



The Leeds Winter Warmth Scheme 2012/13: An Evaluation Summary

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October 2013



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This document summarises two pieces of research undertaken on the Leeds Winter Warmth Scheme 2012/13 (Warm Homes Healthy People); a Stakeholder Evaluation and a Case Study of beneficiaries.

Background:		
<p>Following on from last year's successful Warm Homes Healthy People Campaign, NHS Leeds (Public Health), Leeds City Council and partners in the voluntary sector decided to launch an expanded campaign in 2012 in order to support a more varied range of services over the winter period. The overall project amounted to £527,368 which comprised £171,000 set aside by NHS Leeds together with £199,067 of funding from the Department of Health's Warm Homes Healthy People Fund which was jointly bid for by Leeds City Council, NHS Leeds and our voluntary sector partners, £130,393 from Leeds City Council's bid to the DECC fuel poverty fund which was used to enable the Warm Homes Service to provide larger scale capital measures such as heating and boiler replacements and other funding from partners. As with the 2011-12 Warm Homes Healthy People Fund, projects were selected that addressed those needs that were known to arise and increase within the City during winter.</p>		
Project Lead	Description	Key Outputs
Care & Repair Leeds	Emergency repairs to heating and hot water systems and provision of temporary heating.	701 households assisted with heating repairs, improvements and emergency heating, of which 81 have received central heating installation or boiler replacement.
Groundwork Leeds	'Green Doctor' energy efficiency support for additional households over winter.	357 additional home visits made including small scale improvements and onward referrals.
Leeds Community Foundation	Direct small grants for community events and services supporting vulnerable people over the winter period.	11,871 residents assisted through the community grants fund and 910 emergency boxes distributed
Leeds & Chapeltown Citizens Advice Bureaux	Provide combined benefits/utilities/debt advice to vulnerable households.	365 households provided with income maximisation support, either via face-to-face or written advice.
Leeds Federated Housing	Providing small scale energy measures, fuel bill and benefits advice.	214 vulnerable tenants assisted, 170 with small scale improvements.
St Georges Crypt	Provide emergency shelter to homeless people until permanent accommodation can be found.	1,160 homeless and rough sleepers accessed the hub over the duration of the Severe Weather Protocol.

Examples of Case Studies provided by Beneficiary Agencies/Groups

Mr N lives with his wife and 19 year old daughter. Mr N has COPD and a skin condition. He uses an oxygen machine on a daily basis and his skin condition requires him to bathe frequently. He has recently been discharged from hospital and his boiler was not working so he would have been left without heating or hot water. Care & Repair were able to arrange to repair the boiler quickly and while the engineer was there he fitted thermostatic radiator valves to allow Mr N to control his heating more effectively.

Having hot water and heating again has made a huge difference to Mr N's ability to manage his health conditions and keep warm and clean. Mrs N said: "we have little money or resources and I don't know what we would have done if Care & Repair had not helped us "

Mr and Mrs G live with their young daughter in the Harehills area of Leeds. They contacted the Green Doctor team due to draughts through their wooden front door and for advice about available home improvement grants.

As well as draught proofing the draughty front door, the Green Doctor team referred Mr and Mrs G to the Wrap Up Leeds+ scheme, through which they may be entitled to a range of larger energy saving measures. "It feels much warmer when we come in from outside. After the advice from the Green Doctors we've been able to turn the heating down a couple of degrees and have looked into getting a water meter. We now use our heating rather than the gas fire too."

Mr W born 1932, was identified as an elderly gentlemen living alone by one of our volunteers, he had no contact with any family members and only left the house to go to the local shop five doors away. We delivered Mr W an emergency box as a way to try and break the ice with him. Mr W was extremely grateful and asked us if we could visit again and our outreach worker visited him every ten days for a month and encouraged him to attend the Tuesday Club with her accompanying him. Mr W now attends 2 days per week and has joined us on 2 minibus trips.

The evaluation

The qualitative evaluation undertaken by Health Together at Leeds Metropolitan University was in two parts – four focus groups with 17 beneficiaries of the programme and ten interviews with stakeholders from the partner agencies listed above. Data was collected between June and September 2013 and analysed thematically.

Evaluation Summary

Vulnerable people across Leeds were helped by the Winter Warmth Scheme. Beneficiaries experienced improved levels of emotional and physical comfort, less susceptibility to cold related illnesses and felt less socially isolated. The professionalism and competency of the staff was praised. Utilising local organisations allowed existing expertise to be accessed and vulnerable members of the public to be reached. The network of organisations rose to the challenge of delivering a wide range of interventions in a very short time-scale.

A clear need for a similar scheme in winter 2013/14 is demonstrated in order to ensure vulnerable people in Leeds are not left living in unhealthy, cold and socially isolated, environments.

Key Beneficiary Findings:

Beneficiaries received support ranging from installation, repair and servicing of heating equipment and energy efficiency improvements to provision of warm clothing and opportunities to take part in social activities.

The help they had received from the programme was greatly appreciated by the recipients.

Anxiety about facing the winter in a home with unreliable heating that they could not afford to put on was reduced and people felt less stressed as a result.

Beneficiaries said that they were moving around more and feeling more comfortable and less susceptible to cold related illness.

Activities that took them out of their homes to meet with other people and get a hot meal were particularly appreciated.

However some beneficiaries were still not putting on the heating, either because they preferred a cold bedroom, or were worried about fuel bills.

Trust in the agencies that were delivering the services they received was high and the care, honesty and professionalism of staff was greatly appreciated.

“Last winter was a worry on the mind; but I feel more confident facing (the) winter that is coming” (Focus group participant and scheme beneficiary)

‘..in winter when you get a cold one, especially me with diabetes and getting elderly, it is really terrible. I have had a few in previous years where I have really suffered. So, having the house at a reasonable temperature and keeping myself warm, that adds to the extent of my health...’

Key Stakeholder Findings:

There was universal consensus of the need for a scheme to help Leeds people keep warm. Poverty and thermally inefficient homes are key factors.

There was a high demand for the services offered. Many organisations felt they were only able to *'scratch the surface.'*

Using a network of local organisations meant the scheme could proceed operationally at short notice. Beneficiaries were also more likely to trust them.

Vulnerable members of the public were reached by organisations using existing contacts and structures and undertaking pro-active outreach work. Linking with other neighbourhood or community organisations worked well

Whilst entitlement criteria varied all the people reached were vulnerable in some way. However not all vulnerable people were reached.

Organisations co-ordinating the work on behalf of beneficiaries was important - many lacked the confidence and ability to manage contractors.

Referring beneficiaries between organisations was critical in ensuring they received the most appropriate support. Organisations referred internally, between partners and to external bodies.

The key issue with the scheme was a lack of time. Late confirmation of the fund resulted in increased stress and pressure for organisations and uncertainty for potential beneficiaries.

"What a difference it's made to the lives of older, disabled and people on low income and people with health conditions that maybe otherwise would have been unable to do that work themselves." (Key stakeholder)

Overall Recommendations

- Fund similar schemes for forthcoming winters, across Leeds and England.
- Utilise a similar delivery model consisting of a network of local organisations— this helps ensure there is reach into a variety of communities, can be mobilised rapidly and aids referrals.
- Link into other health and wellbeing and social-care agendas, particularly for older people. Winter warmth interventions can potentially help prevent social isolation, accidents and malnutrition.
- Embrace a wide definition of who is vulnerable – including the elderly, those with health concerns, those on a low income (including families) and those who may not be able to access information.
- Build in more planning time – this will ensure organisations are able to manage and operate the scheme more effectively. It will also result in less confusion for members of the public.
- Involve other organisations including schools, the health service (primary and secondary care) and others.