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Homes4Health evaluation

Groundwork London

Final report

January 2022



Project details and acknowledgements.....	3
Evaluation at a glance.....	4
Introduction	6
Background and purpose of the programme.....	6
Service delivery.....	6
Evaluation approach.....	8
Evaluation purpose	8
Evaluation objectives and research questions	8
Evaluation activities.....	9
Limitations to the evaluation	11
Analysis and reporting	11
Recipients who took part in the programme.....	13
Evaluation findings	15
Evaluation delivery	14
Key findings and recommendations.....	15
Appendix 1: Referral partners.....	19

Project details and acknowledgements

Title	Homes4Health evaluation
Client	Groundwork London
Project number	18079
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M·E·L Research would like to thank all the beneficiaries, Green Doctors and Homes4Health delivery team for providing their support, time and feedback for this evaluation.

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EVALUATION AT A GLANCE



THE PROGRAMME

Homes4Health was built upon Groundwork London's WARMTH programme. The programme was funded through the Round 2 applications of the Warm Homes Fund. Homes4Health brought together a range of organisations and partners. The key objectives were to:

- ▶ Increase the comfort of fuel poor homes
- ▶ Help reduce energy bills and let householders keep warm for less
- ▶ Draw in other funding sources and develop new and existing local partnerships.

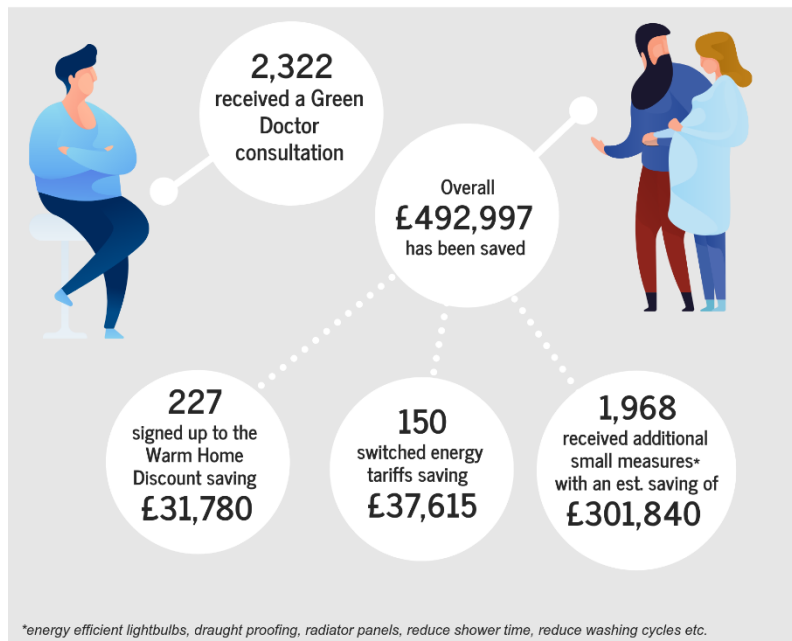
THE EVALUATION

To support Groundwork London in measuring the programme, M&L Research were commissioned to carry out an evaluation between 2018-2021. The programme was measured against the following set of outcomes

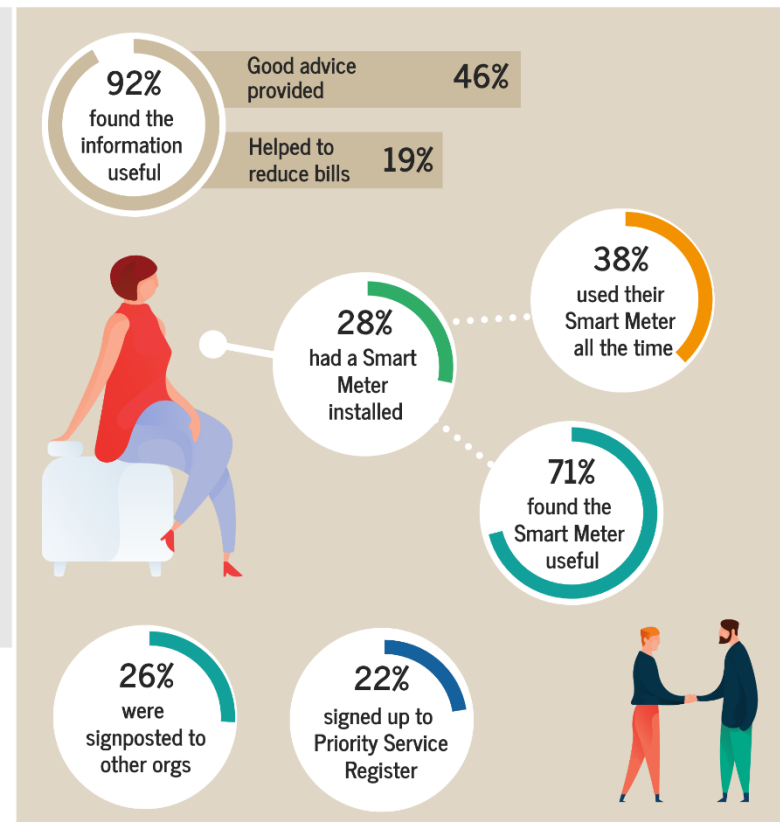
OUTCOME 1: A reduction in household energy costs, energy usage and income maximisation.

OUTCOME 2: Frontline staff feel better equipped to support and refer fuel poor households.

OUTCOME 3: Improved health and wellbeing.



"IT WAS JUST VERY POSITIVE AND VERY SUPPORTIVE, EAGERLY TOOK ACTION AND APPLIED FOR DISCOUNTS FOR ME AND I APPRECIATE ALL THE INFORMATION HE GAVE ME."



KEY FINDINGS

▶ Providing households with low cost energy efficiency measures/actions provided the greatest financial saving per annum compared to the other income maximisation approaches. ★

▶ It was common for households to state that they already knew about the advice provided. Therefore the programme may not have reached those who would fully benefit from the wider range of advice and support on offer.

▶ There is appetite for a more comprehensive approach that effectively outlines the short term and long-term pros and cons when changing tariff providers. Supporting individuals to navigate energy providers is a key pull factor.

▶ Finance poses a significant stress to those living in poverty but very few commented on how the programme had specifically improved this.

▶ There was a desire for follow up support following the consultation, more so during remote delivery periods.

▶ Advice and information was harder to digest during remote delivery periods.

▶ There has been little sustained change in the wellbeing of beneficiaries that can be attributed to the programme.

“I DID NOT KNOW I WAS ENTITLED TO THE WARM HOME DISCOUNT SCHEME AND HOW MUCH I WAS PAYING TO MY ENERGY PROVIDER. THE DRAFT PROOFING, SHE INSTALLED WAS USEFUL.”



“THERE WAS NO WAY TO CONTACT THEM AGAIN REALLY. I WANTED TO KNOW MORE ABOUT MY BILLS”.

★ Results do not include the financial savings of larger measures installed

“[IT’S] BASIC COMMON SENSE. NOTHING NEW, NOTHING TO DO WITH THE HUGE STEP FORWARDS FOR ENERGY CONSERVATION YOU KEEP HEARING ABOUT.”

“IT IS LOVELY KNOWING THAT SOMETHING IS OUT THERE FOR MORE VULNERABLE PEOPLE AND AS WE ARE GETTING OLDER.”

“HE PROMISED TO SEND DRAUGHT EXCLUDERS, HOT WATER BOTTLE, FLUFFY HAT, BED SOCKS, ENERGY SAVING LIGHTBULBS AND THEY HAVEN’T COME.”



RECOMMENDATIONS

▶ A tailored approach could be used when engaging with households. The knowledge/requirements of the households needs should be identified so that Green Doctors spend the time providing relevant information making it fit for purpose.

▶ During remote delivery periods, we would suggest that the items being delivered arrive with the household in a suitable time period and a follow up call is carried out to make sure they know what to do with the items.

▶ With over half of households not recalling what the Priority Service Register is, we recommend that more emphasis is placed on this during the visits for those who are eligible.

▶ Remote consultations could potentially focus on specific topics of the programme; such as breaking it down into smaller chunks of information which could make the information relayed over the phone more digestible.

▶ We would recommend the continuation of the programme referring households to grant schemes that could drastically improve the energy efficiency of their property. Although we would suggest that more detail is provided on the grant schemes and their selection criteria so reduce any misunderstanding amongst households.

Introduction

Background and purpose of the programme

Homes4Health was built upon Groundwork London's WARMTH programme (**W**arm homes **A**gency **R**eferral **M**ethod **T**o deliver **H**ealth outcomes project). The Homes4Health was a new London-wide initiative and collaboration which brought together four local authorities, one housing association, charities, a private contractor and a range of local partners to target and support fuel poor homes and connect the most vulnerable people to a wide range of resources. The key objectives were to:

- Increase the comfort of fuel poor homes
- Help reduce energy bills and let householders keep warm for less
- Draw in other funding sources and develop new and existing local partnerships that would benefit beneficiaries.

This had the overall aim of providing the following longer-term impacts:

- Positive long term energy efficiency behaviour change embedded into the home, resulting in increased comfort in fuel poor homes and households being able to keep warm for less
- Stronger partnerships resulting in a more joined up service and access to a greater pool of resources
- Adding to the evidence base by identifying greater efficiencies in project delivery and showcasing impact for future programmes and to help local authorities integrate this into local core provision.

Service delivery

The Green Doctors programme has been running for the past 15 years (established 2006) and traditionally offer residents in-home consultations on how to stay well and warm in their home and to save money. They offer various ways to support residents, such as:

- Help switching residents' energy tariff to a better deal
- Advice on reducing energy use at home
- Support with accessing the Warm Homes Discount or Priority Services Register
- Support with applications for energy or water debt relief
- Referring residents for the installation of larger measures
- Referring residents to other support organisations within the local community

- Delivering small efficiency measures, such as LED lightbulbs.

In 2018, Groundwork London received funding from Round 2 applications of the [Warm Homes Fund](#) which included interventions focused on energy efficiency and health related solutions. This was named the Homes4Health programme and it targeted residents living in the London boroughs of Hammersmith & Fulham, Hounslow, Kensington and Chelsea and Camden. It also worked with a range of partners which are listed in Appendix 1. A core part of the Homes4Health programme was to make sure it targeted vulnerable and fuel poor households:

- Those who have a disability, long-term health condition worsened by the cold or both
- Residents who are pregnant, have children under 10 years old or both
- Those who are 60 years old or over
- Have a household income below £16,190
- Households that spend more than 10% of their household income on energy costs (fuel poor)
- All former Grenfell tower residents.

Residents could either self-refer via an online link (<https://london.greendoctors.org.uk>) or via telephone to the Homes4Health programme or be referred to the programme through the range of partners (as listed in Appendix 1). On average household visits lasted around 2 hours.

A change to service delivery

In March 2020 the Green Doctor Homes4Health programme was paused due to the Covid-19 pandemic and associated national lockdowns. In early 2020, the Green Doctor programme moved to a remote telephone consultation so that they could continue offering support and advice to residents, albeit remotely. Much like the traditional in-home visit, the Green Doctor provided advice on a room-by-room basis and was able to identify where residents might be able to save money and energy. On average calls lasted between 40 minutes to an hour. If residents needed smaller efficiency measures, these were dropped off or posted out via a contact-free delivery.

Evaluation approach

Evaluation purpose

To support Groundwork London in measuring the programme, M·E·L Research were commissioned to carry out an evaluation. The evaluation focused on the following:

- If the programme increased the comfort of fuel poor homes
- How the programme helped to reduce energy bills and allow householders to keep warm for less
- If the programme helped to draw in other funding sources and develop new and existing local partnerships.

Evaluation objectives and research questions

The evaluation included a formative (looks to assess delivery and improve design) and summative (looks at the effectiveness of the programme) approach and was carried out over a three-year period. The programme was measured against the following set of outcomes:

OUTCOME 1: A reduction in household energy costs, energy usage and income maximisation with an average saving of £547 per household per year*.

OUTCOME 2: Frontline staff feel better equipped to support and refer fuel poor households.

OUTCOME 3: Improved health and wellbeing through the reduction of GP and A&E visits resulting in an estimated saving of £217,897 per year to the NHS*.

**based on the average savings of a sub-sample of beneficiaries.*

To address the outcomes, a set of research questions were set for impact evaluation which are listed below. The associated outcome for each of the research questions is noted in brackets:

1. How did the Homes4Health programme achieve a reduction in fuel poverty? (OUTCOME 1)
2. How effectively did the Homes4Health programme improve the health and wellbeing of fuel poor households? (OUTCOME 3)
3. Did the Homes4Health programme achieve greater partnership working and access to resources? (OUTCOME 2)

4. What impact did the Homes4Health programme have on beneficiaries and other stakeholders? (OUTCOME 1)

Changes to the evaluation

- **Evaluation scope**

As a result of the change to service delivery due to Covid-19, the evaluation also changed to focus on assessing how the remote intervention has or has not worked for both the project deliverers (Green Doctors) and beneficiaries (households supported), key barriers and challenges, any indications on financial saving and key learnings on how this model could be improved to support or complement the traditional in-home visits after the pandemic.

- **Data collection periods**

The initial evaluation design built in follow-up feedback from beneficiaries at around 3 months – to establish shorter term change – and at 12 months – to establish longer term change since the Green Doctor engagement. As the programme was paused during the pandemic, the engagement periods had to be revised and shortened to meet deadlines. Throughout this report this is referred to as short-term and longer-term survey periods.

- **Baseline data collected by Green Doctors**

Throughout the programme delivery, collecting baseline data for the evaluation was challenging and sparse. This was even more challenging once the programme moved to a remote service delivery period. Therefore, the amount of baseline data collected is limiting.

Evaluation activities

To answer the research questions, the evaluation used a mixed-method approach (qualitative and quantitative research techniques) to engage with recipients of the programme and with delivery staff (the Green Doctors). **Table 1** presents an overview of the activities delivered:

Table 1: Evaluation data collection activities delivered

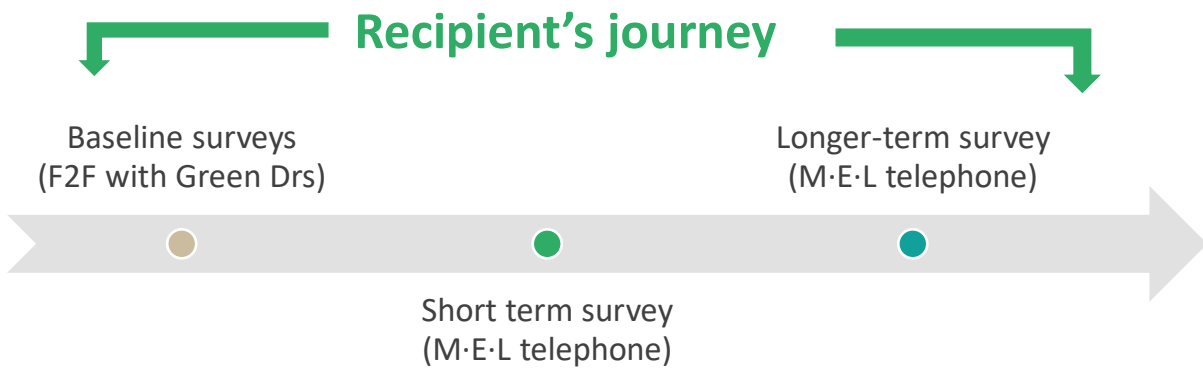
	Quantitative		
	Household contacts provided and consented to take part	Completed surveys / interviews	Completion rate
Short term survey	1,253	326	26%
Longer term survey	288	220	76%

	Qualitative		
Recipient interviews	49	21	
Green Doctor interviews	4	3	

▪ **Quantitative short and longer-term follow up surveys**

Quantitative baseline data (showing what it is like before the change) was being collected by the Green Doctors¹ during their initial visit to households. Households who had consented to take part in the evaluation were then called around 3 months after the visit to assess the short-term change and then again 12 months after the initial visit to assess the longer-term change (**Image 1**) – this was done by M·E·L Research via a quantitative telephone survey.

Image 1: Data collection journey



The surveys explored the following:

- ✓ Motivations for engaging with the Homes4Health programme
- ✓ Recall of advice on behaviour change and whether this was acted upon over time
- ✓ Usefulness of the visit and advice provided
- ✓ Low-cost measures installed
- ✓ Income maximisation and other financial savings
- ✓ Changes in health and wellbeing of households over time

¹ Please see 'Changes to the evaluation' section

All follow-up surveys were administered by M·E·L Research. It should be noted that not all beneficiaries completed a follow-up survey. Analysis was carried out to establish any change between those households that completed a short and longer term survey.

- **Qualitative in-depth interviews with programme recipients and Green Doctors**

Semi-structured interviews were carried out to help us unpick and explore various aspects in more detail. Consent was gained from beneficiaries during the short-term survey. Those who had consented were then called back a few months later to explore their experience in more detail. All beneficiaries were offered a financial incentive as a thank you for their feedback and time. The interviews looked to explore the following:

- ✓ The motivations and expectations of the Green Doctors visit/call
- ✓ The effectiveness of the delivery approach
- ✓ The way information and advice was provided
- ✓ How recipients acted on the information and advice provided
- ✓ How people were connected to a wider range of resources
- ✓ The self-reported impact the visit/call had on the health and wellbeing on beneficiaries.

Limitations to the evaluation

- Only partial baseline data has been collected and this has varied across the council areas, especially at the beginning of the intervention as some had used different survey forms. Therefore, limited baseline comparisons have been carried out.
- During late 2019 there was a delay in data provided, therefore follow up survey work and qualitative in-depth interviews reduced. This has impacted on the sample sizes reported in this report.
- Inferring causality in real-life programme evaluations can be challenging due to external factors beyond the evaluation's control.
- While we have undertaken research activities, the impact of the programme was measured only through self-reported behaviours. There were no independent validating observations so the evidence should be seen as indicative.

Analysis and reporting

This report presents the findings from the research activities carried out from January 2019 to July 2021.

Caution should be taken when interpreting results due to the small sample sizes achieved, which should be viewed as indicative only. No sub-group analysis has been carried out due to the small sample size.

Within the main body of the report, where percentages do not sum to 100%, this is due to rounding. Where figures do not appear in a chart or graph, these are 3% or less.

Only valid responses have been reported on. Therefore 'prefer not to say' have been classified as a non-valid response, hence base sizes may differ throughout the report.

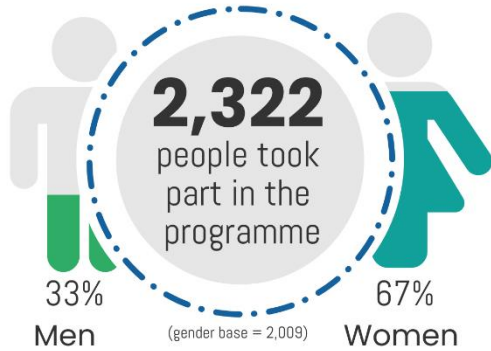
All qualitative interviews were recorded digitally, with key themes and findings extracted and entered into a transcript template for analysis, where we systematically categorised them to highlight key themes.



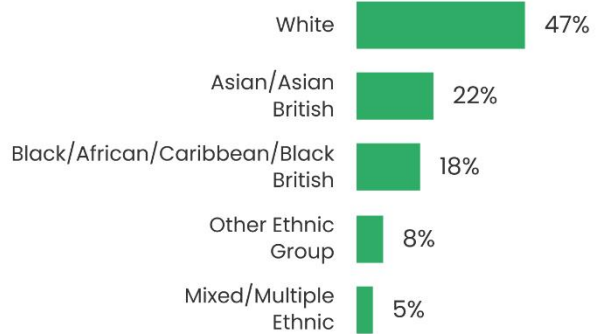
This symbol indicates a process learning outcome relating to programme or evaluation delivery.

Recipients who took part in the programme

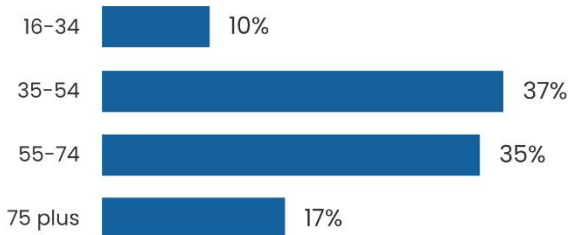
The image below presents the profile and the property types of all consenting households who have had a visit by a Green Doctor:



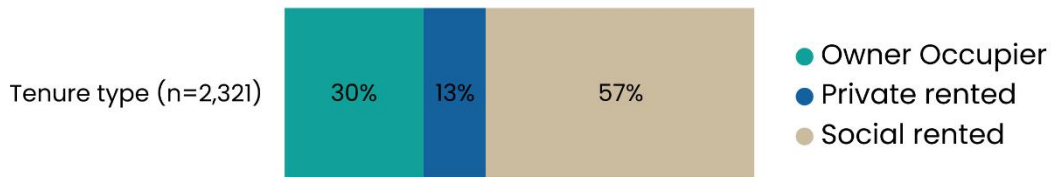
Ethnicity (n=1,585)



Age group (n=1,953)



Property types



Property location (n=2,318)

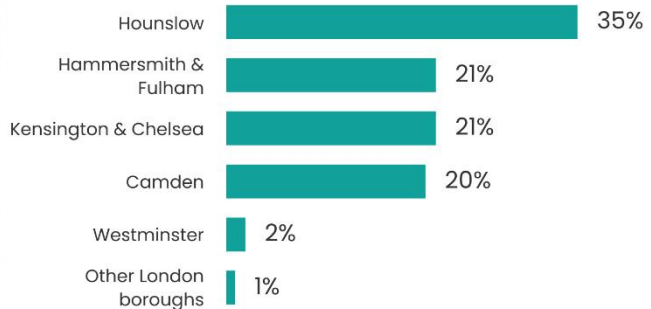


Table 2 compares the profile of all households who consented by age group, gender, ethnicity and disability status against the sample contacted for the short term and longer-term survey periods. This assesses how representative those we've contacted are to all consenting households who have had a Green Doctors visit, to see how fair it is to generalise to all households from these results.

Overall, the sample of beneficiaries who provided feedback at the short-term and longer-term surveys is broadly representative by gender compared to all households who had a Green Doctor visit. There are variations in the age profile across the samples, with more older people taking part in the longer-term survey specifically those falling into the 75–84 year group. As time progressed, slightly more people with a disability took part, for example during the baseline survey 45% provided feedback and in the longer-term survey, this has increased to 48%.

Table 2: Profile of all households compared to sample contacted

	Profile of all beneficiaries		Profile of short term survey sample		Profile of longer-term survey sample	
	Count	%	Count	%	Count	%
16-24	28	1%	3	1%	1	1%
25-34	169	9%	26	9%	13	7%
35-44	341	17%	48	16%	25	13%
45-54	387	20%	55	18%	25	13%
55-64	350	18%	56	18%	36	19%
65-74	343	18%	54	18%	33	17%
75-84	237	12%	45	15%	44	23%
85+	98	5%	16	5%	12	6%
Total	1953		303		189	
Women	1343	67%	196	65%	124	66%
Men	664	33%	105	35%	64	34%
Total	2007		301		188	
No disability	1080	58%	159	55%	93	52%
Disability	793	42%	132	45%	85	48%
Total	1873		291		178	

Evaluation findings

This section presents the evaluation findings presented under each outcome and research question.

OUTCOME 1: A reduction in household energy costs, energy usage and income maximisation with an average saving of £547 per household per year

How has the Home4health programme achieving a reduction in fuel poverty?

To understand the impact the programme has had on households financially, we assessed which households had measures installed, if the household had been signed up to the Warm Homes Discount scheme, if they'd had any debt written off or received any additional benefits because of the Green Doctor's consultation. There has been some limitation to calculating income maximisation, namely:

1. The financial savings per unit/action e.g. energy efficient lightbulbs, draught proofing, radiator panels, reducing washing cycles, reducing shower time, turning lights off etc. were calculated based on data provided by Groundwork London² and were based on the pledges from householders to use the measures and/or change behaviours.
2. The evaluation received limited information on beneficiaries who had received larger measures. Groundwork London reported back that 3 beneficiaries received larger measures such as wall installation and new boilers. They have calculated the annual financial saving to be in the region of £94k. It should be noted that MEL Research has not received evidence of this financial return. This should therefore be taken into account when assessing the results against this outcome.
3. Average annual saving per year per household is based on the whole sample (n=2,322).

Overall, **£492,997** has been saved from the 2,322 households who received a Green Doctor consultation (average of £212 per household per year). Of this, 3 beneficiaries received larger measure installed with an annual financial saving of £94,192³.

Of the remaining **£398,805** of financial saving has been saved from the 2,322 households:

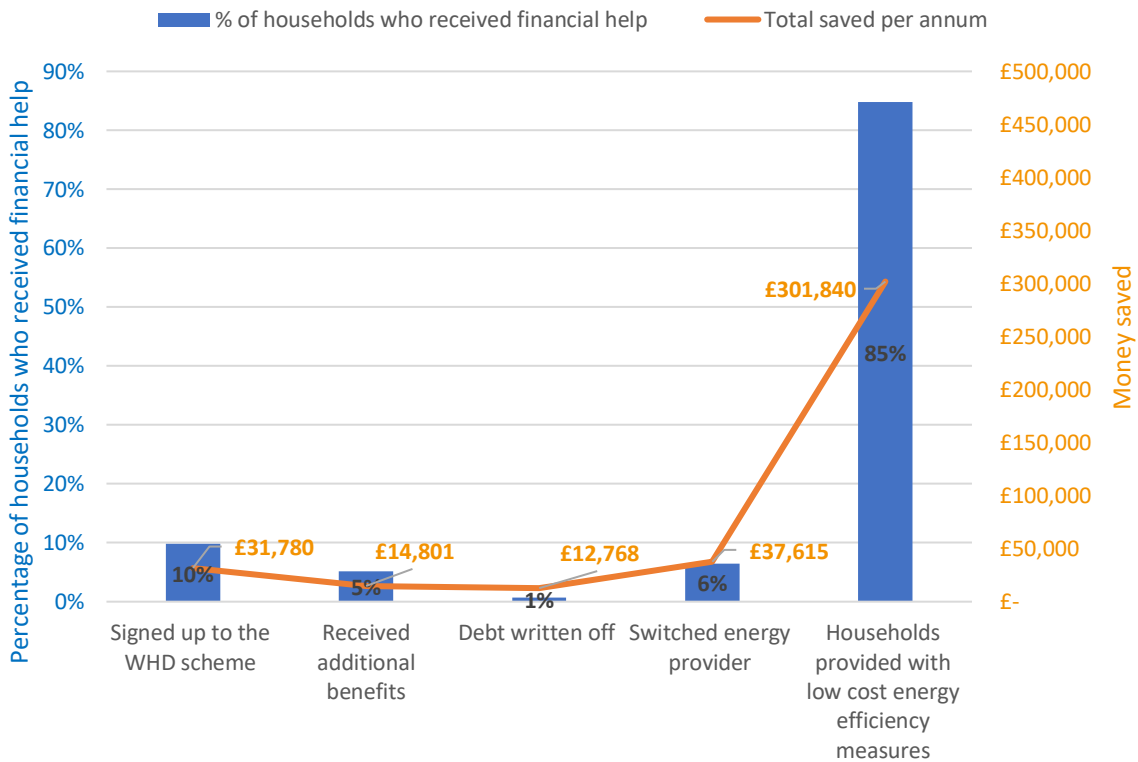
- 1,968 households received low-cost energy efficient measures/actions, a total saving of £301,840 (£130 per household per year, including households that did not receive these measures)
- 227 signed up to the Warm Homes Discount with a total saving of £31,780 (£13.69 per household per year)


² The financial figures assigned to the low-cost efficiency measures/actions were based on the national average savings per property per year.

³ Please see note 2 in limitations to calculating income maximisation.

- 150 households switched energy tariffs, with a total saving of £37,615 (£16.20 per household per year)
- 119 households received additional welfare benefits or other benefits, with a total saving of £14,801 (£6.37 per households per year)
- In addition to the above, 261 households were referred on to be assessed for larger measures such as boiler replacement, wall and/or loft insulation etc.

Figure 1: Income maximisation (Base – 2,322) excluding larger measures



 Based on the data provided, providing households with low-cost energy efficiency measures yield higher returns.

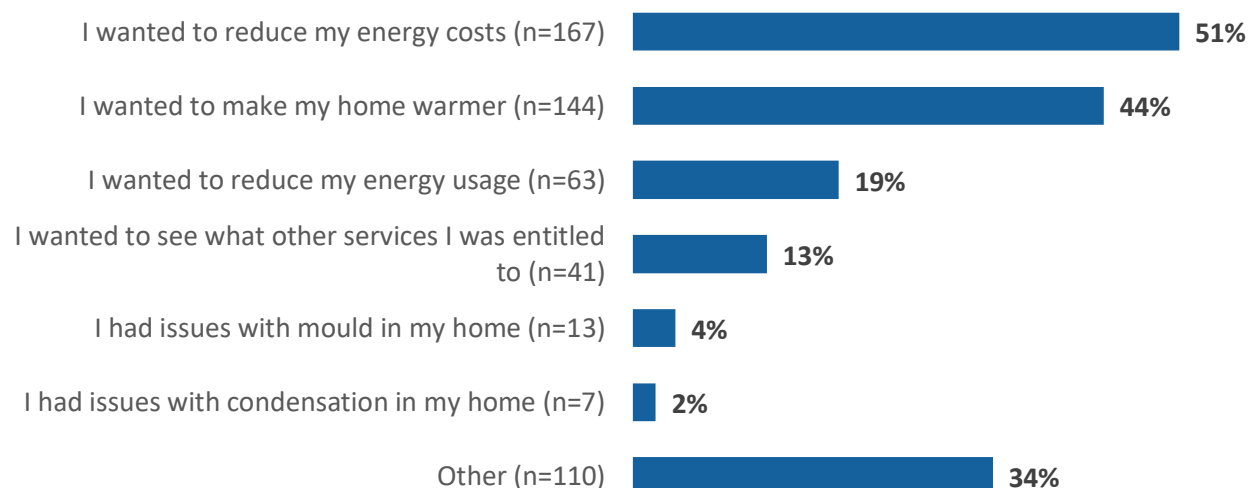
What impact is the Homes4health programme having on households and other stakeholders?

Motivations for receiving a Green Doctor consultation

Household motivation for receiving the intervention was to **reduce energy costs** (51%), followed by wanting to **make their home warmer** (44%). Just under a fifth (19%) said that they wanted to reduce their energy usage. This was backed up by the qualitative research. Having a cold home and a perception that bills were too high were commonly mentioned as a motivation to accept Green Doctors into their homes or have a telephone consultation and *“to sort out my utility bills.”* When comparing the qualitative research completed during the pandemic, beneficiaries were more likely to highlight the desire to make their home warmer and to reduce outgoing bills. *“Information on getting double glazing, or something to get our house warm, it is very leaky, and we are getting very big bills for electricity.”* *“We want to achieve better efficiency and make less impact on greenhouse gas emissions.”*

Just over a third (34%) said something else that was not on the coded list in the survey, most that it was just because someone else had arranged it or referred them to it and that there was not a clear motivation to having the consultation (Figure 2). *“My key worker arranged a visit with the Green Doctor.”* *“They called me. I didn't go out of my way to call them.”* *“They called me; they were referred by my GP.”*

Figure 2: Motivations for having Green Doctor visit



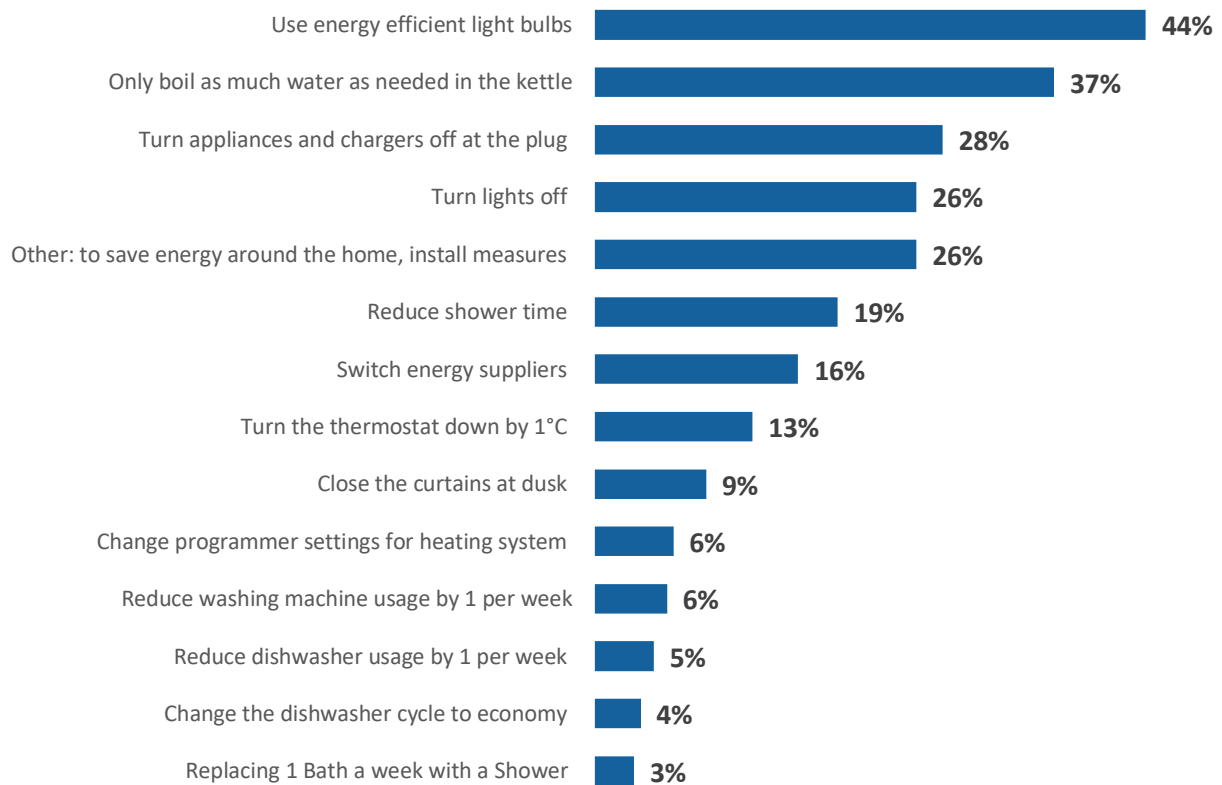
Recall of advice and actions taken

Households were asked what behaviour change advice the Green Doctor had provided (Figure 3). The top three actions that were recalled unprompted were to **use energy efficient lightbulbs** (44%), **only boiling as much water as needed** (37%) and **turning off appliances and chargers** (28%). The qualitative research identified that most households spoken to had pre-existing knowledge and were only implementing a few changes they weren't previously aware of. *"I really try to save myself quite a lot of energy and so I already know what I should do like the LED lights. I don't really know if there was anything new."* Another beneficiary said: *"[It's] Basic common sense. Nothing new, nothing to do with the huge step forwards for energy conservation you keep hearing about."* Another said they would recommend the service for *"...people who don't really know anything about this"*. Another said: *"Not really new advice. So, at the moment I haven't done anything. Apart from giving me a few things – few bulbs, but they are not that useful – because thermal hat is too small. Radiator covers, I don't know how to do it. Can only use the energy bulbs. Due to covid can't help to put things in properly."* This suggests that the programme may not be reaching those who would fully benefit from the wider range of advice and support provided, that a more bespoke approach is needed or both.



A tailored approach could be used when engaging with households. The knowledge / requirements of the households' needs should be identified so that Green Doctors spend the time providing relevant information making it fit for purpose for households.

Figure 3: Unprompted recall of immediate behaviour change advice (Base – 289)



Beneficiaries were then asked of the recalled behaviour change advice they had *acted on*⁴. This was explored in both the short-term and longer-term survey periods (Figure 4). **Closing the curtains at dusk** was the action that was most commonly acted upon and sustained over a longer term of time. **Turning the lights off, reducing shower time** and **replacing baths with shower** were more likely to have been sustained over a longer period of time.

Switching energy suppliers was less likely to have been recalled and less likely to have been carried out over a longer period of time (58%). When we asked why beneficiaries hadn't gone through with this, the most common responses were that they **couldn't be bothered**, or **it was too much hassle**:

“Convenience, the hassle of having to change providers.” “I can't be bothered to change suppliers.” “I did look into it. I did not think it was worthwhile.”

⁴ It should be noted that response data is subject to social desirability bias whereby people answer questions in a manner that will be viewed favourably by others.

Across the UK the proportion of households switching energy suppliers has steadily increased over the years⁵, there obviously still more work that needs to be done to help households see the benefit of this.

This was followed by beneficiaries feeling **satisfied with their current provider** so not making the change:

“The tariffs for my supplier were already okay.” “I switched energy suppliers to a cheaper one, but then switched back as they could not provide me with the service I required.” “I’m happy with my current energy supplier.”

Other actions were **changing the dishwasher** to an economy cycle with 29% stating they had yet still to do this and 25% said they still hadn’t changed the programmer settings on their heating system.

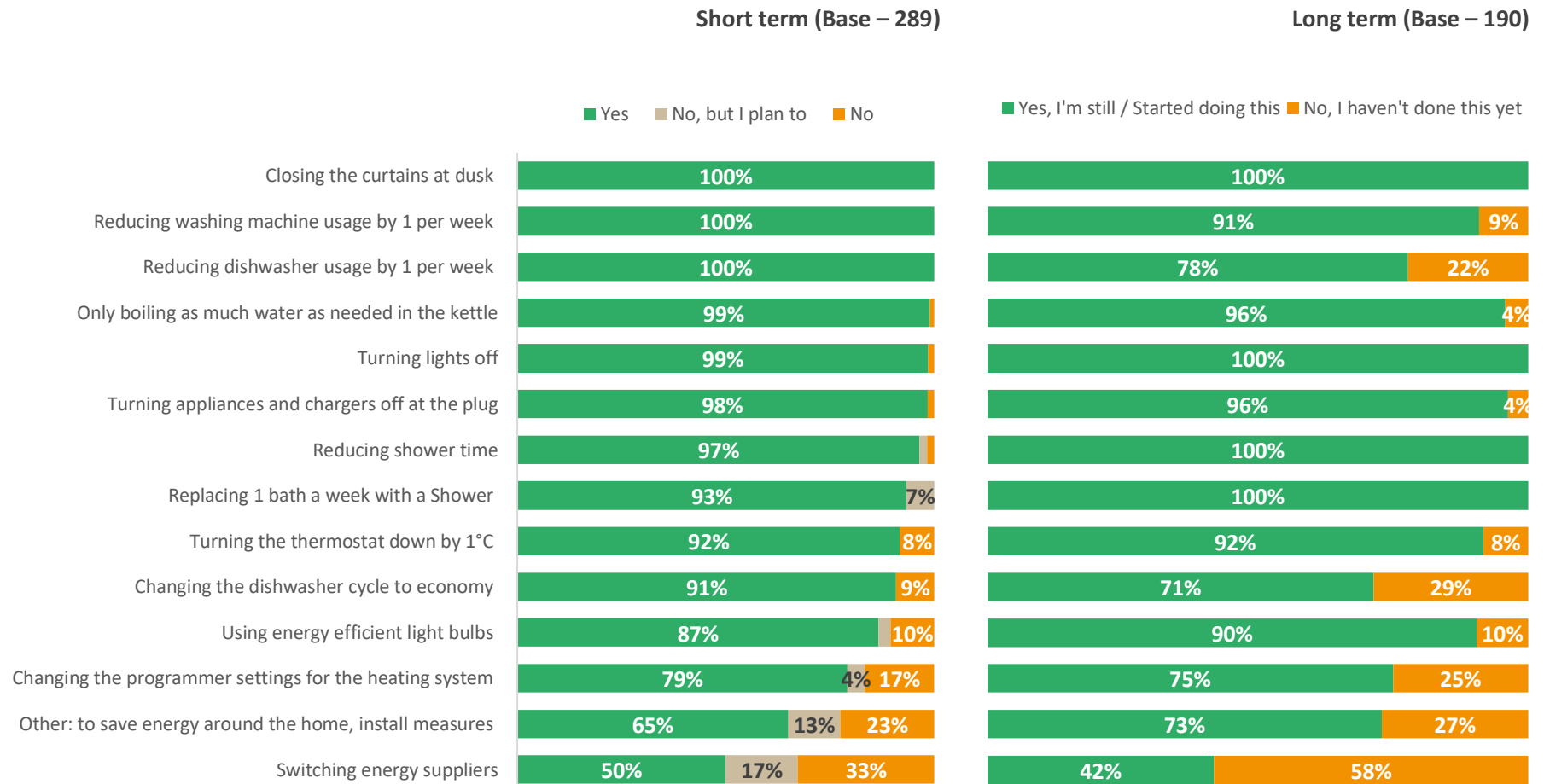


Supporting individuals to navigate energy providers is a key pull factor but there is appetite for a more comprehensive approach that effectively outlines the short-term and long-term pros and cons when changing providers.

⁵ Energy UK, Energy Switching report August 2021:

<https://www.energy-uk.org.uk/publication.html?task=file.download&id=7988>

Figure 4: If beneficiaries claimed to have acted on the immediate behaviour change actions over time



ROBERT'S STORY



Case Study:

Robert rents his converted pre 1900's mid terrace house from a Housing Association in the West London area. Robert is aged between 75-84 years old, he suffers with depression and anxiety.

Motivations

Robert had a Green Doctor telephone consultation. He found out about the Green Doctor programme from a representative from his housing association and also saw an advert online. Robert wanted to see if he could save any money on his fuel bills and make his home warmer.

How the Green Doctor helped

The Green Doctor helped him go through all the small things he could do around the home like remembering to turn the light off, closing the curtains at dusk in the colder months and to turn the thermostat down. They also provided some good tips such as keeping the heating on throughout the whole house, but to set the temperature correctly.

"We used to leave the lights on and if you've got a spare room to leave the heating on in that room. I used to switch it off, he said to turn it down, but leave it on."

The Green Doctor also referred Robert to Thames Water as he wasn't aware that he could get a discount now that he lives alone. This saving has helped him a lot, as since his wife has gone into care the money coming in has reduced. He was also put on to the Priority Service Register as a result of talking to the Green Doctor. Robert felt that the Green Doctor really tried his best to save him money and found this reassuring.

"The Green Doctors is a very good thing... the advice he gave was good."

Improvements

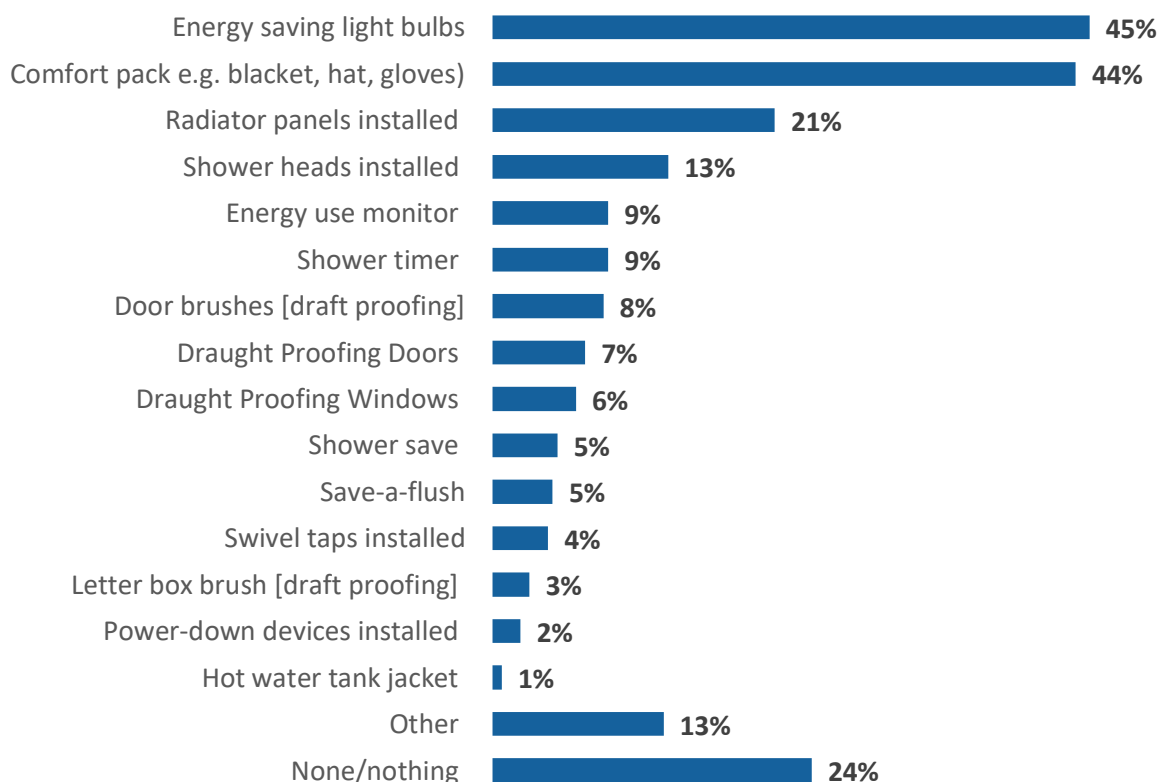
The Green Doctor said he would send Robert some items but he has not received these yet.

"He said that they were going to send some low energy lightbulbs and a couple of other gifts, I haven't received them yet."

Beneficiaries were then asked what low-cost energy efficiency measures they were provided with or installed (Figure 5). It should be noted that pre-pandemic the Green Doctors would have physically provided or installed items in the home as part of the consultation, but since the pandemic items were posted out to homes. Overall, 45% of beneficiaries said they were provided with or had energy efficient light bulbs installed. This was followed by 44% stating they had received a comfort pack. The qualitative work identified that this was a firm favourite with beneficiaries as they described it as *warm, comforting, comfortable and very useful during the winter*. Just over a fifth (21%) said they received radiator panels. Although beneficiaries were generally grateful for the items provided, in interviews the radiator panels were the least favourite items as they were described as either too small or not very durable. Beneficiaries would often say that they would fall off. Since the project moved to remote delivery, there was a lot of frustration around items that were promised during the telephone consultation but then weren't received or received late and they didn't remember what they were for. For example, one beneficiary mistook the Save-a-Flush bag for a giant ice cube and put it in the freezer.

“He promised to send draught excluders, hot water bottle, fluffy hat, bed socks, energy saving lightbulbs and they haven't come.” “Was meant to send us some light bulbs, but we haven't received them, and a £30 voucher and that hasn't arrived.”

Figure 5: What low-cost energy efficiency measures were you provided with / were installed?
(Base – 287)

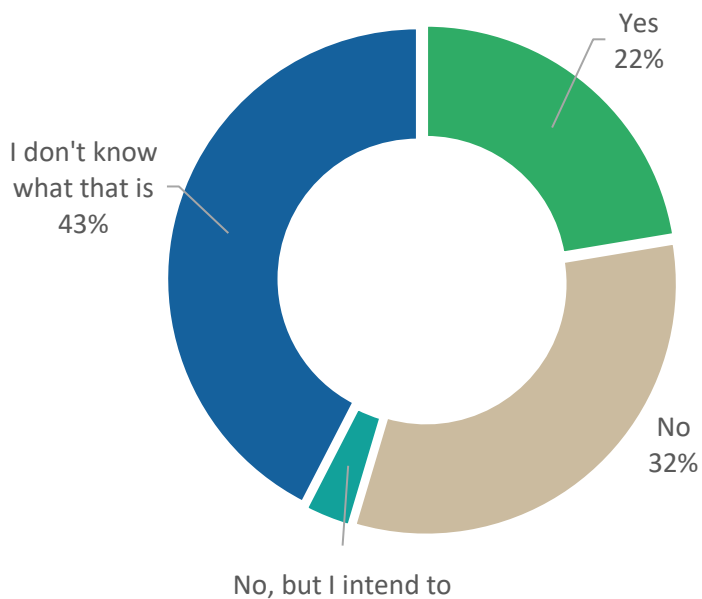




During remote delivery periods, items being delivered should arrive at the household in a suitable time period and a follow up call should be carried out to make sure they know what to do with the items.

Households were asked if they had signed up to the Priority Service Register. Around four in ten (43%) didn't know what the register was, a third (32%) said they hadn't, whilst just over a fifth (22%) said they had signed up. The remaining 3% said they hadn't yet but intended to do so.

Figure 4: Households signed up to the Priority Service Register (Base – 304)



With over half of households not recalling what the Priority Service Register is, we recommend that more emphasis is placed on this during the visits for those who are eligible.

Households were asked if they already had a smart meter installed (Figure 6). Over a quarter said they had (28%). Households were then asked how often they use their smart meter in both the short-term and longer-term surveys (Figure 7). The frequency of use has increased over time, from 32% stated 'all' of the time to 38% stating 'all' the time.

Households were then asked how useful they found the smart meter in managing their energy use (Figure 8). Positively, the perceived usefulness of the smart meter increased slightly from 44% stating it is 'very' useful in the short-term survey, to 46% in the longer-term survey.

Interview evidence suggests that there was some confusion with the smart meter device, more so with older residents and those where English was not their first language. Some residents were unsure what this was and asked if it was the box kept outside their house.

Figure 5: Households who have a smart meter installed (Base – 326)

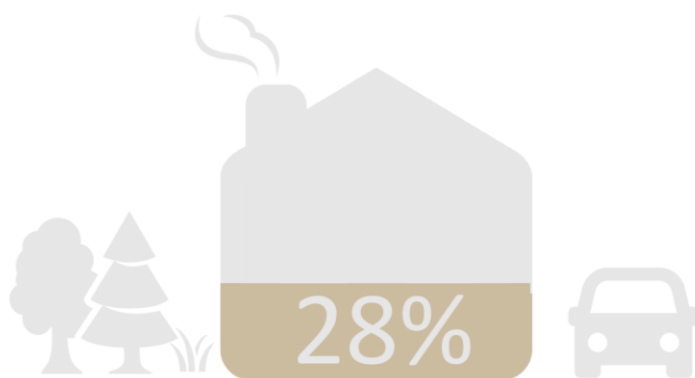


Figure 7: How often smart meters are used

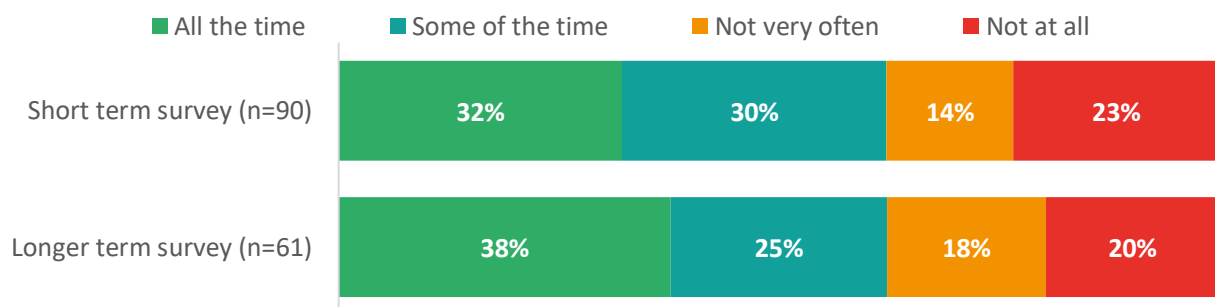
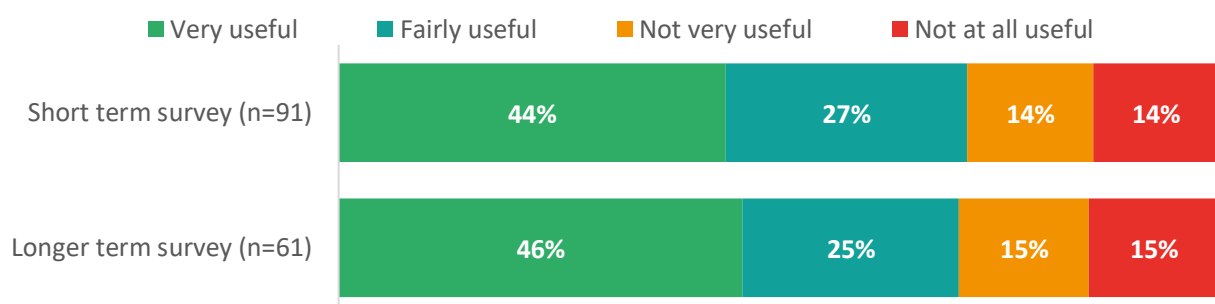


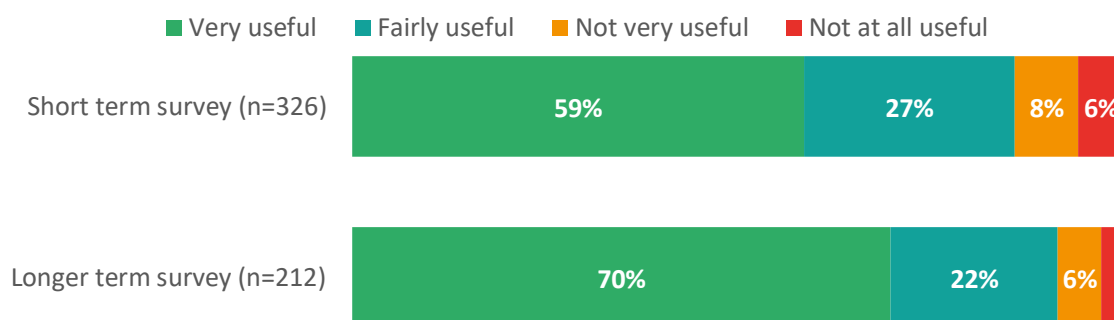
Figure 8: Usefulness of the smart meter



Usefulness of the Green Doctor consultation

Close to nine in ten (86%) beneficiaries found the information provided by the Green Doctor ‘very’ (59%) or ‘fairly’ (27%) useful (Figure 9). This was measured again during the longer-term survey and there was an increase (+6% points) with 92% stating this was either ‘very’ (70%) or ‘fairly’ (22%) useful.

Figure 9: Usefulness of the information provided over time



When asked what they found useful, the general information provided and reducing bills was most commonly mentioned.

“It was just very positive and very supportive, eagerly took action and applied for discounts for me and I appreciate all the information he gave me.”

“It is lovely knowing that something is out there for more vulnerable people and as we are getting older.”

“I did not know I was entitled to the Warm Home Discount Scheme and how much I was paying to my energy provider. The draft proofing, she installed was useful.”

Table 3 What was useful about the Green Doctor consultation?

	Count	%
The information/ advice they provided	122	46%
Green Doctor was helpful and polite	88	33%
Reducing bills	49	19%
Clear information/ explanation	42	16%
Fixed things/ made improvements/ signposting	29	11%
Issue not resolved/ ongoing	28	11%
Respondents	263	

Beneficiaries who said that they didn’t find the Green Doctor consultation useful were asked why (Table 4). Most commonly mentioned was that the information was not useful, mainly because they were already aware of the advice or that they didn’t receive the items (see Mary’s case study as an example).

"It was a waste of my time, I got nothing from it, I didn't receive the items as promised."

"I knew most of the information to begin with. It would have been a very useful phone call if I had received the items as promised, eco shower head, draught excluder etc."

Homes4Health project

MARY'S STORY



Case Study:

Mary rents her converted 1940's flat from a Housing Association in the London area. Mary is aged between 25-34 years old, she suffers with depression and anxiety.

Motivations

Mary had a Green Doctor telephone consultation over the phone. She found out about the Green Doctor programme from a family member and found it really easy to access. Mary needed wanted to reduce her fuel costs as they were too much and was struggling to pay. Mary hadn't received any other support in managing her household fuel bills.

"The house is very cold, have to keep my heaters on. I am really struggling, my bill is £300 for 3 months. How can I pay this?"

How the Green Doctor helped

Mary already knew about all the advice and information the Green Doctor provided her. Since the pandemic she is home all day and using more fuel. She was really looking for help in reducing her outgoing costs. Mary mentioned that she had previously had a visit from the Green Doctors and how useful it had been. The previously went through her bills and gave her some free items to use. During the most recent consultation she said this didn't happen and that she is still waiting for the items to be sent.

"They told me I had to turn the heat off. I turn everything off except the fridge. I knew the advice given. I need more help with the gas and electricity bills. He said he was going to send me some energy saving light bulbs, draught excluders for the doors and foil radiator panels. I have not received these yet."

The qualitative work also identified the need from some beneficiaries for a follow up consultation or some way of contacting the Green Doctor they had spoken with directly, a direct number, to ask further questions. *"There was no way to contact them again really. I wanted to know about my bills".* The elderly in particular requested this as many of them did not use or have access to the internet.

One beneficiary said, *“I was expecting a referral to other organisations and services to be followed up, they did but nobody called me”*.

Table 4: What was not useful about the visit?

	Count
Information was not useful/ already aware	23
Didn't receive items	15
Issues not resolved/ still ongoing	12
No follow up as promised	10
Quick/short consultation	4
Information did not make sense	2
Respondents	45

Home visits compared to remote consultations

Home visits with face-to-face open conversation were highly valued, particularly for digesting complex information, making changes such as moving furniture away from radiators and understanding changes such as navigating pros and cons of switching energy providers. *“I wanted to see what's there, you can get one deal and then be slapped with extra charges six months down the line”*. Moving towards a remote delivery, interview evidence suggests that beneficiaries don't really have a good recall of what information was provided or buy in to the advice the Green Doctor has provided compared to a home visit – people seem to have more care and remember the home visit more. The provision and installation of small measures was also a common theme, with beneficiaries not receiving the items or not knowing what do to with them once received.



Remote consultations could potentially focus on specific topics of the programme such as breaking it down into smaller chunks of information which could make the information relayed over the phone more digestible.

OUTCOME 2: Frontline staff feel better equipped to support and refer fuel poor households

Did the Homes4health programme achieve greater partnership working and access to resources?

Awareness of the Green Doctor programme

The qualitative work explored how beneficiaries found out about the Green Doctor programme. A number of channels were identified, but these changed when comparing pre and during Covid-19 pandemic periods. Pre pandemic, beneficiaries were more likely to have found out about the programme via their housing association e.g. going to meetings meeting or going to groups such as social clubs for the elderly. Some also mentioned that information about the Green Doctors was posted on housing association noticeboards and in newsletters. Some beneficiaries also found information about the Green Doctors online, through Google searches. Recommendations from friends and neighbours who had used the service before were also mentioned. During the pandemic, as lot of the face-to-face engagement had ceased, beneficiaries were therefore more likely to have found out about the programme via online sources and other referral mechanisms.

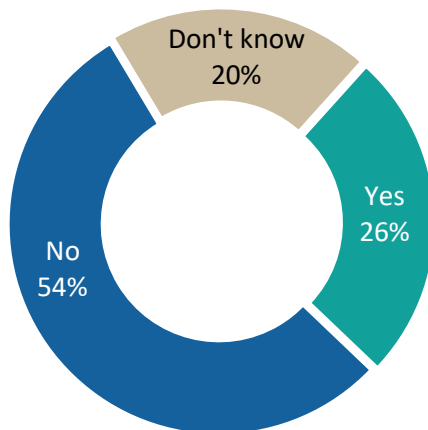
“On the council website, couldn’t remember. Was looking up things like insulation, I must have seen a link for the Green Doctor.”

This shows the importance of such programmes having a good network of partners to refer those in need of the service. Overall, word of mouth was also a key driver in promoting the service, with a large proportion of beneficiaries stating that they would recommend the programme or have already done so. Word of mouth is an organic network that might be harder to access initially but could increase likelihood of reaching those who would benefit most, i.e those not engaging with support services or community initiatives.

Signposting and referrals

Beneficiaries were asked if they had been signposted to another service or organisation; during the short-term survey (Figure 10), a quarter (26%) said they had. When asked where they had been signposted to, the most common responses were to a utility company e.g., energy supplier, water company. This was followed by council services such as environmental health or relevant council schemes such as issues with damp, vermin.

Figure 10: Households who were signposted (Base – 326)



The qualitative research identified that some individuals were expecting referrals but they hadn't materialised. *"They [the Green Doctors] referred me, but nobody called me back"*. More clarity on this process could be beneficial. Some beneficiaries also commented on how communications were not consistently followed up: *"They didn't reply to my emails, they are helpful but the communication after wasn't good."* *"There was no way to contact them again really. I wanted to know more about my bills"*.

The interviews also identified a great deal of confusion with the Green Homes Grant⁶. This ranged from beneficiaries' general confusion between the Green Homes Grant and the Green Doctors, with some beneficiaries thinking our consultation was about the grant. Others got frustrated with the being referred to the service only to find out they were not eligible. Interview evidence suggests that beneficiaries did not differentiate between the Green Doctor and the Green Homes Grant. They believed them to be one, a continuation. Beneficiaries were then left greatly disappointed after their home was assessed by someone for the Green Homes Grant and they were declined funding for any sort of measure. They then saw the entire 'journey' as a waste of time and penalised the Green Doctors for this. Some energy efficiency issues such as housing and environmental issues that lie outside the remit of the Green Doctors programme should be more clearly explained to beneficiaries. This has been a disappointment for some who are already well informed on reducing energy consumption measures and are looking for something outside of the programme's remit.

⁶ The Green Homes Grant was launched in September 2020 to help meet the UK's target for 2050 net-zero emissions. Through the grant, homeowners were offered vouchers between £5,000 and £10,000 to fund up to two-thirds of the cost for energy efficiency improvements. The programme ended in March 2021.

Although the Green Homes Grant has come to an end⁷, we would recommend the continuation of referring households to grant schemes that could drastically improve the energy efficiency of their property. However, we would suggest that more detail is provided on the grant schemes and their selection criteria to reduce any misunderstanding amongst households.



A new approach to acknowledging the scope of the programme may lead to a better distribution of resources, managing expectations and potentially a new layer to delivery.

⁷ At the time of writing this report there was speculation of the Green Homes Grant being reintroduced in the October 2021 spending review.

OUTCOME 3: Improved health and wellbeing through the reduction of GP and A&E visits resulting in an estimated saving of £217,897 per year to the NHS

How effectively is the Homes4health programme improving the health and wellbeing of fuel poor households?

To better understand the effects the programme has had on the health and wellbeing of households, beneficiaries were asked validated questions developed by UCL (University College London). Elements have been taken from the 36-Item Short Form Health Survey and a full question set from the Patient Health Questionnaire PHQ-4. Each variable has a score, with the overall PHQ-4 score ranging from 0 to 12, with the following categories of psychological distress:

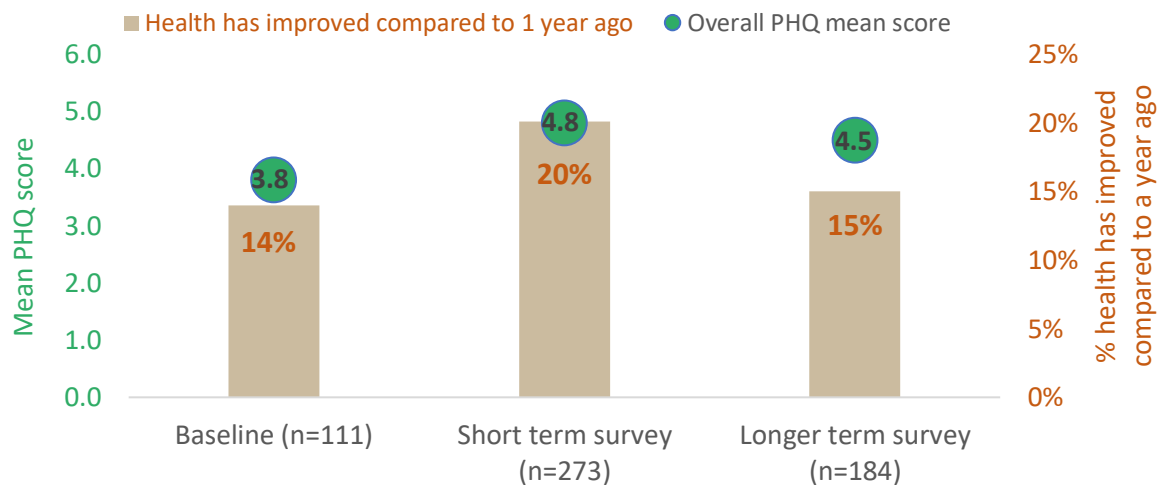
- 0-2 = None
- 3-5 = Mild
- 6-8 = Moderate
- 9-12 = Severe

Figure 9 shows the percentage of households who said their health had improved compared to a year ago and compares this against the average psychological scores (PHQ).

Overall, the baseline mean PHQ4 score was 3.8, which means on average at baseline households were in mild distress. When households were asked the same set of questions during the short-term survey after receiving the intervention, the average PHQ4 score reduced to 4.8, which means that on average households were still in mild distress, although slightly higher – this increase could be due to the Covid-19 pandemic and associated decrease in mental wellbeing generally. Moving forward to the longer-term survey, the average PHQ4 score remained relatively stable with a mean of 4.5. It is hard to say whether this increase in distress was associated to the Covid-19 pandemic, but this can be presumed to the other national studies carried out.

Alongside this, the perceived health of households (those who said their health had improved) varied from 14% (baseline) to 20% during the short term and then back down to 15% during the longer-term survey periods.

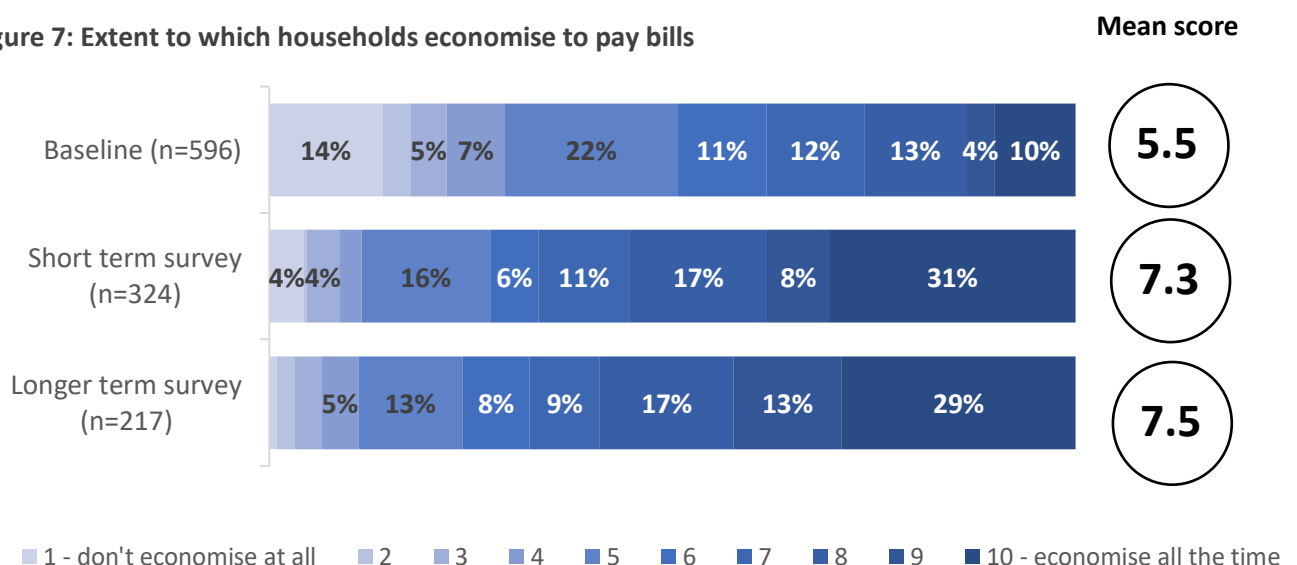
Figure 6: Health has improved and PHQ score



Households were then asked to rate the level of various issues, such as the ability to pay their fuel bills, on a scale of 1 to 10, with 1 being a positive score and 10 being a negative score. The mean average scores have been calculated for these questions to allow for comparison and ranking across the various aspects.

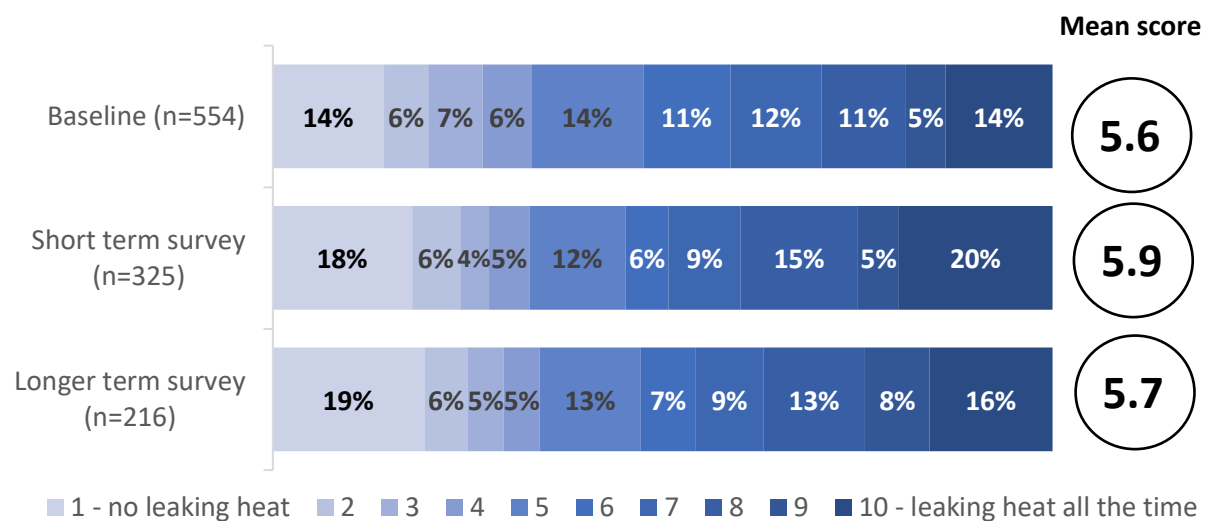
Firstly, households were asked to what extent they **economise on using energy or other essentials in order to be able to pay their bills**. The baseline mean for this indicator was 5.5. When households were asked this question again during the short-term follow up, the mean increased to 7.3. During the longer-term follow up, the mean remained fairly consistent at 7.5. This suggests households are economising more on using energy or other essentials in order to be able to pay bills at these follow ups.

Figure 7: Extent to which households economise to pay bills



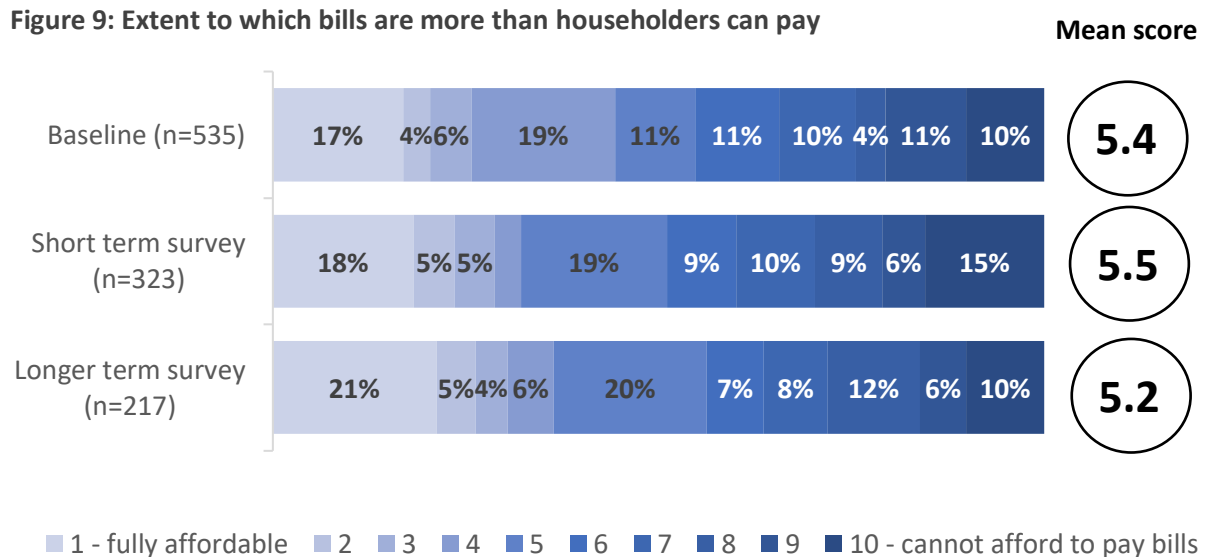
Households were then asked **to what extent they would say that they live in a cold home**, for example one that seems to leak heat. The baseline mean for this indicator was 5.6. When households were asked this question again during the short-term follow up, the mean increased to 5.9. During the longer-term follow up, the mean decreased to 5.7. This indicates that this result has remained fairly consistent throughout.

Figure 8: Extent to which householder feels they live in a cold home (one that leaks heat)



Households were then asked to **what extent their fuel bills were more than they can pay**. The baseline average for this indicator was 5.4. When households were asked this question again during the short-term follow up, the mean increased slightly to 5.5. During the longer-term follow up, the mean decreased to 5.2, a little lower than the baseline score.

Figure 9: Extent to which bills are more than householders can pay



In summary, finance poses a significant stress to those living in poverty but very few households commented on how the programme had specifically improved this. Also, there has been little sustained change in the wellbeing of beneficiaries that can be attributed to the programme.

Evaluation delivery

Future evaluations should:

- Consider alternative ways of collecting baseline data due to the challenges in the Green Doctors collecting this information.
- Look at changing the health and wellbeing questions to more softer question sets. While some residents were happy to provide this information, some were vulnerable both physically and mentally and had a negative effect on participants. Evaluations should therefore ensure that the use of these questions are appropriate, and that adequate provision is made for respondents who may feel the need for counselling or other professional support.

Key findings and recommendations

OUTCOME 1: A reduction in household energy costs, energy usage and income maximisation

Results show that providing households with low-cost energy efficiency measures/actions overall provided the greatest financial saving per year compared to the other income maximisation approaches.

Recommendation 1

Results show that providing households with low-cost energy efficiency measures/ actions yield higher returns.

Motivations for having a Green Doctor consultation were linked to the overall aims of the programme such as a desire to reduce energy costs and make their homes warmer, but expectations weren't always met. Mainly due to some of the information provided being perceived as common sense or that the smaller measures such as light bulbs, radiator foil etc. were not received (mainly during remote delivery periods).

Recommendation 2

A tailored approach could be used when engaging with households. The knowledge / requirements of the households' needs should be identified so that Green Doctors spend the time providing relevant information making it fit for purpose for households.

Recommendation 3

During remote delivery periods, items being delivered should arrive at the household in a suitable time period and a follow up call should be carried out to make sure they know what to do with the items.

More work needs to be done in supporting households to switch or explore other suppliers deals as there is still an element of hesitancy mainly due to motivational barriers.

Recommendation 4

Supporting individuals to navigate energy providers is a key pull factor but there is appetite for a more comprehensive approach that effectively outlines the short-term and long-term pros and cons when changing providers.

OUTCOME 2: Frontline staff feel better equipped to support and refer fuel poor households

The move from face-to-face delivery to remote consultation has shown the importance of a strong network of partners to refer those in need of the service too. Pre pandemic word of mouth was an active referral mechanism, and could potential help engage people who traditionally do not access support services or community initiatives. Just over a quarter of household said they were signposted to other services because of the Green Doctor consultation – most likely to an energy supplier or water company. We also identified that some ‘expecting’ referrals never materialised and or communications were not always followed up. There was also a great deal of confusion with the Green Homes Grant. This ranged from beneficiaries’ general confusion between the Green Homes Grant and the Green Doctors, with some beneficiaries thinking the Green Doctors consultation was about the grant

Recommendation 5

We would recommend the continuation of the programme referring households to grant schemes that could drastically improve the energy efficiency of their property. Although we would suggest that more detail is provided on the grant schemes and their selection criteria so reduce any misunderstanding amongst households.

Uptake of The Priority Service Register update was also low, but more importantly awareness of the service was even lower.

Recommendation 6

We recommend that more emphasis is placed on this during the visits for those who are eligible.

Home visits with face-to-face open conversation were highly valued, particularly for digesting complex information. Moving towards a remote delivery, evidence suggests that beneficiaries don’t really have a good recall of what information was provided or buy in to the advice the Green Doctor has provided compared to a home visit – people seem to have more care and remember the home visit more.

Recommendation 7

Remote consultations could potentially focus on specific topics of the programme such as breaking it down into smaller chunks of information which could make the information relayed over the phone more digestible.

OUTCOME 3: Improved health and wellbeing

We have not been able to capture sustained change in the wellbeing of beneficiaries that can be attributed to the programme. Of the small changes observed it is hard to say whether this increase in distress was associated to external factors, notably the Covid-19 pandemic, which has had such a big impact on everybody's lives.

It was clear that finances pose a significant stress to those living in poverty but very few households commented on how the programme had specifically improved this. In fact, the data collected suggests that beneficiaries were economising even more on using energy or other essentials in order to be able to pay their bills when we contacted them after the Green Doctor intervention.

Appendix 1: Referral partners

Appendix 1: Referral partners

Camden:

- Age UK Camden (Shopping, Transport, Befriending, Social Activities)
- Breathe (Stop Smoking Service)
- Camden Adult Social Care
- Camden Carer's service
- Camden CCG
- Camden Children's Centres
- Camden Floating Support Service
- Camden Practical Services
- Camden Private Sector Housing
- Camden Trading Standards
- Camden: Healthy Eating Team
- Care line Telecare
- Exercise on Referral (Adult weight management)
- Green Camden Helpline (Further Energy Advice)
- Home-Start Camden
- iCope (Psychological Therapies Service)
- Income Triage Service
- NHS Camden
- NHS: CNWL Falls Assessment
- Origin Housing
- West Euston Partnership
- Women Like Us (Employability Support)

Hounslow:

- Chiswick Locality Team
- Heart of Hounslow Centre for Health
- Hounslow & Richmond Community Healthcare
- Hounslow & Richmond Community Healthcare NHS Trust
- Hounslow & Richmond Discharge team
- Hounslow CCG
- Hounslow Children & Adult Social services/ First Contact
- Hounslow Extended Hospital Social Work Team
- Integrated Community Response Service
- Volunteering Hounslow/ Help Your Health
- West Middlesex University Hospital

Kensington and Chelsea, Hammersmith and Fulham

- Age UK (RBKC & LBHF)
- Al Manaar – MCHC (the mosque)
- Alhasaniya Moroccan Woman Center
- Bishop Creighton House
- Catalyst Housing
- Chelsea Theatre centre
- Community kitchen Gardens Groups
- Dalgarno Trust Community Centre (food banks and events)
- Fulham Good Neighbours
- Green Brook Medical – GP practice
- H&F Housing
- Healthier Homes (LBHF & RBKC)
- Hestia Charity

- Kensington and Chelsea Foundation
- Kensington and Chelsea Social Council
- LBHF Community Champions
- London Fire Brigade
- Masbro Children's Centre
- My Care, My Way, St Charles site
- North End Medical
- Open Age
- Parkview Practice/Parkview Centre for Health & Wellbeing
- RBKC Citizens Advice
- RBKC Community Champions (Dalgarno, Worlds End/Chelsea Theatre, Golborne etc.)
- RBKC Housing Team, Children Services & Adults and Social Care & Public Health
- Tri borough (LBHF, RBKC & Westminster) Social Services, Mental Health teams and Community Independence Service
- Westminster Citizens Advice

Octavia Housing

- CA (Citizens Advice)
- Octavia Housing Foundation (Younger People's programme and Older People's programme).
- Silver Saints
- StepChange

