



**Warm and Well
Programme Evaluation:
Year 1 Final Report**

Age UK

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This study was commissioned by Age UK and delivered by **Andy Parkinson** and **Jamie Buttrick** from Consilium Research & Consultancy and Wavehill Ltd.

Project manager: Andy Parkinson

Consilium Research & Consultancy

Tel: 07713 357386

Email: andy@consiliumresearch.co.uk

Web: www.consiliumresearch.co.uk

Twitter: **@ConsiliumAndy**



1. Introduction

- 1.1 In December 2016 Consilium Research and Consultancy, in partnership with Wavehill Ltd, was appointed by Age UK to undertake an evaluation of the Warm and Well Programme.
- 1.2 This Year 1 report provides an update on the progress of the programme in the first year of delivery and draws on monitoring information collated by Age UK national office, consultations with local sites and client data derived from postal survey responses and follow-up telephone depth interviews (see Section 3 for further detail of the research methodology).
- 1.3 The qualitative aspects of this report are necessarily based on the views of those interviewed and as such, are subjective. Every care has been taken to conduct this evaluation openly, thoroughly and professionally, to retain an objective stance, balance the opinions expressed and explore the justification for the comments made.
- 1.4 Carrying out this evaluation to date has required significant contribution of time and information from a number of people. Their assistance is much appreciated.

2. Overview of the Warm and Well Programme

- 2.1 The Warm and Well programme, which has been funded by an undisclosed energy company, aims to provide Information and Advice (I&A) to help older people ensure that they are receiving all the welfare benefits, grants and other income available to them (income maximisation). It also aims to help older people to stay warm and well in their homes. The programme commenced in November 2016 and is funded for a period of three years until November 2019.
- 2.2 The programme is being delivered by 20 Age UK local sites across England and Wales, namely:
- Age Cymru Swansea Bay
 - Age UK Bedfordshire
 - Age UK Bromsgrove & District, Redditch & Wyre Forest.
 - Age UK County Durham
 - Age UK Croydon
 - Age UK Darlington
 - Age UK Devon
 - Age UK Ealing
 - Age UK Hereford & Localities
 - Age UK Herefordshire & Worcestershire
 - Age UK Hertfordshire
 - Age UK Hillingdon
 - Age UK Isle of Wight
 - Age UK Milton Keynes
 - Age UK Norfolk
 - Age UK Solihull
 - Age UK South Lakeland
 - Age UK Surrey
 - Age UK Wandsworth
 - Age UK Wiltshire
- 2.3 The programme is delivered through tailored information and advice sessions for vulnerable older people (clients) with an expectation that at least three quarters of these sessions will take place in the older person's home with the remaining sessions completed via face to face sessions at community locations (e.g. libraries), in a local Age UK office or on the telephone.
- 2.4 To support the delivery of the programme Age UK has disseminated a practical guide to support older people in making simple changes to help them to keep warm and to prepare for winter. The [Winter Wrapped Up](#) guide, which was produced prior to the launch of the programme, provides a resource for the advice workers to enable them to support clients in receipt of the income maximisation sessions, which it is envisaged will identify extra income to enable them to heat their homes.
- 2.5 During the three-year duration of the programme each Age UK local site has a target to deliver 330 benefit advice sessions and support a minimum of 220 people per year.

3. Research Methodology

- 3.1 The evaluation has adopted a mixed-method approach to capture the impact of the Warm and Well Programme on the clients supported. This includes a tiered approach to gathering beneficiary data, including:
- Level 1 – Postal survey disseminated to a sample of clients
 - Level 2 - Telephone survey of a sample of clients
 - Level 3 - Face-to-face depth interviews / focus groups
- 3.2 The postal survey has been administered by Age UK and distributed to a sample of 2,240 clients on quarterly rolling basis during each year of the programme. A minimum response rate of 150 responses per year was established as a target to ensure that the analysis of the survey findings would be statistically robust over the three-year duration of the programme. For the period up to and including December 2017 a total of 481 postal survey responses have been returned in the first year of the programme, equating to a response rate of a healthy 41% based on the 1,180 postal surveys disseminated to date.
- 3.3 The sample for the telephone consultations has been drawn from clients that have provided consent to be contacted in their postal survey response. A total of 191 (40%) of clients have, to date, provided consent to be contacted. Telephone consultations have been scheduled with these clients approximately three months following the advice session with their local Age UK / Age Cymru adviser. Up to the period to the end of December 2017 a total of 100 follow-up telephone consultations have been undertaken with clients, representing 52% of those that have provided consent to be contacted. The annual target for telephone follow-up consultations has been set at 100 per annum and 300 across the 3-year duration of the programme.
- 3.4 No face to face depth interviews or focus groups have been scheduled with clients for the first year of the programme but will be used in the second and thirds years to explore in more detail the experiences of clients supported through the Warm and Well Programme. In some cases, the low response rates for specific question options means that caution should be taken in interpreting the findings.
- 3.5 Telephone consultations have been completed with all local sites at the midpoint of the first year of the programme to learn more about their local delivery models, gain feedback on their delivery experience to date, identify any learning points and highlight any delivery challenges experienced.

4. Programme Delivery

4.1 This section of the report presents detail on the progress of the 20 Age UK local sites in meeting the delivery targets outlined at the commencement of the programme in November 2016. The analysis is based on the monitoring data collated by Age UK national office for the period up to November 2017.

Progress against delivery targets

4.2 In terms of performance against delivery targets the programme is currently performing strongly and has overachieved in terms of the number of sessions delivered and the number of clients supported (see Table 4.1).

Table 4.1 - Programme delivery: Progress against targets

	Target	Achieved	% target
Number of sessions	6,600	8,487	129
Number of clients	4,400	4,645	106

4.3 Across the local sites the average number of advice sessions delivered in the first year of the programme is 424 (target 330) and the average number of clients supported to date across the local sites is 232 (target 220).

Overview of delivery approach

4.4 Most of advice sessions have been delivered using home visits (83%) or face-to-face meetings held at Age UK local site offices (see Table 4.2), which exceeds the target of 75% for the programme. Only a small number of advice sessions have been delivered by telephone (4%) and a handful using outreach facilities such as community centres or libraries (<1%).

Table 4.2 - Method of delivering advice sessions

Delivery approach	Number	% of Total sessions
Home visits	7,035	83
Office face to face	1,059	12
Telephone	373	4
Outreach face to face	17	0

4.5 The majority (52%) of referrals to date have been self-referral, with family and friends accounting for nearly a quarter (24%) of total the referrals. Some 11% of referrals into the Warm and Well Programme have been received from a health professional and 7% from another advice agency (Table 4.3).

Table 4.3 - Overview of inward referrals

Referral source	Number	% of Total referrals
Self-referral	2,421	52
Family and friends	1,127	24
Health professional	515	11
Other advice agency	323	7
Other	259	6
Total	3,508	100

Benefits achieved for clients

- 4.6 In the first year of delivery the programme has identified a total of £15.9 million in additional benefits for older people, which equates to an average benefit claim of £3,426.
- 4.7 Local sites have distributed 3,891 copies of the Winter Wrapped Up guide, which represents coverage of 84% of the clients supported in the first year. Based on the advice sessions delivered in Year 1 some 91% of clients would recommend the service provided by their local Age UK / Age Cymru.
- 4.8 The monitoring data also reveals that most clients (60%) accessing support through the Warm and Well Programme have not engaged with Age UK / Age Cymru previously. This demonstrates the success of the local sites in reaching new clients in their communities and support them by making referrals to other local support services.

Local delivery models

- 4.9 Midway through the first year of the programme telephone consultations were undertaken with the local sites to learn more about their local delivery models, gain feedback on their delivery experience to date, identify any learning points and highlight any delivery challenges experienced.
- 4.10 Consultations identified several common themes within the delivery of the Warm and Well Programme. All the local sites have prior experience of delivering similar fuel poverty and/or benefit check programmes, often in partnership with another agency such as the local council. In some areas the local site is part of a broader partnership focused on addressing fuel poverty, for example:
- County Durham is part of the countywide Fuel Poverty Group
 - South Lakeland operates a place-based prevention model COMPASS)¹
 - Herefordshire and Worcestershire as part of the Warmer Worcestershire Programme.

¹ <https://www.ageuk.org.uk/southlakeland/our-services/compass-in-cumbria/>

- 4.11 Referral links have been established by local sites, albeit many reported that they received a large volume of referrals internally from their existing I&E service (e.g. advice line) and through self-referral. As a result, sites had not had to market the service extensively or engage partner organisations to obtain referrals in the first year of the programme, albeit this would be reviewed on an ongoing basis.
- 4.12 Examples of more formal referral pathways include the Care Navigators programme in the Isle of Wight, which is separately funded but whose team of nine navigators undertake a holistic assessment of clients and refer them to a range of support services including the Warm and Well Programme, or referral from other homes-based services such as the Community Home Visitors service in Solihull. The main referral partners referenced by local sites included:
- Adult social care teams
 - GP practices
 - Local advice partners
 - Hospital discharge teams
 - Reablement teams
- 4.13 Most local sites are using volunteers in some capacity in delivering the service, in all cases managed by a paid member of staff. Volunteer roles range across the local sites but across the programme include the following:
- Advice session delivered in the client's home
 - Advice session delivered by telephone
 - Advice session delivered in Age UK office
 - Triage function to assess eligibility of clients for the programme and suitability / need for a home visit
- 4.14 The use of volunteers appears to be governed by a number of factors, including:
- The geographical footprint of the local Age UK / Age Cymru office, in particular local sites covering rural areas;
 - The existing pool of trained volunteers working at the local Age UK / Age Cymru office; and
 - Training level of volunteers (e.g. benefit check, fuel tariff, home adaptations).
- 4.15 Where local sites have decided not to recruit and use volunteers to support the delivery of the Warm and Well Programme this appears largely due to difficulties in recruiting and retaining suitable volunteers (or recruiting volunteers for specific localities), the existing use / pool of volunteers by the local site and whether existing volunteers have had the necessary training to deliver the advice and support.

- 4.16 Whilst local sites acknowledged the capacity requirements and logistic challenges associated with the use of home visits, there was overwhelming agreement that this approach supported the advice workers in making a more in-depth and accurate assessment of client's needs. Specifically referenced was the importance of undertaking a visual check of the client's home as this enabled referral to be made to other support services as required. Several local sites also stated that the use of a home visits often reduced the need for a second appointment which can often be required when client's attend Age UK / Age Cymru offices as they often don't have all the documentation required to support their benefits check.
- 4.17 The process of scheduling the home visit also enables local sites to outline in advance the documentation that client's will need to make available so that this is brought together in readiness for the advice session. Local sites also contact clients in advance of scheduled home visits to ensure that the date and time is still convenient. This helps to reduce the number of times advice workers turn up for appointments where the client is out or unavailable, which is particularly important in larger rural areas with travel time to each appointment.
- 4.18 For many local sites the Warm and Well Programme has enabled them to continue and/or extend previous initiatives that have focused on engaging and supporting vulnerable people living in fuel poverty. Importantly the funding provided through the programme has enabled local sites to protect their ability to use home visits which, for many, had been threatened due to funding cuts with a likely shift towards greater use of appointments carried out within their offices or by telephone.
- 4.19 Whilst local sites were aware of the need to explore funding and delivery options to sustain the service beyond Year 3, the majority had yet to focus specifically on future funding options, many expressed an intention to approach local health partners or to submit bids to other funding bodies (local and national).

5. Programme Impact

- 5.1 This section of the report presents an initial analysis of the impact data derived from the postal survey, the follow-up qualitative telephone interviews with older people engaged through the Warm and Well Programme and the client case studies submitted by local sites.

Client postal survey

- 5.2 A total of 481 clients completed the postal survey. Three out of five responses were received by female clients. The largest group (66%) of clients were aged 75 or over and nine out of ten clients identified as White. Nine out of ten clients also reported to have a disability or long-term condition and just under half (45%) indicated that they lived alone. A detailed breakdown of the profile of responding clients is provided in Appendix 1.
- 5.3 Based on the postal survey responses the most common route for clients hearing about the service was through a friend or family member or by making direct contact with their local Age UK / Age Cymru office. Only a small proportion of clients indicated that they heard about the service through their GP or another health professional. This is somewhat surprising given that the high proportion of clients reporting to have a disability or long-term health condition (Table 5.1).

Table 5.1 - How respondents heard about the service		
	No.	%
A friend or family member	161	33
Age UK / Age Cymru	96	20
Social care professional	53	11
I read about it	59	12
Health professional	44	9
My GP	37	8
Other	31	6
Total	481	100

- 5.4 The majority of clients (77%) reported that they received the service in their home, which indicates that the programme is achieving the target of ensuring that at least 75% of advice sessions are delivered in the client's home. Analysis of the delivery of the service by age category reveals that younger-age clients were more likely to have received the service at their Age UK / Age Cymru office or by telephone (Table 5.2). This perhaps demonstrates the success of local sites in targeting in-home sessions for older clients that may be less able to attend their local office for the advice session or for whom telephone advice sessions may be difficult due to loss of hearing.

Table 5.2 - How respondents received the service							
	50-64	65-74	75-84	85+	Blank	All Ages	
	%	%	%	%	%	No.	%
In their home	50	68	81	86	3	359	77
At the Age UK / Age Cymru office	43	25	15	6	0	78	17
By telephone	7	4	1	6	0	16	3
Other	0	3	2	2	0	12	3
Total	100	100	100	100	-	465	100

- 5.5 Analysis of the delivery of the service by disability status reveals that nearly nine out of ten clients with a disability received a home visit. This also demonstrates the effectiveness of local sites in targeting the use of home visits for more vulnerable clients. The majority of clients living with their partner also received support through a home visit. For clients that attended their local Age UK / Age Cymru office for their advice session, the majority reported to live alone (see Appendix 1 for more details).
- 5.6 For nearly half of clients the reason for contacting their local Age UK / Age Cymru office was to seek help with checking their benefits entitlement. For just over a fifth the reason was motivated by concerns regarding their health. Only a minority made contact because they were concerned about putting their heating on (see Table 5.3).

Table 5.3 - Why respondents contacted Age UK / Age Cymru		
	No.	%
To check my benefits entitlement	312	48
I was concerned about my health	140	21
I had money worries	74	11
Other	73	11
I was concerned about putting my heating on	55	8

- 5.7 Nearly two thirds of clients responding to the postal survey indicated that they were not aware of what benefits they were entitled to before receiving the advice through the Warm and Well Programme. Although around one in five stated that there were aware that they qualified for benefits, they reported that they didn't know how to go about claiming them (see Table 5.4).

Table 5.4 - Were you aware of the benefits you could claim before receiving the advice?		
	No.	%
I was not aware of the benefits I was entitled to	287	63
I was aware I qualified for the benefits but I did not know how to claim them	107	24
I had attempted to claim the benefits before but was rejected	60	13
Total	454	100

- 5.8 Clients' concerns regarding their advice needs were affecting them in a range of ways. For just under a third their concerns were making them feel stressed or anxious. For around a quarter of clients it was leading them to worry about their health or resulting in them struggling to cope at home (see Table 5.5).

Table 5.5 - How respondents' concerns were affecting them		
	No.	%
I felt stressed and/or anxious	194	29%
I was worried about my health	182	27%
I was struggling to cope in my home	176	26%
Other	59	9%
I felt lonely and/or isolated	50	7%
I was having to borrow	19	3%

- 5.9 A review of the 'Other' responses provided by clients demonstrates that for many they were concerned about the future and in particular their ability to stay independent and active. For some their concerns centred on the depletion of their savings and thus a desire to check what, if any, benefits they may be entitled to.
- 5.10 Analysis of how the respondent's concerns were affecting them by the respondent's living arrangements suggests that those living alone are more vulnerable to feeling stressed, isolated and worried about their health than those living with their family. Respondents living with a partner were slightly more likely to be worried about their health, which may possibly be explained by their concern for the impact of their deteriorating health on their partner (e.g. either because they provide care for their partner or their deteriorating health would require their partner to provide care for them).
- 5.11 Most respondents (91%) indicated that they were able to act on the support and advice provided through the Warm and Well Programme, which suggests that the advice sessions are proving instrumental in supporting older people to address the issues that are causing them concern.
- 5.12 Analysis of respondents' ability to act on the support and advice provided by method of delivering the advice sessions suggests no significant variation (Table 5.6). It should however be noted that there is a clear distinction between 'being able to act' on the support and advice provided and 'actually acting' on the support and advice provided (with the latter required to achieve the positive outcome desired).

Table 5.6 - Were respondents able to act on the support and advice provided by service method.

Service method	Yes %	No %	Not sure %	Total %
In my home	78	73	79	77
At the Age UK	17	18	10	17
By telephone	3	9	3	3
Other	2	0	7	3
Total	100	100	100	100

- 5.13 Just over half (53%) of respondents reported that they found the Winter Wrapped Up guide useful, although around one in five (21%) indicated that they were unsure. This may suggest that they hadn't yet had sufficient time to digest the information and advice contained in the guide or they had yet to see any real benefits from taking on board the suggestions outlined in the guide thus felt unable to comment on its usefulness. Around one fifth of respondents stated that they hadn't received the Winter Wrapped Up guide.
- 5.14 Analysis of the responses relating to the usefulness of the guide by service method highlights a clear difference for those accessing advice via telephone, with these clients less likely to state that the guide was useful. This is perhaps unsurprising given the value of the face-to-face contact with an advice worker in helping the clients to understand the guide and/or ensuring that the client has at least viewed some of its contents and recommendations (in particular where this is pertinent to their specific advice seeking need).
- 5.15 Further analysis on the perceived usefulness of the guide by age of respondent also reveals a marked reduction as the client's age increases (Table 5.7). This may be influenced by a number of factors including the client's ability to read the guide (due to failing eyesight) or a preference by older age groups to discuss some of the themes included in the content of the guide through conversation as opposed to through print media.

Table 5.7 - Whether they found the guide useful by age

Age	Yes %	No %	Not sure %	I did not receive guide %	Blank %	Total %
50-64	61	0	18	18	4	100
65-74	51	7	12	23	6	100
75-84	52	3	23	17	5	100
85 and over	43	6	23	19	9	100
Total	50	5	20	19	6	100

5.16 To support an assessment of the counterfactual position for the Warm and Well Programme, respondents were asked where they would have gone for support in the absence of the advice sessions provided by their local Age UK / Age Cymru office. Just under half (45%) of respondents indicated that they either didn't know where they would have gone for support or wouldn't have looked for help, which suggests that in the absence of the Warm and Well Programme the reasons for them requiring advice and support would remain unresolved. This provides an indication of the additionality provided by the programme for clients who would otherwise have continued to be negatively affected by concerns regarding their health, income or other personal circumstances.

5.17 Analysis of the responses regarding where respondents would have gone for support by age suggests a greater level of vulnerability for older clients, with those aged 75 or over considerably less likely to seek support from their local Citizens Advice or another organisation (Table 5.8).

Table 5.8 - Where would respondents have gone for support if Age UK/Age Cymru weren't there to help by age?

Age	Citizens Advice Bureau %	Energy provider %	Local council %	I wouldn't have looked for help %	Friend or relative %	Don't know %	Another organisation %	Blank %	Total %
50-64	36	0	0	11	0	29	18	7	100
65-74	29	0	7	16	11	28	9	1	100
75-84	23	1	5	24	19	22	5	0	100
85 and over	14	2	6	18	22	28	6	4	100
Blank	43	0	7	7	7	0	29	7	100
Total	24	1	6	19	16	25	8	2	100

5.18 Interestingly the data suggests that respondents engaged through telephone advice sessions are perhaps more informed on where to seek alternative support. To some extent this may demonstrate the effectiveness of the local sites in targeting face-to-face advice sessions for more vulnerable clients that lack the knowledge, awareness or confidence to seek out support through alternative routes.

5.19 When asked what impact the energy advice and additional income has had, just under half of respondents agreed that it had made them feel less stressed or anxious. The next most common responses related to making them feel less worried about putting on their heating and enabling them to pay their fuel bills and manage their weekly outgoings (Table 5.9).

Table 5.9 - What impact has the energy advice and additional income had on respondents?

	No.	%
I feel less stressed and/or anxious	218	45
I don't worry so much about putting the heating on when I need to	192	40
I'm more able to pay my fuel bills and manage my weekly outgoings	182	38
I believe I am more prepared for next winter	132	27
I can use my heating system more efficiently	107	22
It is too early to say	86	18
I feel less lonely and/or isolated	50	10
I have visited my GP, hospital or health worker less	28	6
It has had no impact	20	4

- 5.20 Only a minority of respondents reported that the advice they had received hadn't had an impact on them, although just under one in five indicated that it was too early to say (which provides the rationale for the follow-up client interviews conducted by the evaluation team).
- 5.21 Respondents outlined a range of uses for any additional income they have received as a result of the Warm and Well programme. The most commonly referenced use was to pay for practical help at home followed by keeping their home adequately warm or paying their utility bills (Table 5.10). This suggests that the programme in achieving its intended objectives to help older people maintain their independence at home and supporting them to heat their home adequately.

Table 5.10- How respondents used any additional income you received as a result of the service?

	No.	%
Practical help at home	199	41%
Keeping my home adequately warm	184	38%
To pay utility bills	173	36%
Household repairs or adaptations	111	23%
To buy food	101	21%
Other	94	20%
Going out socially	25	5%
Savings	22	5%
Clearing debt	18	4%
Going on holiday	13	3%

- 5.22 When asked to rate their overall experience of the Warm and Well Programme respondents were overwhelmingly positive with 94% rating the service as either 'excellent' or 'good' (Table 5.11).

Table 5.11 - How would you rate the overall experience of this service?

	No.	%
Excellent	326	73
Good	93	21
Satisfactory	24	5
Poor	4	1
Total	447	100

- 5.23 Analysis of the postal responses provided by Warm and Well clients highlight that for many they were simply not aware of what benefits they were entitled to or if they did were unsure how to go about claiming them. Concerns regarding their personal circumstances were having adverse impacts on their health, in particular their levels of stress and anxiety.
- 5.24 A strong majority of respondents reported that they were able to act on the support and advice provided thus increasing the prospects for the Warm and Well Programme providing longer-term positive outcomes for clients. Just under half of respondents indicated that they either didn't know where they would have gone for support or wouldn't have looked for help, which suggests that in the absence of the Warm and Well Programme the reasons for them requiring advice and support would remain unresolved. As such the programme is proving successful in reaching vulnerable clients who would be at risk of suffering further deterioration in their health and/or financial situation without the intervention provided through the programme.

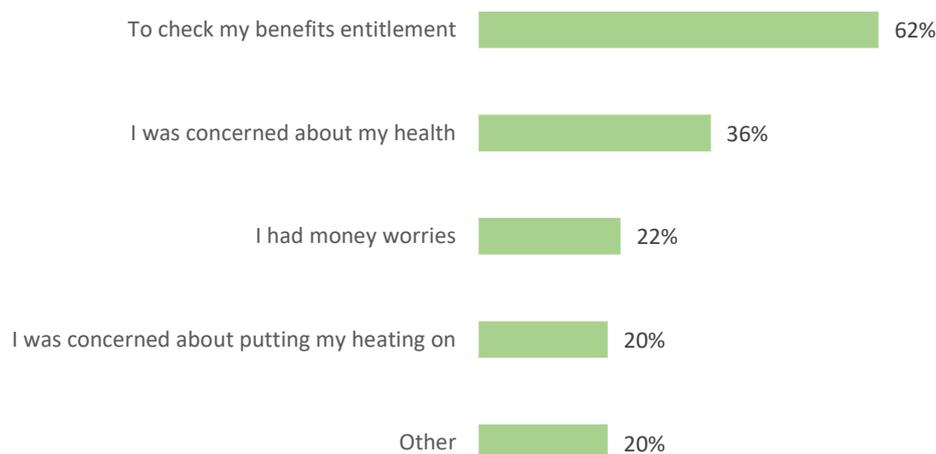
Follow up telephone consultations

- 5.25 In the first year of the programme a total of 100 follow-up telephone interviews have been completed with older people accessing support through the Warm and Well Programme. This sample includes clients from across eighteen of the twenty local sites (see Appendix 2 for details).

Reason for seeking support

- 5.26 The main reason provided for older people contacting Age UK / Age Cymra for advice and support was to check their benefits entitlement, which accounted for two-thirds of the responses. Nearly two in five of the respondents stated that they contacted the Warm and Well Programme because they were concerned about their health and one in five because they had money worries (Figure 5.1).

Figure 5.1 - Reason for contacting Age UK (n=100)



- 5.27 Clients provided several 'Other' responses for reasons for making contact with Age UK which included seeking advice about Power of Attorney, getting help because their heating system had failed or because they needed support to obtain a hearing aid. It is evident that some clients had initially contacted Age UK about an issue not directly related to their home heating (for example an enquiry about their benefits) but were internally referred by staff following an initial discussion about their situation, needs and eligibility (commonly as part of a holistic needs assessment). Four clients elaborated that they were seeking support for completing their Personal Independence Payment (PIP) application form.

Impact of their concerns

5.28 When asked how the concerns that caused them to make contact with Age UK / Age Cymru were affecting them, clients provided a range of responses which cover broadly similar themes, namely:

- Their deteriorating health meant that they were looking for support to help them maintain their independence and improve their quality of life;

'The GP found that I had a vascular vein on my foot and recommended that I should have an operation for it. The minute I had the operation, my life was turned upside down. I'm still suffering now. The council stopped my benefits and disability allowance and my legal aid was also stopped. The council told me to go to Age UK, the council weren't any help at all.'

- They had recently been discharged from hospital and required support to help their recovery and longer-term self-care of their condition;

'I was worried about my health and struggling to cope in my home because I had just come out of hospital and I was recovering from sepsis. I felt quite isolated at the time because I couldn't get out of the house as I was so ill. I wanted to see what support Age UK could offer me.'

- They had experienced a change in their financial circumstances which meant that they were looking for support to reduce their outgoings;

'We had worries about affording the heating, whether we could afford food and we had friends going out to dinner and we couldn't join them. It was a lot of worry and you really don't need that at our age. My husband had lung cancer and feels the cold dreadfully so we're having to have the heating on all the time which means the bills are huge. My husband had radiotherapy every day for a month and it has shrunk so he just has to have a check-up every three months now but he still feels the cold dreadfully.'

- They were increasingly struggling to maintain their home and were looking for support to increase their income to enable them to pay for support;

'I'm not very rich but I've got a very big house with no cavity walls so the heating bills are really quite enormous. I have osteoarthritis, so I really do feel the cold and wanted to see if Age UK could help with putting on extra heating.'

- They were anxious about either being in debt or running up debts including, but not restricted to, their energy bills;

'I was worried about my health because I was in debt with council tax which was making me feel run down and stressed. I started getting ill because of it. Because I was in debt I was a bit worried about putting the heating on.'

- They felt isolated and were looking for support to enable them to reconnect with their local community.

5.29 Further detail is provided in two anonymised case studies below:

Case study 1- Supporting the transition to retirement

Mrs X is a 66-year-old married lady who visited her Age UK office for help and support as she was living with a debilitating health condition. She has osteoarthritis and is awaiting surgery for knee replacements. Mrs X had heard about Age UK through a friend who had told her that she would be able to get advice on whether she would be eligible for any benefits. Mrs X was still working but was increasingly struggling due to deteriorating health but was unsure whether she could afford to retire and what assistance was available to her to help maintain her independence.

Mrs X received a full benefit check and was advised that she was able to apply for Attendance Allowance. As Mrs X struggles with her mobility a Home Visit was arranged to complete an Attendance Allowance application form. She was successfully awarded Higher Rate Attendance Allowance and as a result felt more confident in her decision to retire from her job. Following her retirement, she is better able to manage the pain from her osteoarthritis and the benefit award has made life easier by enabling her to pay for extra heating costs.

‘Age UK were a really great help and made it possible for me to apply for the benefit with help and support. I was dreading filling in the form and Age UK took the worry and pressure off me. The home visit was very helpful due to mobility issues and the person helping me was friendly and helpful.’

Case study 2- Supporting independent living

Client XX is aged 81 and lives with her husband who she cares for. She has severe arthritis and has to use aids to enable walking. She also uses motorized wheelchair to get out and about. She is awaiting a hip operation and has back problems. She suffers with some incontinence. Her illnesses affect her daily life. She was referred to the Age UK’s Care Navigator Service by her GP and received a holistic assessment of her and her husband’s needs. It was identified that she needed support in her role as a carer and required some additional aids and equipment to support her mobility around the home.

A home visit was organised to assess her eligibility for Attendance Allowance. She was subsequently awarded Higher Rate Attendance Allowance and plans to use the additional income to purchase a stairlift and also pay for help maintaining their garden. She was also referred to the Alzheimer’s Society from which she also now receives support.

5.30 It is evident from the consultations with the older support people by the Warm and Well programme that many are managing long-term health conditions and/or have recently had a medical procedure that has require a hospital visit. Examples of the range of medical conditions divulged during the consultations is provided in Figure 5.2.

Figure 5.2 - Acute and long-term health conditions affecting clients (self-reported)

<ul style="list-style-type: none"> • Alzheimer's • Angina • Anxiety and depression • Back pain • Bronchitis • Cancer • Cerebral palsy • COPD² • Crohn's disease • Diabetes 	<ul style="list-style-type: none"> • Emphysema • Glaucoma • High blood pressure • Leaking heart valve • Macular degeneration • Osteoarthritis • Osteoporosis • Overactive thyroid • Parkinson's • Post-traumatic stress disorder 	<ul style="list-style-type: none"> • Pulmonary fibrosis • Quadruple heart bypass • Raynaud's Syndrome • Sepsis • Smouldering Myeloma • Spondylitis • Stroke • Vascular vein • Vasculitis
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- 5.31 Many of the above conditions are known to be aggravated by cold temperatures thus increasing the risk of a dangerous decline in an older person's health and/or making it difficult for them to effectively manage their own condition and continue to live independently.
- 5.32 Health problems related to excess cold and fuel poverty include poorer mental health, increased respiratory illness due to asthma, COPD and infection, increased risk of hypertension, heart attacks and stroke, worsening arthritic symptoms and increased risk of falls in the elderly which can result in increased health service use including increased emergency admissions.
- 5.33 Research produced by Public Health England³ and the Marmot Review Team⁴ outlines the health consequences of cold homes and fuel poverty:
- Higher risk of mortality and increased morbidity rates;
 - Cold homes believed to be a main factor in causing the winter increase of respiratory and circulatory diseases;
 - Excess winter deaths: residents of the 25% coldest homes having around 20% greater risk than those in the warmest;
 - Circulatory diseases are believed to cause around 40% of excess winter deaths, while respiratory diseases are responsible for about a third;
 - Older people are more likely to be vulnerable to cold weather, partly because they are more likely to have existing medical conditions; and
 - Vulnerable groups also include those with long-term conditions.

² Chronic Obstructive Pulmonary Disease

³ Public Health England (2014) - 'Fuel poverty and cold home-related health problems'. Health Equity Evidence Review 7: September 2014

⁴ Marmot Review Team (2011) - 'The Health Impacts of Cold Homes and Fuel Poverty'.

- 5.34 Public Health England states that 21.5% of all Early Winter Deaths can be attributed to the coldest quarter of housing and the main health conditions associated with cold housing are: circulatory diseases; respiratory problems; and mental ill-health.
- 5.35 Other conditions influenced or exacerbated by cold housing include: the common flu and cold; and arthritis and rheumatisms. Effective intervention has been shown to deliver significant improvements in circulatory health through improvements in the thermal efficiency of housing. It has also contributed to reductions in the use of medication and hospital admissions as well as improving asthma symptoms. As such interventions designed to alleviate fuel poverty, including work delivered by advice services, can prove effective when integrate as part of a respiratory pathway.
- 5.36 Cold homes have also been shown to impact on the management of long-term conditions. The research published by Public Health England, The Marmot Review Team and the National Heart Forum⁵ indicates that:
- Cold, damp homes increase the risk of arthritic symptoms. This impacts on strength and dexterity, which both decrease as temperatures drop, increasing the risk of non-intentional injuries;
 - A cold house increases the risk of falls in the elderly and non-elective admissions to hospital;
 - Cold conditions can exacerbate existing medical conditions including diabetes, certain types of ulcers and musculoskeletal pains;
 - Association between cold homes and the increased likelihood of developing symptoms of asthma and bronchitis which can develop into long-term conditions; and
 - Cold homes may slow down recovery following discharge from hospital.
- 5.37 Increases in room temperature have also been associated with reduced likelihood of experiencing depression and anxiety. The annual cost to the NHS of treating winter related disease due to cold private housing is £859 million. The acute and long-term health conditions affecting clients disclosed during the telephone consultations provides an indication of the potential contribution of the Warm and Well Programme to alleviating the cost pressures on the NHS associated with cold homes.

⁵ National Heart Forum (2003) - 'Fuel poverty+health: A guide for primary care organisations, and public health and primary care professionals'.

Support received by clients

- 5.38 When asked what support they received through their advice session, clients reported that they received advice on a number of areas, mainly regarding their benefit entitlements, in particular Attendance Allowance, Disability Allowance, Personal Independent Payment (PIP), Pension Credit and Housing Benefit. Several clients also sought support from Age UK to apply for a Blue Badge⁶.
- 5.39 The advice and support provided by the Age UK advisers has covered a broad range of areas including:
- Form filling for benefit claims;
 - Guidance and support to help manage debts;
 - Provision of key safes and personal alarms (falls prevention measure);
 - Advice on heating home efficiently/installation of room thermostats/boiler
 - Support for personal shopping;
 - Installation of home safety measures (grab rails or smoke alarms); and
 - Signposting to community-based support and activities.

Use of home visits

- 5.40 The use of home visits has proven invaluable for many clients. Face-to-face advice sessions delivered in a comfortable home setting has helped clients to discuss some of the complexities of negotiating the benefits system in a more relaxed manner. For some it has provided them with the confidence to reapply for specific benefits where they have previously been turned down and/or to progress an appeal with support from the advice worker. Many clients indicated that due to physical ill health or mobility issues they would have struggled to access the advice and support at Age UK's offices or another venue.

'It was much nicer having someone come here to see me. It saved me the travel to the office, I would have had to ask someone for a lift otherwise. The help I had with the forms was great.'

'The lady came round, she was a very nice lady, I don't think I would have been able to make it to the office myself. She came round after I'd been in hospital.'

'I think the service was much more personable and the lady was able to get more to the point, rather than me gabbling on the phone. It would have been a bit difficult to go there because of my anxiety.'

'Talking face to face and having someone lovely to talk to and I was physically doing it in the comfort of my own home. I was also close to bank statements and anything else she needed to see which I wouldn't have been if I was at the office.'

⁶ Blue Badges are provided for people with severe mobility problems and for those registered blind.

Impact of support and advice

5.41 A summary of client reported benefits on the use of home visits is provided below:

- Reduction in anxiety for clients that lack confidence to go out and about due to mobility issues or other conditions (e.g. acrophobia);
- Welcome social contact for clients who are predominantly house-bound and don't have as much face-to-face contact as they would like;
- The value of face-to-face contact in providing them with confidence and emotional support to progress their benefit claim;
- The ease of discussing the benefit application process and procedures on a face-to-face basis when compared with over the telephone (in particular for clients with hearing impairments)
- The difficulty for some clients in leaving their home due to care responsibilities; and
- Clients store the necessary paperwork required to progress their benefit claim at home so the home visit ensures that they have this to hand and can avoid the need for follow-up appointments.

5.42 The value of the home visits can be evidenced to some extent in that some 94% of clients consulted through the follow-up telephone conversations reported that they were able to act on the advice provided through the Warm and Well Programme.

Case study 3- Addressing money worries

Mr XX is 81 years old and lives alone in a sheltered housing flat. He contacted Age UK to ask for a benefits check at the suggestion of his sheltered housing warden. He was finding it hard to make ends meet after paying for some NHS dental treatment and buying new glasses. However, following a home visit undertaken by the advice worker Mr XX was informed that because he is in receipt of Guarantee Pension Credit he should not have had to pay for the NHS dental treatment and glasses, so he was supported to complete a Help with Health Costs refund application form.

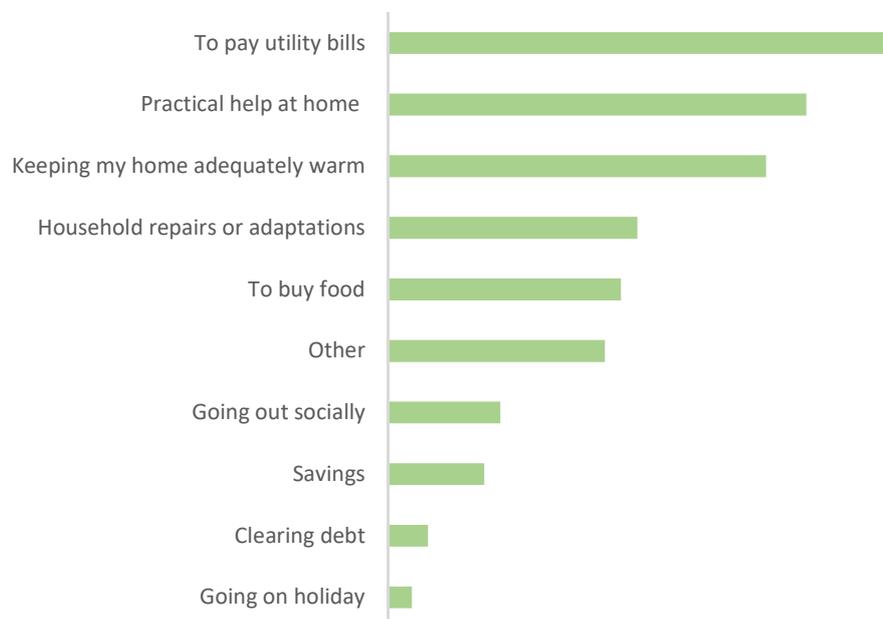
As Mr XX was also experiencing problems with his health and having problems with his personal care during the day he was also advised that he should be entitled to Attendance Allowance at the lower rate. Following the home visit Mr XX was awarded the lower rate of Attendance Allowance and also received a refund of the health costs he had incurred. In addition, because Mr XX is now receiving Attendance Allowance and he lives alone he has also received an extra £62.45 a week of Pension Credit on top of the £55.65 because he was entitled to a Severe Disability Premium.

'To my utter amazement, the advice worker came to see me at home and what really made a difference was that she asked me "What did I want?". She took notice of what I wanted and my opinion, explaining things very well. She took the hard work away from me by explaining clearly what she could do and then dealing with all the paperwork. I asked for a benefits check because I felt that there might be extra money I was entitled to and it's very important at this age. The extra money has given me so much extra comfort and assurance not just now but also for a rainy day.'

Use of additional income

- 5.43 Additional income achieved through the programme has been used by clients for a range of practical and social means, such as paying for support with maintaining their home (e.g. employing a window cleaner or gardener), paying for support with their personal care, installing safety or mobility aids in the property (e.g. stair lift) or purchasing mobility aids to enable them to get out and about (e.g. mobility scooter). Figure 5.3 provides an overview of how clients report to have used additional income achieved through the programme.

Figure 5.3 - How have you used any additional income you received? (n=92)



Case study 4- Addressing money worries

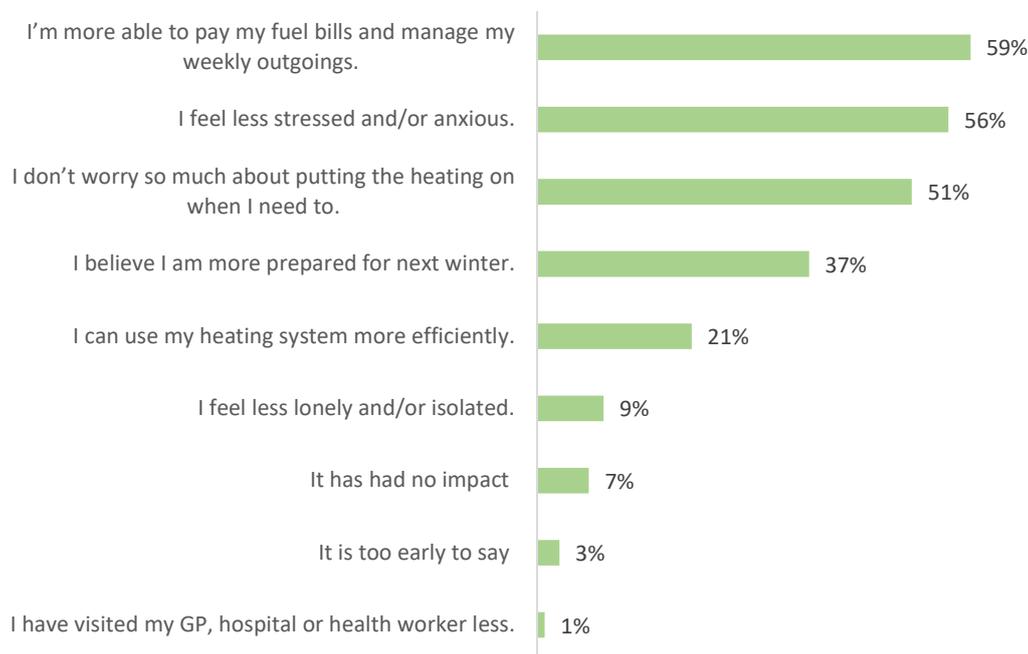
Client XX is 72 years old, widowed and lives alone. She has various health problems and was struggling with daily living. Her boiler had broken down and she was worried how she would pay for repairs as she was on a low income and had no savings.

She received a home visit from her advice worker and was provided with a free electric blanket and as well as being assessed for any benefit entitlements. As she was struggling to manage around her home she was also referred to an Occupational Therapist. As part of the home visit she was supported to apply for Attendance Allowance and was awarded Lower rate. Following this award, she was subsequently helped to claim Pension Credit and as this included Guaranteed Pension credit she also received full Council Tax reduction. The increased income meant she could afford to pay for her boiler to be repaired and now does not worry as much about how she will manage and has the extra income if there are additional costs relating to her illnesses. She feels she has somewhere to turn if she has any further concerns.

'I have struggled on for many years. The benefits received have transformed my life and I feel like someone is on my side'.

5.44 As the follow-up telephone calls were undertaken approximately three months after the client received the support from their local Age UK / Age Cymru site it has been possible to obtain a more recent self-reported assessment of the impact of the energy advice and any additional income on their personal circumstances. Broadly speaking clients reported improvements to their health (reductions in their levels of anxiety), increased levels of social contact (using the additional income to pay for taxis or engage in social activities), improvements in their ability to manage their finances, increased levels of confidence to live independently and comfort in living in a warmer home (further detail is provided in Figure 5.4 below).

Figure 5.4 - Impact of the advice (n=70)



5.45 In terms of the impact of any additional income on their quality of life, analysis of the client responses reveals several themes. Perhaps most importantly clients reported that the additional income has enabled them to retain control of their lives and to exercise choice over how they spend their time. Many clients mentioned their ability to 'live their lives' given that even relatively small increases in their income has enabled them to socialise more and engage in local activities in their community.

'It's made a big difference because I have all these various aids and I have help that I have to pay out for and that's all more or less balancing up now which is a great relief. I can pay bills and I don't worry so much about them. I'm less anxious generally.'

'The energy advice does help, I don't feel quite so scared of putting the heating on unlike before. I think I am a bit more prepared for next winter and I'm able to pay my fuel bills because I'm managing to save on heating and electric.'

- 5.46 Additional income has also helped clients to plan ahead with a greater degree of certainty rather than worrying about where money was going to come from to pay for things.

‘It's made my life much easier. It's relieved me of any financial stress. I'm in quite a lot of pain with my illness but I have no financial worries. I have no problems paying the bills now. I had some savings before anyway and they said that I'd have to use some of it so I bought myself a nice car. I'm managing with what I've got and I've got a car for any emergencies now. If I'm cold, I can just stick the heating on without worrying.’

- 5.47 On a practical level, the income and signposting to other support has made life easier around the home as well as reducing potential risks associated with daily life. The Age UK / Age Cymru advisers have been able to signpost many clients to receive ongoing support from local charities, club and volunteers which will help to ensure that self-reported improvements in quality of life can be maintained over the longer-term.
- 5.48 A sample of personal statements from clients supported through the Warm and Well Programme are provided below (Figure 5.5).

Figure 5.5 - Personal accounts of the impact of the support received

‘I've been in and out of hospital for most of the year. It will make a difference in time... I've been able to do things that I couldn't do before, I've been able to pay for transport to go places and on the whole, I am less stressed and worried’.

‘Now I can get a taxi to meet family and friends. I'm going out next week for a trip which was organised by Hospitality Action. I normally find it difficult to get out. I can go out shopping now because I can get a taxi, it helps me a lot. I feel less stressed and worried, I'm not as worried as I used to be before’.

‘I'm less stressed and happier to know that I have a bit of extra money to fall back on if anything needs replacing or sorting out in the house. I had a two-seater settee which I could not clean underneath of because I couldn't move it and that was upsetting me because I like a tidy house so I bought two new arm chairs which are much easier to get up from and move’.

‘It's made us feel more at ease and happier. We're less worried about bills. We used to get quite stressed out going into the bank to see what was left over so the extra money has taken the worry off us quite a lot’.

‘I've had the path in the garden renewed because it was all broken up before and I've had one of the hot water pipes replaced too. I'm not worrying about money so much and not thinking how many days is it until my next pension. I very rarely go out but I suppose I do more often now than I used to’.

‘One of my daughters lives in York and the other in Devon so I can travel up and down to see them more often. Things are just so much easier now. I'm just so grateful, I couldn't believe I could get the Attendance Allowance so I feel lucky’.

Areas for improvement

- 5.49 Clients were asked to provide their views on how the service could be improved or what additional support they would have found helpful. Most clients indicated that they couldn't think of any way to improve the service with many simply reinforcing their positive view of the advice they had received and the impact it had made in addressing the concerns that led them to seek support.
- 5.50 A small number of suggestions were put forward by clients including the potential for the advice worker to check with benefit entitlements on an annual basis and the need to promote the service widely to ensure other vulnerable older people can access the support.

'Nothing that I can think of. They're always at the end of the phone if I need them.'

'Not really. I had an awful job trying to find out what the benefits were without speaking to Age UK so it was nice to be able to talk things over with them face to face.'

'I couldn't criticize them at all, what I've experienced has been great.'

'I don't think it could apart from to perhaps provide an annual review because as I get older, I know there are different types of benefits that are available to me so if there was a review each year, they could let me know what I'm due.'

6. Conclusion

- 6.1 Analysis of the programme's monitoring data reveals that in its first year of delivery the programme has surpassed the target for the number of advice sessions and number of clients supported. The programme has already identified a total of £15.9 million in additional benefits for older people, which equates to an average benefit claim of £3,426. The majority of advice sessions have also been delivered in the client's home and around nine of out ten clients would recommend the service provided by their local Age UK / Age Cymru.
- 6.2 Data derived from the postal survey reveals that most clients heard about the Warm and Well Programme through a friend or family member or by making contact directly with their local Age UK / Age Cymru office. For nearly half of clients the reason for contacting their local Age UK / Age Cymru office was to seek help with checking their benefits entitlement. For just over a fifth the reason was motivated by concerns regarding their health. Nearly two thirds of clients indicated that they were not aware of what benefits they were entitled to before receiving the advice through the Warm and Well Programme.
- 6.3 Nine out of ten respondents to the postal survey indicated that they were able to act on the support and advice provided, which suggests that the advice sessions are proving instrumental in supporting older people to address the issues that are causing them concern. Just under half of respondents indicated that they either didn't know where they would have gone for support or wouldn't have looked for help, which suggests that in the absence of the Warm and Well Programme the reasons for them requiring advice and support would otherwise remain unresolved.
- 6.4 Follow-up telephone interviews have demonstrated the overwhelmingly positive feedback from clients, many of whom are managing long-term health conditions or have recently been discharged from hospital following a medical procedure. Consequently, the programme is proving successful in reaching vulnerable older people whose medical conditions are known to be aggravated by cold temperatures which in turn can make it difficult for them to effectively manage their own health and continue to live independently.
- 6.5 The use of home visits has proven invaluable for many clients. Face-to-face advice sessions delivered in a comfortable home setting has helped clients to discuss some of the complexities of negotiating the benefits system in a more relaxed manner. For some it has provided them with the confidence to reapply for specific benefits where they have previously been turned down and/or to progress an appeal with support from the advice worker.

- 6.6 The additional income achieved through the programme has been used by clients for a range of practical and social outcomes, such as paying for support with maintaining their home, paying for support with their personal care, installing safety or mobility aids in the property or purchasing mobility aids to enable them to get out and about. Perhaps most importantly clients report that the additional income has enabled them to retain control of their lives and to exercise choice over how they spend their time. Many clients mentioned their ability to ‘live their lives’ given that even relatively small increases in their income has enabled them to socialise more and engage in local activities in their community.
- 6.7 The recent ‘State of the energy market’ report published by Ofgem⁷ highlights that even if suppliers provide energy at the lowest feasible prices, some consumers may find it hard to manage their bills. In addition, limited competition in some segments of the domestic market makes affordability a greater concern. This can potentially leave customers with high bills, debts, or under-heated homes. The report outlines the steps taken by Government to protect and support consumers who are vulnerable or less able to afford their energy needs⁸, including:
- Financial support, which subsidises consumers’ bills or controls prices. For instance, the Warm Home Discount scheme reduces bills for certain low-income pensioners;
 - Support in helping consumers improve their energy efficiency, which reduces the amount of energy consumers need to purchase; and
 - Non-financial support to help vulnerable consumers engage in the energy market.
- 6.8 Ofgem’s report (2017) highlights that low-income households have reduced their consumption more than households with higher incomes with a resultant concern that consumers who are less able to make energy efficiency improvements are more likely to have self-rationed their gas consumption in response to price increases. As outlined in this report this poses a significant health risk to older people managing acute and long-term health conditions.
- 6.9 The Warm and Well programme is helping to support vulnerable consumers in line with the guidance outlined by Ofgem, by helping older people to engage with the energy market, by boosting income levels through greater take up of benefit entitlements and by helping to improve the thermal efficiency of homes. This investment has the potential to provide longer-term benefits to the NHS by addressing the risks associated with cold homes as well as substantially improving the quality of life for thousands of older clients supported by their local Age UK / Age Cymru office.

⁷ <https://www.ofgem.gov.uk/publications-and-updates/state-energy-market-2017>

⁸ A consumer is defined as vulnerable if their personal circumstances and characteristics combine with aspects of the market to make them significantly less able than a typical consumer to protect or represent their interests or significantly more likely than a typical consumer to suffer detriment (such as higher energy costs).

Appendix 1 - Postal Survey Data Tables

Respondents by Age UK Local Site		
	No.	%
Age UK Darlington	34	7
Age UK South Lakeland	32	7
Age UK Norfolk	32	7
Age UK Milton Keynes	31	6
Age UK Hereford & Localities	28	6
Age UK Wiltshire	28	6
Age UK Croydon	27	6
Age UK Solihull	26	5
Age UK Herefordshire & Worcestershire	25	5
Age UK Surrey	25	5
Age UK Wandsworth	25	5
Age Cymru Swansea Bay	24	5
Age UK Hertfordshire	23	5
Age UK Devon	20	4
Age UK Ealing	20	4
Age UK Isle of Wight	19	4
Age UK County Durham	16	3
Age UK Hillingdon	16	3
Age UK Bromsgrove & District, Redditch and Wyre Forest	15	3
Age UK Bedfordshire	14	3
Blank	1	0
Total	481	100

Respondents by Gender		
	No.	%
Female	267	58
Male	190	42
Total	457	100

Responses by Age		
	No.	%
50-64	29	6
65-74	132	28
75-84	175	37
85 and over	131	28
Total	467	100

Respondents by Ethnicity		
	No.	%
White	433	91
Asian or Asian British	15	3
Black or Black British	17	4
Mixed or multiple background	1	0
Other	8	2
Prefer not to say	3	1
Total	477	100

Respondents by Living Arrangements		
	No.	%
Alone	199	45
With a partner	200	45
With family	48	11
Total	447	100

Appendix 2 - Telephone Survey Data Tables

Local Site	Completed interviews
Age UK Hereford & Localities	9
Age UK Darlington	9
Age UK Croydon	9
Age UK Solihull	8
Age UK Surrey	8
Age UK Isle of Wight	7
Age Cymru Swansea Bay	7
Age UK Milton Keynes	6
Age UK Ealing	5
Age UK Devon	4
Age UK Wandsworth	4
Age UK Norfolk	4
Age UK Wiltshire	4
Age UK Herefordshire & Worcestershire	4
Age UK Bromsgrove, Redditch and Wyre Forest	4
Age UK South Lakeland	3
Age UK Hertfordshire	3
Age UK Bedfordshire	2
Total	100

Gender	Completed interviews	%
Female	61	61
Male	35	35
Blank	4	4
Total	100	100.0

Disability status	Completed interviews	%
Yes	77	77
No	8	8
Blank	15	15
Total	100	100.0

Age	Completed interviews	%
50-64	9	9
65-74	31	31
75-84	37	37
85 and over	20	20
Blank	3	3
Total	100	100.0

Ethnicity	Completed interviews	%
White	87	87
Asian/Asian British	6	6
Black/Black British	4	4
Other	1	1
Blank	2	2
Total	100	100.0



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Tel: 08448 484 885