Better at Home

End of programme report 2016-2018

NEA

Action for Warm Homes

Contents

1. Executive Summary

Programme strand	Total spend	Programme outputs
Macmillan emergency grants	£350,000	4861 households
Warm Zones measures grants	£1,506,795	540 installs (533 unique households)
NEA training	£295,665	• 71 short courses delivered reaching 756 delegates • 6 City & Guilds Level 3 Energy Awareness courses reaching 87 delegates • 20 City & Guilds Level 2 courses reaching 241 delegates
NEA programme management, social evaluation and community engagement activity	£282,726	• Regional booklet disseminated across all regions to partner agencies • 41 awareness sessions have been delivered reaching 473 practitioners • 14 community events have been delivered reaching 160 residents
TOTAL	**£2,435,186**	

The Better at Home programme was supported by customer redress funds received from an energy supplier and agreed with Ofgem. The £3m fund was shared between NEA and Energy Action Scotland to bring redress to customers in England, Wales and Scotland and was not limited to the suppliers' customers.

NEA agreed to work with Macmillan Cancer Support to identify vulnerable households at risk of fuel poverty, living in a cold home and experiencing ill health. The fund supports the provision of energy efficiency and heating measures to householders identified as in need.

NEA sought to build capacity with Macmillan to enable their network of frontline staff, telephone helpline staff and partner organisations to identify vulnerable households who can be helped through Better at Home with energy efficiency measures, energy grants and energy and debt advice. As well as working closely with Macmillan NEA established a number of links with new local agencies supporting people with health conditions, with a particular focus on reaching people who may be affected by cancer.

NEA also worked with Warm Zones CIC to deliver energy efficiency measures in the homes of vulnerable and low-income households at risk of fuel poverty who may be living with cancer or have a health condition which is exacerbated by living in a cold home.

This was a 24-month programme. It commenced 1 October 2016 and delivery concluded 31 September 2018.

The programme comprised of four main work streams:

- Warm Zones CIC Energy Efficiency Grant
- Macmillan & NEA Fuel Fund
- Capacity building to raise and improve awareness of energy issues
- Direct advice and support to householders to help them manage energy-related issues

The aim of the programme was to promote and support the achievement of affordable warmth and reduced fuel poverty risk among households affected by cancer or ill health by:

- Increasing warmth and comfort at home
- Increasing ability to achieve affordable warmth
- Enhance ability to manage energy in the home through a holistic package of support including measures, emergency funds and bespoke advice
- Improve general household finances
- Reduce incidences of energy/other rationing
- Reduce the impact of cold homes on physical and mental health
- Improving ability to cope with illness
- Enhancing knowledge amongst trusted intermediaries about fuel poverty and its causes, consequences and solutions
- Improving confidence amongst frontline practitioners to provide advice on fuel poverty and related support
- Improving awareness of support available to tackle fuel debt, support those who may be struggling with their energy bills, address energy efficiency and improve energy-efficient behaviour
- Awareness of the support available for those affected by cancer is improved
- Enhancing opportunities for advice to be cascaded to the public and those affected by cancer.

As well as capturing relevant information about recipients of measures, grants and advice the programme also conducted a comprehensive social evaluation of the Warm Zones measures fund and analysed feedback provided by practitioners who attended NEA's accredited training and awareness sessions. Overall the programme exceeded its intended targets and delivered clear outcomes for the benefit of people living with ill health or living with or recovering from cancer.

In summary the programme successfully delivered:

- 540 installations were delivered under the Warm Zones Grant
- 97% of survey respondents were satisfied with the scheme
- 82.7% reported feeling more able to achieve adequate warmth compared to just 17.3% pre-intervention
- 55.3% of those who received measures felt their energy bills were easier to afford post intervention
- 64.8% felt their ability to cope with their health condition had improved post intervention
- At least 60% of households supported with a heating or insulation measure were referred from Macmillan's advice line
- 4861 households benefited from emergency support from the NEA Macmillan Fuel Fund
- 1084 frontline workers and practitioners were provided with formal accredited training and a further 473 with basic awareness information delivered directly by NEAs training team and regional project co-ordinators
- Reported feedback from delegates across the entire training and awareness programme indicates that delegates will pass on the information they learnt on to at least 350,000 people per annum through advice delivery
- An average of 85% of those who received training were more aware after training of the impact of living in a cold home on a person's health
- An average of 91% reported an improved awareness of the specific support available to support people living with cancer
- Satisfaction with the quality of the training and the awareness sessions was consistently high at 94% and 96% of delegates reporting they were either satisfied or very satisfied respectively
- 160 householders also received advice and direct one to one support from NEA to assist with their energy queries, with advice covering Priority Services Register, Warm Home Discount rebate entitlement and energy efficiency advice.

2. Warm Zones CIC Energy Efficiency Grant

2.1 Overall

This strand of the Better at Home programme enabled eligible clients in England and Wales to be referred to Warm Zones for the prompt delivery of home energy efficiency measures and repairs. The fund was used for heating and energy efficiency measures: central heating system boiler (repair or replacement) and/or any required associated works for the rest of the central heating system; electric space heating (repair or replacement); and cavity wall and/or loft insulation.

2.2 Number of Referrals Received

Across the lifetime of the programme, 540 installations were completed reaching 533 distinct households. The majority of measures were for heating repairs or replacements.

The table below shows the source of all external referrals to the programme. 328 (60%) of installs were referred from the Macmillan Cancer Support's helpline.

Macmillan	Age UK	Contractor	EST	LA	NEA	NHS	NGN	SSAFA	WZ	Total
328	17	53	7	53	8	4	2	11	29	512

2.3 Installs by region/areas

2.3.1 The table below shows the number of homes receiving grant funding for at least one substantial measure and the geographical spread of installations by region including Wales.

Region	Area	Total
North East	Berwick, Blyth, Boldon, Bowsden, Burradon, Choppington, Cleadon, Cramlington, Cullercoats, Darlington, Durham, Ferryhill, Gateshead, Hartlepool, Jarrow, Houghton-le-Spring, Jesmond, Longbenton, Killingworth, Middlesbrough, Newcastle, North Shields, North Tyneside, Northumberland, Redcar, Ryton, Saltburn, South Shields, South Tyneside, Seaton Sluice, Shiremoor, Stanley, Stockton-on-Tees, Sunderland, Teesside, Wallsend, Whitley Bay, West Boldon, Wideopen	212
Yorkshire & the Humber	Barnsley, Bradford, Brighouse, Cleethorpes, Doncaster, Grimsby, Halifax, Hambleton, Harrogate, Huddersfield, Hull, Leeds, Lincoln, Scunthorpe, Wakefield, Whitby, York	95
North West	Blackburn, Blackpool, Burtonwood, Cheshire, Chorley, Crewe, Cumbria, Fleetwood, Lancashire, Liverpool, Manchester, Oldham, Ormskirk, Preston, Southport, St Helens, Stockport, The Wirral, Widness, Wigan	57
Eastern	Bedford, Cambridge, Chelmsford, Clacton-on-Sea, Dereham, Essex, Norfolk, Peterborough, Romford, Suffolk, Thorpe-le-Soken	18
East Midlands	Belper, Derby, Leicester, Mablethorpe, Matlock, Newark, Northampton, Nottingham, Retford, South Kesteven, Spalding, Spilsby, Stamford, Wellingborough, Worksop	32
West Midlands	Birmingham, Burton-on-Heath, Coventry, Cradley Heath, Dudley, Hereford, Hertfordshire, Nuneaton, Sandwell, Shropshire, Staffordshire, Stoke, Stratford upon Avon, Sutton Coldfield, Tamworth, Walsall, Wednesbury, Wilnecote, Wolverhampton, Worcester, Yardley	44

Region	Area	Total
London	Hornchurch, Luton, London Boroughs, Hounslow, Thornton Heath, Twickenham, Pinner	29
South East	Aylesbury, Banbury, Bexhill on Sea, Chatham, Eastbourne, Epsom, Farnborough, Kent, Middlesex, Milton Keynes, Ringwood, Seaford, Slough, Southampton, Stanwell, Surrey, Worthing	25
South West	Bodmin, Bristol, Dorset, Exeter, Plymouth, Poole, Portsmouth, Saltash, St John, Bath, Swindon, Torquay, Wiltshire	17
Wales	Anglesey, Cardiff, Cwmbran, Newport, Penryn, Swansea, Wrexham	11
	TOTAL INSTALLS	540

Despite efforts to stimulate referrals in Wales, the project was unable to secure 5% referrals in Wales for measures; we conclude that this is likely due to there being existing government-funded schemes operating alongside the Energy Company Obligation. NEA liaised closely with Energy Saving Trust who lead the call centre for the Welsh Government-funded NEST scheme however it appeared that the NEST scheme was able to satisfy the majority of referrals being facilitated by Macmillan locally.

2.4 Total number of households receiving benefit review

Households offered a benefits review	496
Households not requiring a review	426
Households accepted review	63
Known gains from benefits advice	£43,046.73

Majority of householders had been supported with benefits advice prior to receiving support from Warm Zones.

2.5 Total spend and leveraged match funds

Warm Zones energy efficiency grant spend	**£1,506,795.31**
Local authority contributions	£36,793.78
Warm Zones/local authority contingency	£20,588.35
Charities	£16,767.91
Client contribution	£42,523.26
Average installer cost	£2,790.36
Average number of days from referral to install	29 days

2.6 Social evaluation on the Warm Zones grant

NEA concluded a full social evaluation of the Warm Zones grant and the findings are set out below.

2.6.1 Methodology

A postal structured questionnaire was used to capture data and allow the outcomes specified above to be measured. It was issued to all households that received measures through the BAH programme (delivered by WZ CIC) since October 2016 and up to the end of March 2018. All respondents that returned a questionnaire with their contact details were entered into two free prize draws for six prizes (combined value of £350).

The questionnaire was accompanied by a covering letter explaining the purpose of the survey, who NEA is and that we are working with WZ CIC (WZ). It outlined data protection rights and NEA's responsibilities. All questionnaires were accompanied by a Freepost Return Envelope (FRPE) that returned completed entries to NEA's Research Team.

In addition, WZs shared with NEA anonymised data relating to household eligibility (qualifying criteria); measures installed; income maximisation advice provided/outcomes secured; age of respondent, number of any children aged under 16/under 5; tenure; health conditions present and income.

The questionnaire was distributed to around 250 households and received 76 responses. This represents a 30% response rate.

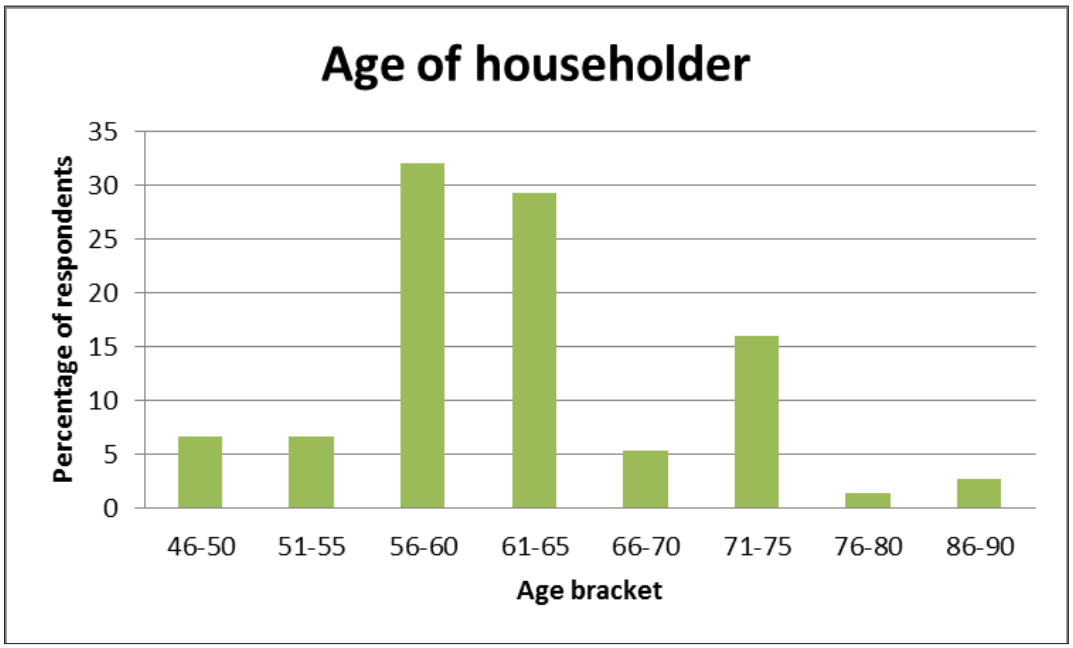
Data collected was analysed using SPSS, statistical analysis software.

2.6.2 Sample Characteristics

All households (100%) were on an income of less than £25,000 per year and were owner occupiers. This is less than the national average income of £27,600.

All recipient households (100%) had at least one person living in them who had cancer. More than 1 in 3 people diagnosed with cancer in the last two years say they feel the cold more.[i] People who are going through cancer treatment may be at home more and may have elevated heating needs to try and cope with the side effects of treatment, such as weight and hair loss and tiredness (fatigue). Incomes may also be reduced due to changes in financial circumstances that can follow a cancer diagnosis. As a result, households living with cancer may face increased vulnerability to fuel poverty.

Chart 1. Age of householders

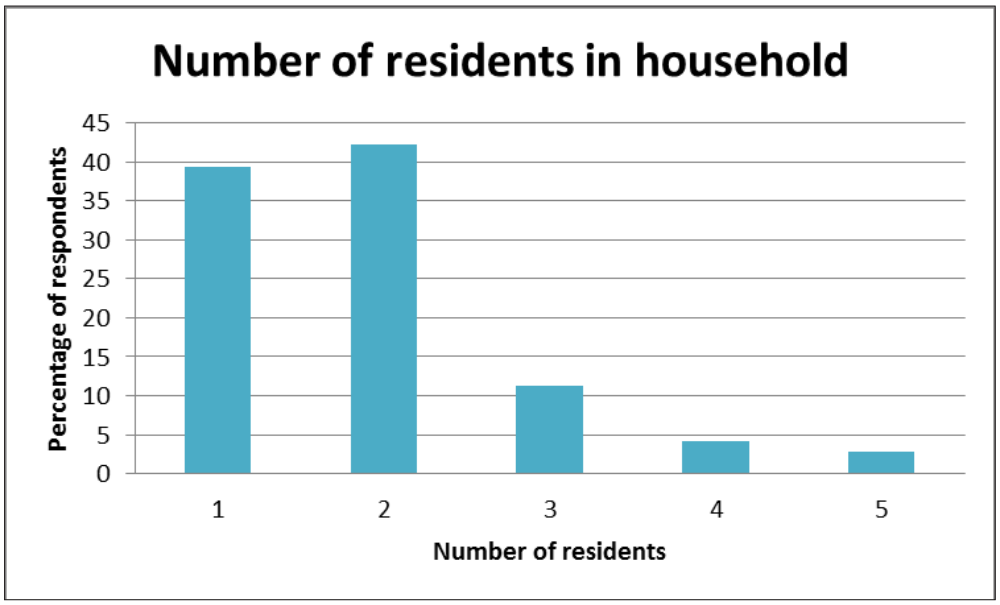


Around a third (32%) of respondents were aged 56-60, and just over a quarter (29.3%) were aged 61-65. Fewer (16%) were aged 71-75, and a minority were aged 46-50 (6.7%), 51-55 (6.7%), 66-70 (5.3%), 76-80 (1.3%) or 86-90 (2.7%).

Whilst the age profile above reflects the age split of the evaluation sample group, it is worth noting that overall the age of householders receiving measures was 56% between ages 56-74yrs (compared to 82.6% within the sample), the majority of households receiving a measure (86%) were aged between 45 – 84.

Age range	18-24	25-34	35-44	45-54	55-64	65-74	75-84	85-94
Percentage split across all households that received a measure	1%	1%	8%	16%	33%	23%	14%	4%

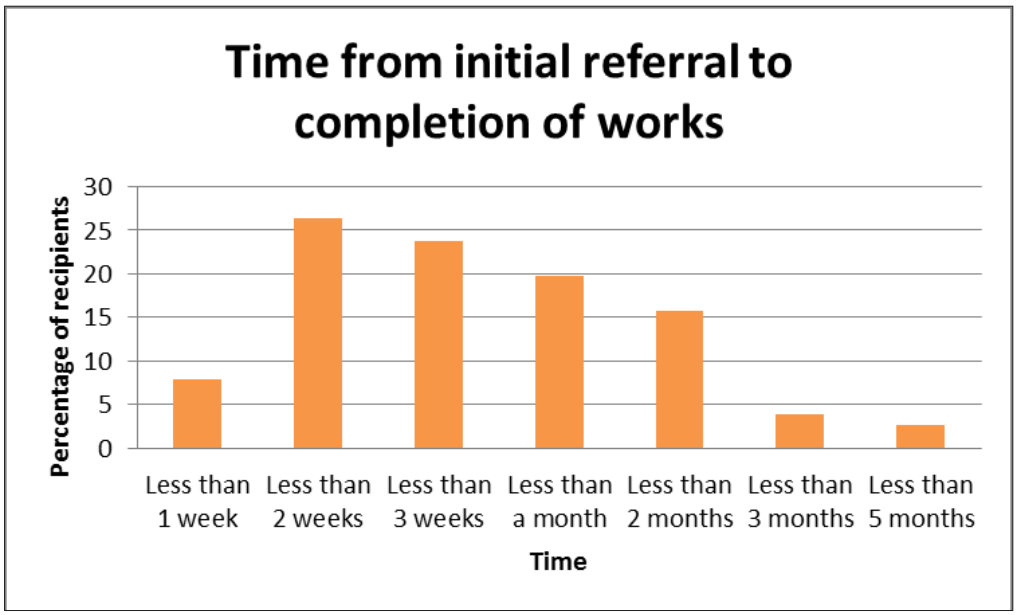
Chart 2. Number of residents in household



A large proportion of respondents lived alone (39.4%) or with just one other person (42.3%). Fewer respondents (11.3%) lived in a household with 3 residents whilst 4.2% lived in a household with 4 people living in it. Only 2.8% of households had 5 residents.

2.6.3 Works carried out

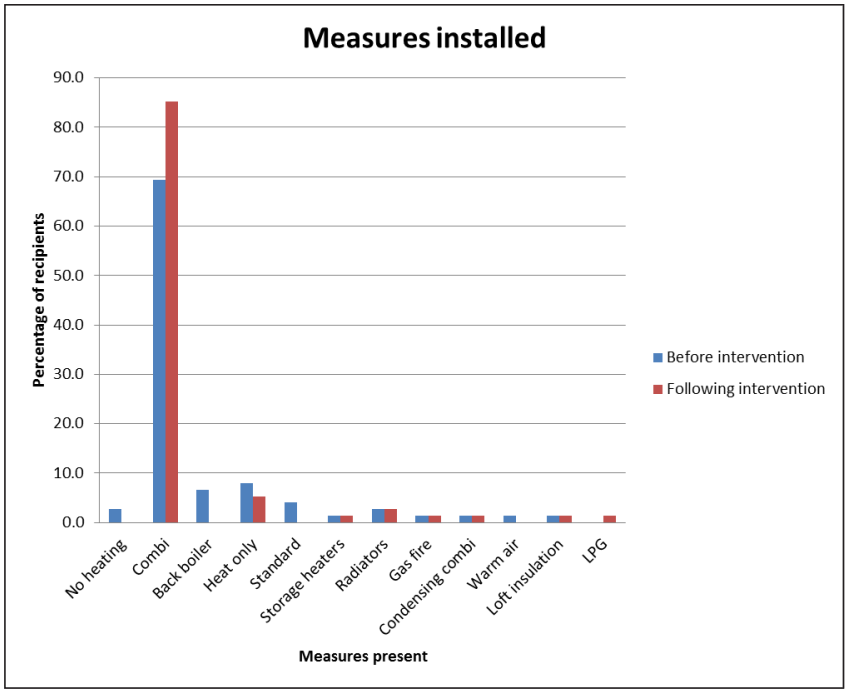
Chart 3. Time from initial referral to completion of works



Across the whole strand of measures delivery, the average time taken for an installation from referral to install was 29 days.

The evaluation reflected that, on average, works were completed within 2 weeks of referral for over a quarter (26.3%) of respondents, and within 3 weeks for just under a quarter (23.7%). They were completed in less than a month for around a fifth of respondents (19.7%) and less than 2 months for 15.8%. A smaller proportion of works (7.9%) were completed within 1 week of referral whilst 3.9% were completed within 3 months, and 2.6% within 5 months. We were told by one participant: "*I could not believe how this happened, so prompt. Thank you so much. I am so grateful to you. You are amazing*."

Chart 4. Measures installed



The majority of installs were for heating repairs or replacements (99%).

Prior to the intervention, the majority of respondent households had a combi boiler (69.3%). This had increased to 85.3% following the intervention. Before the project, 2.7% of households had no heating; 6.7% had a back boiler.

There were no households without heating systems or with back boilers following the intervention.

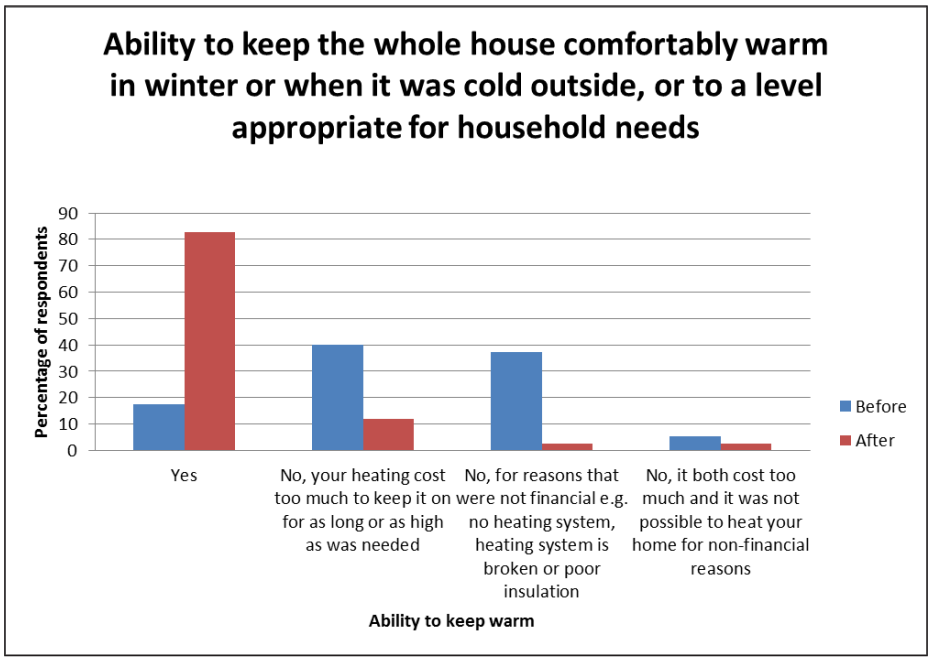
2.6.4. Subjective fuel poverty

Fuel poverty is a daily and lived reality for over 4 million UK households. However, it is widely recognised that many of those in or at risk of fuel poverty neither identify themselves as such nor recognise the language used to describe their situation. It is important to consider that fuel poverty does not exist in isolation. A combination of low household income, poor energy efficiency and high energy costs means fuel poverty is often experienced alongside, obscured or exacerbated by, other financial or social challenges, as well as health-related issues.

To determine the ability of households receiving support through the programme to achieve affordable warmth both before and after they received heating measures, respondents were asked whether they could normally keep their whole house comfortably warm in winter or when it is cold outside. This is usually

referred to as 'subjective fuel poverty' as it relies on a household's own assessment of their ability to achieve satisfactory thermal comfort.

Chart 5. Ability to keep the whole house comfortably warm in winter or when it was cold outside, or to a level appropriate for household needs



Before the intervention, 17.3% of respondents said that they were able to keep their whole house comfortably warm in winter or when it was cold outside, or to a level appropriate for their needs. This suggests that a large proportion of respondents were unable to achieve adequate warmth at home prior to receiving an intervention. Following the intervention, the majority (82.7%) of households said that they were now able to achieve adequate warmth at home.

Importantly, open-ended responses from households demonstrated just how far their ability to achieve affordable warmth was intertwined with their enhanced needs for comfort and warmth following their cancer diagnosis and treatment, combined with the financial challenges brought about by changes to their income following their illness.

Prior to the intervention, two fifths (40%) of respondents said they couldn't keep warm at home because it cost too much to keep their heating on for as long or as high as was needed. Following the intervention, this had decreased to 12%. A respondent told us: *"I did not have heating for about 3 or 4 months due to the boiler breaking down. I got rejected for finance for a boiler, I could not afford a boiler, being a cancer patient from 2007 and other medical issues in and out of hospital, having surgery in Feb 2018. I was under a lot of pressure having to drop hours at work to 22.5. It was just a big mess."* Here, their ability to pay for essential repairs to their boiler was seriously compromised by a drop in income related to their illness.

In some cases, subjective fuel poverty was not necessarily related to the price of energy but individuals struggling to get by on low incomes more generally: *"The only reason I can't put up my heating is not because of the good system it's because the government thinks I can now live on £80 something a week!!!! and reduced my benefits."*

Almost two fifths (37.3%) of respondents had said that, before their measures were installed, they were unable to stay warm at home for reasons that were not financial (e.g. no heating system, heating system broken or poor insulation). After intervention, this had decreased to 2.7%. One respondent explained: *"Before heating was installed, I only had a gas fire working so the only room warm was the lounge and if I was cold, I sat under*

extra blankets and quilts. Subsequently house got damp due to lack of heating. Now house is always a comfortable temperature and no longer damp."

Often, having a broken or non-existent heating system seriously compromised the ability of some respondents to cope with their illness, and even acted to create further physical and mental stress: *"I had open wounds due to radiotherapy which needed keeping clean. My heating system broke down completely and I had no hot water for weeks. This affected my mental and physical health and caused great inconvenience as I had to rely on my friends/family to have a shower. I had to use my open fire as the only form of heating which was very inadequate and very expensive."*

Meanwhile, 5.3% of households said it both cost too much and it was not possible to heat their home for non-financial reasons before the intervention, whereas this had decreased to 2.7% after. Again, this dangerous combination of inadequate or inefficient heating systems and low incomes had the potential to detrimentally affect the physical health of those already suffering from illness: *"It has helped me so much as before I could not switch the old fire off because of a faulty switch, so it was left on pilot all the time and made bills too high to pay which made me panic. And, not being able to pay bills also made my health conditions worse. I only have the one fire in the whole house and I would sit wrapped in a blanket to keep warm as I could not afford to put the fire on even on low so the house has become damp, paper was coming off and this also made my health worse. But since the new fire has been put in and is easier to use, I can now at least put on low now and again and try to dry rooms and keep warm. Thank you so very much everyone."*

Following intervention, some respondents described how their measures had helped to address the subjective fuel poverty which they had previously linked to both an inefficient system and low income: *"My boiler was a 25-year old boiler which I was planning on changing before I got cancer. I then had to take time off work for 6 months of chemo and was living off SSP. I was worried my boiler would pack up as it was on its last legs. I now keep the boiler on less as it is more efficient, and my radiators are boiling hot. I am so grateful to Macmillan and Warm Zones, thank you from the bottom of my heart."*

This was similarly reflected in the comments of another participant, who told us: *"When our boiler was first condemned, we were in trouble! My income had been cut 3/4s and I was getting over breast cancer, having had chemo then radiotherapy. I was constantly cold and until the day we had the new boiler put in we had no heating or water for about 4 weeks. When Macmillan paid for the boiler, I was so grateful as not only do I have cancer, but I have rheumatoid and osteo arthritis. I am in debt for how Macmillan treated us. Warm Zones were excellent too. Many thanks to all of you!"*

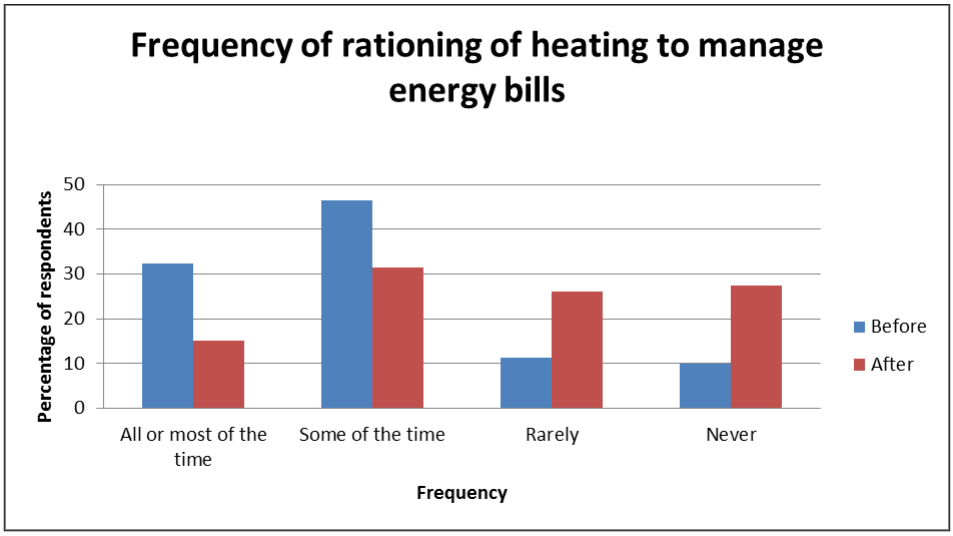
These results indicate that, following the project, the subjective fuel poverty experienced by respondent households had been alleviated to a large extent both in relation to the adequacy of their heating system and their ability to pay for their energy. Importantly, qualitative responses from participants indicate that the project specifically improved abilities to achieve adequate warmth at home in the content of trying to cope with the complex vulnerability to fuel poverty created by the health and financial challenges of living with cancer.

2.6.5 Energy Rationing

An indicator that a household might be in or at risk of fuel poverty is the extent to which they engage in energy rationing practices. Low incomes and high energy costs can mean having to cut back on energy use or making budgetary compromises elsewhere.[ii iii iv] This might include reducing spending on food, with corresponding implications for nutrition, infant weight gain, and diet-related illnesses such as diabetes.[v vi vii viii ix] Rationing of energy and other essentials could present particular risks to health and wellbeing. Living in a home which is cold can cause or exacerbate respiratory ill health (especially amongst children and older people),[x xi xii xiii] and increase an individual's risk of suffering from cardiovascular disease.[xiv xv xvi] It furthermore poses risks to the mental health of household members,[xvii xviii] and can have further knock-on effects for educational attainment and school or work attendance.

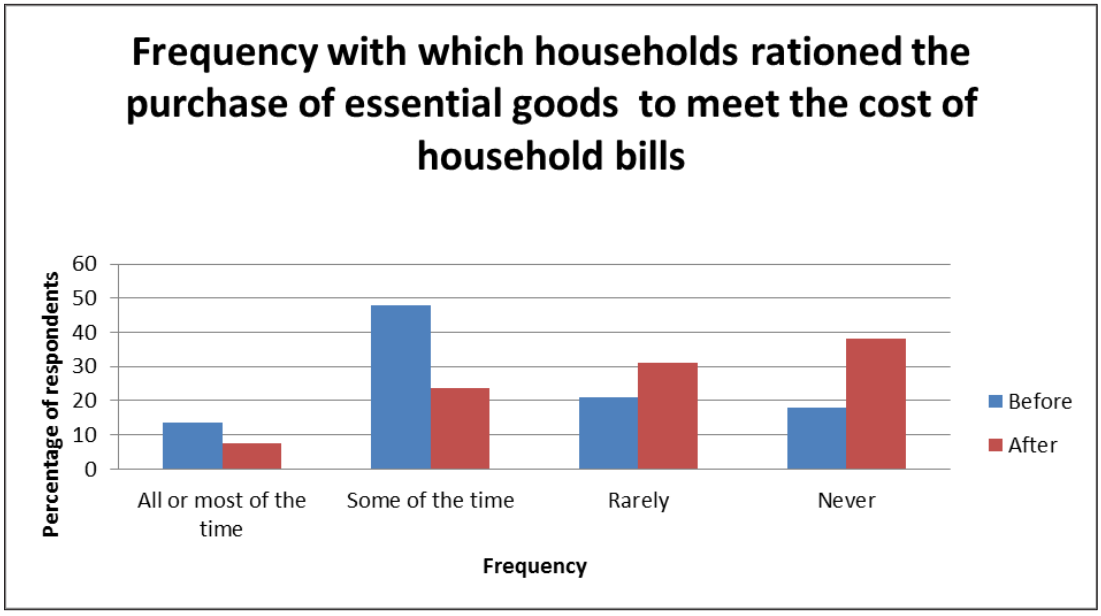
Respondents were asked to indicate the frequency with which they engaged in three recognised rationing practices (rationing of heating to manage energy bills, rationing the purchase of essential goods to meet the cost of household bills, and the frequency of self-disconnection by those on a prepayment meter (PPM)).

Chart 6. Frequency of rationing of heating to manage energy bills



Before the intervention, just under a third (32.4%) of respondents were rationing their heating when it was winter, cold outside or when they felt uncomfortably cold at home all or most of the time. Following the intervention, this had decreased to 15.1%. Before receiving measures, almost half (46.5%) did this some of the time, whilst afterwards only 31.5% did. Meanwhile, 11.3% had rarely done so prior to receiving their measures, but this had increased to 26% afterwards. Similarly, the proportion of respondents who never rationed their heating increased from 9.9% before intervention to over a quarter (27.4%) following it.

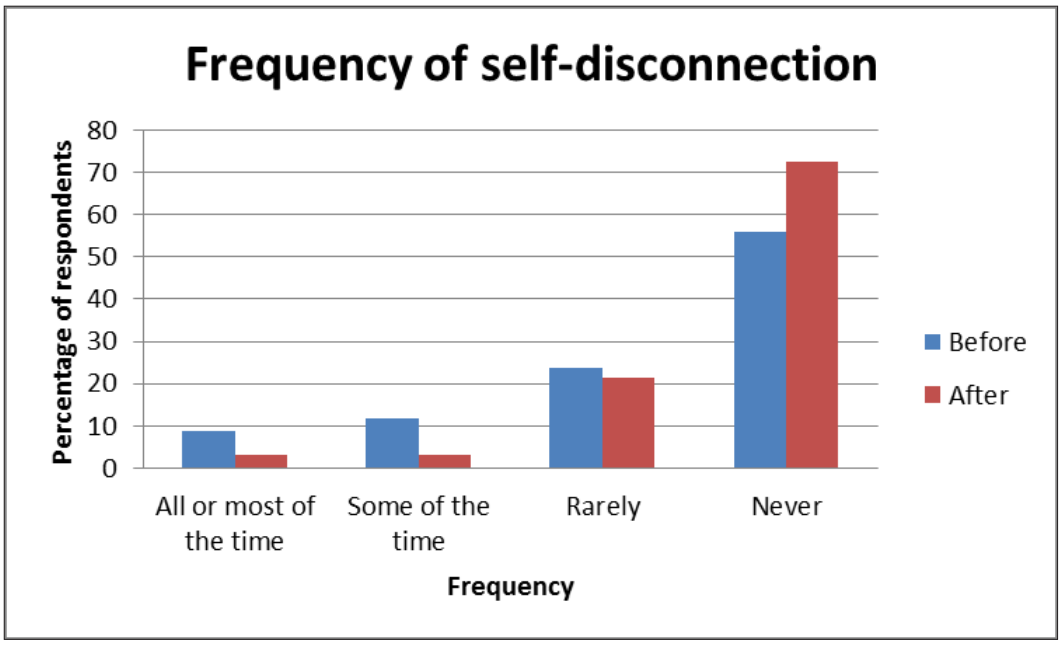
Chart 7. Frequency with which households rationed the purchase of essential goods to meet the cost of household bills



Before the intervention, 13.4% of respondents were limiting the frequency with which they purchased essential goods in order to meet the cost of their household bills. Following the intervention, this had decreased to 7.4%. Before receiving measures, almost half (47.8%) did this some of the time, whilst afterwards under a quarter

(23.5%) did. Around a fifth (20.9%) had rarely done so prior to receiving their measures, but this had increased to 30.9% afterwards. Similarly, the proportion of respondents who never rationed their heating increased from just under a fourth (17.9%) before intervention to almost two fifths (38.2%) following it.

Chart 8. Frequency of self-disconnection



Respondents using PPMs that practice self-disconnection are likely to be at risk or living in fuel poverty. Consumers that use PPMs are more likely to be paying more for their energy and be prevented or discouraged from engaging in the competitive energy market as a result of difficulties in switching supplier, particularly where they might be repaying a debt. PPMs tend to be installed when a customer is in fuel debt, or one may already be present when new tenants move into a rented property. PPM customers are more likely to be on low incomes, live in social housing, have fewer qualifications, and suffer from a disability. [xix]

Before the intervention, 8.8% of respondents with prepayment meters were self-disconnecting because they could not afford to pay for their energy. Following the intervention, this had decreased to 3%. Before receiving measures, 11.8% did this some of the time, whilst afterwards 3% did. Just under a quarter (23.5%) had rarely done so prior to receiving their measures, this decreased marginally to 21.2% afterwards. However, the proportion of respondents who never rationed their heating increased from over half (55.9%) before intervention to almost three quarters (72.7%) following it.

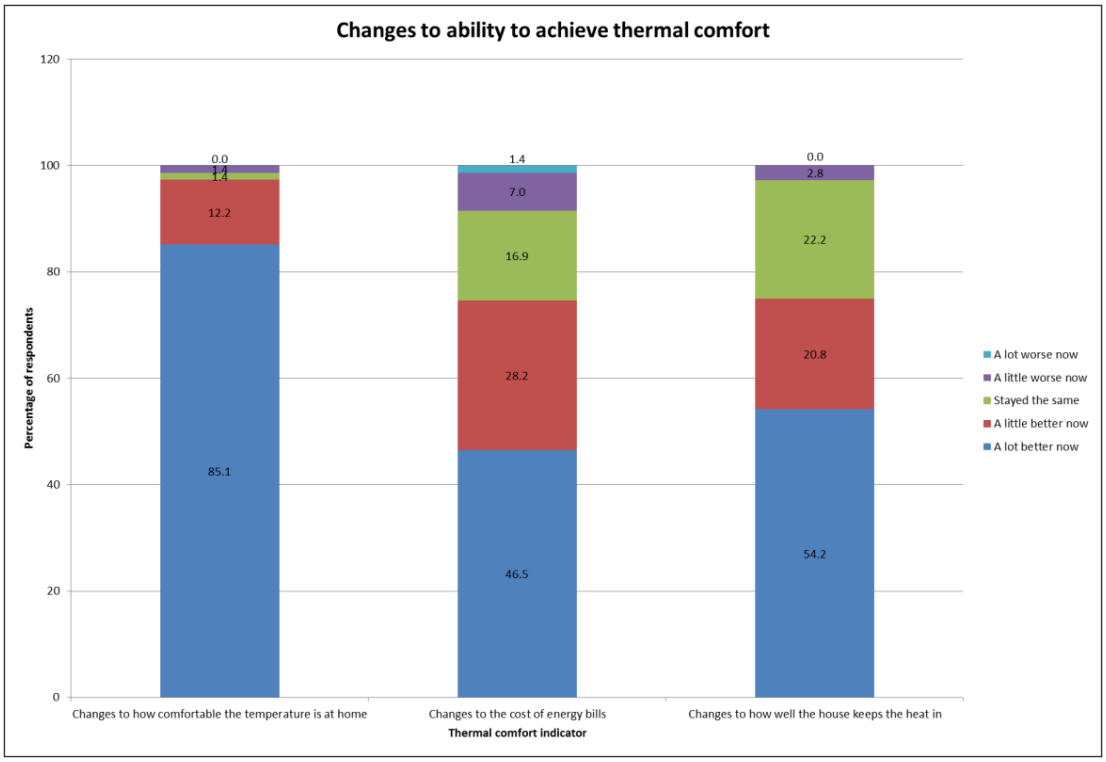
Overall, the results from this section suggest that the project was successfully able to reduce the frequency with which households were rationing their heating in order to meet the cost of paying for their energy or rationing the purchasing of essential goods to pay for household bills. It also reduced the frequency with which households were practicing self-disconnection.

However, given that some respondents continued to ration their energy, self-disconnect or purchase essential goods suggests that some still faced difficulties in paying for the amount of energy they needed to keep warm (especially in light of elevated heating needs of people living with cancer) following the intervention. This could be related to continued financial difficulties in the form of low incomes and changes to income following their cancer diagnosis/treatment. It should also be noted that frugality, thrift and budgeting are commonplace practices in low-income households and may not necessarily be viewed as something outside of the norm for those individuals, even if it means they are obliged to cut back on purchases that would be considered as essential within measures of relative poverty in the UK.

2.6.6 Thermal comfort

The evaluation also looked to understand how far households were enabled to achieve thermal comfort at home as a result of their intervention. In order to measure this, respondents were asked about any changes that had happened to how comfortable the temperature was at home, changes to the cost of their energy bills, and changes to how well their house keeps the heat in.

Chart 9. Changes to ability to achieve thermal comfort



The vast majority of respondents felt that the extent to which the temperature at home felt comfortable was better following the intervention (97.3%). A minority (1.4%) felt it had stayed the same or that it was a little worse now (1.4%). One respondent added the caveat that the temperature felt more comfortable, but only when they could "afford to use it". This again emphasises the continued vulnerability of some households with regards to limited financial resources.

One participant said: *"Myself and my husband both have cancer, so our new heating system keeps us comfortable as we had no heating upstairs in our home"*. Others noted that, not only were they now able to stay warm at home, but they also had much needed hot water: *"It has been a lot better now as I have got hot water."* Others described improvements to both the temperature at home: *"Since the new boiler was fitted, we find it more efficient and more controllable. Don't have to cover up, just turn the heating up and it's warm in minutes"* and how warm they themselves felt: *"The boiler was over 15 years old and only worked when it wanted to. Since we have had the new boiler fitted, I have been able to be warm and can't thank you enough - I don't know what we have done."* Another explained how: *"The new heating system works more efficiently and thus helps keep me from feeling the cold as much."*

The majority also felt that the cost of their energy bills was better now (74.7%) or had stayed the same (16.9%) This would suggest that there was either a cost improvement or no financial detriment to those respondents as a result of the intervention. Nonetheless, 7% of respondents felt that it was a little worse now, and 1.4% said that it was a lot worse. This could possibly relate to households that were under-consuming energy before the intervention were now taking back the benefits of their central heating measures in the form of increased warmth at home (and therefore acting to increase overall consumption). This was the case for one

respondent, who told us: *"Condition/treatment makes me feel the cold, so this has enabled more heating usage to be comfortable. Extra radiators in rooms that previously had none has made a great difference, especially bathroom and toilet."* Or, it could relate to the fact that some respondents with elevated heating needs as a result of their health condition still found it difficult to reach a comfortable level of warmth at home due to the required costs. One respondent described how cancer had changed their ability to stay warm at home: *"Not cold person before illness but now seem to be cold a lot of the time so a better heating system is really good."*

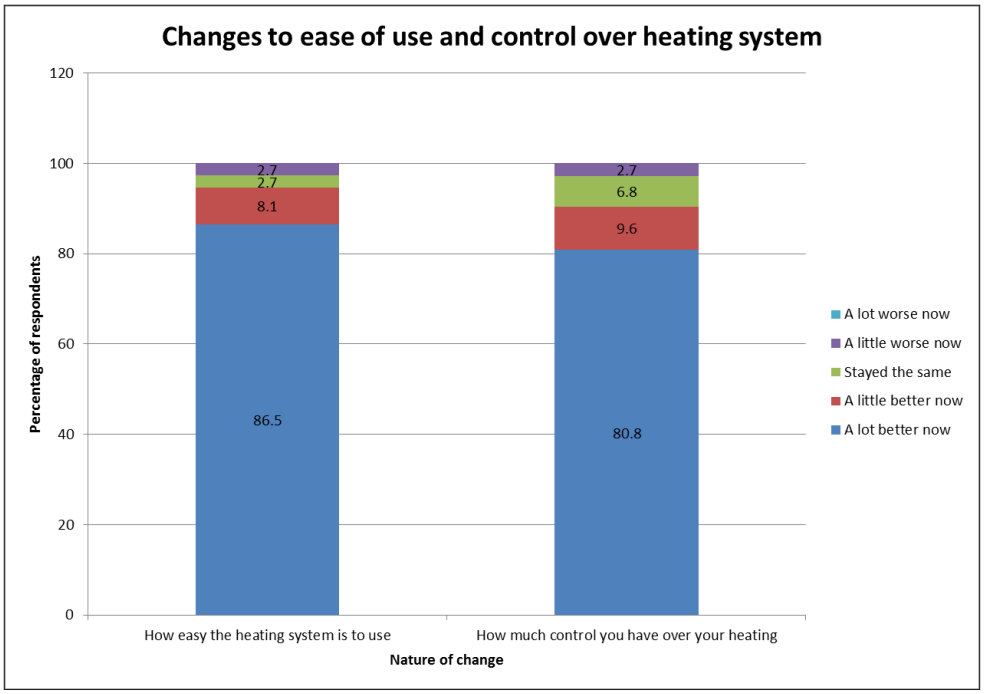
Meanwhile, three quarters (75%) of respondents now felt that their property was better at keeping the heat in, whilst just over a fifth (22.2%) felt it had stayed the same. A minority (2.8%) felt it was a little worse now. One participant described how: *"Install new boiler helped heat the house much better. Previously sitting in the cold and worried about bills".* Others, however, did indicate discontent with their new measures, and felt that their older systems heated their home more effectively: *"The house is much colder downstairs since I had my new boiler fitted a year ago. The heating has to be on all day to be bearable in the evening".* Without further follow-up it is not possible to ascertain the cause of this issue. This could relate to a number of issues such as the householder needing additional advice and guidance on using their new system, or changes to the nature of heat experienced in the home (move from solid fuel fires to central boiler, for example) or an issue relating to the number of radiators or draughty windows, for example. However, it was not possible for the evaluation to determine the reason for this problem.

Overall, however, results indicate that households were more likely to be warmer and more able to maintain an adequate level of warmth at home following the intervention than they were before.

2.6.7 System and control

A further aspect to being able to achieve a comfortable level of warmth at home relates to how easy a heating system is to use, and how much control they feel that they have over their heating system. Respondents were therefore asked whether there had been any changes to these aspects of home heating following the intervention.

Chart 10. Changes to ease of use and control over heating system

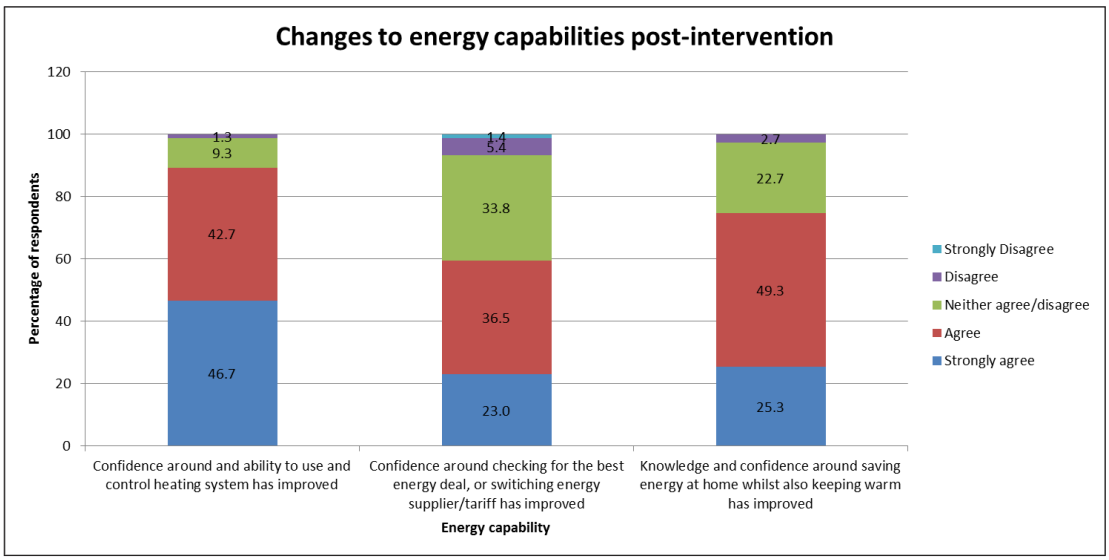


Following the intervention, the majority (94.6%) of respondents felt that the level of ease with which they could use their heating system was better now. For a small minority (2.7%) it had stayed the same or was a little harder to use (2.7%). In addition, most (90.4%) of respondents felt that they now had better control over their heating system. For 6.8%, their perceived level of control had stayed the same, and for 2.7% it was a little worse. One respondent explained that: *"The extra radiators have helped us to have more control over heating." Meanwhile, another described how: "We had central heating - but now our new heating is updated we can keep more control on heating with the thermostat, so benefit more keeping warm, helps husband's osteoporosis to keep warm more comfortably."*

2.6.8 Energy capabilities

It is important that households have confidence in both their ability to use and control their heating system, as well as their ability to save energy whilst also keeping warm at home. This could allow households to save energy in positive ways (through energy efficient behaviours and appropriate use of heating controls) rather than potentially resorting to more harmful rationing practices. Related to this is how far someone feels confident in being able to engage with the competitive energy market and make sure they are on the best tariff or with the most suitable supplier for their needs.

Chart 11: Changes to energy capabilities post-intervention



After the intervention, the majority (89.4%) of respondents agreed that their confidence and abilities in using and controlling their heating system had improved. Only 1.3% disagreed, and 9.3% neither agreed nor disagreed. One respondent noted: *"The heating system is awesome and is totally reliable. The old one made you worried if it was going to work or not."*

When it came to having both knowledge and confidence to save energy at home whilst also keeping warm, almost three quarters (74.6%) felt that they had seen an improvement post intervention. 22.7% neither agreed nor disagreed, and 2.7% disagreed. This suggests that the majority of respondents felt more secure in the knowledge that they would be able to stay warm at home whilst having improved capabilities around energy efficient behaviours and using their heating systems. This was particularly important in light of their being able to stay comfortable in the face of the effects of cancer and its treatment: *"I am now able and confident to keep my home warmer, this has made tremendous difference to my life and personal mental wellbeing as I am now receiving chemo every 3 weeks for stage 4 cancer and after chemo I feel the cold so much more. I cannot thank you enough for all your help and support, god bless you all."* Another participant described how: *"My new heating has helped in so many ways, health, mobility and also helping with the winter payment which also helps us stay toasty when it is cold. Also, smart meters were fitted so no going to the shop to top up. Thank you to all who have made this possible. Thank you."*

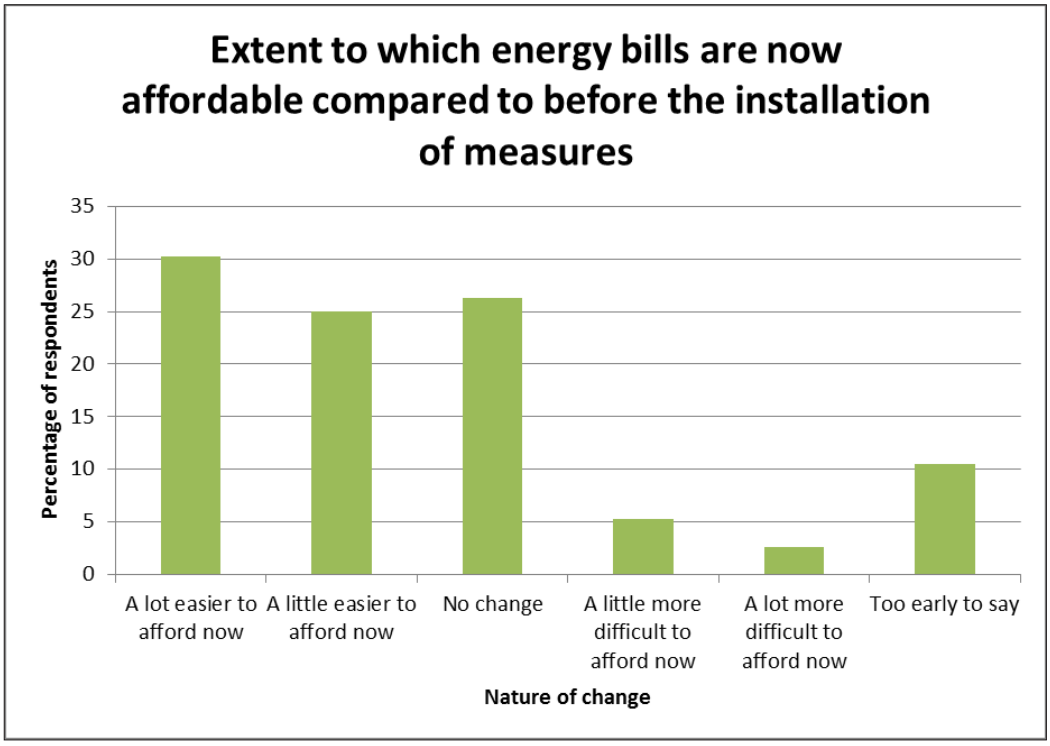
With regards to checking for the best energy deal, or switching energy supplier/tariff, 59.5% of participants felt more confident in doing this after receiving their measures/advice. 6.8% did not feel that their confidence had improved, and around a third (33.8%) neither agreed nor disagreed. Whilst it is positive that over half of respondents felt more confident in checking that they were on the best energy deal following the intervention, a large proportion were either neutral or in disagreement with this.

Indeed, barriers to participating in the energy market have been highlighted by existing research. For example, research into the British public's trust in numerous institutions and industries has found that public trust in the energy market was "very low, at 32%" compared to 56% for business and industry.[xx] Digital exclusion is also a significant barrier to both energy market engagement and the attainment of affordable warmth. This is especially the case in households identified as vulnerable, including older households and households that experience multiple forms of exclusion (e.g. social and financial).[xxi xxii] This suggests that some households may require additional levels of support to engage with the energy markets, and to help them both understand and access deals that are most appropriate for them.

2.6.9 Bill affordability

An important aspect of being able to achieve adequate levels of warmth at home relates to the affordability of energy bills. The evaluation therefore sought to understand the extent to which households felt that the affordability of their energy or other household bills had improved following the installation of their measures, and how far they felt those changes had occurred as a result of the intervention.

Chart 12. Extent to which energy bills are now affordable compared to before the installation of measures

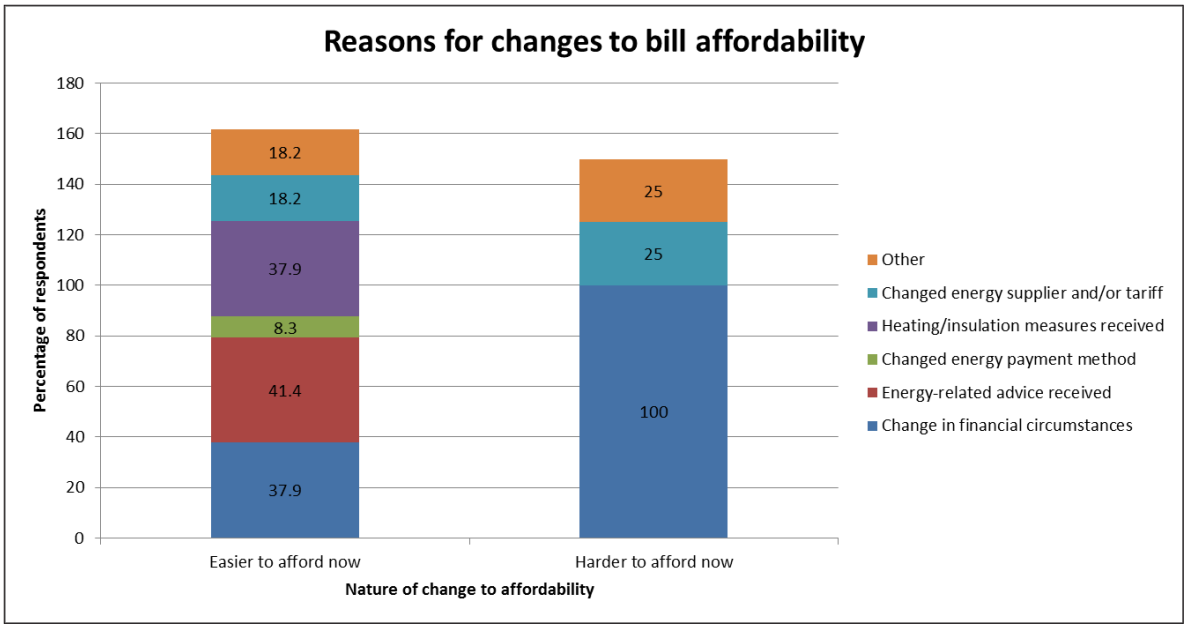


Over half of respondents (55.3%) felt that their energy bills were easier to afford following the receipt of measures. One participant explained that: *"The new heating system is much more effective enabling me to use less fuel, which in turn keeps costs down. I feel happier that I can keep warm through my illness."*

For around a quarter (26.3%) there had been no change, whereas 7.9% felt that they were harder to afford now. 10.5% felt that it was too soon following the installation of their measures to be able to say. Whilst one respondent noted that: *"The main benefit is managing the cost. My ability to cope was never an issue*

re: health", it is important to note that this may not have been the case for all respondents. Taking energy savings or increased efficiency within the system as increased warmth at home could potentially increase consumption compared to what it was before the intervention (when households may have been under-consuming). This would then be likely to increase bills as a result. Or, changes to income post-intervention could act to compromise a household's ability to meet the cost of their energy bills. This is explored further in chart 12.

Chart 13. Reasons for changes to bill affordability



Of those who felt that their energy bills were now more affordable[xxiii], 41.4% felt that it was linked to the energy advice they had received, and 37.9% linked it with the heating/insulation measures they had received. The same proportion linked it with a change in their financial circumstances. Around a fifth linked it with having changed energy supplier and/or tariff. One participant told us: *"Receiving a new boiler and being told how to use it at its best was to leave on economy all time helped us a lot as it is on keeping warm all time instead of turning on and off to reheat again. Thank you to all involved."*

For 8.3%, they felt that their bills were more affordable because they had changed energy payment method. In addition, 18.2% associated their improved ability to afford their energy to 'other' reasons. When asked to explain these reasons, the majority of respondents linked it with receiving a capped energy tariff from their energy supplier through the npower Macmillan Fund (NMF).

The NMF has been running since 2010 and is an initiative which supports npower customers living with cancer and who are at high risk of fuel poverty. It does so through debt write-offs and discounted payment arrangements for up to two years. Payments are capped at 5% of income for single fuel customers and at 10% of income for dual fuel customers[xxiv]. Support with payment plans are delivered through a specialist npower team and customers receiving support have access to a named adviser through the Macmillan Energy Advice Team (EAT). After the two years, the support may be extended if customers are still in need of support and continue to meet the criteria.

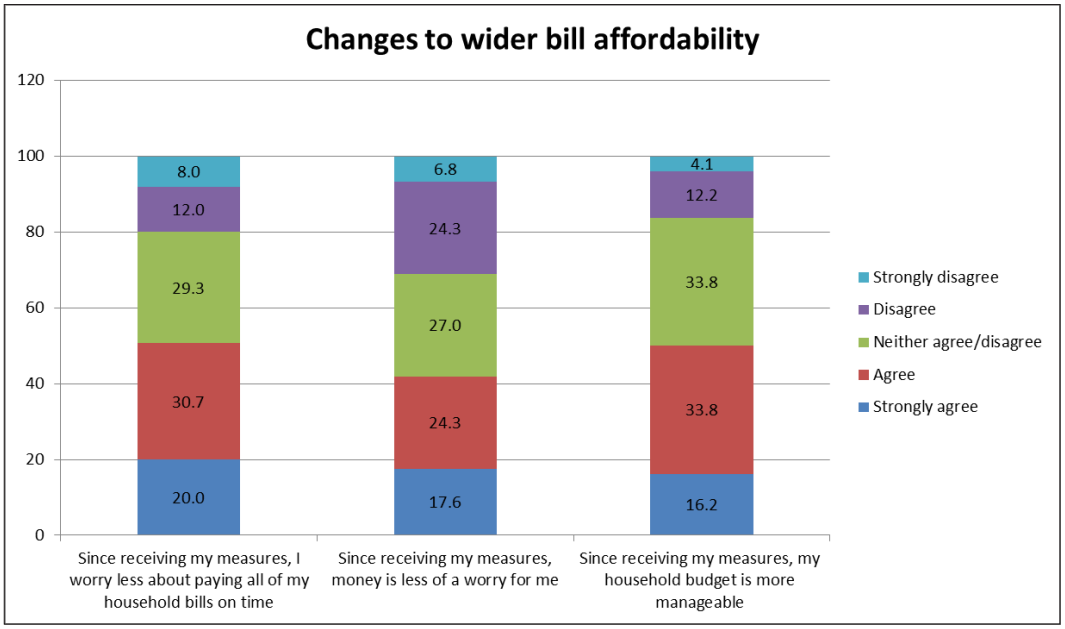
In relation to the NMF, one participant noted: *"Mental stress for paying heating/electricity usage has decreased as no set monthly payments to cover all even if used over this amount. Been a great help not to have to worry about how to pay and can use what we need."* However, the response from one participant suggests that coming to the end of this kind of support could represent significant worry for households concerned about corresponding increases to their energy bills: *"Since 2016 having mastectomy and getting*

help with npower and Macmillan with my heating has been very helpful. But I am so worried when my scheme runs out, I won't be able to afford heating again. I suffer from underactive thyroid. Plus, I've now got Bell's palsy since January 2018, weigh 6 1/2 stone and suffer from depression."

Of those who felt that their energy was harder to afford now, 100% of respondents linked this with a change in their financial circumstances. A quarter of these also linked reductions in bill affordability to changes in their energy supplier or tariff and a further quarter linked it with 'other' reasons.

The vulnerability of households in relation to whether or not their income could match their energy requirements was reflected in the comments of a large number of respondents: *"My boiler broke and I was without any heating and hot water for 7 weeks. My bills have now changed and I am able to heat my home and hot water but always very cautious of costs as benefits do not allow ease of mind. I am very happy that my new boiler works effectively."* Another described how: *"I can keep nice and warm all the time now. I only put heating on when I am cold (due to being on benefits)."*

Chart 14. Changes to wider bill affordability



Around half of respondents felt that, since receiving their measures, they worried less about paying all of their household bills on time (50.7%). 29.3% neither agreed nor disagreed, and 20% disagreed to some extent.

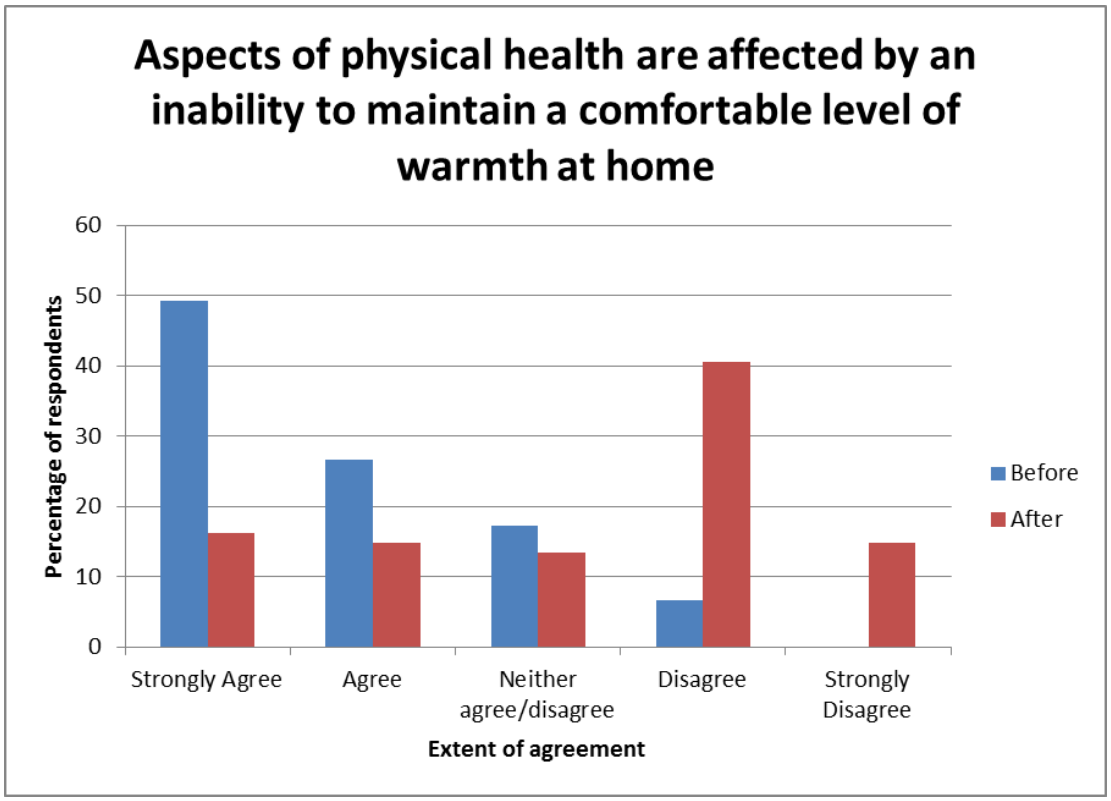
Just over two fifths (41.9%) felt that money was less of a worry for them after their measures were installed. 27% neither agreed nor disagreed, and just under a third (31.1%) felt that they did not worry less about money.

Half (50%) felt that their household budget was now more manageable, and just over a third felt that they neither agreed nor disagreed. 16.3% did not feel that their household budget was more manageable. This suggests that the intervention was able to alleviate to some extent financial pressures facing households and give them some budgetary leeway in being able to pay for other household bills. This could reduce on some levels the extent to which money was as much of a worry for them as before. For others, however, who were either worrying more or the same amount, the interrelationship between low and changing incomes and illness once again became apparent: *"When you have to stop working because of illness your income drops but your bills increase because you are at home all the time."*

2.6.10 Health

Harris et al. found that people with health conditions linked to the cold were more likely to have limited their use of fuel at home during the past year and were more likely to be living in a cold and mouldy home. [xxv] The physical effects of cold indoor temperatures can increase the risk of heart attacks and strokes via rising blood pressure, as well as causing or worsening respiratory illnesses. They can worsen arthritic and rheumatic conditions, as well as leading to increased falls and increased cases of influenza. [xxvi xxvii xxviii] Not only, then, can cold homes represent serious risks to physical health but, as we have already seen, they can act to limit the comfort and wellbeing of those who are living with cancer and who have elevated heating needs related to both their condition and its treatment. The evaluation therefore sought to assess how far respondents felt that aspects of their physical or mental health, and their ability to cope with illness, were affected by an inability to maintain a comfortable level of warmth at home pre- and post-intervention.

Chart 15. Extent to which aspects of physical health are affected by an inability to maintain a comfortable level of warmth at home

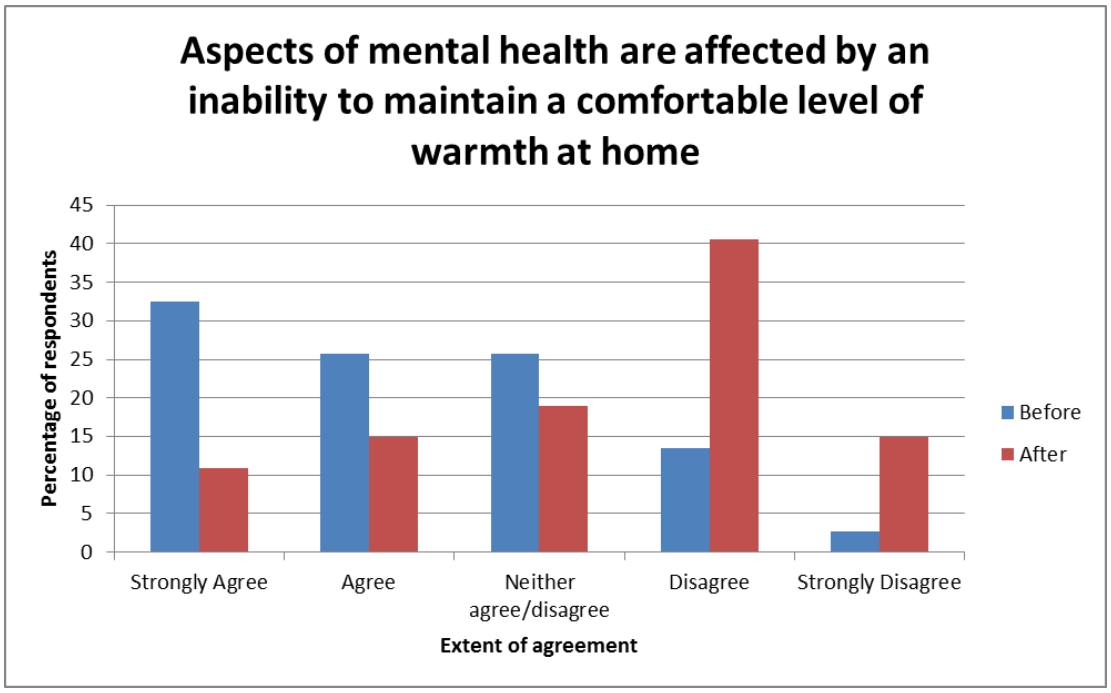


Prior to receiving measures over three quarters of respondents (76%) agreed that aspects of their physical health were affected by being unable to maintain a comfortable level of warmth appropriate to their needs at home, and 6.7% disagreed. Following the intervention, the proportion of participants who felt that aspects of their physical health were affected by being unable to maintain a comfortable level of warm at home had reduced to 31.1%. Those who disagreed that their physical health was affected by low levels at warmth at home had increased to 55.4%.

One respondent noted: *"I am now warmer and am not becoming unwell with coughs and cold. My chest infections have reduced. No change in my medical condition pancreatic cancer." Another described how: "I believe the lack of heating I had before the heating measures contributed a great deal in my contracting of cancer due to a low mental and physical condition and I was worried about returning to this position post-cancer but the heating measures really improved my physical and mental condition because I really felt the cold." We were also told: "It sounds dramatic, but I don't think I would have survived the side effects of chemotherapy this winter if my house had been as cold as it was last year before the new boiler was installed"*

This indicates that the intervention did lead to a perception amongst respondents that either elements of their physical health had improved, or that their ability to cope with or even survive the effects of cancer and its treatment had increased.

Chart 16: Extent to which aspects of mental health are affected by an inability to maintain a comfortable level of warmth at home

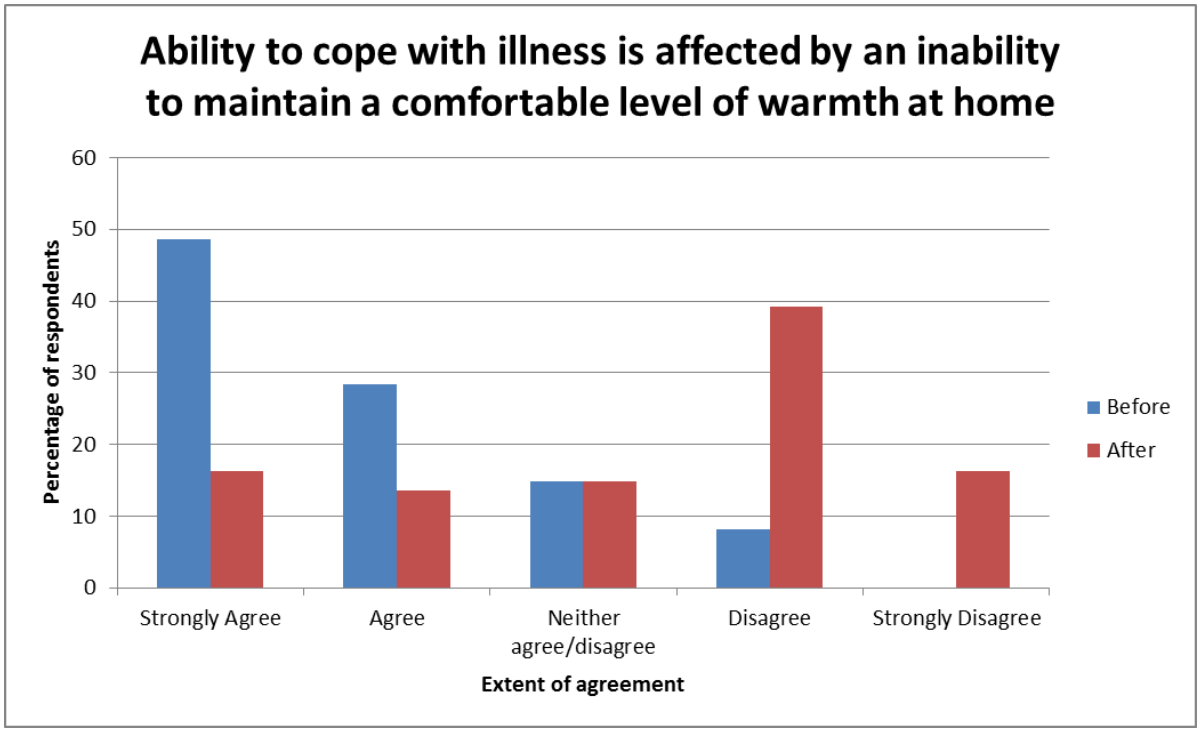


Prior to receiving measures over half of respondents (58.1%) agreed that aspects of their mental health were affected by being unable to maintain a comfortable level of warmth appropriate to their needs at home, and 16.2% disagreed. Following the intervention, the proportion of participants who felt that aspects of their mental health were affected by being unable to maintain a comfortable level of warmth at home had reduced to 25.7%. Those who disagreed that their mental health was affected by low levels of warmth at home had increased to 55.4%.

One participant noted: *"Being warm relieves stress and anxiety."* Another, meanwhile, told us: *"Thank you very much for your help. The anxiety linked to lack of hot water and central heating has disappeared now. Also, the measures have stabilised the electricity bills (electricity bills which escalated due to the broken boiler and necessity of using oil-filled electric radiators and hot air blowers during the extremely cold December, January and February)."* This suggests that the alleviation of stress and anxiety through the project could be related to both feeling warmer at home and reduced worries over being able to affordably heat homes. This was further demonstrated by another participant who described: *"The difference has been amazing. My partner is on chemotherapy and is very poorly. We had a broken heating system and no money to replace, so were in a mess. He is now having radiotherapy. It has been such a relief and taken an awful stress of winter and no heating. We cannot thank Macmillan enough as David has felt the cold so much since his illness and now we don't have to worry."*

Such perceived improvements to mental health correlate with findings from existing studies, which have consistently shown that cold and damp homes can impact upon mental health and wellbeing more generally.[xxix] [xxx] [xxxi] [xxxii] [xxxiii] [xxxiv] In contrast, heating and advice intervention studies have repeatedly demonstrated improvements to self-reported mental health and the wellbeing of scheme recipients. [xxxv] [xxxvi] [xxxvii]

Chart 17. Extent to which ability to cope with illness is affected by an inability to maintain a comfortable level of warmth at home



Before receiving measures over three quarters of respondents (77%) agreed that their ability to cope with illness was affected by being unable to maintain a comfortable level of warmth appropriate to their needs at home, and 8.1% disagreed. Following the intervention, the proportion of participants who felt that their ability to cope with illness was affected by being unable to maintain a comfortable level of warmth at home had reduced to 29.7%. Those who disagreed that their mental health was affected by low levels of warmth at home had increased to 55.4%.

Improvements to the ability to cope with illness can be seen in the responses of a number of participants. For example, one respondent described how: *"My wife and I were up 3-4 times a night changing leaking colonoscopy bags. Having no heating didn't help. Now at least we're not frozen. Thank you!"* Another participant similarly explained that: *"Our heating was broken down completely. My husband is suffering from cancer and having chemotherapy, because of that he feels very cold. So, after receiving heating measures, it helped him a lot to keep warm."*

These improvements were further explored by the evaluation when respondents were specifically asked whether they felt there had been any changes in their ability to cope with a health condition or disability since the installation of their measures.

Chart 18. Changes in ability to cope with a health condition or disability since receiving measures

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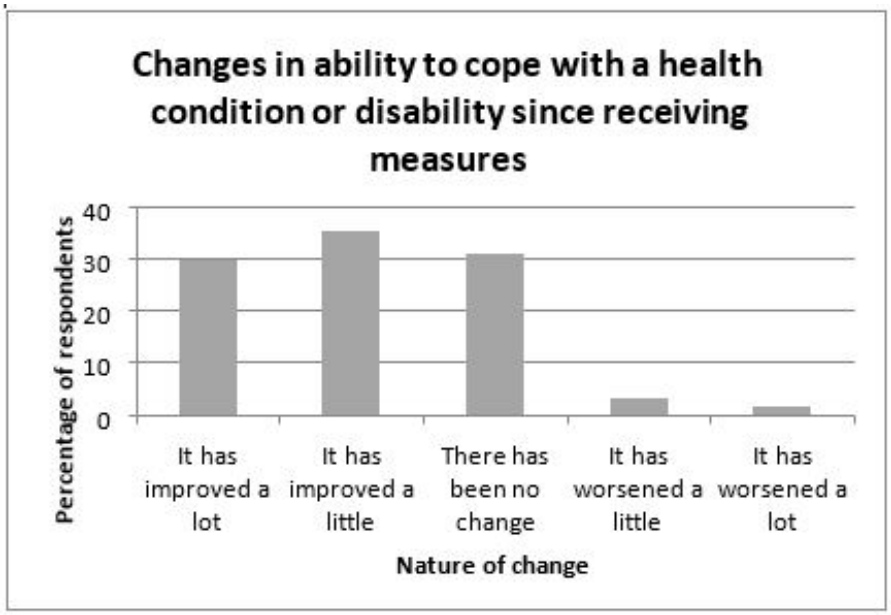
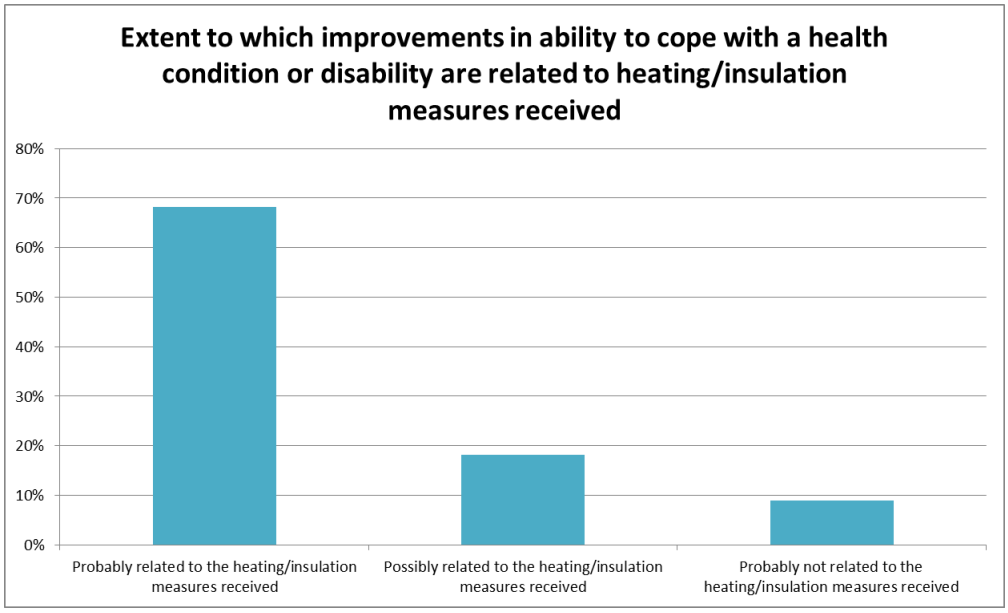


Following the intervention, almost two thirds of respondents (64.8%) felt that their ability to cope with a health condition or disability had improved. Almost a third said that there had been no change (31%) whilst 3.8% felt that their ability to cope had worsened. One participant exclaimed: *"This has been a great improvement; we could not have coped without it."* Another described how: *"When I had cancer and our heating system broke down, I was off work and couldn't afford a new boiler and radiators. Receiving a new boiler and radiators certainly helped me on my recovery. Keeping me warmer and free from worry."*

Respondents were then asked whether they felt that improvements in their ability to cope with a health condition or disability were related to the measures that they had received.

Chart 19. Extent to which improvements in ability to cope with a health condition or disability are related to heating/insulation measures received



Of those respondents who felt that they had experienced improvements to their ability to cope with a health condition or disability, 68.2% felt that this was probably related to those measures, and 18.2% thought it was possibly related. 9% felt that they were probably not related to the measures installed.

Open-ended responses from participants gave some indication as to why they felt their new measures had helped them to better cope with their illness. One participant told us: *"Coping with cancer is difficult at the best of times but since the loft insulation it has become easier. Thank you for the excellent service and advice."* Another said: *"Fighting cancer it is important to be able to keep warm in winter to avoid colds and flu and to have the best chance of treatments being beneficial. A comfortable, warm environment makes all the difference in aiding recovery."* We were also informed that: *"Sadly in January my wife passed away, but the new heating system was a great help in the last few weeks of her life. Thank you for your help."* Finally, one respondent described how: *"When our boiler was condemned my husband needed a lot of help and had district nurses visits twice daily. Once the new boiler was fitted, we were more able to concentrate on getting better both mentally and physically."*

These responses suggest that the Better at Home programme resulted in perceived improvements to aspects of both physical and mental health for recipients, as well as increasing a household's ability to better cope with the effects of cancer. Not only did it create warmer, more comfortable and healthier environments at home, but in some cases it acted to alleviate worries around affordability or ability to achieve adequate levels of heating at home – leaving householders to concentrate on themselves and their families rather than on their heating (or lack of).

2.6.11 Scheme satisfaction

Finally, the evaluation wanted to understand how far households were satisfied with the quality of works carried out in the home, and their overall experience of the scheme itself.

Overall, the majority of respondents were either very satisfied or satisfied with every aspect of the scheme. 97% of respondents were satisfied with the scheme overall. 91.8% were satisfied with the communication they received from the scheme, and 95.9% were satisfied with the quality of work done in their home. Other levels of satisfaction were also high: with the quality of advice given (91.8%). with how well appointments were kept (94.5%); with the cleanliness and politeness of the workers (94.6%); and with how questions or issues were handled (94.3%). Only 1.4% of respondents were dissatisfied with certain elements of the scheme, respectively: communication, cleanliness and politeness of the workers and how questions or issues were handled. 2.7% were dissatisfied with the quality of advice that they had received.

Respondents told us that they had experienced *"Just top class work all round"* and that: *"Warm Zones people were all absolutely 1st class (the supervisor especially excellent). Plus, all the installers were absolutely 1st class. 1. Amenable 2. Talented 3. Absolutely no trouble or problems 4. Just very, very nice, bless."*

3. NEA – Macmillan Fuel Fund

3.1 Overall

It was agreed that a £350K fund would be donated to Macmillan to build upon the Grants Fund currently offered by Macmillan. The NEA Macmillan Fuel Fund has enabled Macmillan Cancer Support to provide top-up fuel grants to households in need across England and Wales.

It is understood that for people living with cancer, fuel expenses are a big concern as the side effects of treatment can lead to people feeling the cold more acutely. Alongside increased time spent at home, this can mean higher energy costs.

The Macmillan and NEA Fuel Fund makes sure that people suffering from the financial impact of cancer brought on by higher energy costs are given the support they need by providing them with a top-up grant of £70 – 75 (NB: the award value was increased for all grants issued post February 2018) to help pay their energy costs after receiving a cancer diagnosis. The parameters of eligibility were slightly expanded at this time to include:

1. People considered to be on a 'Financial Cliff Edge' – working-age people living with cancer moving from a full wage to SSP or even ESA, which often means a substantial drop in income and substantial delay between payments.

2. people 'Recently re-housed' – homeless people who have been (or about to be) housed in council or housing association homes as a result of their cancer, and need to find money fuel bills from a standing start.

3.2 Total Macmillan Fuel Funds awarded across the year (by region)

Between 20 February 2017 – 30 September 2018, the Macmillan and NEA Fuel Fund has issued: £350,000 to 4861 households

3.2.1 Grants Issued by Region/County

Region	County	Total
North East	Tees Valley: 39, Durham: 71, Northumberland: 29, Tyne & Wear: 146	285
Yorkshire & the Humber	North Humberside: 32, North Yorkshire: 59, South Humber: 48, South Yorkshire: 119, West Yorkshire: 159	417
North West	Cheshire: 110, Cumbria: 48, Isle of Man: 5, Lancashire: 394, Merseyside: 143	700
Eastern	Bedfordshire: 42, Cambridgeshire: 71, Essex: 126 Hertfordshire: 52, Lincolnshire: 181, Norfolk: 72, Suffolk: 50	594
East Midlands	Derbyshire: 94, Leicestershire: 77, Northants: 64, Nottinghamshire: 79	314
West Midlands	Herefordshire: 52, Shropshire: 61, Staffordshire: 140, Warwickshire: 44, West Midlands (Birmingham, Coventry, Oldbury, Smethwick, Wolves, Sutton Coldfield, Tipton): 369, Worcestershire: 59	693
London	London Boroughs: 391	391
South East	Berkshire: 60, Bucks: 43, East Sussex: 52, Hampshire: 96, Isle of Wight: 11, Kent: 129, Middlesex: 67, Oxfordshire: 52, Surrey: 75, West Sussex: 44	629

Region	County	Total
South West	Avon: 152, Cornwall: 71, Devon: 98, Dorset: 40, Gloucestershire: 32, Somerset: 87, Wiltshire: 51	531
Wales	Blaneau Gwent: 11, Bridgend: 11, Caerphilly: 20, Cardiff: 23, Carmarthen: 28, Ceredigion & Llandudno: 17, Denbighshire: 7, Gwynedd: 20, Monmouthshire: 2, Isle of Anglesey:6, Newport: 20, Pembrokeshire: 16, Powys: 14, Rhondda: 26, Swansea: 11, Torfaen: 9, Wrexham: 21, Flintshire: 9, Merthyr: 10, Port Talbot: 1, Vale of Glamorgan: 16, Conwy: 9	307
	Total Grants	**4,861**

4: Capacity building to raise and improve awareness of energy issues

4.1. NEA Accredited Training

The programme set out to deliver at least 50 short courses, 20 City & Guilds (Level 2) Fuel Debt courses, and 5 City & Guilds (Level 3) Energy Awareness courses as well as make available the provision of Energy Awareness e-learning where this was more appropriate.

The aim of the training and awareness-raising element of the programme is to inform and support strategic agencies and frontline workers (including those who work with households affected by cancer) to provide energy-related advice and services to their service users through enhanced capability and capacity to act. It looked to do this by:

- Enhancing knowledge of fuel poverty and its causes, consequences and solutions
- Improving confidence to provide advice on fuel poverty and related support
- Improving awareness of the impact of fuel poverty on health
- Improving awareness of support available to address energy efficiency and improve energy efficient behaviour
- Improving awareness of support to tackle fuel debt or support those struggling with energy bills
- Awareness of the support available for those affected by cancer is improved
- Enhancing opportunities for advice to be cascaded to the public and those affected by cancer

The legacy of the Better at Home training provision is through training people working with those living with or recovering from cancer or with a health condition exacerbated by living in a cold home, so they can continue to deliver advice and support long after the project has finished. NEA has trained in-home practitioners, nurses, advisers and telephone helpline staff and volunteers with the skills to identify when vulnerable households may be struggling with their energy bills. Macmillan's energy team leader advised *"I wish I'd done it sooner ...essential background for anyone advising on energy."* This not only ensures that clients have improved access to information but also helps attendees and their organisations to build on and improve current knowledge bases whilst expanding their capacity to provide detailed support to clients. Indeed, training can also help to ensure that clients who would might otherwise not be identified as at risk to fuel poverty can receive specific advice to help achieve affordable warmth at home.

Overall, across the Better at Home training provision (which included Energy Awareness courses, Fuel Debt Advice courses, and a number of short courses) attendees felt that their knowledge about energy use in the home, identifying and understanding fuel poverty and energy debt had increased significantly.

This in turn, could be of direct benefit to those people seeking advice and support from the organisations and staff members trained. Collectively, it is suggested that over 236,000 people could benefit from the increased knowledge of those advising them (per annum).

NEA successfully obtained CPD accreditation and quality assured the full suite of courses.

4.1.1 Delivery across the programme

- Full day fuel debt courses: 241 delegates trained across 20 courses
- Short courses: 756 delegates trained across 71 courses (61 courses delivered in England / 10 in Wales)
- Energy awareness and e-learning: 87 delegates across 6 courses

4.1.2 Accredited training evaluation

4.1.2.1 Methodology

Each awareness raising and training session was evaluated using a post-event administered evaluation form, either on paper or online. The evaluation form collected data that would allow outputs to be monitored and outcomes assessed. Questions pertained to before and after measurement of knowledge and confidence in relation to the causes, consequences and solution to fuel poverty, as well as awareness of advice and support available.

The evaluation form also captured data about those that attended the sessions, the type of agency, their role and how many people they believe they would be likely to cascade the information and knowledge they had gained onto – including whether these are likely to include people living with or affected by cancer.

It is important to note that not all attendees of training and awareness sessions would go on to complete an evaluation form. Therefore, the results presented below are representative of those attendees who completed a post-event evaluation form rather than all training and awareness session attendees.

4.1.2.2 Energy awareness

The Energy Awareness course is a level 3 City & Guilds qualification. The course comprises a three-day training course and a one-day examination. The topics covered include:

- The efficiency and appropriate use of heating and hot water systems and the functions of the controls
- Interpret domestic fuel cost data using reference materials
- Advise clients on how to record gas and electricity consumption and to work out costs
- Inform clients of ways of paying for gas and electricity
- Identify the potential to improve energy efficiency in a range of dwellings
- Explain the Energy Company Obligation (ECO)
- Advise clients on how to avoid condensation and how to take remedial action where condensation dampness exists

Overall 85% of attendees agreed or strongly agreed that the course had helped them to improve their knowledge of the impacts of living in a cold home on a person's health, a further 94% felt their knowledge of the support available for those in fuel debt or struggling with their energy bills (94%) and the range of assistance available to help improve energy efficiency and occupants practices (97%) had increased. A slightly smaller proportion (89%) of attendees felt more aware of the support available to individuals living with or recovering from cancer.

4.1.2.3 Fuel debt

The Fuel Debt Advice course is a one-day course aimed at advice workers working with clients who are in fuel debt or struggling to pay for their energy bills. The course covers:

- Causes of fuel debt
- Responsibilities (customer, fuel supplier, landlord)
- Payment options and switching suppliers
- Meter and billing problems
- Complaints procedures
- Grants and assistance available

Overall 78% of attendees felt that their knowledge of the health impacts of living in a cold home had increased as a result of attending a Fuel Debt Advice course. In addition to this, 97% of attendees said they felt more knowledgeable about the different types of support available to those in fuel debt or struggling to pay their energy bills. A further 91% felt more knowledgeable about the range of assistance available to improve the energy efficiency of homes and occupants' energy practices.

Similarly, the course also aimed to increase confidence in providing advice on fuel debt specifically. Prior to the training course, attendees noted that they had an average level of knowledge (2.7 out of 5), after attending the course, confidence increased to 4.4 out of 5 (good to excellent).

Attendees also went on to note how they might put their learnings into practice when delivering advice to people. This included elements such as: signposting to additional support; scrutinising and ensuring client bills are correct; encouraging switching tariff/supplier or payment method; and communicating consumer rights to clients in debt.

Indeed, the improvement of knowledge was something that a number of attendees went on to highlight as something they could put into practice within their role and that this would help to directly benefit the people they supported: *"Understanding the causes of fuel debt and the ways of trying to resolve it. I would also feel more confident with reviewing a client's fuel bill"*. Another respondent went on to highlight: *"Feel confident that I could offer advice on fuel debt and signpost people to further advice and support"*.

4.1.2.4 Short courses

A range of short courses were also delivered as part of the Better at Home project. These courses constituted a range of one-day and half-day sessions, covering a number of energy and health-related topics. The courses made available were:

- Behaviour Change
- Identifying Vulnerability, Fuel Poverty and Health
- Introduction to Energy Awareness
- Introduction to Fuel Debt
- Tackling the Cold
- Understanding Fuel Poverty and Fuel Debt
- Understanding Fuel Poverty and Health

The majority (89%) of people who attended the short courses noted that their organisation reached people living with or recovering from cancer (either as a core service or more generally through advice provision). A small proportion (7%) said they might reach people living with or recovering from cancer and 4% said they would not.

The average level of knowledge of fuel poverty, its causes, consequences and potential solutions before attending a course was below average at 2.9 out of 5. After attending a course, respondents felt that their knowledge had increased by two points to 4.6 out of 5 (good to excellent). Similarly, knowledge on the course subject (energy- related issues) was below average prior to attendance at 2.8 out of 5, however, this increased by over two points to 4.4 out of 5 (good to excellent).

More specifically, 93% of attendees felt that their knowledge of the health impacts of fuel poverty had improved since attending one of the short courses. 97% felt that their knowledge of support available to those struggling with energy bills and a further 92% felt more confident in offering advice on the range of help available to help householders improve their homes energy efficiency and or occupant practices.

The overall satisfaction with course content was also high, here the average rating that attendees gave was 4.6 out of 5 (excellent). Attendees were also asked to detail which elements of the course they attended that they found most useful. A diverse range of responses were provided which reflected the content provided by the various short courses delivered. The most useful aspects included: understanding of the impacts of cancer; energy-related support available to people with cancer; definitions of vulnerability and fuel poverty; energy related support available (e.g. PSR); handouts available (good for future reference); gas safety; health risks of living in a cold home; and the case studies provided.

Indeed, some attendees went on to highlight specific impacts of attending a short course, as one attendee noted: *"All of it very informative, didn't realise what was available out there and also impact on health".* Another respondent highlighted other useful aspects of the short course they attended *"Details regarding the trusts and grants available and the priority services register".*

The evaluation also asked how they might put their new learning into practice. A range of actions were noted, these included: the ability to ask clients more in-depth and beneficial questions (increasing understanding of client situations); the ability to better identify those in fuel poverty; and the support available to vulnerable people.

Other quotes from delegates:

- *"Just wanted to say that the training we have received from you guys has been amazing and has really helped my team of volunteers in understanding how people get into energy poverty. The volunteers who volunteer in my team have managed to get help with £12,000 worth of energy debt and that's only since September. We have lots more applications awaiting awards too, so thank you so much."*
- *"Thanks for an excellent three days, I thoroughly enjoyed the course and felt challenged by many of the issues raised. I now feel I would like to do more for tenants"*
- *"I feel more confident to not just tell people how to make savings on their usage but also how to control heating efficiently and where to seek help"*
- *"A very enlightening and interesting course that will inform my work providing advice and guidance to clients in the referrals I receive from the Health and Social Care Teams. Thank you."*

4.2 Community engagement

Alongside the training NEA delivered a programme of localised awareness sessions and direct community engagement across England and Wales to enhance the reach into local communities and raise awareness at a local level of the available support being made available through this programme alongside available local and national provisions to enhance the energy efficiency of people's homes.

The programme demonstrated that many individuals were either not aware, or unable to take steps themselves to apply for additional support (as a consequence of their health). By delivering on the ground activity in local communities it enabled us to reach into local community groups which have the trusted relationships with those people who need the greatest support.

The objective of this engagement was to ultimately develop and deliver a practical programme of support which responds to local needs and alleviate the impact of fuel poverty on individuals who might be living with cancer or struggling with a health condition exacerbated by living in a cold home. To do this NEA delivered:

Awareness raising sessions with trusted partner organisations including local cancer charities and health support groups – all sessions would cover:

- An overview of fuel poverty
- Available rebates and schemes to support vulnerable consumers (including bespoke cancer tariffs), energy discounts, priority services register, trust funds, ECO and details of local affordable warmth services
- Switching information
- Energy efficiency tips and guidance
- Other follow-up support available to their clients
- Local energy advice and bill management workshops to individuals to highlight the availability of what help is available and how to access available support, rebates, advice and schemes via localised on-the-ground assistance delivered by NEA regional coordinators and upskilled partner agencies.
- Mobilising strategic action to tackle fuel poverty at a local level including linking local support schemes together to ultimately benefit individuals most in need with effective referral pathways.

4.2.1 Delivery on the programme

NEA secured relationships and developed bespoke tailored projects across North East, North West, South East, South West, East Midlands, London, Yorkshire/Humber and Wales; all localised engagement had the primary purpose of offering practical support to individuals living with/recovering from cancer or individuals living with a health condition exacerbated by living in a cold home.

NEA developed localised resources to support the engagement – this included information about available local services to enhance referral pathways.

Overall the community engagement programme successfully delivered:

- 14 community events reaching 160 residents
- 41 awareness sessions reaching 473 practitioners

Region	No. of awareness sessions (practitioner)	Total attendance	No. of consumer-facing sessions	Total attendance
London/Eastern	8	117	2	48
South West	8	102	3	8
South East	3	30	2	22
Yorkshire and the Humber*	4	34	1	5
East Midlands*	1	17	1	40
North East*	8	79		
North West	1	10	4	28
Wales*	8	84	1	9
TOTAL	**41**	**473**	**14**	**160**

*Additional strategic support provided – details provided in narrative below.

4.2.2 Local partner engagement

Across each region a broad spectrum of local organisations were engaged, many of whom were new to NEA and had not previously been aware of the services available to support their clients with energy-related issues (as highlighted by the feedback – see 4.2.3).

London and the Eastern regions

Across London and the Eastern region NEA focused activity on health outreach teams and hospitals to deliver energy awareness sessions and direct advice surgeries. NEA secured successful engagement with:

- MacMillan Eastern Network (facilitated by Hertfordshire MacMillan Benefits Advice Services Manager)
- Maggie's Centres (Cambridge, Oxford and Charing Cross Centres
- Macmillan Centre at Southend-on-Sea Hospital
- Lynda Jackson Cancer Centre at Mount Vernon Cancer Centre
- Cancer Support Group at West Hampstead Women's Centre
- Helen Rollason cancer charity
- West Suffolk Hospital Cancer Information and Support Centre Manager
- Homerton University Hospital Health and Cancer Team
- Wandsworth Wellbeing Hub (community navigators and social prescribing staff)
- Southwark Wellbeing Hub (community navigators and social prescribing staff)
- Cambridge Community Navigators
- Expert Patients Programme Reunion (Merton and Wandsworth CCGs)

South West

NEA's work in the South West was initially focused in Exeter, with engagement secured with Force – a large cancer support charity, however due to the workload and limited capacity of the staff (see lessons learnt) at Force we were unable to partner fully with Force and instead provided them with tailored local materials and expanded the focus to other health groups across the region. As a result of taking a broader approach NEA successfully engaged with:

- Poole Borough Council
- Devon Public Health
- British Red Cross o Exeter City Council
- Wellbeing advisors – Exeter Council
- Care Direct Plus Devon
- The Beacon Cancer Centre
- Somerset Social Care

NEA were able to host two advice stands with the Beacon Cancer Centre and provide direct advice on the Priority Services Register, Warm Home Discount and direct people for financial assistance, as appropriate, via Macmillan however as detailed in the lessons learnt the attendance at these sessions was limited however the service provision was reaching the people most at critical need of additional support. When delivering energy advice during another point of crisis it is more difficult to secure engagement, but each engagement will often have that much more impact due to the circumstances the client is in as a result of an unexpected diagnosis.

South East

NEA delivered a combination of practitioner awareness sessions and advice sessions and secured engagement with a number of local health services supporting people with severe health conditions, in particular individuals living with cancer. Securing initial engagement across the region had been more

difficult due to the pressures faced by the health sector but once an initial link was secured via Albion in the Community it expanded NEA's reach to other health sector partner agencies including:

- Albion in the Community, the official charity of Brighton & Hove Albion Football Club
- Adult Services, West Sussex County Council
- Macmillan Support Workers, Worthing Hospital
- Clinical Nurse Specialists, Worthing Hospital
- St Peter & St James Hospice, Lewes

Yorkshire and the Humber

Activity in Yorkshire and Humber was mainly targeted in North Yorkshire and twofold, there was significant engagement via short awareness and advice sessions but running alongside this was a strand of strategic support for organisations to enhance their ability to refer their clients into local support services. NEA also delivered a strand of e-learning training through the North Yorkshire Winter Steering Group.
NEA was able to secure engagement with:

- North Yorkshire County Council
- Hambleton District Council
- Craven District Council
- Cancer Support Yorkshire (providing practical and emotional support for those affected by Cancer)
- Take that Step

Take That Step has been funded by North Yorkshire Public Health for a period of five years. In Hambleton District Council, patients with health conditions that can be improved by weight reduction and regular exercise are referred to Take That Step Trainers who develop a 12-week course of exercise and diet with each patient and regularly meet patients to discuss progress and provide encouragement. Many of the patients referred are on low incomes and struggle to continue their exercise routine as they find it difficult to afford leisure centre entrance fees or membership. The Better at Home postcard resource is being distributed as part of the Take That Step information pack (17 people per week) providing details of Warm and Well in North Yorkshire, which is a one-stop-shop for energy advice, grants and income maximisation services.

- Keyring (Self Advocacy Group for people with disabilities)
- Kirklees Health Trainers
- Kirklees Care Navigators
- Leeds Money Buddies (a team of paid staff and volunteers who are money friends that will work with householders to help save money, maximise income, develop budgets and financial statements, negotiate with creditors, help switch utility suppliers and apply for grants.) As a result of the initial Better at Home session, two further sessions have been planned with up to 30 further Money Buddies which will take place beyond the timescale of this project, delivered by NEA under another programme of work.

East Midlands

Initially a substantial portion of NEA's activity within the East Midlands was piloting a partnership with Public Health England to engage with their wide networks of local PHE branches across the East Midlands with briefings and awareness sessions. The intention had been for NEA to also partner with PHE on their annual Warm and Well Campaign (2018 – "Help us, Help You") – sadly due to the overall rebrand being undertaken and the pressures faced by the lead contacts NEA was engaged with at PHE it became increasingly difficult to progress NEA's input and as such this year's campaign could not be co-branded. This relationship has developed substantially however, and we are optimistic of future involvement to ensure the Warm and Well campaign focuses beyond just flu jabs and basic energy tips and places emphasis on broader schemes around energy efficiency and maximising income support.

Despite the above, the local awareness campaign did eventually secure traction, having initially led to very limited take-up (we conclude this was due to work pressures and timing). We found a number of agencies responded with an interest in hosting local awareness sessions for their staff and PHE committed to 1 session during the Better at Home project period, with a further 3 being fulfilled after the Better at Home programme had concluded via other programmes of work. During the programme period NEA was able to successfully secure engagement with:

- Armley Helping Hands
- Neighbourhood Action in Farnley
- St Vincent's
- Moor Allerton Elderly Care o Older People's Action in the Locality
- Leeds Irish Health & Homes
- Engage Leeds o Leeds MIND
- Age UK Leeds
- Leeds CCG
- Connect for Health
- British Red Cross
- Community Links
- Public Health England (East Midlands)

North East

NEA's activity in the North East was based in Sunderland and had a much more strategic focus, seeking to improve the inter-agency links across the area. NEA led the development of Sunderland Council's updated Affordable Warmth Action Plan and facilitated a series of local workshops bringing together multiple agencies to understand the barriers and solutions to fuel poverty within the region. Running alongside the strategic engagement NEA was able to deliver a number of awareness sessions to local agencies raising awareness of the importance of tackling fuel poverty and the help available – this enabled better inter-agency working and effective referral pathways between local organisations to minimise duplication and maximise impact on clients. NEA engaged with:

- Sunderland City Council
- Sunderland Carers
- Shiney Row Advice Service
- Groundworks
- Mental Health Matters
- Sunderland BME Network
- Gentoo
- Voluntary Community of Sunderland (VCAS)
- Age UK Sunderland
- Citizens Advice Sunderland
- Shelter

A quasi steering group is now in place to take forward the action plan and explore funding opportunities to further the ambitions set out with the Action Plan and ultimately seek to eradicate fuel poverty in Sunderland.

North West

NEA's activity in the North West was very much focused on establishing links with agencies supporting individuals affected by cancer, NEA was able to secure engagement with:

- Lyndale Cancer Support Centre – Knowsley
- Marie Curie Helper Service – Liverpool
- Macmillan Aintree Hospital
- Macmillan Royal Liverpool Hospital

As well as the support provided through the programme directly, the engagement with Lyndale Cancer Support Centre (which is a major hub in Knowsley for individuals whose lives have been affected by cancer to receive support, comfort and advice) led to an unexpected outcome. At the point of engagement the Centre's boiler and heating system had broken down (and was not sufficient in size to effectively heat the full centre); NEA was able to work closely with Knowsley Council and local contractors to secure funding and in-kind support from Vaillant to replace the full system.

Wales

As in some of the other localities NEA facilitated both strategically-focused engagement as well as practical engagement across Wales and the programme coincided with the publication of updated wellbeing plans from the Public Service Boards (the purpose of Public Services Boards (PSBs) is to improve the economic, social, environmental and cultural wellbeing in its area by strengthening joint working across all public services in Wales). NEA identified that whilst fuel poverty had been mentioned in some of the draft plans it had not been referenced in all, and very few had determined how they might go about tackling the issue. The programme therefore enabled us to respond to the consultations on their draft plans and also engage each PSB in a basic awareness session to give them the tools and information to build fuel poverty alleviation action into their final plans. Practical solutions and best practice examples were given to policy makers at awareness sessions. As well as the strategic and practical engagement with PSBs NEA facilitated a series of awareness sessions to other local key agencies working with people who might be impacted by ill health, in particular those who might be affected by cancer. The programme was very well received and highlighted several organisations who were unaware of the scale of the issue, as well as the existence of solutions.

- Cardiff Children's Services
- Supporting People
- The Parent Network
- Ceredigion Poverty sub-group
- North Wales region Public Service Board
- South Wales Public Service Board
- Swansea Council
- Holyhead Cancer Support Group

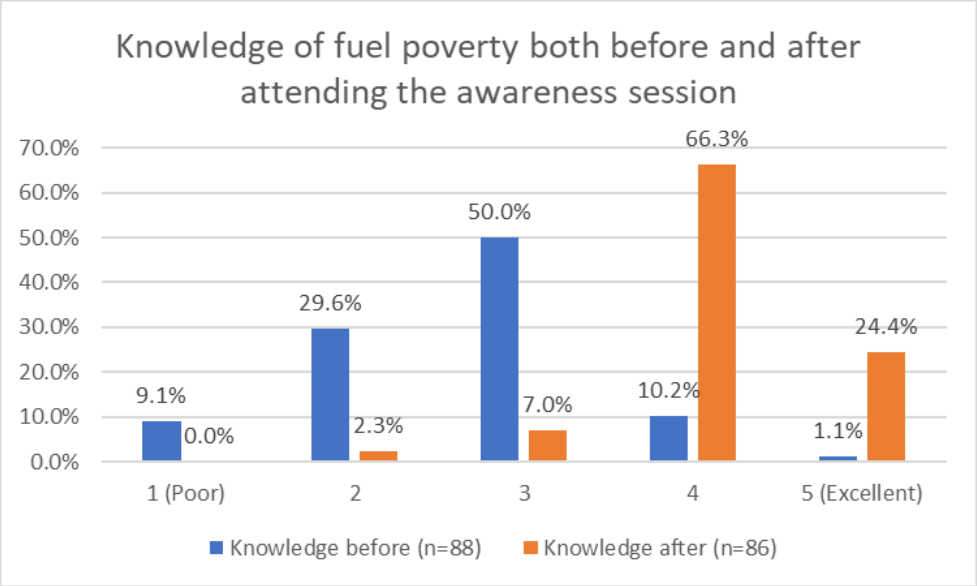
4.2.3 Awareness Session evaluation

At the end of the project 90 respondents had completed evaluation forms after attending an awareness session. These respondents represented a broad range of professionals including, local government/local authorities, advice agencies, NHS staff, housing associations, third sector organisations and cross-sector partnership organisations.

The majority of respondents (85.2%) worked for an organisation which dealt with people living with or recovering from cancer either as a core service or generally through advice provision.

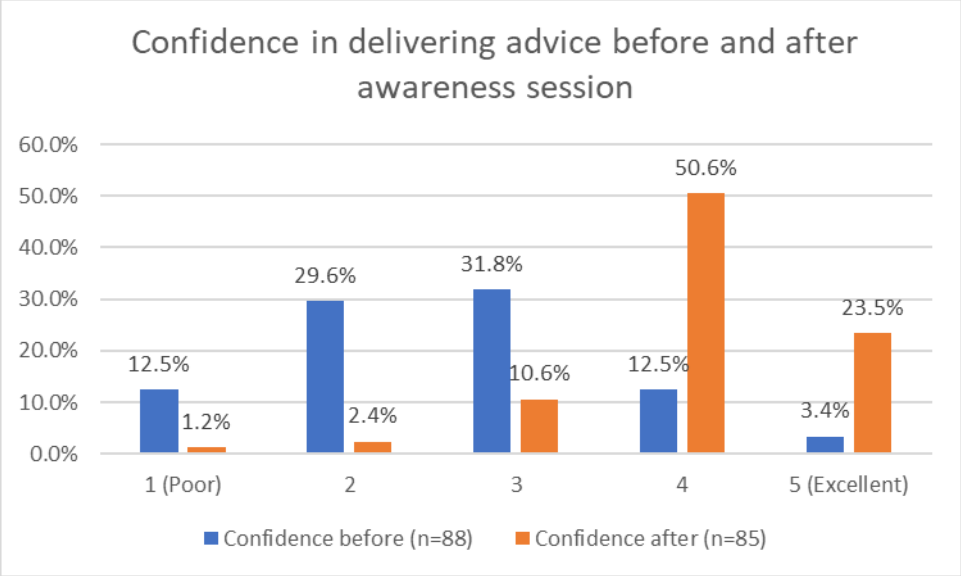
Chart 20 demonstrates that half of respondents (50.0%) felt that their knowledge of fuel poverty before attending the awareness session was average (3 out of 5). After attending the awareness session 90.7% felt that their knowledge of fuel poverty was good or excellent: 66.3% felt that it was good, and a further 24.4% felt it was excellent. This demonstrates an increase of 79.4% in the proportion of attendees who perceived their knowledge as good or excellent after attending the awareness session.

Chart 20: Knowledge of fuel poverty before and after awareness session



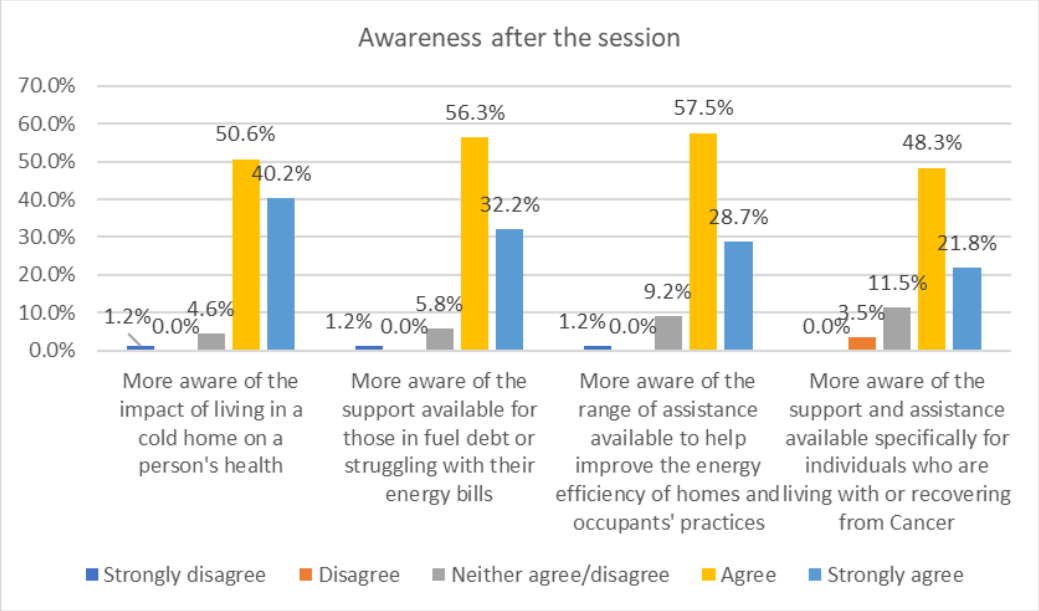
As chart 21 demonstrates, two fifths of respondents (42.1%) felt that their confidence in delivering advice on this topic was below average before attending the awareness session and a further 31.8% felt their confidence was average. In contrast to this, 84.7% of respondents felt that their confidence in delivering advice was average or better after attending the session, with nearly three-quarters (74.1%) stating it was good or excellent (50.6% and 23.5% respectively). This suggests that the awareness session was successful in helping attendees to improve both their knowledge levels in fuel poverty and their confidence in delivering advice to clients.

Chart 21: Confidence in delivering advice before and after awareness session



Respondents were then asked to discuss specific areas in which their knowledge may have changed after attending the awareness session. As chart 25 shows, the majority of respondents agreed or strongly agreed that their awareness had increased with regards to the four specific topic areas after attending the awareness session. Results suggested that respondents were most likely to observe increased awareness of the impact of living in a cold home on someone's health, with 90.8% agreeing or strongly agreeing. Similarly, over 88.5% felt more able to support those in fuel debt or struggling with their bills and 86.2% felt more able to offer assistance to help improve the energy efficiency of home and occupants' behaviour patterns. A smaller proportion (70.1%) agreed or strongly agreed that they felt more able to support individuals who are living with or recovering from cancer.

Chart 22: Awareness after the session

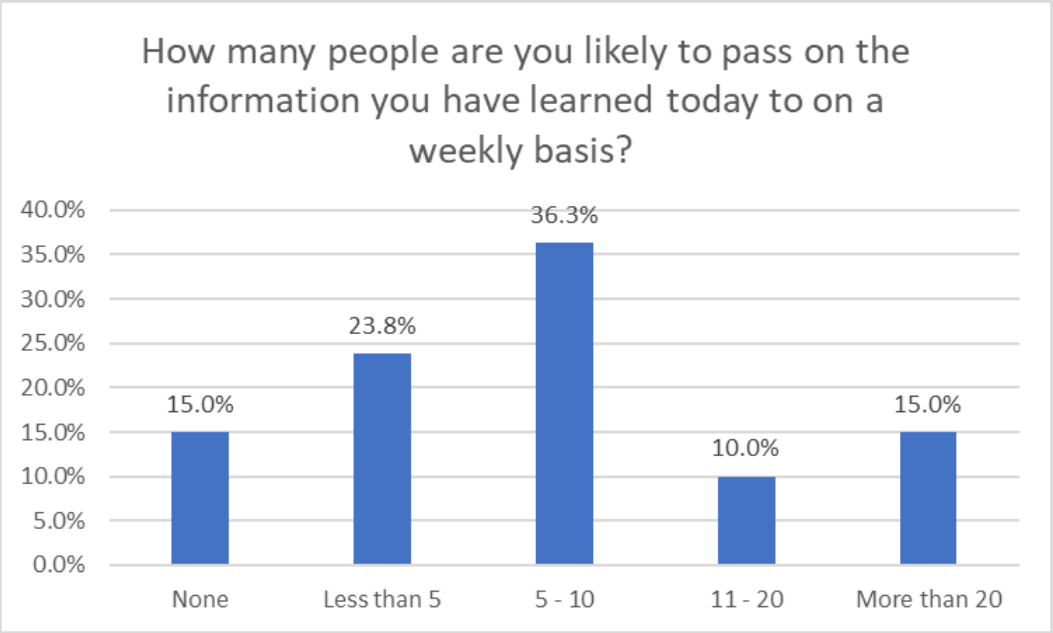


Respondents were also asked about their overall satisfaction with the course content (figure 25). Here, 96.3% of respondents were satisfied (46.3%) or very satisfied (50.0%) with the course content. A further 2.4% were neither satisfied nor dissatisfied and 1.2% were dissatisfied.

The majority of respondents (85.0% in total) noted that they would pass on the information they had learnt during the awareness session to at least one other person. 23.8% felt they would pass it on to less than 5 people per week. Over a third (36.3%) felt they would pass the information on to between 5 and 10 people each week and 15.0% said they would pass the information on to more than 20 people per week.

This suggests that respondents would pass on the information learnt as part of the awareness session to at least a minimum of 5 people per week (on average – many significantly more), which could equate to more than 113520 consumers helped per annum across all practitioners reached.

Chart 23: How many people will you pass information onto (weekly)



4.3 Successes, Challenges and Lessons learnt

The programme gleaned a number of valuable lessons when working with the health sector, particularly when working with local agencies who are supporting people living with cancer, due to the devastating effects a cancer diagnosis will have on a household. In many cases resulting in lives being completely turned around and incomes reducing substantially very suddenly.

- When securing engagement with agencies and their practitioners it was important to be flexible, both in timings for when the awareness sessions might take place (to allow for scheduling alongside other priorities), time scales of a session (as often organisations may have a low number of staff available at any one time and can only free them up for an hour), and also locality – delivering in-house to mitigate any need for travel was welcomed by partner organisations.

- Albeit obvious, it is important to recognise that energy-related issues are unlikely to be a priority for people facing a recent cancer diagnosis, timing for engagement is critical as is the advice being provided. Solutions need to be easy to ascertain and support readily given as often individuals lives will have been thrown into unexpected chaos – signposting alone is unlikely to be sufficient and more active referrals or direct one-to-one support will be needed to most effectively support an individual to improve their situation whether that be fuel debt management, switching supplier to reduce energy costs or assistance with income maximisation.

- The Better at Home Resources have proven overwhelmingly popular amongst all our partner agencies across the programme – so much so additional orders were made to the programme. NEA anticipate this is likely to be because the resources provide a two-tier level of information – essential, easier to attain quick wins on the post card supplemented by more in-depth information within the fuller booklet, and because each resource was tailored to include local service provision.

- Overall the health sector is facing unprecedented pressures and demands on their time and it is vital to recognise this. As outlined above being flexible is key to securing engagement; once engagement was secured it stimulated significant engagement across broader teams so investing the time to secure the initial engagement, whilst often time consuming, is worth it and ultimately leads to you reaching the key individuals who will take forward the messages to their clients and colleagues.

- Due to the flexibility of the programme, enabling NEA to tailor the on-the-ground support to fit the needs of the community, several organisations were reached who may not have been reached otherwise, expanding our reach into sectors not previously engaged in the subject of (or solutions to) fuel poverty whilst providing solutions and support which responded to an actual need rather than delivering off-the-shelf activity which would have had less of an impact.

- Social prescribing teams and networks were a part of the health sector we were able to secure significant traction across London, Yorkshire and the Eastern region - and any future work should build on this successful engagement as enabled clear referral networks to be established.

- Although we found influencing senior stakeholders within CCGs and PHE less effective in securing direct engagement with those same individuals it often led to messages being passed on leading to engagement from operational colleagues. It seemed that a two-pronged approach (influencing senior leads as well as trying to establish contact with operational staff proved most effective in initiating a dialogue.

- There was definitely appetite amongst all engaged agencies to do more, cascade the learning and support the programme but critically having clear direct referral pathways into services, knowing exactly what support would be provided to their clients and being sure of an outcome was fundamental to securing interest and engagement – localities where there was clear local service provision available often stimulated more interest. When reliant on existing national provision alone, which is known by stakeholders to be patchy and often insufficient for a client's needs (i.e. expected client contributions) stakeholders were more reluctant to highlight to their clients for fear of raising expectation.

- Dovetailing strategic support alongside practical advice and awareness proved effective in stimulating clear longer-term commitment to tackling the issue beyond the lifetime of the programme, as well as stimulating broader community involvement and enhancing interagency working.

5. Case Studies

Numerous case studies have been made available throughout the lifetime of the programme within the interim quarterly reports, a sample of these can be found below.

5.1 Warm Zones CIC Energy Efficiency Grant – Case Studies

5.1.1 Case study

Mr W is a 78-year old living in a 2-bedroom semi-detached house. Mr W has terminal illness and autoimmune liver disease. As a consequence of the client's ill health he feels constantly tired, is in frequent pain and has jaundice – all of this is made to feel worse in the cold. The client's home was heated by a back boiler, which worked intermittently and as it was over 20 years old, there were no replacement parts available to repair it. As a result of the Warm Zones Better at Home grant we were able to replace his heating system with a new condensing boiler, replacement radiators and TRVs throughout the home.

5.1.2 Case study

Mrs H was referred by one of the Warm Zones heating contractors. She had been in full-time employment as a Teaching Assistant but was forced to give it up due to treatment for breast cancer (which was ongoing). This reduced the household income to just her partner's wage, making it much harder to manage day to day. The client's 14-year old boiler had broken down and deemed not economical to repair. The clients had been struggling to source funds to replace the boiler so had no heating or hot water; thanks to the Better at Home grant Warm Zones were able to fit a new combi boiler with replacement TRVs.

5.1.3 Case study

Mrs B lives in a mid-terrace property and is aged 63, living with terminal cancer, arthritis and an under-active thyroid. Mrs B was referred as she had an inefficient oil boiler and they could no longer source parts to repair it. Referral was made by Macmillan and the client is prone to chest infections due to her chemotherapy treatment which were being exacerbated by her lack of heating. The scheme allowed Mrs B to receive a fully funded A-rated boiler and her system was flushed.

5.2 NEA/Macmillan Fuel Fund – Case Studies

5.2.1 Case study

We received an application from a woman in the north of England in her late fifties. Sadly, she was diagnosed with pancreatic cancer. After having to take time off work, she started receiving only statutory sick pay, leaving her on a very low income.

After having major surgery, she needed to take a further six months off work to recover, meaning the financial impact of cancer continued to be a huge struggle. It also led to this woman incurring energy arrears.
A top-up award, provided through the Macmillan NEA Fuel Fund, helped to ease the financial cost of cancer.

5.2.2 Case study

In May, we received an application from a woman in her fifties, living in Wales. She lived with her husband and her 18-year-old son, who has autism.

Having originally been diagnosed with breast cancer in 2015, this woman's condition had progressed and now

she only had a few months to live. The financial cost of cancer became a huge worry. The nature of using oil to heat their home meant it was very expensive and the family had been struggling to pay their fuel bills.

A £75 top-up award was given to the woman to help ease the financial cost of cancer.

5.2.3 Case study

We received a grant application from a family living in Wales. Devastatingly, their eight-year-old daughter had recently been diagnosed with a recurrence of her brain tumour, leaving her with a poor prognosis and receiving palliative chemotherapy.

Her mother needed to stop work completely to look after her and her father also had to take time off work, reducing their income further. This meant they were finding it extremely difficult to keep up with payments of their energy bills following their daughter's diagnosis. This family were in desperate need of financial assistance, which we were able to offer thanks to the Macmillan NEA Fuel Fund.

5.3 NEA community engagement – case studies

5.3.1 Case study (Eastern region)

Care Network, Cambridge Community Navigators Awareness session

The Community Navigators deliver home visits to 'help improve the health, wellbeing and independence of older and vulnerable people'. Just from having conversations with the team it was clear that they support some of the most socially isolated people in the region and the energy awareness session was very welcome. The team explained they regularly come across issues with energy bills and lots of their rural service users have oil-fired heating systems which were expensive and difficult to manage. We covered lots of issues including risk factors, indicators, health impacts, assistance and support on offer. The team were particularly interested in the support services available to them regionally. As well as a countywide home energy visit service, Cambridge Community Foundations provided minor repair/heating grants of up to £300 focused on their target audience. Many attendees weren't aware of the scheme and were happy that the grants could be used to support their service users off the gas grid.

5.3.2 Organiser feedback (London)

A quote from Christina O'Connor, Merton and Wandsworth CCGs sent via email after the Expert Patients Programme Reunion event:

'Thank you for coming – people seemed really interested in your talk and were engaging really well! I think it really added to the day.'

Christina O'Connor
Merton and Wandsworth CCGs

5.3.3 Case study (South West)

Mr and Mrs S have 4 children aged between 12 and 21 who all live at home. They own their own home but have a very limited income of just over £16,000 per year. This is made up of Mr S's pension, Attendance Allowance, Mrs S's Carer's Allowance and Child Tax Credit.

Mr S was diagnosed with cancer a few years ago and now requires full time care by Mrs S. She has had to give up work in order to look after him and take him to numerous hospital appointments.

The household energy bills are high as there are six of them living in the house and Mr S needs a constantly warm home due to his treatment. They have switched supplier to save money on bills but their direct debit payments for gas and electric keep increasing (up to £207 per month currently) so they wanted to find out if they were still on a good tariff and if there was any other help available to them. They were referred to NEA by a Macmillan's wellbeing adviser who had recently attended a Better at Home project awareness session.

NEA visited Mr and Mrs S and went through their energy bills with them. The couple had been relying on estimated bills and they hadn't realised they were eligible for the Warm Home Discount rebate. NEA supported the couple with applying for this and also discussed switching. The couple were registered on the PSR.

Despite having an efficient gas boiler and central heating system, the main living space (a kitchen/diner) only had a very small radiator which they were supplementing with secondary heating.

There was space in the room for another radiator to come from the main central heating system. They hadn't had the boiler serviced for years as they were afraid that if anything was wrong with it, they wouldn't be able to afford to pay for repairs. I discovered that Mr S had served in the armed forces so made a funding application to NEA's "Forces for Warmth" project. This was successful and a local heating engineer visited to service the boiler and extend the heating system into the dining room with a new radiator. NEA also provided some LED spotlights for them to help reduce energy bills (there were 12 halogen spotlights in kitchen and hallway) and provided them with a powerdown. Mr and Mrs S now feel confident to compare other energy providers when their fixed rate deal comes to an end (and to check they switch to a company offering the Warm Home Discount).

They were very grateful for the help they received to improve their heating system and hope it will help to reduce their bills (along with the low energy lighting and behavioural advice).

They both said they felt much more confident about being comfortable at home this winter.

5.3.4 Case study (Yorkshire and Humber)

Keyring Self Advocacy Living Support Network help people with disabilities live independently. NEA provided an energy saving awareness session to the Harrogate Self Advocacy Consulting Group consisting of people blind or severely/ partially sighted and those with learning difficulties. The session covered insulation, heating controls, condensation, ventilation, best energy tariffs, energy efficiency appliances, smart meters, Warm Home Discount and Priority Services Register. Blind participants were keen to have items described and where possible to be able to touch objects, including trickle vents in windows, LEDs and cups that were provided free at the session. Easy read versions of the WHD and PSR were left with event organiser.

- None of the participants were aware of the Warm Home Discount or Priority Services Register – despite all being eligible.
- The people in attendance noted that blind people prefer dials that they can feel for example timers and room stats rather than digital options as it makes it easier to know what settings they are changing.

- Smart meters were highlighted as a concern because of the above.
- Blind participants would like to see more energy efficiency information in easy read audio, as although they cannot read it, listening to easy read versions is very helpful.

As a result of the session all participants were more aware of:

- Effect of cold on health
- PSR
- WHD
- Switching sites
- Best Tariffs
- Payment Options
- Condensation

5.3.5 Case study (North West)

Mrs H was being treated for lung cancer and was part of a couple with one non-dependent son living at home in a 3- bedroom property.

Mrs H receives Income Related ESA – High Rate Care PIP partner does not have an income. Mrs H attended and energy quiz awareness session with Aintree Hospital Lung Cancer Support Group and at the end of the session Mrs H asked if it would be possible to arrange an appointment to discuss a few things that had been mentioned in the quiz by NEA.

Mrs H said she didn't really want to talk about her situation in front of other people but had always worked and stated: *"I am still getting my head around having cancer and not really dealt with anything but [now] started looking at things."*

Mrs H was eligible for the PSR and the WHD rebate.

Based on her current payments and consumption a comparison showed that Mrs H could make a potential saving of £300+ annually. Mrs H was really welcoming of the support and surprised at how much she might be able to save:

"Seriously I can save that much; I never knew I would be able claim WHD or about PSR [I] don't really take information in from leaflets as had so many since being diagnosed with cancer."

Endnotes

[i] Macmillan Cancer Support (2016) https://www.macmillan.org.uk/aboutus/news/latest_news/oneinfivecancerpatientsgotobedearlyjusttostaywarm.aspx

[ii] Friends of the Earth and Marmot Review Team, 2011, The Health Impacts of Cold Homes and Fuel Poverty. Available at: http://www.foe.co.uk/sites/default/files/downloads/cold_homes_health.pdf [Accessed 06/03/2017]

[iii] Anderson, W. White, V. and Finney, A. 2010. "You just have to get by" Coping with low incomes and cold homes. Centre for Sustainable Energy. Available at: https://www.cse.org.uk/downloads/reports-and-publications/fuel-poverty/you_just_have_to_get_by.pdf [Accessed 06/03/2017]

[iv] Beatty, T. Blow, I. and Crossley, T. 2011. Is there a heat or eat trade off in the UK? London: Institute of Fiscal Studies.

[v] Cooper, N., Purcell, S., and Jackson, R. 2014, Below the breadline: The relentless rise of food poverty in Britain, Church Action on Poverty, Oxfam, The Trussell Trust

[vi] Public Health England. 2014. Cold weather Plan for England. Making the case: why long-term strategic planning for cold weather is essential to health and wellbeing. Crown Copyright.

[vii] Bhattacharya J, DeLeire T, Haider S and Currie J (2003) Heat or Eat? Cold Weather Shock and Nutrition in Poor American Families. American Journal of Public Health, 93(7), pp.1149-1154.

[viii] Liddell, C. (2008) 'Policy Briefing – The Impact of Fuel Poverty on Children'. Belfast: Ulster University & Save the Children http://tinyurl.com/STC-Policy-Briefing-FP

[ix] Grey, C., Jiang, S., and Poortinga, W. 2015, Arbed recipient's views and experiences of living in hard-to-heat, hard-to-treat houses in Wales: results from three focus groups conducted in South Wales, Welsh school of Architecture, Cardiff University: Cardiff WSA Working Paper Series ISSN 2050-8522

[x] Pierse, N., Arnold, R., Keall, M., Howden-Chapman, P., Crane, J., Cunningham, M., 2013: Modelling the effects of low indoor temperatures on the lung function of children with asthma. In: J Epidemiol Community Health. 2013 Nov 1;67(11):918-25

[xi] Mason, V., Roys, M., 2011. The Health Costs of cold dwellings. Building Research Establishment, Watford

[xii] Collins, K. (2000) Cold, cold housing and respiratory illness. In Rudge, J., Nicol, F. (Eds.), Cutting the Cost of Cold: Affordable warmth for healthier homes. Taylor & Francis, London

[xiii] Osman LM, Ayres JG, Garden C, Reglitz K, Lyon J, Douglas JG. 2008 Home warmth and health status of COPD patients. European Journal of Public Health 18(4): 399-405

[xiv] Shiue, I. & Shiue, M., 2014. Indoor temperature below 18°C accounts for 9% population attributable risk for high blood pressure in Scotland In: Int J Cardiol. 2014 Jan 15;171(1):e1-2.

[xv] Woodhouse PR et al. 1994. Seasonal variations of plasma fibrinogen and factor VII in the elderly: winter infections and death from cardiovascular disease. The Lancet; 343: 435-39.

[xvi] Woodhouse PR, Khaw K-T, Plummer M. 1993. Seasonal variation of blood pressure and its relationship to ambient temperature in an elderly population. Journal of Hypertension; 11 (11): 1267-74.

[xvii] Platt, S. Mitchell, R. Petticrew, M. Walker, J. Hopto, J. Martin, C. Corbet, J. and Hope, S. 2007. The Scottish Executive Central Heating Programme: assessing impacts on health. Edinburgh.

[xviii] Harrington, B. Heyman, B. Merleau-Ponty, N. Stockton, H. Ritchie, N. and Heyman, A. 2005. Keeping warm and staying well: findings from the qualitative arm of the Warm Homes Project. Health and Social Care in the Community 13 (3), pp. 259-267

[xix] CMA (June 2016): Modernising the Energy Market . Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/531204/overview-modernising-the-energy-market.pdf [accessed 29 June 2017]

[xx] https://www.citizensadvice.org.uk/global/migrated_documents/corporate/attachment-2---summary-of-energy-trustpolling.pdf

[xxi] Warren, M. 2007. The digital vicious cycle: links between social disadvantage and digital exclusion in rural areas. In Telecommunications Policy 31: 374-388

[xxii] Ipsos Mori Scotland for Carnegie UK Trust (2016) The role of digital exclusion in social exclusion

[xxiii] The sum of the responses is greater than 100% due to respondents selecting multiple answer options

[xxiv] Payments of 7% of income are set for those in receipt of means tested benefits. The average value of the reduced payment is approximately £500.

[xxv] Harris, J. Hall, J. Meltzer, H. Jenkins, R. Oreszczyn, T. and McManus, S. 2010. Health, mental health and housing conditions in England. National Centre for Social Research: London.

[xxvi] Public Health England, 2014b. Cold weather Plan for England. Making the case: why long-term strategic planning for cold weather is essential to health and wellbeing. Crown Copyright.

[xxvii] Shortt, N. and Rugkåsa, J. 2007. "The walls were so damp and cold" Fuel Poverty and Ill Health in Northern Ireland: Results from a housing intervention. Health and Place. 13 (1) pp. 99-110.

[xxviii] Public Health England. 2014. Cold weather Plan for England. Making the case: why long-term strategic planning for cold weather is essential to health and wellbeing. Crown Copyright.

[xxix] Evidence Review & Economic Analysis of Excess Winter Deaths for the National Institute for Health and Care Excellence (NICE). Review 1: Factors determining vulnerability to winter- and cold-related mortality/morbidity. London School of Hygiene & Tropical Medicine, Public Health England, University College London

[xxx] Press, V. (2003) Fuel poverty + health: A guide for primary care organisations, and public health and primary care professionals. National heart Forum: London

[xxxi] Friends of the Earth and Marmot Review Team, 2011, The Health Impacts of Cold Homes and Fuel Poverty. Available at: http://www.foe.co.uk/sites/default/files/downloads/cold_homes_health.pdf [Accessed 06/03/2017]

[xxxii] Public Health England, Sept 2014, Local action on health inequalities: fuel poverty and cold home-related health problems. Health Equity Evidence Review 7

[xxxiii] Biermann, P. (2016), "How fuel poverty affects subjective well-being: Panel evidence from Germany". Oldenburg Discussion Papers in Economics. University of Oldenburg

[xxxiv] Grey, C., Jiang, S., Nascimento, C., Rodgers, S., Johnson, R., Lyons, R. and Poortinga, W. (2017) The short-term health and psychosocial impacts of domestic energy efficiency investments in low-income areas: a controlled before and after study. In MBC Public Health 17(140)

[xxxv] Shortt, N. and Rugkåsa, J. 2007. "The walls were so damp and cold" Fuel Poverty and Ill Health in Northern Ireland: Results from a housing intervention. Health and Place. 13 (1) pp. 99-110.

[xxxvi] Liddell, C. and Morris, C. 2010. Fuel poverty and human health: a review of the recent evidence. Energy Policy. 38, pp. 2987-97

[xxxvii] Thomson, H., Thomas, S., Sellstrom, E., and Petticrew, M., (2013): Housing improvements for health and associated socio-economic outcomes (Review) The Cochrane Collaboration: Available at: http://www.thecochranelibrary.com/details/file/4426391/CD008657.html [Accessed 06/03/2017]

[xxxviii] Shortt N, Rugkasa J. "The walls were so damp and cold" fuel poverty and ill health in Northern Ireland: results from a housing intervention. Health Place 2007; 13(1): 99-110.

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