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Foundations
INDEPENDENT LIVING TRUST

# Warm, Safe and Well: The Evaluation of the Warm at Home Programme: Summary Report

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# Warm, safe and well: The Evaluation of the Warm at Home Programme

## *Summary Report*

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***The findings presented in the report are however entirely the responsibility of the research authors.***

# Foundations Independent Living Trust

## FILT's Vision

Our vision is a Britain where every vulnerable person can live happily and independently in their own home - warm, safe and secure

## FILT's Mission Statement

Our mission is to connect funding partners with local organisations that help vulnerable and disadvantaged households remain in their own homes warm, safe and secure.

## FILT's Activities

FILT supports vulnerable householders to help keep their homes warm, safe and suitably adapted. We do this by joining up national and regional funders who want to support our work with local, accredited home improvement agencies and other local partners who see to it that work is completed quickly and to the right standard. We know this can also translate quickly into benefits for health and wellbeing as well as meeting more immediate practical needs.

## FILT's Unique Selling Proposition

We help older and vulnerable people live with dignity in their own homes. We do this by distributing Corporate Social Responsibility and charity funds through our network of local home improvement agencies (HIAs) to provide a range of support including repairs and improvements to people's homes.


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# 1. Introduction

This summary report presents the main findings from an evaluation of the Foundations Independent Living Trust Ltd (FILT) SSE Warm at Home (WAH) Programme. Funding for the WAH Programme came via a financial penalty (or redress payment) imposed by the energy regulator Ofgem on the energy company SSE. With the funding FILT managed the WAH grants programme, which provided funds to enable the homes of vulnerable householders to become more energy efficient and/or easier to keep warm.

The evaluation was commissioned by FILT and its main aim was to assess WAH in terms of the impacts on health and wellbeing of householders in receipt of the Programme.

The evaluation team is from the Centre for Regional, Economic and Social Research (CRESR) at Sheffield Hallam University in collaboration with FILT and a number of HIAs. The research was conducted between April 2015 and June 2016 and adopted a mixed methods approach to measure the impact of the FILT SSE WAH Programme.

# 2. Report Headlines

### Organisation

- FILT effectively managed the WAH Programme. The structural relationship between Foundations, FILT and HIAs aids delivery of such Programmes.
- The flexible and light touch nature of the funding and administration enabled HIAs to work quickly with vulnerable clients.
- The broad eligibility criteria of the funding meant HIAs could help more people to keep warm, some of whom would not have qualified for other funding schemes.

### Delivery

- **HIAs were well placed to reach vulnerable householders whose health was at risk from cold conditions** and who would benefit from the WAH Programme.
- The reach of the WAH Programme in terms of number of contacts and the range of work undertaken was impressive.
- WAH funding helped fill a gap in service provision helping people who were suffering from ill health and enduring cold or unsafe conditions in their homes, but who were just above the income eligibility criteria for other energy efficiency schemes.

### Client Experience

- There were high levels of satisfaction with the WAH Programme. Clients were impressed with the quality of the work undertaken and the manner and professional attitude of the HIA assessors, officers and contractors.

- HIAs and handyperson services emerge as accessible and acceptable organisations. Our findings reiterate the importance of having a vouch safe referral scheme for vetted contractors and handyperson services.

### Benefits

- The timeliness of the WAH intervention and being able to provide immediate relief to vulnerable clients was seen as a major advantage of the Programme. It provided social contact, emotional security, and wellbeing to vulnerable clients who were in poor health and often socially isolated.
- WAH clients reported considerable improvements in the conditions of their homes, their satisfaction with their homes and warmer temperatures which enhanced comfort considerably.
- Clients also reported being better able to manage energy related finances.
- Benefits were sizeable when compared to the average cost of the intervention (£241). For every £1 of WAH funding provided by FILT an additional minimum £2.42 was levered in from other sources.

### Health Impact

- The WAH intervention alleviated stress and had a positive impact on people's quality of life and wellbeing, their feelings of safety and security and their control of the home environment.
- **Improvements in health and wellbeing were reported once work had been completed.** The greatest health and wellbeing improvements were experienced by those who received heating installation or replacement, and for those whom the highest cost work (£1,000 or more) was undertaken.
- Those who reported the worst health related quality of life received higher cost heating measures under the WAH Programme and benefited most from the improvement.

### Cost Effectiveness

- Overall the WAH Programme appears to be a cost-effective intervention from a health perspective but there are variations in relation to the type and cost of intervention.
- The cost effectiveness of the intervention needs to be weighed against the fact that health and wellbeing benefits of higher cost interventions are greater than those with a lower cost.
- Although smaller cheaper measures have a negligible effect on health outcome they do result in sizeable improvements in wellbeing.

### Value of Benefits

- The WAH Programme is estimated to have led to an additional 121.8 QALYs. If the assumed total QALY gained across the whole Programme is converted into a monetary value using the NHS threshold of £20,000, **then the value of the benefits gained amounts to £2,436,000. For every £1 of the £637,000 funding distributed to vulnerable households, the WAH Programme produced almost £4 of benefits in terms of better health**.

### Key messages for Policy and Practice

- **HIAs have an important role in the delivery of policy interventions relating to fuel poverty and health.**
- **As key players in local partnership arrangements HIAs are essential organisations in making policy happen in practice as per the Cold Weather Plan and NICE Guidelines on EWDs.**
- **HIAs are working in a complex environment and there is a strong indication that HIA interventions and Programmes like WAH benefit health and wellbeing.**

## 3. Context

There is increasing evidence and greater awareness of the negative impact that fuel poverty and cold homes have on the physical and mental health of both adults and children. The costs of cold homes go beyond those incurred by the NHS and are largely made up by losses in the quality of life and wellbeing of those affected. Recent developments in health policy indicate an increased emphasis on preventative measures to tackle cold related ill health. HIAs are well placed to respond to these developments. However, evidence on the effectiveness of interventions is lacking and there are obvious challenges for local organisations such as HIAs that are trying to demonstrate the impact and value of the interventions they are delivering to build a case for continued investment of such schemes.

## 4. About the FILT SSE WAH Programme

In March 2015, Ofgem imposed a financial penalty on the SSE energy company following failure to meet its obligations under a previous energy efficiency scheme. FILT managed the WAH grants programme, which provided funds to enable the homes of vulnerable householders to become more energy efficient and/or easier to keep warm. Funds were channelled through HIAs operating across England.

The funding enabled HIAs to provide energy efficiency advice and warm homes-related practical interventions to their clients (new and existing), typically older homeowners with a long-term illness or disability and/or on a low income.

The FILT SSE WAH Programme was targeted at homeowners who fulfilled one or more of the following criteria:

- age 60+
- low income
- disability or long-term illness.

A wide range of measures were eligible for funding - from simple measures such as draught proofing and fitting reflector radiator panels through to replacement of boilers and central heating systems. According to FILT during the WAH Programme:

- 3,678 home energy assessments took place
- £637,000 funding was distributed to vulnerable households
- 71 HIAs acted as local delivery partners
- 183 district councils in England were covered
- 2,647 warm homes measures took place
- average grant £241 per beneficiary
- 434 households were referred to their energy supplier for Warm Homes Discount
- 399 households were found to be eligible to be included on the Priority Service Register of their energy supplier.

# 5. Key Findings and Messages

## 5.1. Organisation of FILT SSE WAH Programme

- Through the FILT SSE WAH Programme organisations were able to provide a unique service that combined a timely response with organisational structure and clear processes. The evaluation shows that the FILT has the ability to effectively manage a large funding Programme like WAH within time and to exceed its targets. The structural relationship that exists between Foundations, FILT and HIAs aids the delivery of such Programmes with:
  - Foundations - the national body for HIAs - providing organisational rigour systems and structure.
  - FILT - providing a national charitable network, access to hardship funds and the ability to manage funding programmes.
  - HIAs - delivering local service provision working through community knowledge, local partnerships and access.
- Funding was channelled from FILT to HIAs. Flexible allocation of funding to HIAs, regular reviewing of funding, the release of a second tranche of funding half way through the Programme, and FILT holding a central pot of money for non-funded HIAs to apply to, ensured effective management of the funding Programme and speedy relief to a number of vulnerable people.
- The flexibility and "light touch" approach to the funding and administration allowed HIAs to work quickly with vulnerable households.
- The funding's broad eligibility criteria meant that HIAs could help more people to keep warm, some of whom would not have qualified for other funding schemes.
- Fewer restrictions on what could and could not be funded enabled HIAs to use their judgement in order to better meet clients' needs. For example WAH funded 'enabling' measures like loft clearances which facilitated other work such as ECO measures to go ahead. WAH money was also used to undertake necessary housing repairs not usually funded by other energy supplier schemes.

## 5.2. Volume of work

- According to FILT over 3,500 WAH assessments were undertaken during the life of the Programme and 2,647 measures funded, exceeding FILT's initial aim of funding 2,200 warm homes / energy efficiency measures by 20 per cent. The reach of the scheme was impressive in terms of numbers of contacts and interventions particularly within the project timeframe.
- A large number of low cost, high impact measures (for example draught-proofing) were implemented during the Programme. The volume of work was impressive in terms of the range of interventions.

## 5.3. Delivery of the FILT SSE WAH Programme

- HIAs were well placed to reach vulnerable households whose health was at risk from cold conditions and who would benefit from the WAH Programme, through for example, their handyperson teams and core business delivery of Disabled Facilities Grants (DFGs). They were often aware of people who they had previously been unable to help but who could benefit from WAH funding.
- HIAs responded swiftly and in a timely fashion and were able to intervene with vulnerable clients quickly. Assessments were often completed within a few days

of initial contact. Minor interventions could sometimes be done ‘on the spot' by handyperson teams and were usually completed within a month. More substantial work (boiler replacement) took longer whilst other funding sources were assembled and approved, but there were reports of boilers being replaced within a month.

- Although the average spend level could be constraining at times, the FILT WAH funding enabled HIAs to access other sources of funding, helping with match funding and as a top up to other grants. HIAs were exceptionally knowledgeable of other possible sources of funding for their clients and were proficient at putting together a package of funding to carry out necessary work and higher cost jobs.
- The WAH Programme appeared to be filling a gap in service provision helping people who were suffering from ill health and enduring cold or unsafe conditions in their homes, but who were just above the income eligibility criteria for other energy efficiency schemes.

## 5.4. Clients’ experience of the FILT SSE WAH Programme

- There were high levels of satisfaction with the WAH Programme and more than 9 in 10 QOL survey respondents were satisfied with the advice, help and support received and the work undertaken. Qualitative participants were also extremely positive. There were a mix of new and existing HIA clients whose source of knowledge about the HIA was often community based. Some were approached by their local HIA, others were referred by a health professional such as a community nurse or occupational therapist, or by third sector organisations, or a local voluntary neighbourhood group. Others found out about the HIA through a family contact or a chance encounter with a friend or neighbour. This highlights the importance of HIAs being local, community based organisations in terms of accessibility.
- Those we spoke to often had been coping with a challenging home environment for some time with no central heating, condemned, broken or faulty boilers and heating systems, broken windows and doors, broken fires, leaking roofs, poorly fitted insulation which was causing damp and mould. Many would not have known where to access this sort of help and would have struggled to pay for the required solution, or were not eligible for other energy efficiency schemes.
- Clients were impressed with the quality of the work undertaken and the manner and professional attitude of the HIA assessors, officers and contractors. HIAs were regarded as safe, trusted organisations that went the 'extra mile' and checked to see if everything was okay after work was completed. Having a trusted organisation provided vulnerable, often older clients, with reassurance. Evidence from the evaluation reaffirms the importance of having a vouch safe referral scheme for vetted contractors and handyperson services. HIAs and handyperson services emerge from the evaluation as accessible and acceptable organisations.
- Contact with HIAs resulted in some clients being given additional information, advice and support and benefiting from follow up services provided either by the HIA themselves or by other local agencies. There were examples of HIAs linking clients to their Stay Put teams to install accessibility rails to a front door, fit handrails on stairs and in a bathroom, provide a shower and wet room along with other aids and adaptations, as well as signposting to additional health services for preventative measures.

## 5.5. Benefits of the FILT SSE WAH Programme

- WAH clients responding to the QOL survey reported considerable improvements in the conditions of their homes, with fewer problems such as draughts and condensation. WAH improvements resulted in improved satisfaction with the standard of people's homes, and warmer temperatures enhanced comfort considerably (seven out of 10 respondents reported that it was easier to heat their home to a comfortable temperature once the work had been completed). Such improvements were particularly appreciated by people with health conditions made worse by the cold.
- After the WAH intervention, respondents of the QOL survey also reported being better able to manage energy related finances. There were reductions in the proportion of households reporting that they: find it difficult to manage fuel bills; worry about not having enough money to pay energy bills; and heat the home less than needed because of the cost of heating. Almost all the clients who took part in the qualitative interviews expected to see a benefit in terms of energy bills, but for many it was too early to tell whether this expectation would be realised because they had yet to experience a full winter with their new heating. There were a few examples of clients reporting cheaper bills.
- Despite anticipating lower bills evidence from elsewhere suggests it is likely that for the majority of WAH clients, benefits would be realised in terms of increased warmth and comfort, rather than much cheaper energy bills. However, 12 per cent of WAH beneficiaries received referrals for the Warm Homes Discount, 9 per cent for energy supplier and tariff switching advice and 399 households were found to be eligible to be included on the Priority Service Register of their energy supplier.[1] Although we don't know the outcome of these referrals, it is feasible that such advice and any subsequent additional income could have contributed to householders reporting that they were more in control of their energy related finances.
- CRESR's analysis of works completed across the Programme indicate there was an impressive cost leverage, for every £1 of WAH funding provided by FILT an additional minimum £2.42 was levered in from other sources. This figure compares favourably with a similar scheme, FILT's Warm Homes Service, which for every pound of funding levered in an additional £2.10. It should be noted that both these figures are cautious estimates and do not include, for example, extra benefits that may have been claimed after referral.
- The timeliness of the WAH intervention and being able to provide immediate relief to vulnerable clients was seen as a major advantage of the Programme. HIAs provided numerous examples of cases where they had been able to intervene quickly and it was likely they had prevented further illness or harm (such as hospital admissions, falls, prevented accidents and exacerbations of underlying chronic conditions). The qualitative interviews with clients also provide clear narratives of where health benefits were realised and it is possible to see how negative health events would have been avoided, particularly if there was a history of falls, deteriorating or unstable respiratory or cardiovascular health, or diabetes.
- An important benefit of the intervention was that it provided social contact, emotional security, and wellbeing to vulnerable clients who were in poor health and often socially isolated.

[1] The Priority Services Register for older and disabled people gives extra help and support with energy supply including: free advice on being more energy efficient; annual gas safety checks; protection from cold callers; free of charge meter move if it is difficult to access and/or read as well as other support.

- However, evidence on the level of Health Service use in the QOL survey is unreliable and it is difficult to demonstrate or quantify any cost saving accrued from health benefits or health episodes avoided. A common problem identified by HIAs was that of un-serviced, faulty, unsafe or condemned boilers and people not being able to afford to get them fixed or serviced properly. Instances of boilers leaking carbon monoxide were reported, so the SSE WAH intervention may well have saved lives.

## 5.6. Health Impact of the SSE WAH Programme

- Improvements in health and wellbeing were reported once work had been completed. The greatest health and wellbeing improvements were experienced by those who received a replacement or installation associated with their heating system, and for those whom the highest cost work (£1,000 or more) was undertaken. There were greater improvements to general wellbeing, life satisfaction and financial wellbeing which were again related to heating installation and replacement and cost, but also to work to the fabric of the building which was often smaller measures like draught proofing.
- These findings were corroborated by the qualitative data which showed that the WAH intervention alleviated stress. Improved conditions and warmth had a positive impact on people's quality of life and wellbeing, their feelings of safety and security and their control of the home environment. Clients were appreciative of the benefits of smaller measures installed in their homes efficiently. Smaller practical improvements often made a big difference to daily lives which enhanced wellbeing and independence.
- Clients often had complex multiple health problems and didn't always link the WAH intervention with physical benefits, but felt that the intervention 'relieved' symptoms. Improvements in self-reported health were largely due to less worry 'a weight being lifted' making clients feel healthier and better able to self-manage long term conditions.
- The data from the QOL survey indicates that those respondents who reported the worst Health Related Quality of Life scores, as measured by EQ5D, received higher cost heating measures under the WAH Programme and benefited from the most improvement in their scores.

## 5.7. Cost Effectiveness of the SSE WAH Programme

- Overall the WAH Programme appears to be a cost-effective intervention from a health perspective. The apparent cost effectiveness of the WAH Programme is probably enhanced by the preponderance of small measures and the overall figure masks some substantial variations by intervention type and cost.
- Interventions for the fabric of the property (£8,142 per QALY) and efficiency of heating (£8,402) were more than twice as cost-effective as replacements and/or installations associated with the heating system (£17,889).
- Cost effectiveness reduced as the cost of the intervention increased. Interventions that cost less than £250 (£8,674 per QALY) were more than four times more cost-effective than interventions that cost more than £1000 (£36,429) and more than one and half times more cost-effective than interventions that cost more than £250 (£13,810). However, this finding needs to be weighed against the fact that health and wellbeing benefits of higher cost interventions are greater than those with a lower cost.

## 5.8. Value of benefits

- The WAH Programme is estimated to have led to an additional 121.8 QALYs. If the assumed total QALY gained across the whole Programme is converted into a monetary value using the NHS threshold of £20,000, **then the value of the benefits gained amounts to £2,436,000. For every £1 of the £637,000 funding distributed to vulnerable households, the WAH Programme produced almost £4 of benefits in terms of better health**.

## 5.9. Implications

- This evaluation demonstrates that HIAs have an important role in the delivery of policy interventions relating to fuel poverty and health. Their contribution needs to be recognised in terms of impact, and involvement as a key partner. However, the ability of HIAs to respond is constrained by resources and a number have closed down. This evaluation raises questions about how HIAs can best be supported in the future to carry out such work.
- Programmes like WAH are important sources of funding for HIAs and provide an extra option of funding warmth initiatives and other home improvements for vulnerable clients. HIAs are seen as accessible and acceptable organisations by vulnerable households and they can effectively utilise such funding to link to other services to enable people to stay safe, secure and warm, and retain independence in their own homes. Previous research[2] has shown that HIAs often act as a single point of contact and are able to make the most of referral partnerships. (Some of the HIAs in this study had also been active in the heating and affordable warmth field for some years and have excellent established links). Programmes like WAH can help to reinvigorate these existing partnerships. As key players in local partnership arrangements HIAs are essential organisations in making policy happen in practice as per the Cold Weather Plan and NICE Guidelines on EWDs for example. At a time when HIAs are losing services funding like that of WAH plays an important role in making HIAs visible again.
- HIAs are working in a complex environment and there is a strong indication that HIA interventions and Programmes like WAH benefit health and wellbeing. The evidence presented in this report suggests that commissioners should look more closely at the benefits that the FILT and HIAs can deliver.

# 6. Conclusions

This evaluation of the SSE WAH Programme builds on a previous evaluation undertaken by CRESR of the FILT Warm Homes Service, as well as other similar evaluations that CRESR has undertaken. The combined evidence of these evaluations points to pathways from such interventions to improvements in health and particularly in wellbeing for vulnerable people. WAH improvements are accompanied by reduced stress and appreciable benefits in terms of housing condition and satisfaction, warmth and comfort, quality of life, physical and mental wellbeing.

The benefits experienced by WAH clients are sizeable when compared to the average cost of the intervention (£241). Overall the WAH Programme appears to be a cost-effective intervention from a health perspective but this finding masks some

[2] Bashir N et al (2014) An Evaluation of the FILT Warm Homes Service, Foundations Independent Living Trust: Glossop http://www4.shu.ac.uk/research/cresr/sites/shu.ac.uk/files/eval-filt-warm-homes.pdf

significant variations by intervention type and cost. All intervention types fall within the NICE cost effectiveness threshold of £20,000 per QALY apart from when the total replacement or installation costs exceed £1,000. This finding needs to be weighed against the fact that health and wellbeing benefits of higher cost interventions are greater than those with a lower cost i.e. the most cost effective interventions are not the ones that result in the greatest health and wellbeing gain. Although smaller cheaper measures have a negligible effect on health outcome, they do result in sizeable improvements in wellbeing.

Reassuringly, the data indicates that those who reported the worst health related quality of life received higher cost heating measures under the WAH Programme and benefited most from the improvement.

It is likely that the analysis in this report underestimates some of the benefits of the WAH Programme as it only models benefits for one member of the household. Additional gains for other household members in terms of their own perceptions of wellbeing and comfort etc. are not accounted for, and longer term benefits that will accrue over time, are not included. Benefits and cost savings of WAH could also potentially be realised across health, housing and social care. Qualitative evidence illustrates how the FILT WAH intervention probably helped clients avoid further harm and illness and maintained vulnerable clients in their homes, thus helping to prevent the costs associated with residential care and possibly hospital admissions.

Assuming that the changes in health related quality of life identified in the QOL survey can be generalised across the whole of the Programme then it is estimated that it has led to an additional 121.8 QALYs. If the assumed total QALY gained across the whole Programme is converted into a monetary value using the NHS threshold of £20,000, **then the value of the benefits gained amounts to £2,436,000.** This means that for **every £1 of the £637,000 funding distributed to vulnerable households, the WAH Programme produced almost £4 of benefits in terms of better health**.

There are limitations to the study design which are outlined in the report, but the consistent message that emerges across all the data adds strength to the evaluation findings.