



# HOUSING, HEALTH AND WELL-BEING

Innovation, Practice  
and Partnerships

**Housing  
Executive**

The Regional Strategic Housing Authority

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## FOREWORD

The landscapes of housing, health and well-being are inextricably linked. The Housing Executive's strategic document "Housing and Health - Towards a Shared Agenda" in 2001 recognised that good quality housing and housing services contribute significantly to the health and wellbeing of communities.

The strategy set out the many areas where housing interfaces with health. It recognised the need for close working with the Department of Health Social Services and Public Safety (DHSSPS), Health and Social Services Boards and Trusts, Investing for Health Partnerships, Health Action Zones, Healthy Cities and the voluntary sector to tackle a wide range of housing related issues which can affect health.

I am pleased to present this document which charts the Housing Executive's progress since then. It demonstrates how we are contributing to the wider health and social care agenda. It highlights the importance of close cooperation, strategic planning and commissioning of services across the sectors. It showcases examples of innovative practice across housing, health and social care.

The Supporting People Programme has made the most significant impact in this area. The programme is currently providing much needed assistance to over 20,000 people annually. We have much closer working relationships with our colleagues in the health sector and have formed lasting alliances with our partners in the statutory and voluntary sectors.



I look forward to the evaluation of the Housing and Health Strategy which will take place later this year. While acknowledging the excellent progress that has been made there is a long way to go if we are to continue to improve the health and wellbeing of our communities and reduce inequalities. I remain confident that we will build on what has been achieved so far by continuing to work in partnership with the various statutory and voluntary organisations concerned with health.

A handwritten signature in black ink, which appears to read "Brian Rowntree". The signature is written in a cursive style with a long horizontal stroke at the end.

Brian Rowntree  
Chairman





## INTRODUCTION

### HOUSING, HEALTH AND WELL-BEING - TOWARDS A SHARED AGENDA

The Housing Executive's strategy "Housing and Health - Towards a Shared Agenda" has provided the opportunity to create healthier living environments and to support healthy lifestyles.

#### Housing as a Determinant of Health

It is now widely recognised that the health of individuals and communities is determined by a wide range of economic, social and environmental influences as well as by hereditary factors and health care.

The factors which influence health status and determine health differentials are many and varied as illustrated in figure 1. They include:

- natural, biological factors, such as age, gender and ethnicity.
- behaviour and lifestyles, such as smoking, alcohol consumption, diet and physical exercise.
- the physical environment and social environment including housing quality, the

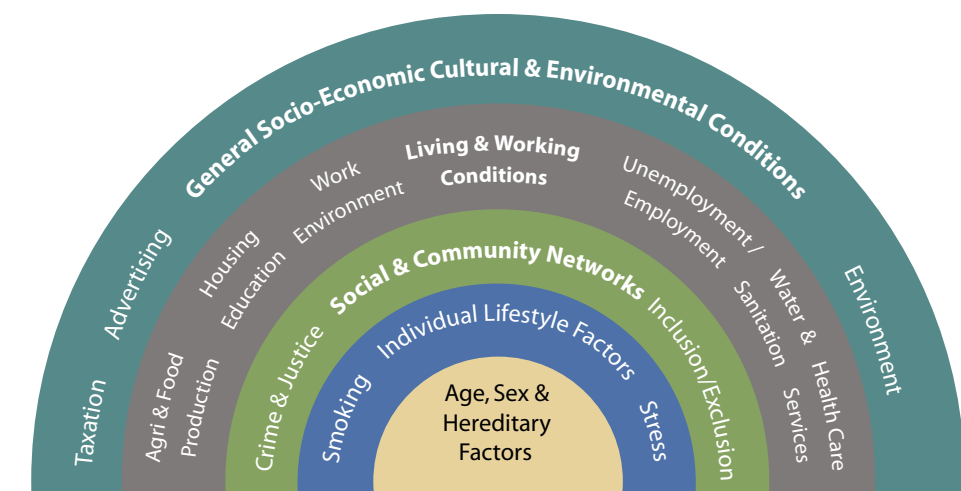
workplace and the wider urban and rural environment.

- access to health care.

For some years the Housing Executive has drawn attention to the close relationship between poor housing and poor health. It is estimated that over 70% of health impacts occur as consequences of factors outside the formal health service. Housing and housing related activities, particularly the improvement in housing conditions are accepted as some of the most critical of these impacts.

We all need not just a roof over our head but a home which is warm and dry, safe and free from infestation. This is one of the prerequisites for health set out by the World Health Organisation. The health manifestations of homelessness, poor quality housing and the wider urban environment illustrate this link at its most extreme. Poor housing can have a negative impact on a wider range of physical and mental health problems.

Figure 1 A Social Model of Health - The Main Determinants of Health



Ref: Dahlgren, G and Whitehead, M (1991): Policies and Strategies to Promote Social Equity in Health

HOUSING CONDITION	POTENTIAL CONSEQUENCE
<b>Physical Health</b>	
Overcrowding	Increased risk of infectious/respiratory disease. Reduced stature.
Damp and Mould	Respiratory problems. Asthma, rhinitis, alveoli is. Eczema.
Indoor pollutants and infestations	Asthma.
Cold	Diminished resistance to respiratory infection. Hypothermia. Bronchospasm. Ischemic heart disease, myocardial infarction and strokes.
Homelessness (rooflessness)	Problems resulting from facing the elements without protection. Risk of assault.
Homelessness (temporary accommodation)	Problems resulting from overcrowding, noise, inadequate cooking and washing facilities.
<b>Mental Health</b>	
Relatively poor quality housing in each tenure	Residents mental well-being reduced.
'Difficult to let' housing	Poorer emotional well-being than people in 'better' areas.
Damp	Depression in women
Overcrowding	Emotional problems, bed wetting, developmental delay, poorer educational attainment and mental adjustment in children. Social tension, irritability, impairment of social relations.
Flatted accommodation	Increased GP consultation by women for emotional symptoms. Social isolation and psychiatric disturbance among women.

(Adapted from Marsh, A; Gordon, D; Pantazis, C. and Heslop, P Home Sweet Home: The impact of poor housing on health, The Policy Press, Bristol, 1999)

### Housing and Health Action Plan

Existing research indicates that there is a relationship between poverty, deprivation, social exclusion and ill health. In 1998 the Acheson Report, the independent inquiry into health inequalities, explicitly linked poor quality housing with poor health. It recognised that health improvements could only be achieved through a multi-agency approach which tackled the causes of ill health.

The Housing and Health Strategy, drew this research together, examined existing approaches to addressing some of the worst symptoms of multiple deprivations and made

a series of recommendations which form the basis of the Housing Executive's five year "Housing and Health Action Plan" in 2001. The strategy provides the opportunity to create healthier living environment and to support healthy lifestyles by:

- Improving the availability of affordable housing across Northern Ireland
- Supporting people to live independent lives through the provision of supported housing and housing support services
- Providing aids and adaptations for the elderly and people with a disability
- Addressing the needs of the homeless

- Promoting safety and accident prevention in the home
- Improving the quality of housing and the environment
- Alleviating fuel poverty and promoting energy conservation
- Promoting community safety and reducing anti-social behaviour
- Fostering good community relations
- Facilitating neighbourhood renewal and urban and rural regeneration
- Contributing to improving the health and well being of ethnic minority and migrant worker communities.

The original Housing and Health Action Plan contained 36 recommendations to be achieved over a five year period. These were reviewed in 2003 to reflect new arrangements created under Supporting People, Investing for Health Partnerships and Neighbourhood Renewal Strategies.

The original recommendations are now regrouped under the following generic themes:

- Supporting People and Supported Housing
- Research
- Homelessness
- Adaptations
- Neighbourhood Renewal/Community Safety
- Investing for Health Partnerships/Health Action Zones/Healthy Cities
- Home Accident Prevention
- Travellers
- Rural Issues
- Fuel Poverty

A Memorandum of Understanding between the Housing Executive and the four Health Boards was developed to reflect these new arrangements.

Achievements to date include:

- Successful implementation of the Supporting People programme in April 2003.
- Research relating to health and housing is now an integral part of the Housing Executive's annual research programme.
- Development of the Homelessness Strategy and Homeless action plans.
- Adaptations in both social and private housing continue to play a significant part in enabling people to remain independent in their own homes.
- Expansion of the Housing Executive's Community Safety Team to reflect the application of its new statutory powers to tackle anti-social behaviour, including in-house mediation services and the appointment of 54 neighbourhood wardens.
- A community cohesion unit has been established to lead out the Housing Executive's Good Relations Strategy.
- Housing Executive participates in all Investing for Health Partnerships, Health Action Zones and Healthy Cities programmes.
- The Housing Executive is responding to the Home Accident Prevention Strategy, addressing home safety issues through a number of pilot schemes.
- Since 2003 the Housing Executive has been very proactive in dealing with the housing support and care needs of travellers.
- Through its rural policy 'Places for People' the Housing Executive is contributing to independent rural living, particularly for those more vulnerable households.
- The Housing Executive in partnership with others is tackling fuel poverty through its heating upgrading and energy efficiency programmes.

This guide provides examples of the impact that has been made by our partnerships with health and social care partners.





## SECTION ONE SUPPORTING PEOPLE

Supporting People was introduced in Northern Ireland in April 2003 representing a £263 million investment in housing support services over the next five years. The Housing Executive is the administering authority for Supporting People in Northern Ireland. It has responsibility to:

- implement the programme;
- strategically plan service development based on needs; and
- commission services in partnership with the four HPSS Boards and Probation Board for Northern Ireland.

The Supporting People Strategy's overall aim is to commission housing support services that will improve the quality of life and independence of vulnerable people.

The key objectives of the programme are:

- To commission relevant housing support services;
- To develop services in line with service users needs and aspirations;
- To ensure value for money services; and
- To continuously improve the quality of services.

The Supporting People Programme is well established providing much needed assistance to over 18,000 people annually.

A draft Supporting People memorandum of understanding has been issued to the four Health and Social Services Boards and the Probation Board (NI) for their agreement. Supporting People contracts have been issued to over 400 schemes to date.

### **Floating Support**

The Housing Executive is currently funding, through the Supporting People Programme, a range of floating support services to vulnerable people living in their own homes. Each year, over 2,600 users received floating support services, 430 of whom have been Housing Executive tenants.

Of the total users who received floating support last year 460, users have achieved the objectives of their support plan and are now able to live independently. These services are also helping service users to address rent arrears or financial difficulties, are assisting service users in claiming appropriate benefits, acting as a broker to other services and provide service users with the necessary life skills to live independently.

A Floating Support directory has been published to provide information on the range of floating support services available throughout Northern Ireland. The directory was developed to assist organisations wishing to make a referral and to advise prospective clients of the service which they could benefit from.

Below are examples of the stories of some who have been assisted through the Supporting People Programme.



## A Change For The Better

On the 29th October 2003 my husband died suddenly. I have a disability, which meant I couldn't live on my own, so I went to spend a few nights with my family. My social worker said that I could spend a while in Respite Care until I made up my mind what I wanted to do with our house.

I stayed in Respite Care until 2nd January 2004 and then moved to another Respite Care Centre. I then moved into a Private Nursing Home on 26th April and spent almost 3 months there until I was offered supported living accommodation with a local Housing Association.

I feel very lucky that this opportunity arose for me, as I now have a beautiful flat of my own which is built with my wheelchair in mind ... not just a bedroom on its own.

I feel I have much more independence and choice now and feel more settled since leaving the Nursing Home. In the Nursing Home I had to share a sitting room, but now I can enjoy my own privacy. I did feel I was too young to be in a Nursing Home. Now I can go out and do my own grocery shopping with support from staff and choose the foods I like. I can also go on shopping trips with staff to different towns, instead of being stuck indoors all week.

I am now looking forward to the arrival of my new mobility car and the future is looking brighter. I would like to say thank you to everyone who supported me through the last year.



*The overriding message is that disabled people want the same as non-disabled people: the opportunity to live in their own homes, with whom they choose or by themselves, to participate in their local communities and to have a reasonable quality of life.*

*Source: More Scope for Fair Housing (1998) D. Esmond et al, quoted in the Cedar Foundation Strategic Review of Accommodation Services May 2000.*

## Supporting People

### Kilcooley Tenant Support Project

The Kilcooley Tenant Support Project started in March 2004. This idea was developed between the Kilcooley Community Forum and the local District Office and financed by the Supporting People initiative.

It currently has 25 clients who are all residents in the Kilcooley area. The clients are referred through the local District Office and then interviewed by a Support Worker.

This particular scheme covers all age and household ranges - from singles, lone parents, and families to pensioners. The project is open to Housing Executive tenants and may be open to private tenants at a later stage. The support is provided by a Manager, Kirk Marshall, and a Support Worker, Jeanie Brown. The project is based at 3 Kilcooley Square, Bangor.

The aims of the programme are to:

- Increase the tenant's confidence
- Build self esteem
- Raise awareness of choices and information sources
- Promote contact with family, friends and the community
- Encourage an improved state of health.

The project provides a variety of additional help and support for tenants including:

- Advice and assistance in setting up and maintaining their first home
- Developing domestic and life skills



- Establishing contact with the local community and initiatives in the area
- Advising on health matters
- Debt counselling
- DIY
- Safety in the Home
- Training/education links.

The support plan will be client and not support worker led.

Typically the support will be given for a period of two weeks to two years, depending on the circumstances of the tenant and the support worker's assessment.

District Manager, Robert Mahaffy said "Housing is a fundamental part of one's life. However, the ability to maintain a tenancy can be affected by other factors. By providing additional housing support we hope that tenants will enjoy their tenancies and make a positive contribution to their communities".

## Extern Floating Support Offenders Project

The Extern Floating Support Offenders Project has its origins in the work developed within the '109' hostel, Extern's residential facility for ex-offenders in Belfast.

The aim of the project is to help clients stay within society or be reintegrated within society in ways that are acceptable and offence free.

Due to their complex problems and needs, some clients remained in contact with the project or re-established contact after they left the hostel. Most had committed sexual



offences and displayed medium to high risks of re-offending. It became clear that in many cases there was a need for long-term involvement due to child protection and community safety issues, combined with the vulnerability and personal safety of the clients themselves.

Preventing homelessness has been a key feature of the Project's development. Creating stability in relation to accommodation is of critical importance in avoiding a pattern of repeat homelessness and in providing a base from which to address other issues.

The project has been developed using funding from Supporting People and the Probation Board Northern Ireland. This new framework of financial support has provided an opportunity to address risks as well as needs and to link services to individuals rather than to the type of accommodation in which they reside.

### Evaluation Findings

In the opinion of referrers and associated statutory and voluntary agencies, the project has met its objectives and is providing a unique and valuable service to ex-offenders in the community.

According to clients, the project has proved invaluable in assisting them to live in the community and cope with the range of issues and problems they face.

The success of the Extern project is evidenced by its track record in supervising and resettling clients whose high risk profile would otherwise give cause for concern.



### Assistive Technology

The Going Home Staying Home project is funded from Programme for Government (£750,000) over a three year period.

The project has three strands.

#### 1. Telemedicine

This aspect of the project has been fraught with difficulties with only a small number receiving the service. However, based on the findings of an evaluation report staff have been appointed and with renewed energy the project will commence again later this year.

#### 2. Reablement

A very successful aspect of the project with clients receiving assessment and rehabilitation of their physical needs. This provides an opportunity for earlier discharge from hospital.

#### 3. Assistive Technology

This has been a significantly successful aspect of the project with assistive technology provided in homes of older people at risk. Initial evaluation at the end of year one was very positive and a final evaluation is about to be commissioned. Foyle Trust would like to see this mainstreamed into the future.





## SECTION TWO RESEARCH

### Background

The Housing and Health Strategy recommended a programme of research to be put in place to support its implementation. The Housing Executive also seeks to share and joint fund research programmes. Research relating to housing and health is an integral part of the Housing Executive's annual research programme.

### Health and Safety In the Home

The thematic report on the Housing Health and Safety Rating based on additional analysis of 2001 House Condition Survey data was completed in 2004. The Housing Health and Safety rating calibrates the risks of health and safety of occupants, neighbours and visitors. It concentrates on danger from fire/hot surfaces and hazards that could lead to falls in the home. Legislation to introduce this in England received Royal Assent in December 2004.

The Housing Executive was trained by ODPM appointed experts on the revised version in March 2005 and it was included in the 2006 House Condition Survey which went into the field in March 2006.

### Fuel Poverty

The 2001 House Condition Survey produced the first reliable estimates of fuel poverty in Northern Ireland (See Section 10 for more information on fuel poverty). More than 200,000 households have to spend more than 10% of their income on fuel to heat their home to an adequate level (approximately one third of all households). This compares with a figure of 9% for England and 30% in Wales. A combination of lower incomes, higher benefit dependency, higher dependence on solid fuel heating and higher electricity prices account for this. The 2004 Interim House Condition Survey showed a significant fall in the number and proportion of households in Fuel Poverty to 154,000 (24%) largely as a result of fuel switching from solid fuel/electric heating to

oil/gas. However it is important to remember that this does not take into account the effects of the rapid rise in fuel prices since 2004.

### Neighbourhood Renewal

A programme of neighbourhood renewal research surveys is carried out annually on Housing Executive estates. These are a key source of information for Districts trying to address the complex web of problems which characterise many of these estates. They gather information on:

- Socio-economic profile of households.
- Details regarding housing history.
- Residents satisfaction with their new homes.
- General satisfaction levels with services and facilities in the area.
- Residents perception of crime levels.

### Adaptations

The Research Unit will be publishing the key findings of the 2005 Continuous Tenant Omnibus Survey which contains a wealth of health related information for Housing Executive tenants in June 2006. The major research project on wheelchair adaptations is now complete. This highlights the major improvements that wheelchair adaptations have made to the health and well-being of those who are dependent on wheelchairs and on the lives of their families and carers. It also highlights deficiencies in data which make estimating future need for wheelchair homes difficult and makes recommendations which will feed into design guidance for future adaptations and newly constructed homes.

### Older People

A major new project on the Housing Needs of Older people has now commenced. The first phase of the research will focus on mechanisms to enable older people to remain in their homes.





## SECTION THREE HOMELESSNESS

Homelessness and health are inextricably linked. The health of homeless people is generally much worse than that of the general population. This is true for a range of health issues including diet and malnutrition, substance misuse, mental illness, sexual health problems, infectious diseases and problems related to living conditions. Being roofless also leads to a greater risk of assault and injury and is closely associated with multiple and complex health needs. Most telling, however, is the average life expectancy of a homeless person being just 42.

Being homeless but dependant on friends and relatives can increase mental health problems. In areas of high demand for accommodation homeless people can often only access 'hard to let' accommodation and where this is situated in neighbourhoods suffering from anti-social behaviour such as crime and drug problems this can exacerbate rather than help address their own health and lifestyle problems.

### **Homelessness Strategy**

In 2000 the Housing Executive with other key partners undertook a radical overhaul of homeless services in Northern Ireland leading to the publication of the draft Homelessness Strategy. An integral aspect of the Strategy is the development of Area Homeless Action Plans which will identify gaps in services and detail proposals to respond to those gaps. Five area Homelessness Plans have been produced. It is proposed to provide additional supported and temporary accommodation.

As part of the strategy the Housing Executive has explored in conjunction with Area Health and Social Services Boards the potential for a multi disciplinary assessment service for homeless applicants. This will ensure that

homeless applicants needs will be addressed on a holistic basis. The first phase of the service was introduced in August 2004. A support assessment model for homeless households has also been introduced in the Western Board Area.

By March 2004 the Housing Executive had 25 homeless hostels and was providing funding for a further 50 in the voluntary sector. The Housing Executive had to find temporary accommodation for 4,500 households during the year.

### **Preventing Homelessness**

A number of preventative measures have been introduced through the strategy which will make an important contribution to fewer households becoming homeless. These include mediation, debt counselling, housing advice and floating support services. However, the single biggest cause of homelessness in Northern Ireland is relationship breakdown.

Under the Programme for Government a Promoting Social Inclusion Group on Homelessness has examined a wide range of homelessness issues. A consultation paper on the recommendations of the Group was published in November 2004. As part of the roll out of the Homelessness Strategy the Housing Executive has developed physical and management standards for temporary accommodation used to accommodate the homeless.

### **Families and Singles Over 18 years**

Housing Executive West Area, together with strategic partners in the WHSSB, secured Supporting People funding for the development of two comprehensive floating Support Services to address homelessness.



The services which became operational in August 2005 complement and build on existing provision and share interagency structures. The first floating support service is aimed at families and singles over 18 years old and the second at the 16/17 year old vulnerable non care leaver population.

In order to determine the level of support needs, a needs analysis of homeless cases was carried out for those who are homeless or at risk of becoming homeless in those Housing Executive districts in the WHSSB Area. To determine levels of need for floating Support Services a survey was carried out on 12% of the total number of homeless presenters during 2003/04.

Some of the main observations of the survey were:

- 64% of those who presented as homeless had support needs;
- Of these, 56% had multiple support needs;
- The geographic spread of need for floating support is highest in the Foyle Trust area (71%) and is mainly located in Derry City;
- The geographic spread of needs for floating support within Sperrin Lakeland Trust is highest in Fermanagh;

- Of those families who were identified as needing support 16% had Social Services involvement and 3% had Community Mental Health Team involvement.

The Floating Support Service proposal for families and singles over 18 is designed to provide a comprehensive and co-ordinated service accessible by all agencies working with this population and directly to those who are homeless or at risk of homelessness. The service will focus on three main service areas:

1. Primary prevention activity to help stop homelessness from occurring in the first instance.
2. High quality needs and support assessment for homeless cases placed in temporary accommodation.
3. The provision of tenancy support to help sustain tenancies and prevent recurrence of homelessness.

#### 16-17 Year Old Vulnerable Non Care Leavers

It is widely recognised that homelessness is often part of a under set of circumstances and young people in particular who are in need and are vulnerable will have additional needs which are often complex. The response to these needs is crucial and requires a common approach by statutory agencies so that service



Most Frequently Occurring Support Needs by Household Type, February 2004

Support Need Category	% of Singles Population Surveyed	% of Families Population Surveyed
Tenancy Support	29%	39%
Mental Health Problems	32%	29%
Misuse of Substances	15%	0
Mobility/Physical Health Problems	25%	15%
Vulnerability because of Age	10%	4%
Home Management Difficulties	8%	8%

planning will take account of all the needs of young people.

In order to address the support needs of young vulnerable singles in the WHSSB area, an Assessment Panel and Floating Support service proposal was drawn together through the combined efforts of a range of statutory and voluntary agencies who share a strong commitment to addressing the needs of young people.

A range of service providers within the WHSSB area contributed initially to an information gathering exercise, which sought in the first instance to quantify the needs of the vulnerable 16 and 17 year old population. This formed the basis of a needs led service development.

Ultimately, this proposal seeks to build on and maximise the existing and very valuable

contribution of service providers on the ground as well as address the gaps in provision that were highlighted during the needs analysis exercise. Not least of these is the provision of a more coordinated, seamless approach to these young people that is responsive, preventative and young person centred and with the ultimate goal of ensuring that homelessness in late adolescence does not continue to be a feature of their adult lives.

#### Drug and Alcohol Coordination Team

In May 2001, the Drug Strategy for Northern Ireland and the Strategy for Reducing Alcohol Related Harm were brought together within a Joint Implementation Model and the role of the Teams was extended to include alcohol and they officially changed their names to Drugs and Alcohol Coordination Teams. There are now four DACTS covering the whole of Northern Ireland.





The key purpose of the team is to bring together representatives of organisations working at local level to draw up action plans for tackling drug and alcohol misuse, based on an assessment of the extent and nature of the local problem and to drive and monitor their implementation. ADACT works very closely with the regional groupings to ensure that local and regional initiatives complement each other.

The Northern Drug and Alcohol Co-ordination Team (NDACT) is a multi-agency, cross-sectoral partnership set up to implement both the Drug and Alcohol Strategies at a local level in Northern Ireland. The team covers the Northern Health and Social Services Board area which includes 10 district council areas, namely: Antrim, Ballymena, Ballymoney, Carrickfergus, Coleraine, Cookstown, Larne, Magherafelt, Moyle and Newtownabbey.

The Team is made up of all the many agencies with a remit for Drugs and Alcohol.

The Team aims to co-ordinate efforts to:

- improve access to treatment, education, prevention and support services;
- provide information to Government on the drug and alcohol situation locally;
- encourage the development of partnership approaches to drug and alcohol problems across treatment, education, prevention and criminal justice;
- support community based initiatives aimed at addressing local drug and alcohol issues;
- act as a reference point for individuals, groups and organisations with an interest in drugs and alcohol.

The team is made up of representatives from: the voluntary and community sectors; the Housing Executive; Northern Health and Social Services Board; Causeway and Homefirst Health and Social Services Trusts; PSNI (Drugs Squad and Community Safety); Probation Board for Northern Ireland; Community Addiction Services (Homefirst/Causeway Health and Social Services Trust); North Eastern Education and Library Board; Southern Education and Library Board; Investing for Health; Community Pharmacy; and the Health Promotion Service.

The Housing Executive has representatives on three of the Area Drug and Alcohol Coordination Teams.





## SECTION FOUR HOUSING ADAPTATIONS

Research carried out for the Joseph Rowntree Foundation "The Effectiveness of Housing Adaptations" (JRF Findings August 2001) reported that major adaptations such as extensions or bathroom conversions had a good impact on the lives of people with disabilities, enabling them to live with a greater degree of independence that brought benefits to health, self esteem and confidence. The same report also demonstrated the benefit of smaller, less costly interventions to improve safety around the home such as grab rails with 77% of respondents perceiving a positive impact on their health as a result.

Housing plays a central role in maintaining the independence of people with a disability, learning difficulties and as people become frailer or less mobile. Maintaining independence and being able to live life as fully as possible are all important to mental and physical health and well being. Being able to access suitable housing, or to adapt current housing can have a direct impact on delivering health and well being, as can accessing relevant support and care to remain in one's own home.

A Housing Executive adaptation in the social housing sector and in the private sector through the Disabled Facilities Grant plays a significant part in enabling people to remain independent in their own homes. Each year the Housing Executive completes approximately 2,500 major adaptations to public sector homes and 1,500 to private sector homes. Annual expenditure on adaptations has increased greatly within the last two years and is now over £37million, as the demand for adaptations continues to rise. Expenditure on housing adaptations continues to remain a high funding priority for the Housing Executive.

### *Example*

#### **Pilot IT Project**

A pilot IT pilot project, which included Occupational Therapy referrals sent electronically, commenced in June 2003 between Housing Executive and Armagh/ Dungannon HSS Trust.

An evaluation of the pilot was completed in March 2004 and a bid for eGovernment funding for the development of an IT System for handling adaptations requests was accepted. The Housing Executive and its IT Partner, BT, have recently identified their preferred option. Work on the system requirements and specification is ongoing and a pilot of the new system is planned to begin towards the end of the year in the Armagh Dungannon Trust area (building on the experience of the original e-mail pilot undertaken in 2003). An adaptations information area was developed on the Housing Executive website and published in March 2004.

#### **Review Of Adaptations**

The Housing Executive's Fundamental Review of Adaptations has resulted in improvements and efficiencies in the service and considerable progress has been made in respect of heating adaptation requests. The Housing Executive and DHSSPS published a step by step guide giving advice on adaptations.

The Housing Executive and DHSSPS are currently involved in the development of a new, wider ranging Partnership Agreement (that will include revised Service Level Agreements) to supersede existing Service Level Agreements. This new Agreement will improve the quality and speed of service.



The 1991 Department of Health and Social Services policy document "People First: Community Care in Northern Ireland in the 1990s" set out proposals for improving the management and delivery of community care in Northern Ireland. It also promoted the development of community support services to enable people, who might otherwise have gone into residential care facilities, to continue to live in their own homes.

In Northern Ireland, the Housing Executive and the community Occupational Therapy Departments, within eleven Health and Social Services Trusts, work together in partnership to deliver a housing adaptations service for people with a disability to assist them in continuing to live independently in the community.

In 2000, the Housing Executive and DHSSPS began a joint fundamental best value review of the housing adaptations service in Northern Ireland. The review covered the housing adaptations service for public and private sector residents and included the roles played by Occupational Therapists, Housing Executive staff, consultants, contractors and agencies involved in the process. A major consultation exercise involving a wide range of stakeholders and a number of research projects were undertaken in the course of the review.

Following examination of the issues highlighted by the review, three themes were identified for action. Some examples of action taken to address these themes include:

**Theme 1  
Reduction of waiting time for Occupational Therapy assessment**

- Responsibility for assessing requests for change of heating in the public sector has been transferred from Occupational Therapists to the Housing Executive (including transferring a backlog of 1800 cases).
- Additional funding has been made available allowing for the recruitment of 20 additional Occupational Therapists.

**Theme 2  
Reduction of waiting time for processing and completing adaptations**

- Grants applicants are now informed of their likely financial contribution at the start of the process.
- A simpler method for economic appraisal for major public sector adaptations has been introduced.

**Theme 3  
Improving the quality of service**

- Publication, including through the Internet via a dedicated area on the Housing Executive's website of:
  - New information leaflets
  - "Step by Step" guides for people going through the process
  - Revised design guide for professionals involved in adaptations work.

**Example**

Claire, a 40 year old woman who has physical disabilities lives in a three bed house with her husband and teenage child, was finding it increasing difficult to cope with her surroundings. Following a recommendation from her occupational therapist, she applied for a Disabled Facilities Grant for a ground floor bedroom extension. As the application progressed further works were recommended such as a shower room and toilet and the rearrangement of the kitchen. Following completion, Claire's husband contacted both the Occupational Therapist and the Housing Executive's grant office to say he was delighted with the work that had been done to the family home.



- Training has been provided for staff and design consultants on disability awareness and adaptations process and good practice.
- Individual members of staff within each office have been identified to act as a point of contact for people seeking an adaptation or with queries about an adaptation already underway.

To facilitate joint working within the review the Housing Executive and the DHSSPS jointly funded an 'Adaptations Liaison Officer' post for a two year period to act as a link between the two organisations, and others, and to undertake a wide range of tasks associated with the review. The benefits derived from having such a dedicated resource working with all parties involved in the review has resulted in the appointment of a new jointly funded permanent Housing Adaptations Liaison Officer position to start May 2006.





## SECTION FIVE NEIGHBOURHOOD RENEWAL/COMMUNITY SAFETY

The link between poor health and deprivation is well documented. The health of many people has been blighted by the consequence of social, economic and physical disadvantage associated with where they live.

One in seven of Northern Ireland's population live in seriously deprived parts of our cities and towns. Many of these people do not enjoy the health they should because of the areas in which they live. Problems combine to create a vicious cycle of decline. Often those in most need of health and other services are those who have the greatest difficulty accessing them.

The Neighbourhood Renewal Strategy is an area-focused approach that targets the top 10% of the most deprived areas in Northern Ireland. It represents a major shift away from short term funding programmes towards a more planned assessment of and response to local need. 32 neighbourhood renewal areas have been identified for accelerated development: 13 in Belfast, 4 in Derry and 15 in other towns.

Some of the improvements residents of the areas may experience will be better access to health services, initiatives to lower crime in their area, improve education standards or provide more things for young people to do.

### Creating Common Ground Consortium

Creating Common Ground Consortium was formed in December 1999 with the aim of developing innovative responses to multiple deprivation in areas of urban and rural disadvantage. The Consortium is a strategic partnership of 7 Key statutory and voluntary agencies, plus two advisory members with

the Housing Executive as the lead partner. The Grants Programme entirely funded by the Big Lottery Fund was opened in May 2001. The Programme closed on the 31st December 2004 and 86 grants with a total value of £1.8million were awarded.

An external evaluation of the Grants Programme found the funded projects made a significant contribution towards the achievement of the strategic objectives of the Programme.

- 93% of projects had a discernible impact in terms of environmental regeneration
- 87% of projects had an impact in improving community safety.
- 88% of projects had an impact on neighbourhood renewal.
- 87% of projects impacted on community relations.
- 84% of projects had an impact on community infrastructure.
- 87% of projects provided new service initiatives.
- 81% of projects have arrangements in place to continue with the work begun under the programme.

The programme known as the 40 Most Disadvantaged Communities Programme will run until December 2006. The Consortium Board has approved 40 Project Plans, identifying key issues and possible solutions within each of the 40 Disadvantaged Communities. Implementation plans for all 40 schemes have been approved. The Consortium has, through the local project teams, successfully developed cross-sectoral partnership to deliver the environmental schemes. A total of £1.2m has been spent on projects at March 2006.



**Foyle Parents and Friends  
Pennyburn Inclusive Play Trail**



The project is located within the grounds of both Foyle View School and Belmont Campus, Derry. Its key aims are to promote social inclusion, community enhancement and training and employment opportunities. These aims have been realised through the design, construction and development of an inclusive play trail through the grounds of Foyle View School- a special school for children and young people with severe learning difficulties, and Belmont Campus, a school and resource centre for children and young people with moderate learning difficulties.

**Upper Springfield Development Co  
Ltd, Ealaínn Sraide - Street Art**

The principle activity of the company is to work toward the sustained economic, social and physical regeneration of the Upper Springfield area of Belfast through developing a long term people centred regeneration strategy. The public art project has been undertaken to provide a visual and positive contribution to the environmental improvement of the area.

**Carnmoney Hill - Woodland Mosaic  
Project**

Carnmoney Hill, outside Newtownabbey, is an important landscape feature and an area of significant wildlife and archaeological interest. As such it represents a valuable natural resource for the local and wider community. The project promotes healthy living and quality life enhancement by providing safe and convenient access to 200 acres of woodland and other natural habitats via a number of walkways and trails.

**Community Safety**

*Neighbourhood Wardens*

In 2001/2002 the Housing Executive launched its Neighbourhood Warden Service and now employs 58 wardens delivering localised housing management services targeted on our most disadvantaged estates.

Housing Executive wardens provide an on site Housing Management service and are responsible for a range of functions including estate management, environmental management, estate security and community development. Evaluation of the service indicates that the Neighbourhood Wardens have been very effective in terms of getting local issues addressed quickly and resolving problems of anti-social behaviour at an early stage, thus reducing the need for court action. The wardens were also perceived to have improved the local environmental conditions and to have contributed to a reduction in the fear of crime by their visible presence on the estates and by their involvement in various community safety schemes. As part of that process the Housing Executive in partnership with Belfast City Council launched a neighbourhood officer service in four areas of Belfast. This service has drawn largely on the proven benefits of the Neighbourhood Warden

Service and will introduce a greater emphasis on environmental management reflecting council priorities.

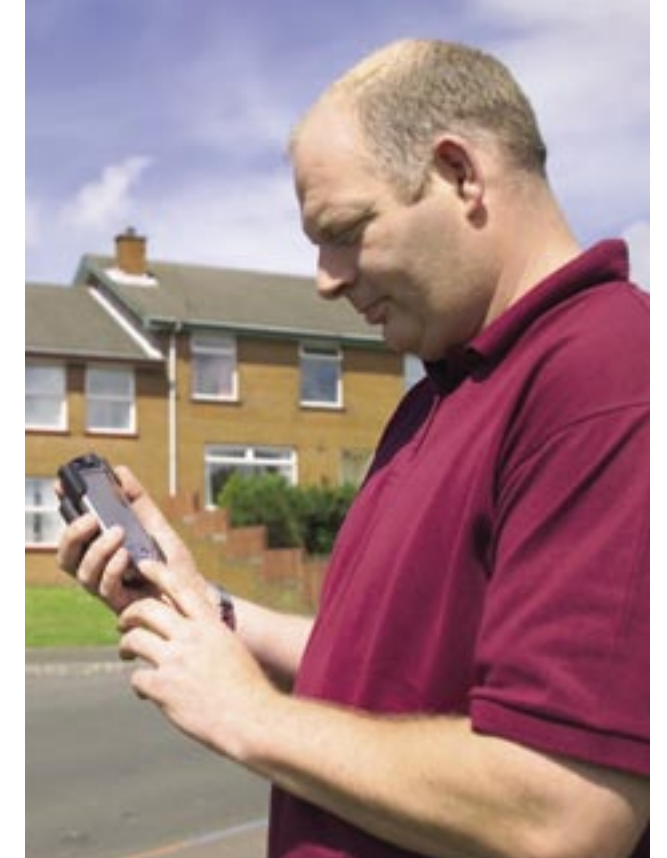
*Community Safety Team*

The Community Safety Team was established in 2001 as part of the Housing Executive's Community Safety Strategy. The main task of the team is to effectively tackle the most extreme cases of anti-social behaviour experienced in Housing Executive estates through prevention/intervention or enforcement. The team also includes officers seconded from the PSNI and the Probation Service of NI.

In November 2005 the Housing Executive introduced the use of Acceptable Behaviour Contracts (ABCs). ABCs are voluntary contracts between the Housing Executive and an individual tailored to stop anti social activity. Anti-social behaviour can have a debilitating effect upon communities by increasing the fear of crime, resulting in social withdrawal and undermining residents' ability and confidence to exercise control over their situation and environment. Its effects can be most often damaging in those communities where infrastructure is poor. Furthermore, anti-social behaviour can affect the lives of the perpetrators and their families. Such effects may include exclusion from school, eviction from their accommodation and loss of contact with service providers.

In dealing with cases of anti-social behaviour emphasis is placed on the involvement and support of the affected residents, the strengthening of ties between neighbours and the development of community confidence.

This approach has been fundamental in increasing residents' confidence, tackling the fear of crime and improving community cohesion. Such an approach has also ensured that witnesses and victims of anti-social



behaviour are more confident in attending court hearings.

In effectively tackling anti-social behaviour at estate level the Housing Executive recognises that there are often mitigating factors which contribute to the perpetrator's behaviour i.e. drug and or alcohol abuse, mental health issues. These issues can, in some instances, be effectively addressed through the introduction of diversionary and support programmes which allow the individuals concerned to remain within their communities. In order to holistically address these issues, the Community Safety Team has been developing partnerships with a range of statutory and voluntary service providers in an effort to resolve many of the underlying problems which manifest themselves through anti-social activity. A range of protocols and service level agreements are being agreed with other agencies to assist effective and timely action to address incidences of anti-social behaviour

In addition to providing the above services, the Community Safety Team has been expanded to include an In House Mediation Service which



is available in those incidences of anti-social behaviour where court action for repossession would prove to be inappropriate. This service has been rolled out to all 37 Housing Executive district offices across Northern Ireland.

### Community Cohesion Unit

A Community Cohesion Unit was established in September 2004 to lead out the Housing Executive's Good Relations Strategy.

Government published its "A Shared Future Document - the policy and strategic framework for good relations in Northern Ireland" in March 2005 which provided the context for the Housing Executive to take forwards its good relations through housing policy. The Board of the Housing Executive approved the Community Cohesion Unit's Business Plan for 2005/06. The business plan outlines the work of the unit within five broad themes:

#### Flags Emblems and Sectarian Symbols

A joint Protocol on the display of flags in public areas between the Housing Executive, PSNI,

the Department of Rural Development and the Department of the Environment was launched in April 2005. The protocol generally reflects work already undertaken by District Offices, supported by local communities, and formally ties other organizations into the process.

The Inter Community Network (ICN) a branch of the Housing Community Network has drafted 'A Good Practice Guide for Flags and Emblems - A Community Perspective' for distribution to all tenants groups within the Housing Community Network.

The Housing Executive is a partner with Belfast City Council in the 'Brighter Belfast Initiative' which seeks agreement with local communities and their representatives, regarding the removal or replacement of militaristic murals and graffiti with more acceptable cultural or historical displays.

#### Shared Future-Housing by Choice Schemes

Work to develop a shared future-housing scheme with key stakeholders in progressing.

### Glasvey Pensioners Caught on Camera

The Glasvey Estate, Twinbrook, was selected by the Common Ground Consortium under the first phase of the programme. A Project Team consisting of the Housing Executive, Lisburn City Council, Belfast Regeneration Office and representatives of the community, was formed to address issues of concern and areas of disadvantage within the estate. A major consultation exercise was carried out and the issues identified by the community were: the general environment, street lighting and community safety issues.

The Project Team had a daunting task of restoring confidence and removing the fear that existed within the community and tried

to come up with more innovative measures to combat this in addition to the usual proposals of improved locks to doors and windows, spy holes, security chains and personal alarms. It was the local housing officer who came up with the idea of installing a small camera at the front door linked to the tenants TV which would enable the tenant to view who was at their door through a dedicated channel on TV. Further consultation was carried out with the assistance of the Residents Association and 41 pensioner tenants enthusiastically supported this proposal.

An application to the NIO under the Ten Estates Project was successful and the cameras were installed in the summer of 2003. The response from the local community, following installation was phenomenal.

The Housing Executive is funding Habitat for Humanity NI to undertake research into areas suitable for mixed community housing and to develop a local consensus within the selected locations.

Research Unit has been commissioned to undertake research in the Ballynafeigh area one of the few mixed community housing districts within Belfast. The study will be launched during Good Relations Week.

The Community Cohesion Unit is assisting the Institute for Conflict Research to undertake similar research to assist in the development of ideas and policies on how to extend the mixed community housing option.

#### Community Cohesion Unit Race Relations

The Unit will assist in delivering the Race Relations Policy approved by the Board in September 2005.

Two schemes are being developed in partnership with the NIO Community Safety Unit and the PSNI:

- Hate Incident Practical Action - to deliver a support package for the victims of hate Crime including additional home security measures. This six month pilot is being developed in partnership with the PSNI and NIO with a tentative launch date in May.
- Hate Incidents Reporting - the development of central reporting mechanisms ensuring that incidents are reported to one agency which will then disseminate the information to others. The six month pilot will commence initially within the South Belfast area.
- The Unit is developing a black minority ethnic forum to assist in addressing identified issues and gaps in housing provision. The forum is expected to be in place by the summer 2006.



- Inter cultural awareness training is being piloted by the Unit commencing in the South Area commencing in June 2006.
- The Unit is developing a data base of Black and Ethnic Minority Groups and Organisations.

#### Transitional Areas

The Community Cohesion Unit provides advice and assistance in areas which are experiencing conflict/division based on race/religion. The Unit monitors the local press to highlight and track such incidents.

#### Interface Areas

The Community Cohesion Unit is assisting in the drafting of a report into Interface Areas. The report will form a baseline to measure progress on regeneration and community infrastructure in these areas and also a planning and policy tool to highlight any gaps in provision and capacity.

In addition to the above, the Unit in conjunction with the Northern Ireland Tenants Action Project (NITAP) is presently researching the potential for youth engagement within the Housing Executive's tenant's consultative forum the Housing Community Network.





## SECTION SIX INVESTING FOR HEALTH PARTNERSHIPS/HEALTHY CITIES/ HEALTH ACTION ZONES

Investing for Health Partnerships have been established for each Health and Social Services Board Area made up of the key statutory, voluntary and community interests necessary to implement Investing for Health. The Housing Executive is represented on all four Partnerships.

The Eastern Health and Social Services Board operates a virtual partnership through its website. Their website seeks to build on the many existing relationships/partnerships operating in the field of health and wellbeing in the widest sense. All Investing for Health Partnerships have websites linked to the Housing Executive website.

### Northern Investing For Health Partnership

[www.northernifhpartners.co.uk](http://www.northernifhpartners.co.uk)

The Northern Investing for Health Partnership Improvement plan for 2003-2008 has a number of specific actions involving housing and health issues. These include:

- Develop a locally focused Fuel Poverty Strategy and action plan for the Northern Investing for Health Partnership area.
- Establish a Home Accident Prevention Steering Group to develop locally focused action plans for taking forward the Home Accident Prevention Strategy.
- Develop links between Investing for Health and the structures being established to take forward the Neighbourhood Renewal Strategy being implemented by the Department for Social Development.
- Develop links between housing and health regarding implementation of the Homelessness Strategy.

Other priorities involving all Partnership members include:

- Establish two community based Investing for Health workers.
- Undertake training in effective partnership working.
- To ensure all partners are implementing an effective no smoking policy which includes all staff.
- To undertake a baseline study of healthy eating policies currently operating within Northern Investing for Health Partnership organisations.
- To support the Northern Partnership for Physical Activity to develop a programme for the promotion of physical activity among local communities.

### Eastern Investing For Health Partnership

[www.wellnet-ni.com](http://www.wellnet-ni.com)

The Eastern Board published its Investing for Health Strategy 2003/08 with a view to being more productive to develop Locality Strategies. This would allow organisations with broadly common geographical and demographical responsibilities to focus on local needs and solutions. A website with the capacity for organisations to register relevant activity has been developed. To date 124 organisations have registered including all the Housing Executive District Offices in the Eastern Board area.

The Eastern Partnership has been compiling Memoranda of Understanding between individual agencies, groups, existing partnerships and the Eastern Area Wellnet Partnership. Much of the Community of Interest and Locality work of the past eighteen



months has involved the identification of Partners and Partnership leaders, the holding of orientation workshops and action planning. The Partnership is awaiting the finalisation of the Anti Poverty Strategy before organising Eastern Area IFH work in this area. A successful bid for funds will be focused on Building Capacity using the following themes:

- Community Development and Health
- Peer Education and Monitoring
- Mainstreaming Vulnerable Projects
- Integrated Planning
- Training and Education
- Supporting the work of Communities of Interest.

### Southern Investing For Health Partnership

www.southernifh.com

The Southern Investing for Health Partnership has identified four key themes it will address over the coming years. These include:

- Education and Life Skills
- Healthy Choices
- Neighbourhood and Environment
- Poverty and Disadvantage

Each of these themes will be taken forward by a partnership Issue Group, which will be the driving force in achieving the targets of the Investing for Health strategy specific to that group. Each Issue Group produces its own action plan and has a dedicated amount of funding at its disposal to achieve its agreed outcomes.

The Housing Executive is represented on the Neighbourhood and Environment Issue Group. This group aims to offer everyone the opportunity to live and work in a healthy environment and have access to decent affordable housing. Its terms of reference are to

address the following targets in the Investing for Health strategy.

- Fuel poverty
- Support affordable housing provision
- Respiratory and heart disease by meeting air quality standards

In 2005/06 the Issue Group will prioritise two issues, namely fuel poverty and air quality, as affordable housing is deemed not to be an issue in the Southern Area at this time.

To support the overall work of the Partnership and its Issue Groups, three Investing for Health Officers have been appointed to work with Councils in the Southern Area. An officer is based in each of the following areas:

- Newry and Mourne
- Craigavon and Banbridge
- Armagh and Dungannon

The Partnership also is committed to providing longer term funding for four specific projects. These are:

- Providing passenger assistants for passengers with a disability in the Armagh/ Dungannon areas through Community transport.
- Women and Family Health initiative in South Armagh - a social model of health and wellbeing.
- "Know the Score" - a drug and alcohol education project for young people in Newry.
- Loughshore care partnership - reducing rural isolation in older people in the Craigavon area.

### Western Investing For Health Partnership

www.westernifh.org

The Western Investing for Health Partnership's action plan has four aged based themes to target the delivery of local initiatives, they are: Early Years, Teenage Transition, Adulthood and later Years. There is a further strand which looks at the partnership development and operational process. One of the key aspects of this is the communications and media strategy, which the Western Area Information Officer plays a key role in developing. The Housing Executive is involved in a number of initiatives listed below:

- Developing initiatives to tackle obesity in children
- Travellers Support network
- Developing Children's play areas
- Mental health issues of single homeless
- Pride in place initiatives
- Needs of adults with learning difficulties
- Action research project to consider mental health well being needs in the Board area
- Fuel poverty
- Home safety and security project
- Research on underage drinking
- Mental and emotional health of young people
- Telecare Initiative
- Later years sub group
- Health Impact Assessment Dove Gardens, Derry

The Statutory Outreach programme has its funding in place and staff nominated from statutory agencies to take forward this community development initiative. A staff member of the Housing Executive has been involved in Phase 1 which has just completed working with a rural community group helping them develop their strategic plan and services portfolio for older people and the wider community.

### Healthy Cities

Belfast Healthy Cities is a partnership based approach to improve the health and wellbeing of the people who live and work in Northern Ireland. In 2004, Belfast Healthy Cities was designated to phase iv of the European Healthy Cities Network. The core themes for the first two years are healthy urban planning, healthy ageing and health impact assessment. Various workshops/ training events are planned to progress these particular themes.

The theme of impact assessment will build on the pilot Community Health Impact Assessment project completed this year. On the theme of healthy ageing, Belfast Healthy Cities aims to collaborate with the EHSSB in the development of a strategy for older people. As a result of a workshop held in May this year on healthy urban planning an advisory group has been established to plan the programme in detail.

Derry Healthy Cities was formally established in 1992 as part of a worldwide network of healthy cities. Over its 12 years of operation DHC has endeavoured to make a positive contribution to the health and well being of the Derry City area working at both a strategic and operational level.

The Derry Healthy Cities Draft Corporate Plan is due for circulation to constituent bodies for comment. The organisation is considering its future with particular reference to developing from a Derry City Council based organisation to a more regional based one which would include the council areas of Strabane and Limavady in the immediate future. This would become co-terminus with the new 'super council' boundaries in due course.



### Health Action Zones

The Health Action Zone initiative was set up to target areas of disadvantage in the community where there was greatest need to address public health issues and an opportunity to make significant improvements. The initiative recognises the impact of social deprivation on health and the need to tackle the root causes of ill health.

The purpose of a Health Action Zone (HAZ) is to act as a catalyst to bring together in a working partnership all those contributing to the health of their local population.

The first two HAZ were established in April 1999, one in North and West Belfast and the other in Armagh and Dungannon to tackle health in a holistic way. Two more were created in 2001, covering priority neighbourhoods and population groups in the Northern and Western Health and Social Services Board areas.

All four HAZ are working to tackle health inequalities by focussing programmes on the wider determinants of health, poverty, unemployment, housing issues as well as lifestyle factors such as diet, drugs and alcohol misuse, mental health etc. Each HAZ is core funded £165k annually by the DHSSPS. A policy evaluation of the overall HAZ initiative is currently underway to determine the initiative's effectiveness and efficiency and to make recommendations for the future of the initiative beyond March 2006.

### Northern Neighbourhood

#### Health Action Zone

The Northern Neighbourhoods Health Action Zone (NNHAZ) has been operational since April 2001 and the initiative is now in its final year of the first tranche of funding from DHSSPS. Good progress has been made during this first phase of the development of NNHAZ. Thirteen Community Action Plans are now complete or are at final draft stage. The strategic framework for NNHAZ operations has evolved with the primary aim of delivering these Community Action Plans in each local area. All of the work links into three central themes.

- The promotion of positive mental health
- The provision of opportunities for education and empowerment
- The improvement of access to services and facilities

There has been steady progress against the community action plans and a range of innovative projects have been implemented across the NNHAZ neighbourhoods e.g. completion of a community garden, development of a community base, community health project, physical activity programmes. NNHAZ has supported the communities in their engagement with key partners and stakeholders and many sustainable, working partnerships have been developed. The Community Action Plans in place build upon the outcomes of consultation in the local community.

A range of special measures, designed by the communities and partners are underway in the NNHAZ neighbourhoods and are directly benefiting local people. These include:

- 'Dancercise & Goal' - a programme of dance and football coaching across all 14 neighbourhoods (in partnership with the Northern Partnership for Physical Activity)
- 'Warmer Neighbourhoods' - a programme of information sessions and small practical projects to raise awareness of fuel poverty and energy efficiency issues (in partnership with NEA)
- 'Home Safety Pilot' - a home safety check scheme targeted at the homes of families with children under the age of five and older people.

#### Armagh/Dungannon Health Action Zone

The Armagh District Office plays a key role in the Armagh and Dungannon HAZ initiative. Following evaluation two new themes have been agreed by all HAZ stakeholders within Phase 2 of the HAZ programme. These are

- Rural health and wellbeing
- Poverty, disadvantage and health

The Rural Community Estates Programme aims to improve life for people on rural housing estates considered to have high levels of disadvantage and low levels of community support. A project officer will work with selected communities to identify local issues. The neighbourhood programme run by the HAZ and Conservation Volunteers NI (CVNI) gives community groups in Armagh the opportunity to improve their local environment through e.g. creating community gardens, improving school grounds or recycling and biodiversity schemes. 264 homes in the Birches, Derrytrasna and Aghagallon areas have benefited from the "Home is where the Heat is" Fuel Poverty and Health scheme. This is a joint initiative between HAZ and Craigavon Council which has the highest level of fuel poverty in Northern Ireland.

### Western Health Action Zone

The Western HAZ reports directly to the IFH Partnership. They have a number of projects where Housing Executive staff are actively involved as follows:

- Home Safety Project
- Debt project Ballymagroarty - a project team has been established to look at specific disadvantaged communities. Staff from Collon Terrace District Office are represented on the team.
- Fuel Poverty - identification of clients and how to deal with their needs.
- Older Peoples Services Forum Bogside/Brandywell. This is a joint partnership that is looking at how older people's status in the community can be increased.
- Older People in Need Team - this is a strategic forum for all older services delivered by HAZ.

### North And West Belfast Health Action Zone

Research commissioned by the Travellers Action group was launched on 2nd July 2004. The recommendations of the report have been included in the work of the recently established Race Forum to take forward the Race Equality Strategy for Northern Ireland. The Thematic Group on Travellers issues had been recommended to take the lead in bringing relevant departments together to develop a coordinated Government response to need.

This represents a significant development and an endorsement of the relevance of the report. Evaluation of the Health Information Workers is moving ahead well. A number of



Traveller women are currently part of the scheme in West Belfast and it is hoped that the number of volunteers will be expanded within the Traveller Community over the coming months. The HAZ has been asked by DHSSPS to contribute to

- i. A mapping exercise of initiatives
- ii. Assist with consultation regarding the content of the strategy to tackle obesity
- iii. Offer general advice about how the Obesity Task Force should play out at local level

The HAZ has been working towards the development of integrated services for children and young people in North and West Belfast. This followed an extensive consultation process undertaken in 2002 that informed the second phase of the HAZ work programme.

Progress has now been taken forward in the implementation of the strategy to promote the Sexual Health and Well Being of Young People. Two working groups have been established which will address:

- Training and education
- Services for young people

The HAZ has also established the Prevention of Suicide and Self Harm Task Group in response to the community's appeal for help. The HAZ has joined the Project Board of a joint programme between the Health Promotion Agency NI and the National Energy Action (NI). The Project aims to raise awareness of the links between fuel poverty and health amongst primary care professionals and to develop their role in addressing the issue of fuel poverty. The programme will entail rigorous evaluation and will examine how best training and advice can be delivered for professionals and the associated requirements for their work with households.

## Children and Young People

### Children's Strategy

The Strategy for Children and Young People is a vision and 10 year plan currently being worked on in particular with government departments, statutory bodies, voluntary and community organisations, parents and children and young people. Multi agency task groups have been established and the United Nations Convention on the Rights of the Child (UNCRC) themes of participation, protection and provision will be visible in the work produced.

The right to play is a key issue for the strategy. UNCRC refers to the right to life survival and development of the child, the right to play, an adequate standard of living and not being subjected to discrimination.

A number of schemes have emerged as part of the Housing Executive's commitment to work with communities and voluntary groups to develop facilities and services for children and young people on estates.

### Example

#### Longlands

In recent years the park in Longlands, Newtownabbey, has been subjected to fairly intense vandalism which appears to be connected to the rioting that has taken place at various times between Longlands and the Whitewell Road. Most of the play equipment has been taken out due to being in a dangerous condition. This park is the only open/green space in the Longlands area. In more recent time the Church Road, Longlands and Arthur Social Programme (CLASP) the

Community Group for the area has succeeded in obtaining funding to provide a community base in the area.

A partnership has been developed including Creating Common Ground, Northern Neighbourhoods HAZ, Newtownabbey Borough Council, Newtownabbey LSP, CLASP and the Housing Executive to develop plans for a community base and the remaining site at Parkmore Terrace where play facilities can be provided. In addition, one of the priorities for CLASP is provision for young people within their catchment area and it is anticipated whenever the base is in place early next year, the Youth Service will be involved in developing programmes to suit the needs of the local young community.

### Children and Young People

Discussions have been initiated with the four Area Child Protection Committees regarding development of child protection policy within the Housing Executive and protocol for sharing of information.

### Example

#### Eastern Child Care Partnership

Their mission is to 'Champion the cause of children and childcare throughout the area and will take responsibility for local action to ensure high quality, affordable childcare for all children age 0-14 in every neighbourhood'. Their aim is to draw up and agree a childcare plan which meets the needs of children and parents and to monitor progress on implementing the plan. All member agencies are expected to cooperate to achieve a strong, coherent response to the needs of families with young children. There is a wide range of members including: EHSSB, BELB, SEELB, Housing Executive, NI Council for Integrated Education, District Councils and Playboard.

### Example

A new project NIPAD (Northern Ireland Public Access Defibrillation) is hoping to save lives by promoting much greater access to defibrillation to heart attack victims.

The greatest cause of death in Northern Ireland is heart disease. In the majority of cases this manifests itself as sudden death, most frequently occurring outside hospital. These sudden deaths are caused by cardiac arrests where the heart stops beating effectively.

Evidence shows that the sooner defibrillation occurs after the individual collapses the greater the chance of survival.

The NIPAD project began in January 2005 and involved training local members of the North and West Belfast, Antrim, Ballymena and Magherafelt community, including a number of Housing Executive staff, to resuscitate people from sudden cardiac arrests occurring outside hospital using automated external defibrillation (AEDs).

From January 2005 when 999 is rung for a collapsed victim, a Cardiac First Responder may arrive first before the paramedic. It is anticipated that the PAD programme will reduce delay time to defibrillation for out of hospital sudden deaths and ultimately improve survival in North and West Belfast, Ballymena, Antrim and Magherafelt.



## Young People

### Example

#### Community Development Project In Carnlough And Glenarm

This project was undertaken by Housing Executive staff member Rosie Simpson as part of the Involving People programme funded by the East Antrim Local Health and Social Care Group (LHSCG). The project asked the young people in Carnlough and Glenarm what they felt was their unmet health needs. The response varied from bullying, stress to lack of physical activities. Partners in the project included:

- Members of the Carnlough/Glenarm Youth Council aged 16-18 years
- NEELB Youth Service
- Opportunity Youth
- Health Promotion Service, Homefirst Trust
- Parent Representative
- Representative ' Aware Defeat Depression
- Youth Leader
- Physical Activity Project Office Homefirst Trust
- Housing Executive

The partners then delivered the following:

- Evenings organising posters and deciding on the directory card
- Invitations for young people to attend open evenings to apply for funding
- Dance classes for primary and post primary school
- Football classes
- Peer education classes

The Housing Executive delivered and funded.

- Relaxation/stress management classes and transfer of skills to youth councillors
- Directory card on contacts produced by the young people.

## Investing For Health

### Example

#### Tullycarnet Healthy Neighbourhood Project

Tullycarnet is a large public sector housing estate on the periphery of East Belfast comprising of 1595 houses dating from the early 1960s.

Whilst Castlereagh is generally regarded as an affluent Borough this perceived affluence masks pockets of higher deprivation. The Noble indices have highlighted Tullycarnet as an area of social difficulties, anti-social behaviour, low educational attainment and paramilitarism. It was evident that Tullycarnet required a holistic approach which would initiate regeneration and ultimately lead to improvements in jobs, crime, education, health and housing, all reinforcing each other.

Funded by Belfast Regeneration Office the Tullycarnet Healthy Neighbourhood Project was established in 2001. The project which will run until September 2005 aims to make a positive impact on the health and well being of all the community. Partnership members include South and East Belfast Trust, Northern Ireland Housing Executive, Engage with Age, Tullycarnet Action Group, Castlereagh Borough Council, Tullycarnet Community Forum, Senior Citizens Luncheon Club, Tullycarnet Family project, Churches, Tullycarnet Primary School and SEELB Youth Services.

This project has brought together local people of all ages and has actively encouraged groups to engage in community activities, all with a health related theme. Examples of the projects being:

## Older People's Project

The Tullycarnet Luncheon Club, Senior Citizens Club and the Presbyterian Church are the main providers of services/activities for the older population. With the help of funding secured from the Health Project, Tullycarnet Luncheon Club has been actively targeting those older members of the community who have become socially isolated. The group has organised day trips to Ballycastle, and the Stables in Armagh where they experienced first hand the trades of yester year, i.e. wig making. Their most recent adventure will be a day trip to the Butterfly Farm at Seaforde. 28 individuals who have in the past been socially isolated are now actively involved and proud of their community.

### Tullycarnet Community Football Club

Early research and evaluation identified the lack of structured physical activities for the young people of Tullycarnet. With this in mind a body of concerned parents came together to address the issue.

After exploring several opinions the group collectively agreed that the re-establishment of a junior soccer team for Tullycarnet would best meet the needs of the local youth. Tullycarnet Healthy Neighbourhood Project together with the local Housing Executive and Castlereagh Borough Council were very helpful and supportive of this initiative and recognised it as a positive step to introducing physical activities and a healthy lifestyle to the youth of the estate.

The programme of health related issues is endless and the long term future of this project will be sustained through the commitment of the community and the support of all the partnership members.







## SECTION SEVEN HOME ACCIDENT PREVENTION

The Five Year Home Accident Prevention Strategy and Action Plan published in January 2005 (DHSSPS) stated;

“that the Housing Executive in partnership with the voluntary and community sectors will address home safety issues by identifying tenants at risk and by taking appropriate action to control risk, e.g. by fitting grab rails/ hand rails (bathroom/stairs), poison cabinets in kitchens and hard wired smoke alarms.”

The Housing Executive in response to the Strategy is progressing two pilot schemes. One in New Mossley where the Housing Executive with ROSPA was successful in obtaining a grant of £15,000 from the DTI to allocate to a community based home safety project. The joint application supported by the Housing Executive and HAP will target approximately 70 families with children under 5 providing secure poison cupboards, window restrictors and thermostatic mixer valves to control bath water temperature in the New Mossley Area (an area identified as having high level of disadvantage by the Northern Neighbourhood Health Action Zone). If successful it is then hoped to extend the scheme to other areas.

A second pilot scheme is planned for the Galliagh Area to provide poison cabinets to households with young families. This arose as a result of research carried out by a Women’s Group in the estate on the return of unused medicines funded by the Community Pharmacy initiative. A research project examining the use of anti-slip flooring has been commissioned by the Housing Executive.

The Housing Executive, as part of its commitment to support home accident prevention, provided operational funding of £5,000 for HAPNI for the period April 2005 -

April 2006. Home Accident Prevention (Northern Ireland) is a voluntary organisation that aims to prevent all kinds of accidents that occur in and around the home as well as being the umbrella organisation for 21 local autonomous HAP groups.

The local groups vary but usually consist of representatives from Environmental Health, Health Promotion, Fire Brigade, Housing Executive and other agencies as well as traditional volunteers. The HAP groups have the potential to be a useful vehicle for the delivery of home accident prevention initiatives at the local level. A number of Housing Executive staff currently sit on local HAP committees.

A Steering Group has been established under the Northern Investing for Health Partnership and an Action Plan has been developed. Four hundred people from across all sectors have attended Older Persons and Child Safety training courses held by RoSPA. This included neighbourhood wardens, hostel assistants, housing officers and complex need officers.

The EHSSB had appointed a home safety officer to coordinate activity in Belfast City Council area and the Belfast HAP group has full Housing Executive representation.







An Action Plan (2006-2009) has been produced by the Eastern Area Home Accident Prevention Steering Group. RoSPA will work in conjunction with the Housing Executive to facilitate the development of an Action plan with other relevant partners to improve housing design, fitness and safety. Funding has been provided for a Home Safety co-ordinator post and a home safety programme was rolled out in January 2006 to 800 key workers including Housing Executive staff who are in a position to deliver information and advice to those who are vulnerable to home accidents.

The Southern Area Investing for Health Partnership is funding the NI Fire and Rescue Service to install 10 year smoke alarms into vulnerable households throughout the SHSSB area. The Western Investing for Health Partnership is progressing a home safety and security project targeting older people and families with young children. Five home safety officers are based in each District Council area since September 2003. To date approximately 1,100 home safety checks have been carried out.

### **Hazard House**

The Home Accident Prevention groups in Ballymoney, Coleraine and Moyle have formed a partnership. This alliance has secured funding from NHSSB to provide an education and resource centre in the Ballymoney area. The centre leased from the Housing Executive is

a three bedroom house on the Glebe Estate set up to highlight dangers in and around the home. The property known as the "Hazard House" was opened in November 2004 and is available to community groups, schools etc.

A pilot workshop 'Safe and Well in the Home' for community representatives and staff of Antrim, Ballymena, Cookstown and Magherafelt District Offices was held in March in response to the Home Accident Prevention Strategy and Action Plan 2004-2009. The workshop included a range of speakers covering topics such as podiatry, use/misuse of medicines, falls prevention healthy eating and physical activity, fire prevention and home safety.

### **Home Safety Training**

An accredited training programme is being rolled out by RoSPA alongside with the Northern and Eastern Investing for Health Partnerships from October 2005 -March 2006. This is aimed at key people in statutory, voluntary and community organisations to equip them with skills in accident prevention for children and older people. It is hoped to follow this initiative in the West and Southern Areas later. Key people targeted in the Housing Executive are neighbourhood wardens, housing officers, hostel workers, HAP members and community representatives from the Housing Community Network.

### *Example*

#### **Newtownabbey Safety Scheme Advisory Group**

The aim of this project was to raise awareness of the risk factors for falls in the home and offer a practical home safety check to vulnerable older people in Newtownabbey. It includes information, advice and provision of safety equipment suitable for their needs.

This scheme was delivered on the ground by three Care Assistants who worked part time in the Inniscoole Day Centre and increased their hours to provide this service. Additional training was given to these Care Assistants.

The District Manager was involved in training the Care Assistants, staff from Homefirst, and Social Workers on what work the Housing Executive could carry out to a tenants home without an Occupational Health referral. The project was funded for 150 people eligible on criteria agreed by the Advisory Group.

The project started in November 2003 and was completed in June 2004. As a result of this project good networking lines of communication have been made between District Office and Homefirst staff.

### *Example*

#### **Travellers Home Safety Zone Report**

The project aim was to involve, inform and empower the Traveller Community by providing them with the support they need to develop materials, training and dissemination of information. This would result in them being able to identify and deal with potential hazards in their specific home environment.

The project development targeted groups in North and West Belfast and the resources and project results were extended to all Traveller sites in Northern Ireland.

The Traveller Community are identified as 'amongst the most disadvantaged members of society in Northern Ireland. Many families living in unsatisfactory conditions' (Lord Dubs, Environment Minister, 1998). Child mortality in this community is 10 times the national average and the average life expectancy is 20% less than that of the settled community. A shocking 1% of Travellers live to be over 65 years. The Ginnity Report 1993 identifies accidents as very high as a result of their living environment.

Despite this clear need there are currently no home safety resources available which the Traveller Community feel are suitable for them in terms of their particular culture, poor literacy levels and cramped mobile housing conditions.

Health service personnel have identified burns and scalds as the most likely home accidents for the Traveller Community, as a result of heaters, fires and hot liquids. Unfortunately, there is no solid baseline data available to quantify the types of Traveller accidents.

The partners of this project identified the need for a package of home safety resources to be developed by travellers for travellers and possibly delivery by Travellers with support from relevant external agencies.

At least 1,700 Travellers will continue to benefit from the project in Northern Ireland and we expect that our cross border links within the Traveller Community will increase the actual numbers of those who will eventually benefit. (50% of this figure is under 25 year old).



## SECTION EIGHT TRAVELLERS

Since taking responsibility for Traveller accommodation in December 2003 following the introduction of the Housing (Northern Ireland) Order 2003 the Housing Executive has been very proactive in dealing with the needs of Travellers. The Housing Executive has developed relationships with Travellers, including nomadic Travellers.

Mechanisms are now in place to ensure that all temporary encampments are visited by representatives from the Housing Executive as soon as they become aware of their existence, working with them and acting as a signpost to access relevant services in the local area. Designated Officers in Housing Executive district offices with responsibility for Traveller sites work with the Traveller Community and their support group representatives. In addition, Traveller culture awareness training has been provided to District office staff where the Traveller Community resides. This training has also been delivered to a number of Housing Associations and voluntary groups.

The Supporting People programme funds floating support workers in Down and Lisburn Trust area and Omagh and Magherafelt group housing schemes. The Housing Executive also provides part-funding for a community development worker in Newry.

### Social Housing

The accommodation needs assessment indicated that 42% of Travellers were living in social housing and a high percentage were content with this accommodation. The Housing Executive has been proactive in providing support to these Travellers to help them act responsibly and to assist them in the basic skills necessary to maintain a tenancy.

This has been very successful and is reflected in the high satisfaction levels -78% content with their accommodation.

### Group Housing

Group housing provides for Travellers' desire to live in small extended family groups and 38% of Travellers have indicated a desire to live in such accommodation. A programme of four pilot schemes has been drawn up and two schemes have already been delivered in Omagh and Magherafelt. The first phase of a third scheme at the Glen Road in Belfast has just been completed and plans for a second phase are being drawn up. The fourth scheme at Monagh Road in Belfast will commence in 2006.

The Housing Executive is working closely with North and West Housing in relation to additional group housing scheme at Ballyarnett Park, Derry which is due to start 2006/2007.

### Serviced Sites

Following the introduction of the legislation a total of ten Traveller sites transferred from District Councils to the Housing Executive. However a number of these were vacant and some had been demolished. The Housing Executive now manages 5 of these sites (listed below) as part of its stock and has drawn up a programme of schemes to refurbish and review the facilities each site.

- Daisyfield, Derry
- Ballyarnett, Derry
- Ballinamullan, Omagh
- The Glen, Coalisland
- Glen Heights, Belfast
- Monbrief Road, Craigavon



"If ya don't get outta my road I'll kill ya"



"I'm fed up a livin'"



"Why was I born into this world to suffer"



"I'm disgusted o my life"



"I'm Sick o my life"



"I'm Fed up a livin'."



"Good HEALTHY'N' ALL"



"It's a great out day"



"I'm in good Humour"



Community unite



"It's a great out day"



"I'm in good Humour"

Rosemary Hall

Rosie Monaghan

Rosie Monaghan

Hellen Stokes

Rosie Monaghan

Stobhan Dinning

Hellen Stokes

Rosie Monaghan

Rosie Monaghan



*Example*

**North and West Belfast HAZ - Accommodation and Health Improvements For Travellers Action Group**

This group was formed in 2000 with the aim of improving the health and social well being of the Traveller Community in North and West Belfast. The group developed an intersectional action plan which has shown significant outcomes to date.

- Development and roll out of the 3 year Community Health Care (CRC) programme funded by Belfast Traveller Education and Development Group funded by DHSSPS.
- Additional funding was secured from Executive programme funds to extend the programme to June 2004 providing employment opportunities for two participants from September 2004 working with N & WHSS Trust and Royal Hospitals.
- From 2002, reciprocal awareness raising visits have improved the relationships and linkages between Royal Victoria Hospital Services, Young Travellers and Traveller Support Groups.
- From 2003 N & WHSS Trust has included a dedicated social worker and part time health visitor in their multi disciplinary health team.
- From 2004 the Royal Hospital's 3 year Traveller Outreach Programme commenced, funded by DSD.
- A Traveller Outreach Nurse is in post and a sub group has been established to explore cultural and awareness issues, understanding and compliance with hospital systems.

*Example*

**South Area Action with Travellers (SAAT)**

This multi agency group is committed to promoting both the quantity and quality of life with the Traveller Community in the south area of Northern Ireland. The partnership recognises that health, education, social and economic status is determined by a wide range of interrelated socio, economic and environmental factors. A three year multi-agency, multi-sectoral plan has been developed between partner agencies. An Ethnic priority health visitor and a lay worker for the Traveller Community have been recruited by Armagh and Dungannon HSS Trust.

**Transit/Emergency Sites**

There are currently no Transit sites in Northern Ireland. However the Housing Executive set up an interagency group to look at the provision of a number of Transit sites to accommodate transient Travellers and to respond to the impending legislation on unauthorised encampments. The Housing Executive have in place a programme for the delivery of five transit sites one each in Strabane, Derry, Newry, Craigavon and Belfast. The transit site at Greenbrae, Strabane is due to be completed before July 2006. In advance of the four remaining permanent transit sites being completed, the Housing Executive intends to make available four emergency sites in the locations required.

*Example*

**Beyond the white line?**

**The Stories of the Travellers Action Group**

The Travellers Action Group (TAG) is a multi-agency group established by the North and West Belfast Health Action Zone to address accommodation needs and health



improvement for Travellers. Its aim is to improve the health and well being of Travellers living in North and West Belfast. It was to capture some of this experience and learning that led TAG to initiate this research. They wanted to tell their story.

The recommendations arising from this research are as follows:

1. TAG should seek ways to facilitate the Traveller support groups to work more collaboratively and to try to support them in establishing themselves on a more sustainable basis.
2. There needs to be some mechanisms put in place to enable the voices of more Travellers to be heard and to influence and inform the work of the group, in particular the views of woman and young people.
3. There should be exploration of prejudices and assumptions about Travellers within the group, possibly with help of external facilitation, with the aim of raising cultural awareness and enabling some of the difficult to talk about issues to be discussed.

4. Induction procedures for new members should be agreed and developed to enable new members to contribute actively to the group.
5. Cultural diversity training should be provided throughout the member organisations of TAG and their cultural diversity strategies should include Traveller issues.
6. The full group should consider meeting less frequently and encouraging more work to be undertaken by subgroups.
7. Ground rules need to be developed for dealing with criticisms of agencies by members of TAG.
8. TAG should take time to allow members to revisit roles and expectations, particularly for the benefit of new members and this should be repeated periodically.
9. The value to TAG members of the learning, networking and support by membership of the group should be recognised.

What were particularly striking about all the members of TAG involved in this research were their tremendous commitment and their passion for their work with Travellers. They were motivated by a desire for social justice, by their awareness of the inequities experienced by Travellers, indignation at the appalling conditions on some of the sites and by a belief that all children should have the opportunity to fulfil their potential. Many of them invested enormous amounts of time and effort in their work with TAG and while they have done this with the aim of seeing Travellers benefit and do not seek recognition for themselves, appreciation of their efforts by the HAZ council and by their organisation is important.





## SECTION NINE RURAL HOUSING AND HEALTH

The Housing and Health Strategy made a number of recommendations in relation to rural housing.

- Target in particular older people living in obsolete rural housing to encourage greater up take and the Housing Executive's Grant Scheme and Fold's/Shelter's Care and repair.
- Supported Housing Models in rural areas will be reviewed to better align models of provision to rural householders' requirements.
- Explore with DHSSPS ways of making both our services more accessible to rural communities and the potential for integrating service delivery.

The Housing Executive's rural policy 'Places for People' sets out a range of actions across a number of policy areas designed to sustain the overall strength of the rural community. In undertaking these actions it is important that resources are targeted to those rural locations where the greatest need exists. As a result a review of the original Rural Priority Areas (RPA) has been consulted on and was approved by the Board in November 2004. These RPAs will be used initially as a means of targeting rural regeneration activity and marketing grant aid.

The first five Rural Priority Areas have been approved and are currently rolled out by the local grants Offices. Discussions have commenced with the Western Investing for Health Partnership concerning a joint approach in the Rural Priority Areas in Strabane and Fermanagh. Consideration is also being given to declaration of the next five areas later in the year.

### *Examples*

Following discussions with staff in Limavady Office, a community group in Feeny and a community pharmacy, a local health promotion exercise was developed. Discussions are now ongoing for a similar project in Cullybackey. Efforts to promote the Building Community Pharmacy have been facilitated by the Rural Community Estates Partnership in Drumquim, Omagh, for a series of 'Healthy Living' events. A further application is being prepared by Coagh Community Group in Cookstown.

A Rural Neighbourhood Warden now operates successfully in Ballymoney while in the past year Lisburn and Antrim Districts have both appointed wardens with a largely rural remit.

The Northern Investing for Health Partnership is piloting assistive technology in the homes of vulnerable older people and those who suffer from mild dementia. The Partnership has funded the initiative to provide approximately 150 packages for clients. There are now 67 clients who have had a range of assistive technology devices installed within their homes. The initiative is being co-ordinated by Fold Housing Association in partnership with Homefirst, Causeway Trusts and the Northern Health Board.

A rural homeless information booklet for Ballymena aimed at making rural dwellers aware of homeless services/contacts in their area was launched at the end of March 2005. A similar information booklet for Ards was launched in May 2006.





## SECTION TEN FUEL POVERTY

Cold homes and the associated problems of condensation, damp and mould can affect both physical and mental health. People who spend a lot of time at home are particularly at risk. They are more likely to have a low income and are therefore faced both with being unable to adequately heat their home and with having to spend long periods in their cold dwelling. These groups are also more likely to live in poor housing with inadequate insulation.

Fuel poverty is defined as

“Where heating the home to a reasonable standard would cost more than 10% of household income”.

The DSD’s Fuel Poverty Strategy for Northern Ireland (2003) revealed that almost half of retired households are living in fuel poverty. The report also cites 1,300 cold related deaths which serve as a reminder of the need to ensure that the most vulnerable in our society are able to afford adequate heating.

Low income, high fuel prices and poor energy efficiency measures within the home are recognised as the key factors that cause fuel poverty with older people, people with a disability and families with young children being most vulnerable. Fuel poverty is influenced by many factors, including income, hard to heat properties, inefficient heating systems and poor insulation.

The Housing Executive continues to remove solid fuel appliances and economy 7 systems and replace these with more energy efficient heating systems in its own stock at a rate of approximately 8,000 per annum.

*Fuel Poverty Levels Across Northern Ireland*

District Council	Rank (1 worst 26 best)	% in Fuel Poverty	No. of Fuel Poor H’holds
Magherafelt	1	47.0	5690
Strabane	2	46.2	5450
Ballymoney	3	45.6	4070
Craigavon	4	45.1	13450
Limavady	5	41.4	4020
Antrim	6	40.9	6800
Ballymena	7	39.6	8150
Belfast	8	38.5	42960
Moyle	9	37.5	2170
Derry	10	37.3	4400
Larne	11	35.7	3610
Cookstown	12	34.7	5100
Omagh	13	34.1	6460
Fermanagh	14	34.1	10040
Newtownabbey	15	32.8	4680
Banbridge	16	30.6	6520
Coleraine	17	29.2	5060
Armagh	18	29.0	7910
Ards	19	27.5	10570
Lisburn	20	27.4	6040
Down	21	27.1	7650
North Down	22	24.8	3400
Carrickfergus	23	23.4	6650
Newry & Mourne	24	23.1	3670
Dungannon	25	22.9	5650
Castlereagh	26	21.3	

*Source: Northern Ireland House Condition Survey 2001*

The Warm Homes grant is available province wide to eligible applicants to provide a wide range of energy efficient measures including the provision of a heating system or replacement of an inefficient heating system for eligible over 60s.



The Home Improvement Grants Scheme has recently been changed and now includes for the first time provision of a heating system and in certain circumstances, the repair of a defective heating system. The Disabled Facilities Grant will continue to provide a change of heating where necessary and the Replacement Grant replaces old inefficient dwellings with new.

#### *Example*

##### **Hard to Heat Homes**

The Housing Executive in partnership with Bryson House, NIE, DSD, and DETI are currently undertaking a project which tackles the issue of "Hard to Heat" homes, which has been defined as "properties that will never be on the gas network and have solid walls."

The aim of the project is to pilot the integration of standard energy efficiency measures with different forms of household renewables (solar water heating collectors, photovoltaic panels (PV), ground source heat pumps and wind turbines) in four houses. The results will be monitored and a case study developed to assist future thinking and policy for NIE, Government and the Housing Executive.

The project is being managed by Bryson House and the project links to the Housing Executive corporate objective of reducing energy consumption in the domestic sector and it will also make a significant impact on the running costs of these homes. This has the potential to provide a better quality of life for householders involved and assist in alleviating fuel poverty.

##### **Selected Properties**

Each Housing Executive District Manager was approached and asked to identify suitable properties in their area, which met the criteria of the scheme, and were situated in a rural location. A large number of Housing Executive properties were put forward for the project.

Four properties were selected in Portrush and Ballycastle in Co. Antrim, Markethill in Co. Armagh and Killyleagh in Co. Down.

##### **Other measures**

Along with the renewable technologies, various other energy saving measures are being included. Roof space insulation is being topped up to a depth of 270mm. Radiator foils are being installed behind radiators on external walls. Low energy light bulbs and jug kettles are being provided. Existing fridges and freezers are being replaced with "A" rated appliances.

The Housing executive has been successful in a bid to the Energy and Environment Fund. The money provided will enable the Housing executive to install approximately 600 solar water heating panels on its properties across Northern Ireland.

##### **Monitoring**

An important part of the scheme is to monitor how much of a difference the renewable technologies have made to the overall energy costs of the dwelling. Monitoring equipment has already been installed in all four properties so that existing energy usage can be measured and compared to the usage once the new technologies have been installed. It would also be expected that the occupants would experience increased levels of comfort and well being from better levels of heating and ventilation.

#### *Example*

##### **Aughnacloy and Darkley - Energy Efficiency Improvement Project**

The Housing Executive established a partnership with the Armagh and Dungannon Health Action Zone, NIE and the Department for Social Development to address the link between ill health, fuel poverty and energy inefficiency. In two rural areas - Darkley in Armagh and Aughnacloy in Tyrone - the respective community associations worked closely with these agencies to initiate and implement a project to assist local private sector households on low incomes.

This was one of the key project areas with the Health Action Zone Housing Programme and was aimed at tackling fuel poverty, particularly in rural areas. The pilot scheme was financed by £250,000 from the Energy Efficiency Levy fund managed by NIE and £50,000 from the DSD.

The full-time project officer post was funded by the Housing Executive, NIE and the HAZ and, all of the organisations involved provided substantial levels of in-kind support such as staff time, technical advice and administration support.

The actual content of the scheme has involved:

- An energy efficiency audit of housing in Aughnacloy and Darkley.
- Provision of oil fired central heating for 65 low-income households in both areas.
- Referrals of other qualifying households in EAGA Partnership for the Warm Homes Grant.
- Provision of cavity wall and loft insulation and low energy appliances for eligible households.

The project assisted in the identification of unmet need. Almost 40% of the recipients of heating systems were aged less than 60 years of age which made them ineligible for the Government's Warm Homes Scheme. Furthermore, it highlighted the need to assist those fuel poor households classified as "near benefits" i.e. those whose income level is marginally above that required to qualify for social security benefits and, hence, Warm Homes grants.

The project not only benefited specific householders but may impact upon both housing and health policy arising from the ongoing research. The project was also praised for the fact that it not only impacted upon energy efficiency, fuel poverty and health but also community development, rural regeneration and the environment.

This was the first pre and post-intervention research project into the link between fuel poverty, energy efficiency and poor health in Northern Ireland. The post-intervention research was led by a team from the Institute of Public Health in Ireland and was funded by the DSD, Housing Executive, Southern Health and Social Services Board and EAGA Partnership. The research is completed and the report is currently being prepared.



## Example

### Beechmount Project

The Beechmount Energy and Environment project was the first large-scale community energy efficiency project in Northern Ireland. Beechmount in West Belfast has around 2500 homes the majority of which are Victorian and privately owned. It is recognised as an area suffering from high levels of unemployment and this is mirrored in the high levels of benefits dependency. Following a survey of the area by Bryson House, the Northern Ireland Housing Executive and the Blackie Community Groups Association a range of energy efficiency improvements were recommended.

The Department for Social Development committed funding of £1.44 million for energy efficiency improvements in a pathfinder initiative. This significant funding allowed leverage of over £400,000 from other organisations.

Jackets, oil burner jackets, smoke alarms and door chains (home safety element of the project). Over the course of the project the following measures were fitted within privately owned dwellings;

- gas heating systems
- heating controls upgrades
- cavity wall insulation jobs
- homes draught proofed
- lofts were insulated
- radiator panels
- low energy light bulbs
- hot water tank jackets
- oil burner jackets
- fridges/fridge freezers
- jug kettles
- smoke alarms
- door chains

In addition some 300 Housing Executive properties in the area have received new gas central heating systems.

Alongside the energy efficiency improvements, households in the area also benefited from a host of other pilot initiatives as a result of recommendations made in the report. These included community training in energy efficiency, a kerbside recycling project and a local schools energy education programme.

### Research

The University of Ulster Health Faculty was commissioned to undertake research into the impact of the investment.

### Post Intervention Findings

- household spending on fuel and electricity has decreased by £10.30 per week.
- annual disposable income in the area has increased by around £192,000.
- following the project no households reported fuel shortages.
- considerable reduction in condensation, dampness and mould growth.
- 25% of residents reported an improvement in their health following the project in terms of the effects of asthma, coughs and wheeze, frequent colds, sore throats and arthritis.
- Householders cited general comfort, convenience, cleanliness, financial benefits and improvements in health and well being as positive outcomes of the project.



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