The Leeds Winter Warmth Campaign: Stakeholder Evaluation

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1 Introduction

The Leeds Winter Warmth campaign aimed to help vulnerable residents keep warm during the winter of 2012/13. Over £500,000 of funds were utilised to reach nearly 12,000 people (Leeds City Council, 2013). A wide range of services were provided including installing new heating systems, giving advice on energy bills, providing emergency overnight accommodation for homeless people and distributing cold-weather packs to older people.

The winter of 2012/13 was longer and colder than usual; whilst temperatures were average in December, it was colder than usual from January through to May. March was the coldest it has been for 50 years (Met Office, 2013).

This evaluation focuses on the organisations funded by the Winter Warmth campaign to deliver services to Leeds residents. The overriding aim of the evaluation was to inform the operation of possible future schemes, with good practices and any issues identified. The views of organisations on the need for the funds and how the campaign was organised were ascertained. How they delivered the services, reached clients and worked with other stakeholders is explored and their suggestions for improvements described.

This report should be read alongside the overall campaign report, by Leeds City Council, and the beneficiary report.

2 The Leeds Winter Warmth model

A network of organisations was set up to deliver the 2012/13 Winter Warmth Campaign (with funds of over £500,000). At the centre of this network was Leeds City Council (LCC) who co-ordinated the bidding process and distributed it to 41 organisations.

The fund came from 3 main sources – the Department of Health Warm Homes, Healthy People scheme, NHS Leeds (Public Health) and the Department for Energy and Climate Change (DECC) Fuel Poverty Fund. Two participating organisations also contributed.

The organisations and their role in the network varied greatly. The five **'major stakeholders' received funds directly and were citywide in their reach.** Some had been involved in the bidding process along with LCC. Care & Repair repaired and installed new hot water and heating systems in people's homes whilst Groundwork Leeds offered energy efficiency support. The two Citizens Advice Bureaus helped give advice to householders regarding their bills and benefits whilst St George's Crypt assisted homeless people during the cold weather. Leeds Federated Housing provided small-scale energy efficiency and advice to their most vulnerable tenants (they have over 4000 properties).

Leeds Community Foundation received over £60,000 from the Warm Homes Healthy People fund and, along with funds they raised directly, distributed these to **35 voluntary and community sector organisations.** Funds were allocated via an application and vetting process with organisations receiving between £250 and £3000. Those that received funds were often fairly small organisations that tended to focus on a specific population – this was often older people but groups supporting Black & Minority Ethnic (BME) people and younger people were also included (see overall report for a full list). The type of support offered tended to be fairly small-scale, for example distributing emergency cold weather packs, meals, helping with gritting and social events.

3 Methods

Key stakeholders of the Winter Warmth campaign were interviewed by telephone between July and September 2013. The interviews were semi-structured and lasted approximately 30 minutes.

Participants were selected from a list, prepared by Leeds City Council, of organisations who had been involved in the campaign. All those who had received money directly from the fund were interviewed plus two who received funding via the Leeds Community Foundation. See Table 1 for a list of participating organisations. Three different interview schedules were prepared (see appendix 1 for an example), which one was used for each participant depended upon the role of their organisation.

All potential participants received a Participant Information Sheet, notifying them that participation was voluntary and the information provided was anonymous and confidential (appendix 2). If they agreed to participate their responses were recorded (with permission). The interviews were transcribed in full and a thematic analysis conducted, to draw out key findings. The Leeds Metropolitan University ethics process was followed, with approval given in June.

Table 1: Participating Organisations

Organisation	**Number of Interviews**	**Interview Schedule**
Care & Repair	2	Version 1 – received funds directly
Groundwork (Green Doctor scheme)	1	
Leeds Federated Housing Association	1	
Chapeltown Citizens Advice Bureau	1	
Leeds Citizens Advice Bureau	1	
St George's Crypt	1	
Leeds Community Foundation	1	Version 2- distributed smaller grants
Age UK	1	Version 3 – received funds via Leeds Community Foundation
Igen	1	

4 Findings

This section will first explore the need for the scheme and its perceived benefits. It will then investigate how the model operated, how clients were reached and referrals between organisations made. Any process issues will be explored before discussing points to consider and potential improvements.

4.1 Was there a need for the Winter Warmth scheme?

There was **universal consensus of the need for a scheme** to help people in Leeds keep warm during the winter. Two key factors were driving this; poverty, made worse by the current financial climate, meant many people did not have enough money to pay essential bills, including heating. Exacerbating this was a lack of knowledge or know-how regarding how to reduce their bills or claim benefits they could be entitled to. The second key factor is the condition of the housing stock with many homes being under-insulated and poorly heated. Individual circumstances were also relevant including being older, disabled or having poor health.

One organisation described the circumstances that made this issue particularly pertinent in Leeds with its stock of older, solid wall houses;

> *"When you get people who rely on benefits using pre-payment meters who are living in thermal inefficient homes, it's quite a toxic mix."*

Another organisation pointed out how substantial the issue of fuel poverty is locally amongst older people;

> *"I know there are 50,000 homes in Leeds that are affected by fuel poverty … I also know that 40% of those are occupied by older people, and that's a lot. … Over 4 people a day die unnecessarily in Leeds from cold weather related deaths and that's just unacceptable. … The other factor is that Leeds has the highest level of unclaimed pension credit in the country which means that a lot of older people are not claiming the benefits they are entitled to … and they're having to make stark choices about choosing whether to heat or eat and not both. It's for that reason that we thought it was important."*

A high level of demand for their services was cited by nearly all the participants, with most saying that whilst they had helped many people, if they had more time and resources, they could have helped more;

> *"There were more people that needed help that we could get to…. We could have carried on doing that work for a long time; I think there's at least 6 months work there for a full time worker."*

*"The demand that we had for that (*emergency food packs and parcels*) was massively more than we were able to meet from the funding that was available.*"

"We had a target, we met the target but in terms of the demand no we still have people on the list… we were so inundated with referrals that we didn't need to publicise the service anymore."

Some organisations felt they were **offering insufficient help** given the scale of the need;

"The things that we did were just scratching the surface."

"It helps absolutely but it is more of a sticking plaster."

Only one organisation experienced less demand than expected. They had distributed information packs on energy bills with the expectation that recipients would then arrange one-to-one advice sessions. Less had done so than expected but reasons for this were unclear – it could have been that the information packs were sufficient by themselves or that a face-to–face approach to arrange appointments was needed.

4.2 Outcomes for organisations and clients

As described in the overall report a number of different services were delivered by the organisations involved - the nature of the benefits experienced will therefore be varied. This section will describe some of the direct and indirect benefits as perceived by participants.

How did the organisations benefit from the scheme?

- The profile of fuel poverty was raised within the city.
- The profile of their organisation was raised amongst members of the public and other community or government organisations in Leeds.
- It helped the organisations themselves to **consolidate their knowledge** on fuel poverty.
- It **helped build trust and improve 'reach'** by providing a reason to interact with people who may normally be difficult to engage with.
    - A housing association felt their relationship with their tenants improved;

      "We gained from our tenants understanding that we're trying to deliver and being seen to deliver. Talk is cheap so the fact that we were out there in the middle of winter with snow up to our ankles and we were trying to engage people, I think it made them realise that (organisation name) do care about us and we're trying to do things."

- Another organisation said; *"it enables us to meet those people .. they can build trust and realise not all services are out to get them."*
- An older person's organisation gave an example of making contact with an older person who had not previously wished to engage – he had asked for an emergency cold-weather pack and they were now in regular contact helping organise daily care.

- It enabled organisations to **work more closely with other partners and build up local connections**. This had potentially long-term effects.
- **Improved skills and employment**. The fund had led to two organisations employing previously unemployed people for a short amount of time. All these individuals (four in total) gained paid-employment afterwards due to the experience and skills they had gained;

  "They were unemployed initially, they were volunteers here and from that work they have moved onto paid employment… it skilled them up and also gave us good reason to give a reference … so when they went to interviews they were pretty sharp. They both got work from it."

How did the clients[1] benefit from the scheme?

This stakeholder evaluation did not directly communicate with beneficiaries – please refer to the accompanying report for this perspective. However organisations identified a number of perceived benefits for them based on their experience of delivery. ***"Warmer homes that are cheaper to heat"*** was the most common direct benefit but a number of indirect benefits, described below, were also identified.

Improved health:

- Less cases of people getting ill / being admitted to hospital.
- Improved safety from servicing of appliances such as boilers and gas heaters. Less chance of carbon monoxide poisoning.
- Reduced stress and anxiety;

  "We took that stress and pressure away from them and they're going into this winter now knowing that their appliances are safe and their properties are going to be warm."
- People feeling they are supported; *"that actually someone's willing to help them with this."*

Improved social aspects:

- Children being warmer at home so they can do their homework and engage better at school.
- Families not having to move due to reasons of affordability.

[1] The terms clients and beneficiaries are used inter-changeably in this report

- Helping older people get out of their homes and meet others; *"if you speak to those older people that may be the only time they get out of their own home or get to see somebody else and we would never underestimate the impact that social contact can have on somebody that doesn't get it otherwise."*

Improved finances:

- After being given advice clients improved their income either by switching energy providers or claiming benefits they were entitled to. One advice bureau saw over 150 clients in the time period, with an average improvement of income of £34 per week.

The fact that organisations **co-ordinated the work** on behalf of clients was important*; "they didn't have the hassle of trying to find a contractor, being unsure whether this contractor was legitimate."*

Organisations thanked the providers of the fund;

"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. Financially they wouldn't have been able to finance the work and some of them, physically wouldn't have had the knowledge, the strength to go through that process on their own."

4.3 Benefits and potential downsides of the model used

What were the benefits of this approach?

A key benefit of using existing organisations meant they were **ready to proceed operationally at short notice.** Once funds were agreed they could provide services quickly due to their existing infrastructure, contacts and expertise.

"We are a well-established organisation that has all the main mechanics in place to be able to spend that kind of funding and we've got the right contacts and the right type of clientele. We're able to publicise quickly, provide our services and any new services that come around."

As the organisations had existing links in the community and expertise in working with the target population the scheme could **rapidly reach potentially vulnerable people** (see 4.4 for more detail). They were already known to people *"an established brand"* and organisations were able to incorporate it into their normal work as part of their *"regular conversation";*

"A number of our services have got regular contact with older people so we're often in contact with people. … We had an alert system where all of the staff were briefed to be looking out for older people that may be experiencing hardship during colder weather."

Organisations were confident that they could deliver, many emphasised that this work was a '**good fit'** with what they already do;

"It's what we do, it's in our charitable objectives and it really is our business."

Stakeholders emphasised that they had a **good reputation** and there were **high levels of trust** both between themselves, the other partners and LCC –they were therefore able to work together in a positive, constructive way;

"I think we have a good reputation. We've got a long history of delivering all sorts of projects and in this area we had a really fine example of work that we'd done on fuel poverty before."

"I also have a relationship with (LCC) that they trust what we're saying and think actually these guys can do this."

The fact they had already worked with the other partners (e.g. during energy saving week), meant they were **able to co-ordinate their activities and refer clients** between themselves for extra help or support. One organisation described how the major stakeholders had discussed the need to work together more closely in the future and refer clients between themselves for appropriate help;

"That was a benefit of knowing each other and being relatively small."

Are there any downsides to this approach?

Utilising a network of existing organisations does raise the possibility of there either being gaps in provision or duplication of services. How easy it is for members of the public to understand the roles of the different organisations involved also needs consideration.

Potential gaps in provision identified by participants were:

- Registered social landlords (other than the one participant).
- Families with young children – it was agreed that older people are especially vulnerable and do need the majority of assistance but families could also require help;

"If you look at the list of organisations funded then the majority is towards older people groups so there could be an argument to say there's perhaps an area that wasn't tapped into as much as may have been possible around the families and young children…"

Potential duplication of services. This issue was not raised directly by participants but advice on benefits and bills was provided by more than one of the major stakeholders –the CABs specialised in this area but others also carried out checks when they first met clients. Leeds Community Foundation had recognised this as a potential area of overlap so small grants were not available for advice giving via their programme. A number of local organisations provided emergency warm weather equipment so again, there is a potential for overlap, but this could have been avoided due to the fact that they tended to cover discreet geographical areas or communities.

One participant raised the possibility that members of the public may get confused as to what each stakeholder did – however, how significant this is can only be ascertained by asking clients directly;

"I think for a client to maybe go through the whole scheme as it were on maybe one central referral form would be really good … they could maybe then tap into help from the other organisations more seamlessly."

A final point to make is that this research only interviewed organisations who had successfully received some level of funding. Many emphasised their positive relationship both with LCC and the other partners and how this helped make the process work very smoothly. As one participant put it;

"I would say well it was easy for me but if I hadn't got those relationships then I might be singing a different tune."

A potential downside of this is that new organisations, those who are unaware of the scheme or without existing relationships may find it more difficult to become involved as a major stakeholder. One solution to this was the provision of smaller grants publicised and managed by the Leeds Community Foundation – this was open to organisations across the city.

A Point to Consider:

- How to ensure new organisations can get involved in the scheme, whilst maintaining the positive working relationship between partners. Too many key stakeholders may result in the partnership becoming more difficult to manage, too few and coverage may be reduced.

4.4 Reaching clients

How did the stakeholders reach members of the public?

Organisations used **existing contacts and structures** to reach clients – nearly all said this was a relatively easily process and something they were used to doing. Examples include; the Citizen Advice Bureaus having offices citywide, the older people association having teams visiting vulnerable residents and the housing association who have 4000 tenants in the region. Many of the smaller organisations run groups or drop-in centres for vulnerable people.

Examples of **pro-active outreach work** emerged. One organisation visited GP services and children's centres and utilised their mental health outreach team. Another organisation had a particularly successful approach involving visiting primary schools to target parents and carers – they worked closely with the family support workers to identify vulnerable households;

"We think that schools, especially schools in areas of high economic deprivation, are probably hubs of families where we can go to the schools and talk to the family support workers or even the teachers, they will direct the referrals to us. It's basically easy pickings, it's not difficult to get the work and we were quite right in that."

Their only note of caution was to ensure that the hierarchy of the school were involved at the start to avoid any potential tension – in one school an awkward situation developed as the head-teacher had not been fully consulted.

Linking with other community or neighbourhood organisations worked well. In the example above family support workers knew who the vulnerable families were and were trusted by them, making contact easier and more fruitful. Other examples include working with neighbourhood networks and Health Champions. The rough sleepers' hub had benefited from the street outreach team directing people to them.

Were vulnerable members of the public reached?

Defining vulnerability is challenging – people could be vulnerable to cold weather due to their age, their housing situation, their income or other personal circumstances; *"to us … it's important that there's a wider definition of who's vulnerable rather than just on age".* Running through this model is a desire to target those adversely affected by cold weather – how explicitly this is stated and applied however varies.

Some organisations used **specific entitlement criteria**. These included the key stakeholders who tended to be delivering the most substantial support i.e. installing new heating systems or insulation.

> *"Well obviously the main target group is poor people in fuel poverty so we tend to work with and try to target the most vulnerable groups so people that are elderly, people with young children, people with disabilities or long term health conditions and people on low-incomes … below £21,000."*

> *"We work with older, disabled people and people on low incomes, that's our client group."*

There was some desire to allow people with some savings to contribute to the work and thus free up the process of ensuring entitlement.

Similarly, the Leeds Community Foundation asked organisations applying for funding (small VCSO) to define which vulnerable populations they would be working with and what work they would be doing. Who received funding was agreed by a panel consisting of themselves, the NHS and LCC. The housing association prioritised people living in the worst properties *"the most thermally inefficient."*

Targeted outreach was used by other organisations to reach vulnerable people. Their criteria for which people to help were less explicit but by the nature of where they were based and the communities they interacted with, vulnerable people were reached. The support offered tended to be smaller scale.

One organisation, for example, targeted their outreach work in the most deprived areas;

"By the nature of our client base, we will have reached a lot of low income deprived backgrounds."

Similarly, many of the small grant recipients worked with communities likely to be vulnerable e.g. older people, BME communities who do not speak English or even women asylum seekers.

Only one organisation accepted all-comers during the cold weather - this was the rough sleepers' hub. Given their remit it is likely that all clients were vulnerable;

"The criteria at that time of year is basically anyone who turns up, when it's a severe weather protocol we don't really ask the same sorts of questions about whether they've got a temperature or anything like. We just take whoever comes to the door."

Organisations therefore clearly targeted those they perceived as vulnerable or in need. Most were reluctant to say that they were the 'most needy' or that they had reached everybody but all felt that those they accessed were in need of help or advice at that time.

"I wouldn't say that we met everybody in need because in truth you'll never do that."

In summary, the people reached were all vulnerable. However, **that does not mean all vulnerable people were reached.**

Were there any barriers to reaching members of the public?

Barriers to reaching some communities emerged for two organisations. The housing association initially found it **difficult to engage** with their tenants;

"It was very hard, even for us, to actually get the appointments and getting through people's doors. … It was very difficult to get it going, it sort of got word of mouth and it developed from there. (It was) really, really hard work."

They felt this barrier was partly due to the type of communities they were trying to engage with, with more affluent populations sometimes being more receptive.

The organisation who distributed the information packs reflected that some clients may **lack the skills** to be able to use them on their own – some struggled with literacy, others did not speak English;

"It (the information pack) was really clear and well written but then it kind of assumed that they were able to use the information in that to make their situation better themselves. We know through all the projects and advice we give here there's a proportion of clients who would struggle with that. … A lot of those clients tend to be either not speaking English or their English isn't so good."

Factors for successfully reaching communities were identified as:

- **Ensuring accessible information** for people who may have difficulty with literacy, numeracy or speaking English.
- **Engaging with people face to face**, in preference to social or marketing media;

"It's not about using social media, it's not about mail shots, it's not about SMS texting. What it's about is getting out there, knocking on doors and talking to people."

- **Organisational commitment**; *"what made it work well was the commitment from (the organisation) to get out there and make it work."*

A Point to Consider:

- How to ensure all vulnerable people are reached – particularly if they may not be in touch with the voluntary and community sector. Can other LCC organisations, such as schools, be utilised?

4.5 Referring beneficiaries

Were clients referred between organisations?

It was recognised by many key stakeholders that referring between organisations was vital in order to ensure the best outcomes for clients;

"What's the point of me or my staff making sure everybody has got as much benefit as they're entitled to, if that money is going out of the window via the heat because that home is not insulated properly."

Referring between partners was in evidence from all participants;

"Because they were partners in the project we were alert to what they could offer as well so pointed people in their direction and made referrals where necessary."

"There's a bit of a partnership going on in terms of referrals which is what we aimed it to be."

Stakeholders both **referred within their own organisations** (e.g. the advice bureaus would refer to their debt advice team) if appropriate and **to other external parties** such as Wrap Up Leeds, energy companies, the benefits agency and the fire service.

One participant felt that even greater partnership work should be welcomed. They felt referrals needed to be a more strategic part of the scheme and potentially include a web-based appointments system. Just giving a number for people to call was felt to be insufficient;

"Something tighter than giving somebody a number and expecting them to ring, it's quite difficult for people to make that step sometimes even if the know it's going to benefit them."

A Point to Consider:

- How to ensure clients are aware of all the services available to them, without confusing them or reducing the number of entry points into the scheme.

How well did the process work?

As key partners, some stakeholders had been involved in the bidding process along with LCC. Everyone involved in the scheme felt it was a simple process with clear objectives - feedback was generally very positive. Participants felt it tied into what they did anyhow allowing them to use their expertise positively;

> *"I think for us it was a relatively easy process … the support we got from the council and the NHS was very helpful … they were very flexible in terms of sitting down and going through the applications … and making it as efficient as we could do."*

Were there any issues?

The main issue raised by nearly all the participants was that of **timing** – confirmation of the fund arrived late causing increased stress and pressure plus it took longer to deliver services to clients;

> *"It was quite a tight time-scale in terms of the amount of work we had to do… it was a bit of a struggle and in the end we needed to get more contractors in because we actually got more funding this year."*
>
> *"We were just absolutely run off our feet."*
>
> *"(It) takes a toll on management and supervision time which actually we hadn't budgeted for."*

One organisation felt the timing was improved from the previous year but still agreed that bringing it forward would be advantageous.

Many participants were clearly frustrated and called for greater forward planning – they acknowledged it was not the fault of LCC but the main funding bodies;

> *"If you're going to do this, plan it properly, start the planning in the spring … then we can hit the ground in October when it starts to get colder and people start thinking of fuel. … We said we should be ready for it this time .. "*
>
> *"I don't think the council could have done anything better, I think NHS England[2] could have."*

One organisation discussed potentially planning in advance as a partnership;

> *"Perhaps we can plan it ourselves, we don't need to be prompted by the NHS centrally, and we should know that money might be coming. Although we might not know how much, but we should have an idea of how we want to spend it and what we can do with it before the actual forms come out."*

Suggestions regarding the ideal timings varied. Some felt the fund should be available all year round as that would enable better planning and result in less confusion for clients; "*it gets very confusing for clients because one minute the*

[2] The Department of Health

service is here and the next minute you're having to tell people that it's all spent up". Others felt it should all be agreed by early December for delivery to start by Christmas. One participant felt the fund should run into the spring as this is when bills from the winter arrived.

A second, less universal, issue raised was **cash-flow**. A few organisations mentioned that having to invoice the council and then wait for payment could cause difficulties;

> "*There was some issue with getting the funding as a lot of the organisations involved including ours are charities so we need to get the funding upfront."*

A Point to Consider:

- How to prepare for a new scheme – without knowing the size or timing of the fund.

4.7 Future improvements

Should the scheme be continued?

All participants were adamant that the scheme should be continued in the future – it was felt that the need for assistance would remain and that the scheme had been an effective way of help Leeds people.

> *"Certainly there's a need there and that need is unlikely to have disappeared. In fact, with the changes that are happening in the benefits system and just generally economically, there's likely to be more people perhaps who need that type of support."*

> *"I think it's so important that we have something like this and congratulations to Leeds City Council and the healthcare trust for thinking of it. It really is important and it's not a problem that's going to go quickly. We're going to have high bills, poor insulation in certain houses and things like that so it's going to continue. So, I think we do need it again and we'd been certainly enthusiastic to be part of it again, I'm quite sure of that."*

What improvements were suggested?

Three key areas of improvements were suggested, as follows:

Extending the scheme to the following organisations:

- More landlords – specifically social housing and ALMO's.
- Those working with children and young people.
- More local organisations that work on the ground.

Improved co-ordination between partners. A way of 'joining together' the needs of a client so if they, for example, attended for benefits advice, their needs for other services e.g. insulation, was checked and they were referred for an appointment. A central hub was suggested by one participant.

Finally, **wider dissemination of the results** of the scheme was suggested;

> *"The final report perhaps could have made bigger news, I think it was a really good project and it could have made bigger news. I think it just went to the affordable Warmth Partnership and the councillor in charge of environment and the department of health and I just thought it may have been worth a press release, some news around it."*

5 Conclusions and Recommendations

This evaluation, conducted by Health Together at Leeds Metropolitan University, involved interviewing ten stakeholders from the Leeds Winter Warmth Campaign 2012/13.

There was universal consensus of the need for such a scheme due to poverty, low income and a stock of fuel inefficient houses. A high level of demand for the services provided was experienced - given greater time and resources more people could have been helped.

Organisations benefited by the profile of fuel poverty being raised within the city, it helped them make contact with members of the public, improved their relationships with other partners and led to increased skills and employment. Organisations felt that clients gained from improved health, safety and reduced stress and anxiety. Improved stability for children and families was noted and older people gained social contact.

The Leeds Winter Warmth Campaign for 2012/13 utilised a relatively complex model of delivery involving a wide variety of voluntary and community sector organisations. Some were citywide in their delivery, others very localised. Some had very explicit criteria, others less so. The support offered varied from relatively costly, e.g. installing a new heating system to more small-scale help such as gritting an older person's path.

This model had many advantages – it tapped into existing expertise, meaning services could be delivered rapidly with little start up time. Most importantly however it ensured that the campaign reached many vulnerable people by working with organisations who had contacts in their communities and were trusted by them. Potential downsides include gaps or overlap in provision.

Vulnerable members of the public were reached by organisations using existing contacts and infrastructure and doing pro-active outreach work. Working with other personnel and organisations e.g. health champions, neighbourhood networks and family support workers in schools was particularly successful. Face to face contact and using accessible language were important. Whilst all the people reached were felt to be vulnerable in some way, not all vulnerable people were necessarily reached.

Referring clients between participating organisations was identified as critical in ensuring they received the most appropriate support – organisations referred internally, between partners and to external bodies. Making this more integral to

the model and more co-ordinated was identified as a potential area for improvement. Process-wise the scheme operated very smoothly and received much positive feedback. The key area for improvement was a longer time to prepare for the winter months. Support for a future similar scheme was universal.

Recommendations

Strategic Level

- Funds to enable similar schemes to take place in forthcoming winters, across England, should be made available.

- Disseminate the model utilised in Leeds as a way of effectively reaching a wide range of vulnerable people and rapidly delivering interventions.
- Embrace a wide definition of who is vulnerable to being cold in winter – including the elderly, those with health concerns, those on a low income (including families) and those who may not be able to access information.
- 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.

Local / Organisational Level

- A concerted effort to repeat a similar scheme in forthcoming winters should be made.

The Model / Network of Organisations

- 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.
- There needs to be scope for new, or less known, organisations to become involved that may be able to offer access to different communities to services.
- Maintain multiple entry points into the scheme via the network of smaller organisations. This helps ensure maximum reach.
- 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.

Reaching vulnerable people

- Ensure vulnerable groups or individuals, not represented by existing organisations, and are also reached.
- Allow there to be professional judgement from organisations on who fits the criteria.

- Use face to face contact and accessible language to reduce barriers to entry – potentially alongside other methods including social media.
- Consider involving organisations such as schools, the health service (primary and secondary care) and others.
- Consider a central way for clients to access the range of services – but as a supplement, not a replacement to the use of the VCSO.

Improving referrals

- Encourage close working between partners.
- Ensure organisations are aware of every partner's offer so clients receive a package of care – not just one element.
- Make referrals onto other partners or agencies a central part of service delivery amongst the 'people on the ground.'

Appendix 1

Interview Schedule V1: Projects who received funds directly from LCC

Preparation
Researcher to read report prepared by LCC so aware of what organisations spent their allocated money on

Pre-amble
Hi, my name's *(name).* I'm a researcher from the CHPR at Leeds Metropolitan University and we've been asked by Leeds City Council to evaluate the Leeds Warm Homes Healthy People Fund. We're currently interviewing organisations that received money from this fund in order to find out their opinion of the scheme and how it might be improved.

Check:
- *Participants have received an information sheet – that they've read it and understood it and are happy to proceed*
- *Go through the consent form with them*
- *Okay being recorded*

Capture:
- *Name of interviewee and their position in the organisation*

Section A: Motivation for applying and process
First I'd like to find out a little bit more about your organisation and how you got involved in the WHHP fund.

A1. *(keep this brief!)* Could you tell me a little bit about your organisation in terms of…
- What your aims are?
- What area you cover?
- What groups of people you mainly work with?

A2. How did your organisation get involved with the WHHP fund?
- Was your organisation involved in shaping how the 'bid' was delivered?

A3. Why did you think your organisation was a suitable candidate for the fund?

A4. Was the process of receiving the funds fairly straightforward or not?
- Could it have been improved at all?

A5. Did you receive enough training and information?
- If no, what would you have liked to receive?

Section B: Activities Delivered
I'm now going to ask about how the fund monies was spent by your organisation

B1. What activities were you able to deliver based on receiving the fund?
- Was this a new programme or expanding an existing one?

B2. How did you organise the delivery of the activities?

B3. Did you refer to other agencies at all?

- If yes, why? How responsive were they?
- If no, what were the barriers for referring on?

B4. Did any issues arise when delivering the assistance?

- If yes, what were these?

B5. Did everything go as planned or did you have to make any changes during implementation?

- If changes had to be made - why and what were they?

Section C: Recipients

C1. How did you select who received assistance?

- **Were there any selection criteria?**
- **Was there a process people had to follow?**

C2. Were most recipients known to you already or did you make any new contacts?

- If yes, how did you do this?

C3. Looking back, do you think the people who most needed help were reached?

- **Were there any groups of people that needed help but did not receive it? If so, why?**

C4. Was your organisation able to meet demand?

- If no, why not? *Unprompted first then* - Lack of funds? Lack of capacity to deliver?

C5. Looking back would you change anything in terms of how your organisation delivered the fund or how recipients were selected?

Section D: Impact / Outcomes for the organisation

I'm now going to ask you about the benefits of being involved with the WHHP fund.

D1. What do you think the people you assisted gained from the WHHP fund?

- *Unprompted* – in general
- *Prompted* - in terms of health and wellbeing

D2. Do you think the people who received help were satisfied or not with the service they received?

- Did anyone raise any issues or concerns?

D3. What has your organisation gained from receiving the funds?

- Has it helped develop any future work/strengthened partnerships?
- Are you working differently?

D4. Did your organisation achieve what you originally hoped?

Section E: General comments on the model and recommendations

E1. Do you think this model of delivering the fund was effective?

- If yes, what made it work well?
- If no, why was that?

E2. Did the support come at the right time?

E3. Thinking city-wide, do you think the fund reached the right organisations and the right people?

- Probe – were there any 'gaps' in support? Any organisations who should also have received support?

E5. Do you think the fund should be repeated in the future?

E6. Is there anything to do with the fund that could have been improved or you'd like to feedback to Leeds City Council?

Appendix 2

Evaluation of the Leeds Warm Homes, Healthy People Fund

Participant Information Sheet

Please read this leaflet carefully. Please ask if you do not understand or would like any more information.

Lead Investigator: Judy White, Centre for Health Promotion Research, Leeds Metropolitan University.

You are being invited to take part in a telephone interview as part of an evaluation of the Leeds Warm Homes Healthy People Fund that was distributed during the last winter. This is being carried out by researchers from Health Together at Leeds Metropolitan University.

Before you decide, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully. Ask us if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

What is the purpose of the evaluation?

The Warm Homes Healthy People fund aimed to assist vulnerable people during the 2012-13 winter. Leeds City Council distributed the fund to a range of organisations with links to vulnerable people and the capacity to deliver a variety of interventions.

As part of an overall evaluation we are aiming to interview 10 managers of organisations that were involved in the delivery of the WHHP fund to ascertain their opinions of the scheme.

Specific objectives are to:

1) explore the process of applying for and receiving the fund

2) determine how well the fund worked in practice

3) investigate perceived impact on clients and their satisfaction with the scheme

4) seek the organisations' views on possible improvements to the scheme

Why have I been chosen?

You are being invited to take part in the evaluation because the organisation you work for was involved in delivering interventions funded by the Warm Homes Healthy People fund. The Leeds City Council project leader suggested you would be able to contribute to the evaluation.

Do I have to take part?

No - it is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to give your consent verbally. You will have the chance to talk to one of the research team before you make up your mind. You are still free to withdraw up until the end of August 2013 without giving a reason – you will just need to contact one of the researchers listed in this leaflet.

What will happen if I take part?

The research involves taking part in a telephone interview between in July 2013. The interview will follow a schedule and be led by one of the research team who will be in a private room to ensure confidentiality.

The researcher will ask open questions about your involvement and experiences of the WHHP fund. The interviews will be recorded as otherwise it is difficult for the researcher to take detailed notes - you may refuse permission for this. The interview will normally take around 30mins to 45 minutes and will be held at a convenient time for you.

What will happen to the information I provide?

After the interview, information will be stored securely in accordance with the Data Protection Act and only the research team at the University will have access to it.

Anything you tell us will be kept strictly confidential - this means that your name will not be used at any point in written reports or in any feedback to the project. Whilst the organisations who participated will be named in the report the findings will be anonymised so they cannot be attributed to any particular project. However, if you divulge information that we feel could potentially put you or anyone else at risk, we will have to inform the appropriate authority. This is in line with the university policy.

What are the possible disadvantages and risks of taking part?

There should be no risk from taking part in this study to you personally. We hope that being interviewed does not raise any concerns with you, but if it does then please get in contact with either myself or my colleagues – our details are below, or speak to your project leader.

What are the possible benefits of taking part?

You will be making a valued contribution to the development of knowledge in this field of work but there are no personal benefits.

What will happen to the results of the evaluation?

The results of the study will be used in a report for Leeds City Council. The results may be shared with other researchers and professionals through journal articles and conferences. You will not be identified in any report or publication about the evaluation. Everyone taking part in the evaluation will receive a summary of the results.

If you have a concern about any aspect of this evaluation you should ask to speak to the researchers who will do their best to answer your questions. If you remain unhappy and wish to speak to someone independent from the study, you can do this through Diane Lowcock (Senior Lecturer), Faculty of Health & Social Sciences Tel: 0113 812 4409 Email: d.lowcock@leedsmet.ac.uk.

Contact us

The team members are:

Jenny Woodward, Research Fellow
Tel: 0113 812 5856
E-mail: J.L.Woodward@leedsmet.ac.uk

Judy White, Director of Health Together

Contact Tel: 0113 812 4479

E-mail address: j.white@leedsmet.ac.uk

If you have any questions please call or email a member of the evaluation team above. Or write to us at the address below:

Centre for Health Promotion Research
Faculty of Health & Social Sciences
Leeds Metropolitan University
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Leeds LS2 8NU

Thank you for reading this information