

Title

AWARM – the Affordable Warmth Access Referral Mechanism

Short description

AWARM is a single-point-of-contact health and housing referral service for people living in cold homes. The UK Public Health Association (UKPHA) successfully piloted the Affordable Warmth Access Referral Mechanism (AWARM) initiative in Greater Manchester. The programme works by using multiple sources including GP referrals to identify those most at need.

Wigan Council (within Greater Manchester area) has operated a single point of contact health and housing referral service, called the Affordable Warmth Access Referral Mechanism (AWARM) since 2008. AWARM receives referrals in from a range of partners, including Age UK, Care & Repair Home Improvement Agency, children's centres, Citizens Advice, district nurses, fire service, GPs, health visitors, hospital discharge team, midwives, occupational therapists and social workers.

AWARM staff undertake a home visit to carry out a comprehensive 'Healthy Home Check' that covers energy efficiency, home repairs, home safety, home security, fuel debt, fuel tariff, income maximisation, and health and wellbeing for each case to identify what referrals need to be made. AWARM makes referrals out to a range of partners who provide: benefit entitlement checks, draught proofing, energy switching, fire safety, fuel debt advice, heating and insulation schemes, home repairs and improvements, major and minor adaptations, and health checks. AWARM provides feedback on the action(s) taken to the original referrer in order to inform them of the outcome of their referral and encourage them to make further referrals for their other service users.

Topic

Living – Energy efficient housing

Characteristics (type, level)

Local/regional

Country/Countries of implementation

UK

Aims and Objectives

The main aim of the project was to reduce the number of unplanned hospital admissions due to illnesses caused or exacerbated by living in a cold home.

Target Group

People in fuel poverty who were likely to have unplanned hospital admissions due to illnesses caused or exacerbated by living in a cold home

Status

Implemented on a continuous basis

Start and Completion dates

Since 2008

Lifestyle and Behavior Change

The practice could encourage lifestyle changes brought about by 1) referral to services 2) improvements in household living conditions (warmer homes) and 3) improvements in health resulting from living in a warmer home 4) alleviation of stress associated with cold homes

Effects on:

Health and Wellbeing	There are health risks (including preventable deaths) associated with living in a cold home. The practice aims to improve the health and wellbeing of people vulnerable to the cold. Improving the temperature in homes, by improving energy efficiency, also helps to reduce unnecessary fuel consumption.
Vulnerable populations	The practice reduces hospital admissions from conditions associated with living in a cold home, and reduces poverty among referrals.
Environment	Reducing CO2 emissions and energy saving

Initiated and/or implemented by

The UK Public Health Association (UKPHA) successfully piloted the Affordable Warmth Access Referral Mechanism (AWARM) initiative in Greater Manchester (Wigan Council). The programme works by using multiple sources including GP referrals to identify those most at need.

Stakeholders and sectors involved

Local Council and partners in public health and social care and other partners

Financial support

Local council

Evidence-base

Referrals to AWARM are from local services who identify those in need and refer them. Scientific evidence is strong that living in cold homes is associated with illness and excess winter deaths, see for example reports at:

<http://www.instituteofhealthequity.org/projects/the-health-impacts-of-cold-homes-and-fuel-poverty> and

<http://www.instituteofhealthequity.org/projects/fuel-poverty-improving-health-and-wellbeing-through-action-on-affordable-warmth>

Main activities

AWARM receives referrals in from a range of partners, including Age UK, Care & Repair Home Improvement Agency, children's centres, Citizens Advice, district nurses, fire service, GPs, health visitors, hospital discharge team, midwives, occupational therapists and social workers.

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<https://www.nice.org.uk/sharedlearning/wigan-council%E2%80%99s-affordable-warmth-access-referral-mechanism-awarm-%E2%80%93-the-original-single-point-of-contact-health-and-housing-referral-service-for-people-living-in-cold-homes-as-recommended-by-nice-guidelines-ng6>

Evaluation

The Greater Manchester AWARM evaluation 2011 took a pragmatic approach to evaluation. They used literature, theory and knowledge to describe the main health and wellbeing benefits that are likely to accrue from warm housing interventions. And they used economic modelling approaches to investigate the likelihood that the benefits accruing to recipients of warm housing interventions are of a magnitude to demonstrate that these interventions are good value for money. See: AWARM Evaluation report: Understanding the costs and benefits of fuel poverty interventions: A pragmatic economic evaluation from Greater Manchester by Anthony Threlfall 2011

AWARM Evaluation 2011 measured costs per type of intervention (cavity wall insulation, loft insulation), heating improvements (central heating insulation, boiler repair, boiler replacement), installation of additional heating controls such as thermostat), and other measures. It measured the number of households and what kind of interventions they received. The size of the household (1 person, 2,3,4,5,6), Composition of household (number of children under 16, number of adults over 60)

Estimates (based on previous research) were made of life years gained and of improvements in quality of life (mental wellbeing). Quality of life improvements were modelled based on previous research findings.

Main results

The evaluation considered benefits in adults (benefits among children not analysed). The gain in quality adjusted life years (QALYs) due to an improvement in quality of life in 82 adults was estimated to range from a minimum 1.67 to a maximum of 31.16 depending on the scenario modelled. The life years gained from living longer was estimated to be 2.55 years, this was assumed to equal 1.53 QALY, a reduction of 40% because the years gained are towards the end of life.

Combining QALYs for increased quality of life with increased length of life and modelled for six different scenarios, the total QALYs gained due to the intervention range from 3.2 to 32.69. In all but one scenario (in which benefits are limited to a small group (those with measurable depression and anxiety), and are short term) the intervention was cost-effective. Source: Greater Manchester AWARM evaluation 2011.

Key success factors and barriers

A key success factor was the use of multiple sources including GP referrals to identify those most in need.

Wigan Council identified the following elements to build a strong business case to obtain the funding needed to establish and run a single point of contact health and housing referral service (see <https://www.nice.org.uk/sharedlearning/wigan-council%E2%80%99s-affordable-warmth-access-referral-mechanism-awarm-%E2%80%93-the-original-single-point-of-contact-health-and-housing-referral-service-for-people-living-in-cold-homes-as-recommended-by-nice-guidelines-ng6>)

- 1) “Evidence base: Collate a strong evidence base using academic research, national and local data, reports and strategies. Identify target geographical hotspots and health conditions. Include case studies to illustrate the problem and how the project can help. Provide details on how the project will be monitored and evaluated.
- 2) Health and Housing: Use appropriate health and housing language and provide a definitions for any specialist terminology used.
- 3) Invest to Save: Ensure that the project provides prevention and early intervention in order to reduce hospital admissions and facilitate prompt hospital discharge.
- 4) Endorsement and Support: Obtain endorsement and support for the project from key influencers, including: Director of Public Health, Health and Wellbeing Board, Local Council Senior Management Team, Local Council Cabinet Portfolio Holder, Local Council Scrutiny Committee

5) Deliverability: Plan to deliver your project quickly. To this end, it is important to have experienced teams and networks in place together with established systems and processes for the project. Ideally, have data sharing agreements already signed. The best way to demonstrate this is by having an existing project that you can upscale.”

INHERIT Perspective

The Affordable Warmth Access Referral Mechanism aims to improve energy efficiency in homes of people living in cold homes who are more susceptible to several health conditions. By improving living conditions and ensuring houses are properly heated a lot of diseases associated with living in cold places can be prevented. As this project targets mainly vulnerable people, it may help improve health equity. Finally, increasing the energy efficiency in homes supports environmental sustainability.

More information

Wigan Council <http://www.careandrepair-manchester.org.uk/wigan-services/awarm/>

Contact

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