sedgemoor**  
IN SOMERSET



**AGE**  
*Concern*  
SOMERSET



Best wishes from  
all of us



Contact Somerset Fire and Rescue for advice or for a free home fire safety visit including free smoke alarms.

**WEST**  
**SOMERSET**  
**DISTRICT**  
**COUNCIL**



**Somerset Coast** **NHS**  
Primary Care Trust



**Bristol & Somerset**  
Energy  
Efficiency  
Advice  
Centre

supported by  
**The Pension**  
Service  
Part of the Department  
for Work and Pensions

**APPENDIX V: EXAMPLE OF FALLS SCREENING QUESTIONNAIRE**

|  | Yes | No |
|--|-----|----|
| 1. Have you had one or more fall in the last year?   |     |    |
| 2. Do you take more than 4 medicines a day?  |     |    |
| 3. Have you used one or more tranquilizers for more than two weeks?  |     |    |
| 4. Do you have problems getting up from a chair?   |     |    |
| 5. Do you feel dizzy when you stand up?  |     |    |
| 6. Are you unsteady on your feet? Do you shuffle or take uneven steps?   |     |    |
| 7. Are your slippers well worn and ill fitting?  |     |    |
| 8. Do you lack control when moving between surfaces?   |     |    |
| 9. Do you need to hold onto furniture to balance, or require a cane or walker?   |     |    |
| 10. Do you receive regular eye checks?   |     |    |
| 11. Does your accommodation have potential slip, trip hazards, such as loose or frayed carpets, or TV wires on the landing or the hallway? |     |    |
| 12. Do you keep a light on all night on the landing or hallway?  |     |    |
| 13. Is your house warm and insulated?  |     |    |

Name:

Address:

Telephone No:

Do we have permission to pass this questionnaire onto your GP? Yes/No  
 If yes what is the name of your GP and local surgery?