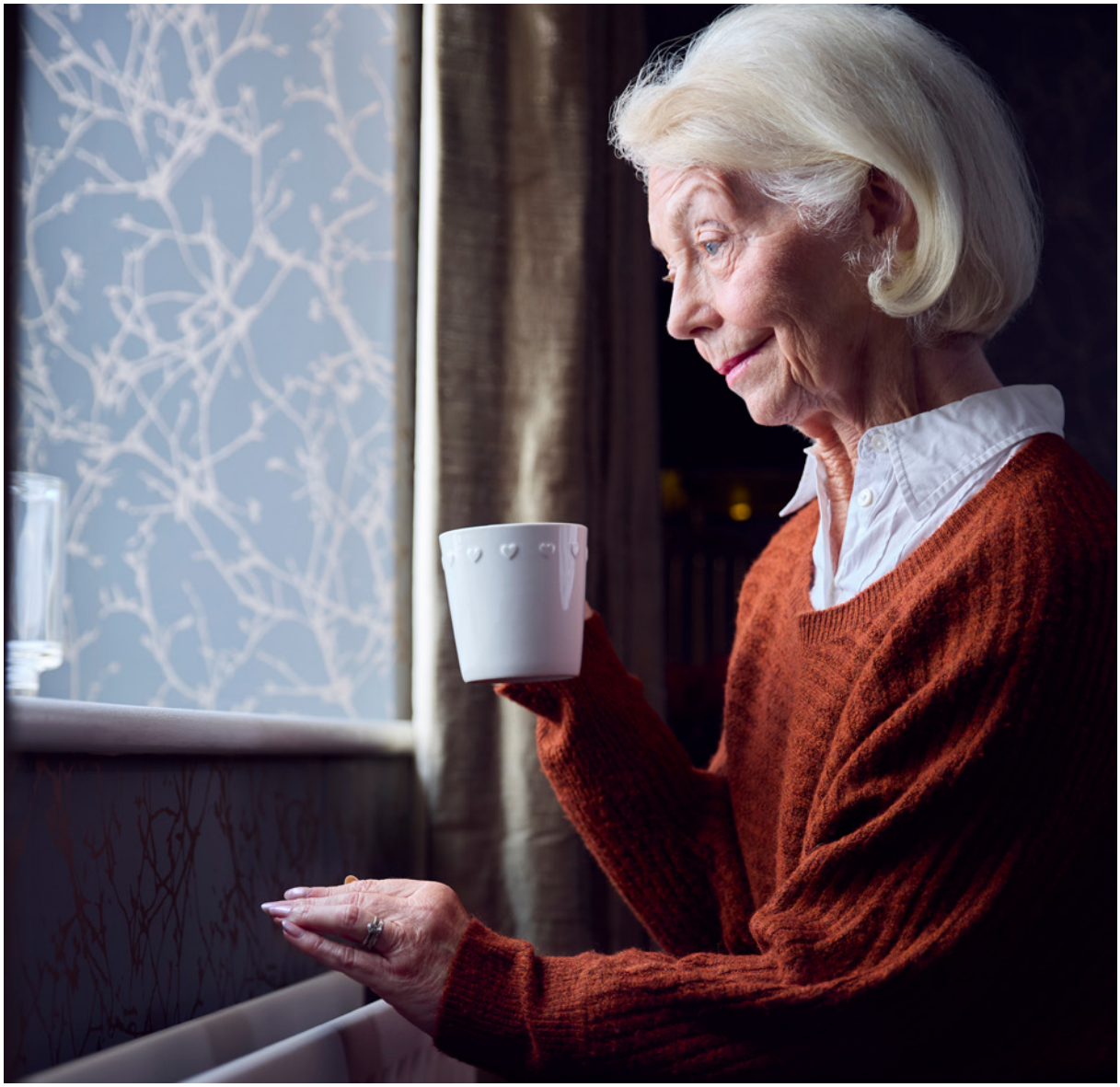
Case Study

Barnsley Metropolitan Borough Council



Newcastle University

NEA
Action for Warm Homes

Introduction

Under Category 3 of the Warm Homes Fund, Barnsley Metropolitan Borough Council (BMBC) was awarded funding to set up a single-point-of-contact health and housing service in Barnsley. The service was match-funded by the Better Care Fund; it was also supported by Area Council funding, to provide a localised service called Warm Connections in the north of Barnsley Metropolitan Borough. This was delivered by DIAL, a local charity that primarily supports disabled people and their families across Barnsley. The service incorporated a hospital discharge team, who worked to help vulnerable people being treated in hospital to be discharged into a warm and safe home.

What were the aims and objectives?

The project emerged from BMBC's broader priorities of tackling the drivers of cold homes, excess winter deaths, and ill-health in the borough. An examination of relevant statistics on deprivation and excess winter mortality shows that historically, Barnsley has faced numerous challenges in breaking the links between cold homes and ill-health. The excess winter mortality index, which reports the percentage by which winter deaths exceed non-winter deaths, shows that excess winter deaths in Barnsley were consistently higher than the national average between 2014 and 2019 (see Table 1 below). Furthermore, 34.7% of Lower Super Output Areas (LSOAs) in Barnsley were among the most deprived 10% in the country when measured on the health deprivation sub-indicator of the Index of Multiple Deprivation (IMD). This made the borough the 19th most deprived local authority in England when judged solely on the health and disability indicator.

	2014/5	2015/6	2016/7	2017/8	2018/9	2019/20
Barnsley	27.3%	25.9%	37.9%	39.7%	16.6%	18.5%
England	27%	14.6%	21.1%	29.6%	14.6%	17.1%

Table 1: Comparison of excess winter mortality index scores for Barnsley and England between 2014 and 2020. Figures refer to the percentage by which winter deaths exceed non-winter deaths.

Accordingly, the Warm Homes Service aimed to achieve four outcomes in Barnsley between 2018 and 2021:

- The establishment of a single-point-of-access service for fuel-poor households and those vulnerable to cold-related ill health, with the provision for onward referrals for additional support where necessary.
- The creation of a borough-wide fuel poverty stakeholder group, including health, voluntary, community, and faith partners, to co-ordinate a holistic approach across Barnsley.
- The creation of a team of trained specialists charged with providing advice designed to address issues relating to cold homes and fuel poverty.
- The provision of localised support with fuel poverty volunteers (particularly through the activities being delivered by DIAL in the north of the borough).

NEA completed an evaluation of the Warm Homes Service that was undertaken in parallel to, but separately from, the present programme-wide evaluation of the WHF. The findings in this case study are based on this parallel evaluation, which show the successful creation and implementation of the service, as well as how it has been continued beyond its WHF-funded lifespan.

Who did it involve?

One of the main aims of the Warm Homes Service was to establish a borough-wide stakeholder group, encompassing health, voluntary, community, and faith partners. The evaluation established that the service had successfully established a network of relationships with allied council services, especially in teams responsible for housing and climate change, Disabled Facilities Grants, and the Private Sector Safer Neighbourhoods Team. Externally, a wide range of charities – including local branches of Age UK, Citizens Advice, and South Yorkshire Fire and Rescue – became key referral partners in the service, referring residents for heating and insulation improvements, income maximisation support, and other energy-related advice. Feedback from these organisations, and the households they referred to the Warm Homes Service, reflected the strong relationships individual Warm Homes Service staff members were able to cultivate across the borough. Referral partners particularly praised the professionalism and responsiveness of Warm Homes Service staff, as well as the ease of the inward referral process, and the quality of feedback that staff provided regarding clients' outcomes.

In addition to the range of partners, both internal and external, who worked to support the Warm Homes Service, the evaluation also identified several other stakeholder groups whom the service could engage with in the future. These included schools; charities supporting older people with specific employment histories (e.g. miners, ex-Armed Forces); charities/ healthcare services supporting children, young people, babies, and their families; and finally, organisations with reach into the private rented sector (e.g. Jobcentres).

What were the impacts on households?

Through quantitative research with Warm Homes Service beneficiaries, the evaluation identified the following impacts on households:

- Before receiving support, 55% of questionnaire respondents couldn't easily keep their whole homes warm. Afterwards, 67% of respondents said they now could.
- Before receiving support, only 24% of questionnaire respondents said they found it easy to afford their energy bills. Post-intervention, the proportion of respondents who said they now could increased to 60%.
- Only 23% of questionnaire respondents disagreed that the temperature of their homes affected how they coped with any illnesses they had before they received support. Afterwards, this increased to 58%.

Findings from qualitative research with beneficiaries helps us to understand precisely how the service supported some of the most ill and vulnerable residents across Barnsley:

- Residents at acute risk of cold-related illness and, potentially, hospitalisation were helped to live in a warm and safe home that no longer constituted a danger to their physical and mental health.
- For residents struggling with poor mental health, anxiety and worry as a result of energy debt or disputes with energy suppliers, support to resolve their issues significantly alleviated their stress and prevented their mental health from deteriorating further.
- Some residents previously experienced significant shame, stigma and social isolation because their homes were so cold and unwelcoming, and were unable to fulfil their basic needs in the home, like cooking, washing, and even sleeping. After their interventions, residents were able to invite family and friends to their homes, and could keep themselves clean and safe without rationing their energy consumption.
- Residents who were pre-diabetic, or who had other specific nutritional or dietary needs, had previously struggled to buy sufficient amounts of quality food that they needed to stay healthy. After receiving help, their ability to pay for a wider range of healthy foods and have more choice over their diets was substantially enhanced.
- Residents in hospital, but at severe risk of being discharged into a home that they could not adequately heat, were supported to transition back to an environment that was not only warm, but was suitable for their needs in other ways; this helped to break the vicious cycle of discharge and cold-related readmission.
- Links to health and social care services enabled some residents to receive dignified and appropriate end-of-life care.

Who did it help?

The Warm Homes Service helped residents such as Gillian. When the evaluation team spoke to her, she was sitting with her neighbour in her living room – a room which, for the first time in years, was warm. In previous years, Gillian had no central heating system. Her husband is an ex-miner and suffers from the debilitating effects of Alzheimer's and vascular dementia. Gillian described how for years he had refused to look into getting gas central heating, as he preferred to continue using their coal fire and receiving his coal from the coal board. *"Because he was a miner,"* she said, *"he wouldn't let me have it, you see, because he was a miner who used to dig the coal out, it was a thing with him, you know."* Coal was a part of Gillian's husband's identity, but because over the years their mobility around the house declined, the coal fire became increasingly unsuitable for their needs. *"I broke my back and what not,"* Gillian said, *"and we couldn't get down to [the fire]. We couldn't even get the ashes out, so I had to stop the coal being delivered because it was piling up."* As a result, *"the house was freezing […] I was freezing, and I got pneumonia."*

In hospital with pneumonia, her caseworker contacted the Warm Homes Service, specifically its hospital discharge team. Gillian still has the telephone number of the Service caseworker she was put in touch with, written down on a piece of paper. Once she was safe to leave hospital, she went to stay with her daughter while the Service began to take action. A heating contractor was instructed to install a new gas central heating system in Gillian's home, and after talking to Gillian they left the old fireplace instead of taking it out. *"My husband built that fireplace, you see, so it's like a memento, really."* Once the work was completed, Gillian was able to move back in and to begin recovering properly from her illness.

The impacts of the central heating system were numerous. It gave her the warmth and control over the levels of heat in her house that she'd never had before: *"it's been the best thing,"* she said, *"it's been the best thing, that gas central heating; it's lovely. It said that if it goes to 15°, it comes on, but I only have the radiators on 1 or 2 because I don't like it brilliantly hot. I just like it warmish; you know. It's lovely."* Her bills have reduced too, and being able to be warm at home has had a significant impact on how she copes with her illnesses. She is still unwell, but she now finds it much easier to manage. In her own words: *"My health's not good, but it is better, it is better, you know. I've got skin cancer and I've got a broken back, and I can't walk very long and all that, but it is better because I'm warm, I'm warm in the house."*

What is the project doing next?

As the evaluation progressed, it became clear that many of the stakeholders and referral partners supporting the Warm Homes Service believed it would only reach its full potential if it was given a longer timespan to grow and evolve. After the WHF-funded period of the service concluded, the service refreshed and reorganised itself, becoming a key part of the Housing and Climate Change team within BMBC. Simultaneously, BMBC has succeeded in a number of bids to the UK Government to deliver fuel poverty and energy efficiency schemes, particularly through the Local Authority Delivery arm of the Green Homes Grant; and, working with Berneslai Homes, the Social Housing Decarbonisation Fund. Linking the core provision of energy-related advice with broader access to insulation and heating system measures will ensure that residents can access multiple forms of support in one streamlined experience.

Moreover, building on the initial success of the borough-wide stakeholder group, BMBC set up the Affordable Warmth Charter Group to bring organisations involved in tackling fuel poverty across Barnsley even closer together. Assembled around a vision of Barnsley where everyone lives in a warm, healthy, energy-efficient home, the Charter Group is a new vehicle for growing and maintaining a strong network of partners dedicated to energy efficiency, affordability, partnership working, and a low-carbon future, as well as to address wider priorities regarding employment, education and skills.

Looking back, BMBC service managers reflected that the learnings and lessons of setting up the Warm Homes Service were essential to deepening and synchronising the different kinds of support that could be delivered to vulnerable residents across the borough. Furthermore, securing short-term funding from the WHF enabled BMBC to demonstrate the need for a core-funded long-term service that is flexible enough to adapt to the needs of residents and funding in the future. In other words, it highlighted that a permanent and dedicated single-point-of-contact service was required in the borough. This is now a key priority for BMBC, and funding has been secured for the next three years to ensure it can continue. More broadly, BMBC's experience is an example of how supporting new services can result in a deeper and longer-lasting impact for households – simply by providing a foundation on which procedures, experience and know-how can be built.