



Action for Warm Homes

HEALTH & INNOVATION PROGRAMME



SOCIAL EVALUATION Provisional insights

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WHAT I'LL COVER

- What we set out to do/not to do
- How we did it
- What we know so far – some results
 - Beneficiary households
 - Delivery partners
- What's next?

Social Evaluation Strategy

- Objective-oriented approach – which objectives have been achieved and how well?
- Unintended outcomes and duty of care
- Principally measure outcomes and delivery KPIs.

FORMATIVE

- Process evaluation to improve and shape
- Inform delivery and operational aspects of the programme over the delivery period.
- Provide insight to how delivery could be enhanced, strengthened or adjusted.

SUMMATIVE

- Outcomes focus
- Centred on defined populations; principally households (beneficiaries) and local delivery partners

Methods ⁽¹⁾

- Mixed methods approach to collect data – breadth & depth
- Method dictated by measures delivery
 - Retrospective survey: pros / cons
 - Limited/no scope for experimental/quasi experimental design
- The principal methods deployed were:
 - Structured postal questionnaires
 - Integration of social evaluation with technical monitoring
 - Semi-structured in-depth interviews

Methods (2)

Populations/data	Quantitative methods	Qualitative methods
Beneficiary households	<ul style="list-style-type: none"> • Structured paper questionnaire • Secondary data analysis 	<ul style="list-style-type: none"> • Follow-up tele-interview
Training and awareness sessions attendees	<ul style="list-style-type: none"> • Structured paper questionnaire 	
Delivery consortia leads (inc HIP management Team)	<ul style="list-style-type: none"> • Structured online questionnaire 	<ul style="list-style-type: none"> • Consortia workshops • Follow-up tele-interview • Document analysis
Compliance / operational data	<ul style="list-style-type: none"> • Secondary data analysis 	

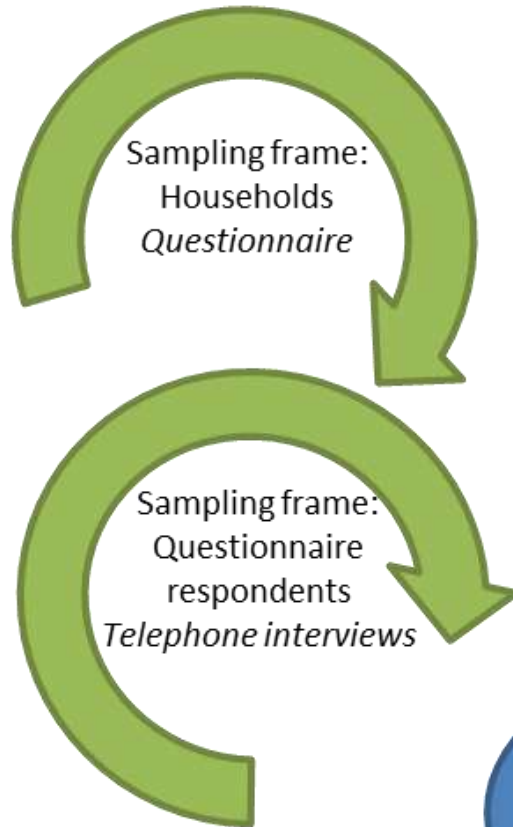
Case studies

Methods ⁽³⁾

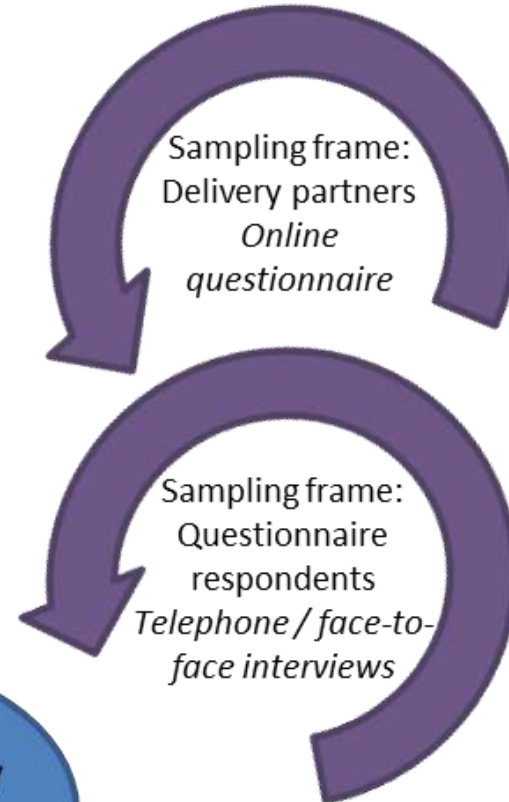
- **Critical oversight by Newcastle University**
- Peer to peer evaluation, including regular progress meetings and reviews and learning focused dialogue
- **Formative input:**
 - Constructive critique of the evaluation design
 - Learning through doing
 - Ethical evaluation – access and participation & duty of care
- **Summative evaluation:**
 - contextualise the evaluation within wider debate and literature of socio-technical studies
 - Valuing other types of ‘knowledge assets’

Multi-stage sampling

**Households
(Beneficiaries)**



**Delivery partners
(Consortia)**



Sampling frame:
Household + delivery
partner samples
*Process and impact
case studies*

Sampling and fieldwork

RIS and consent

Delivery partners submission of works completed

Upload to NEA database and filtered by consent & capacity

Stratified: grant type and measure type

Three waves of fieldwork (Jan – Mar 2017)

Large measures sample

Fund	Sample (n)	Sampling frame	Response rate	All beneficiaries (population)	Margin of error (+/-)
TIF	138	604	22.8%	880	7.6%
WZF	170	1266	13.4%	4087	7.4%
WHHF	254	983	25.8%	1185	5.4%
All LARGE	562	2853	19.7%	6152	3.9%

^[1] Beneficiary households up to 31 March 2017 a small number received measures during the first 2 weeks of April 2017

^[2] 95% confidence level

Beneficiary households

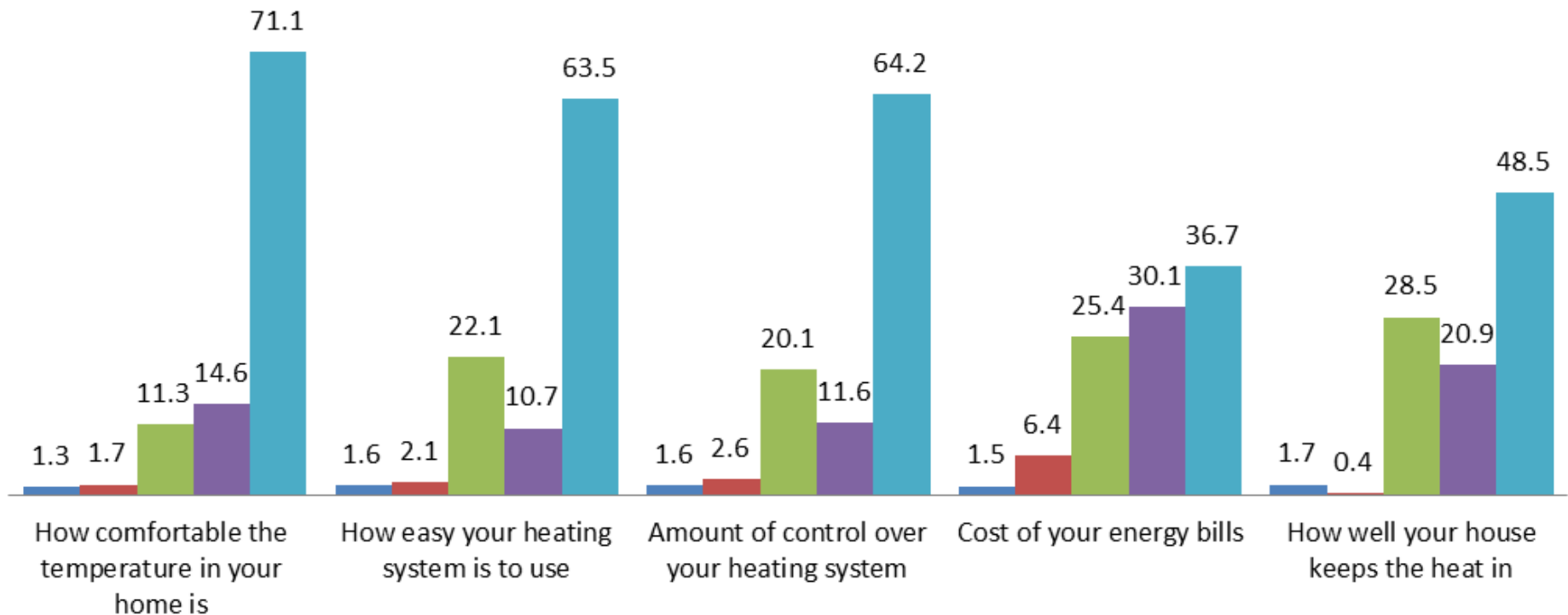
- OUTCOMES

- Increased warmth and comfort
- Incidence of energy / other rationing is reduced
- Improved physical and emotional health
- Enhanced sense of empowerment & wellbeing
- Reduced financial stress
- Energy management and market engagement is enhanced (e.g. switching)

Comfort and ability to manage energy in the home was improved

Impact on experience of heating system and comfort (%)

■ A lot worse now ■ A little worse now ■ Stayed the same ■ A little better now ■ A lot better now

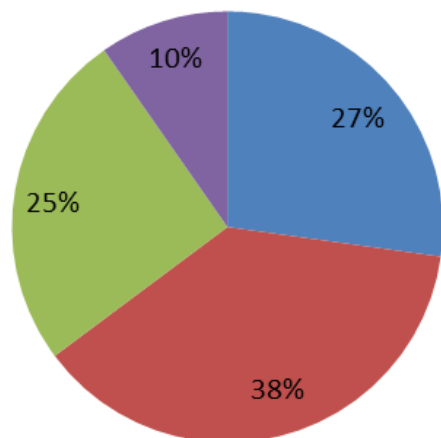


Ability to achieve affordable warmth (SFP)

- Subjective fuel poverty reduced by 72%
- Those that could not keep their home comfortably warm during winter/cold weather for reasons of cost and/or poor energy efficiency fell from 72.8% to 20.1%
- FP risk was primarily cost driven both before (38%) and after (13%)
- Pre-intervention however, those whose risk was primarily EE driven was reduced from 25% to 3%
- Underlines the importance of energy efficiency

Ability to achieve affordable warmth (SFP)

Pre-intervention: Can you normally keep your whole house comfortably warm in winter/when it is cold? (Subjective FP)



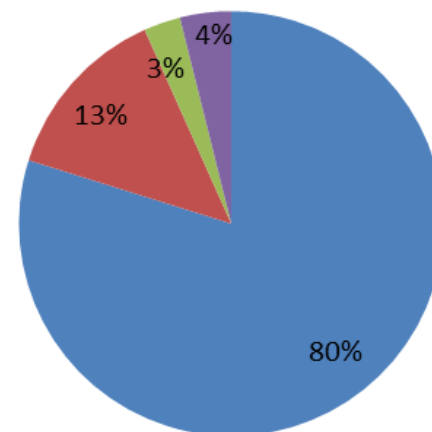
■ Yes

■ No, your heating costs too much to keep on for as long/as high as needed

■ No, it is not possible to heat your home to a comfortable standard for non-financial reasons (e.g. no/not adequate heating or insulation)

■ No, it both costs you too much and it is not possible to heat home

Post-intervention: Can you normally keep your whole house comfortably warm in winter/when it is cold? (Subjective FP)



■ Yes

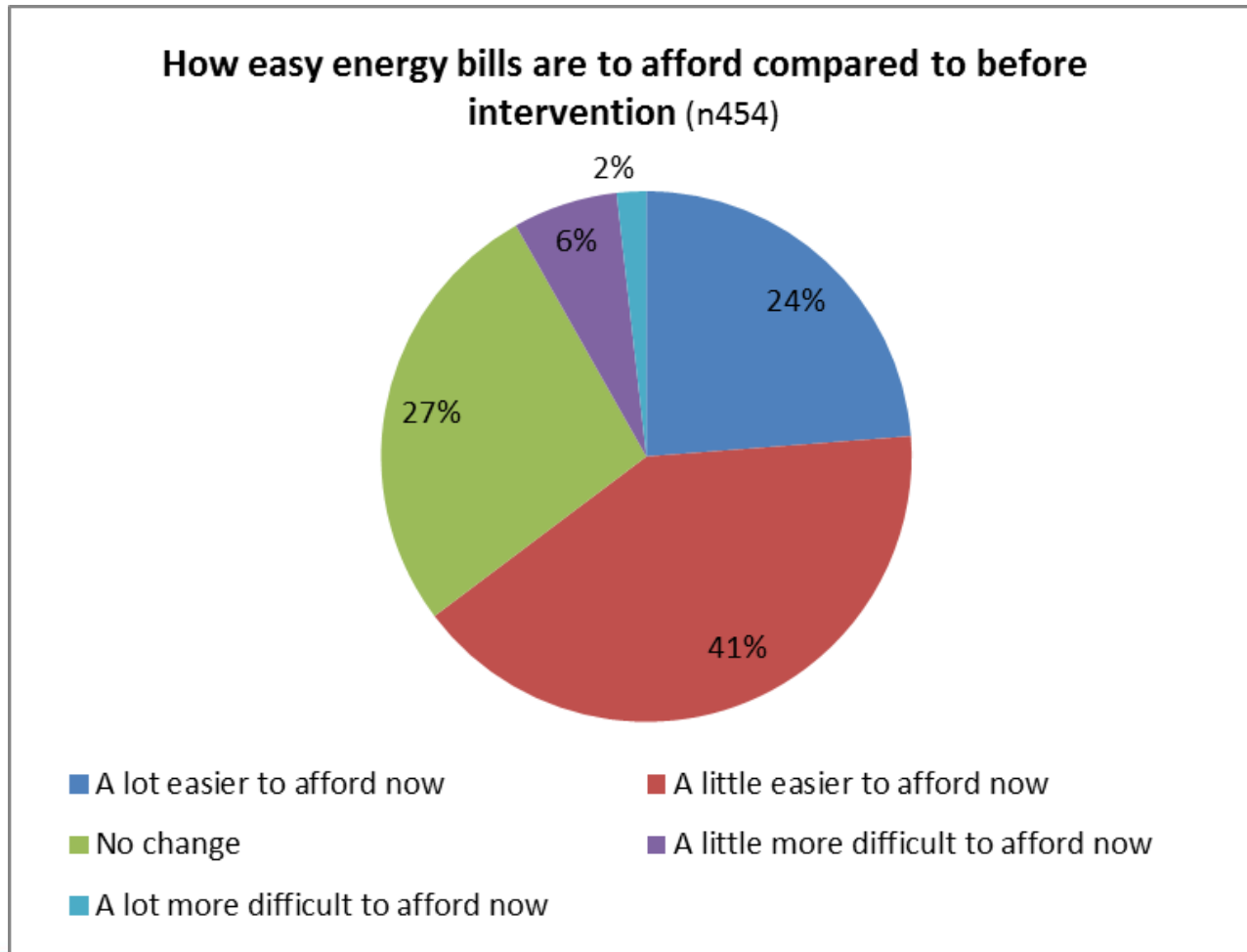
■ No, your heating costs too much to keep on for as long/as high as needed

■ No, it is not possible to heat your home to a comfortable standard for non-financial reasons (e.g. no/not adequate heating or insulation)

■ No, it both costs you too much and it is not possible to heat home

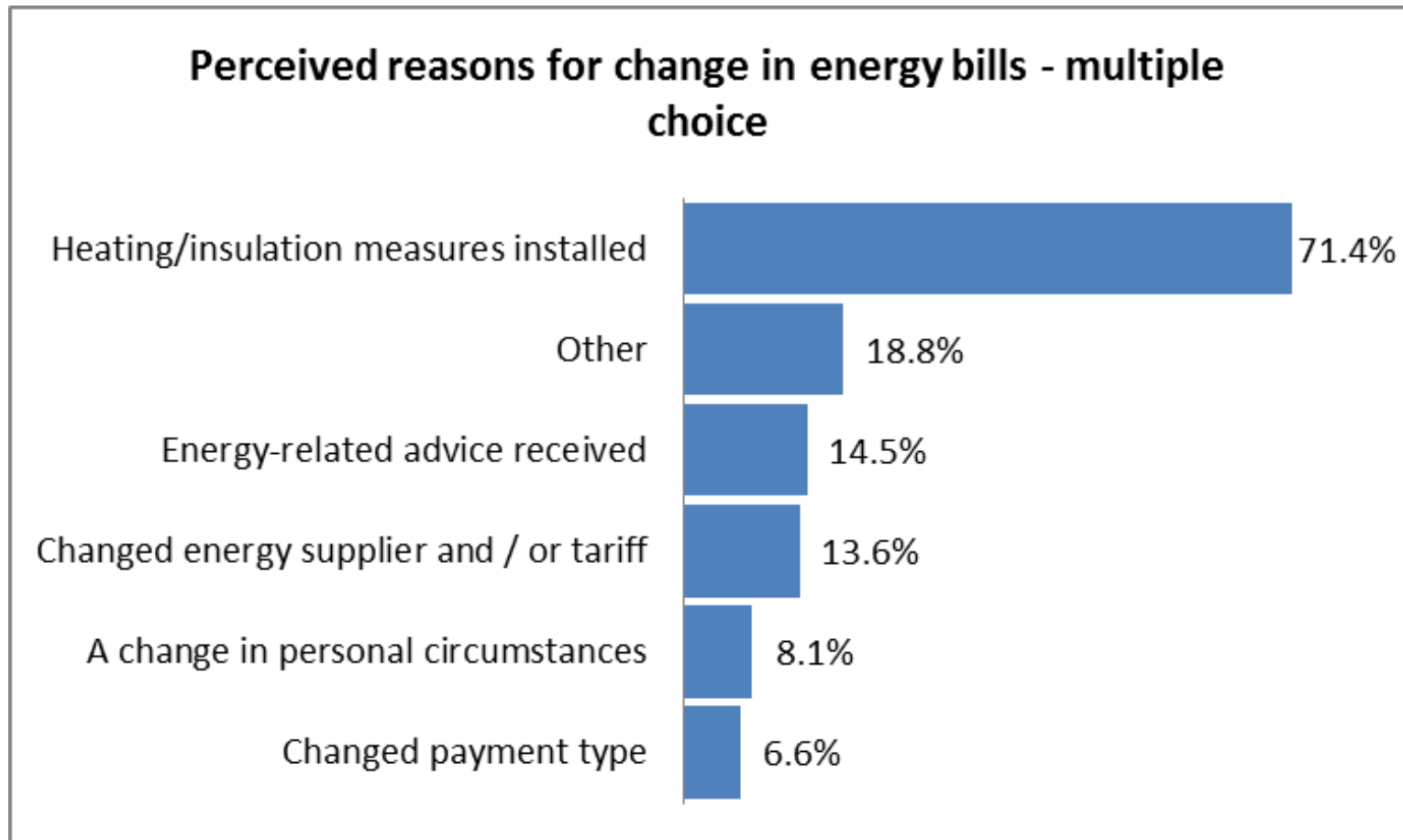
Energy bills were more affordable

- Almost two-thirds (65%) thought that their energy bills were more affordable (excludes too early to say)



Energy bills were more affordable

- Almost three quarters attributed change in affordability to measures installed

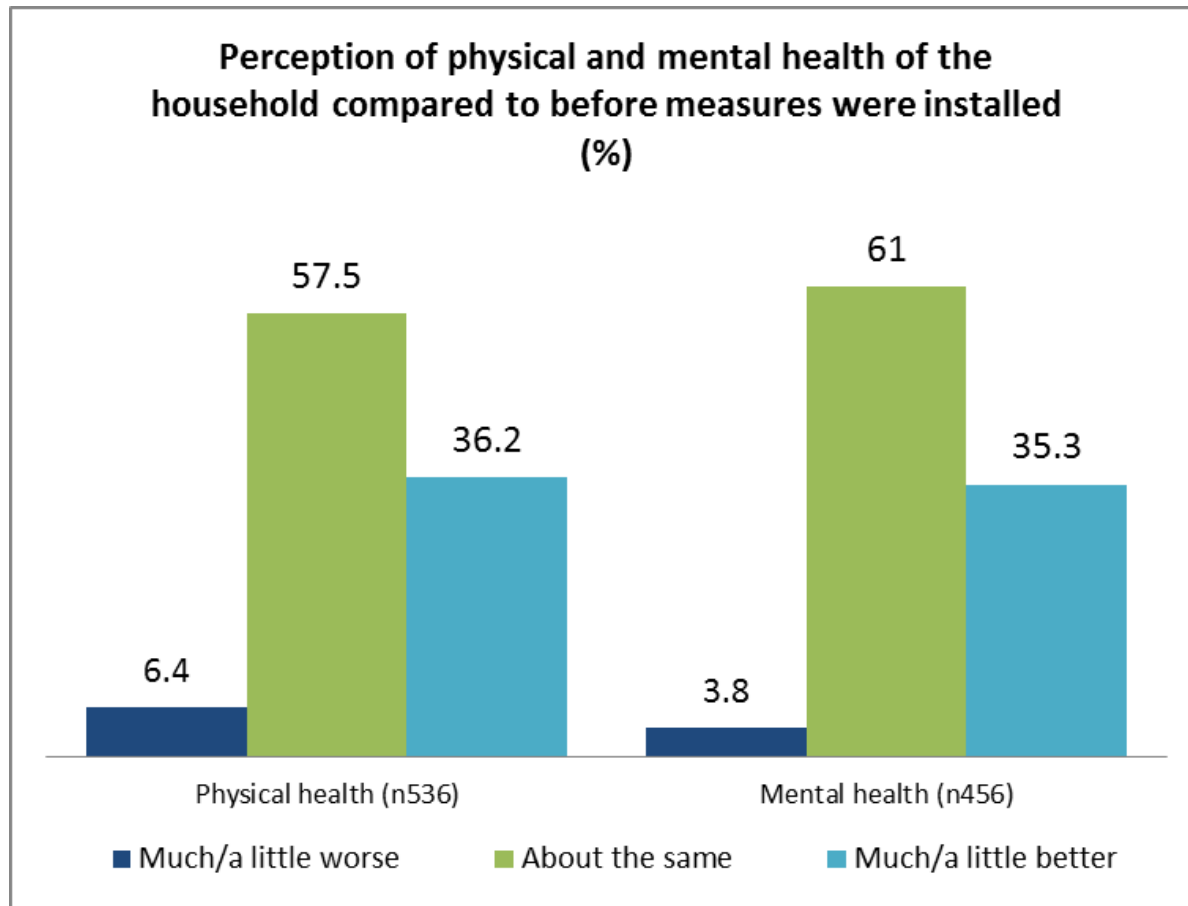


Health

- Large majority (81.3%) of households had a least one health condition or disability (as listed)
- On average households had 2 health conditions/disabilities, a quarter however had four or more
- Small majority (58%) of households had at least one cold-related health condition.
- On average households had one cold-related illness, but 28% had two or more

Health impacts (1)

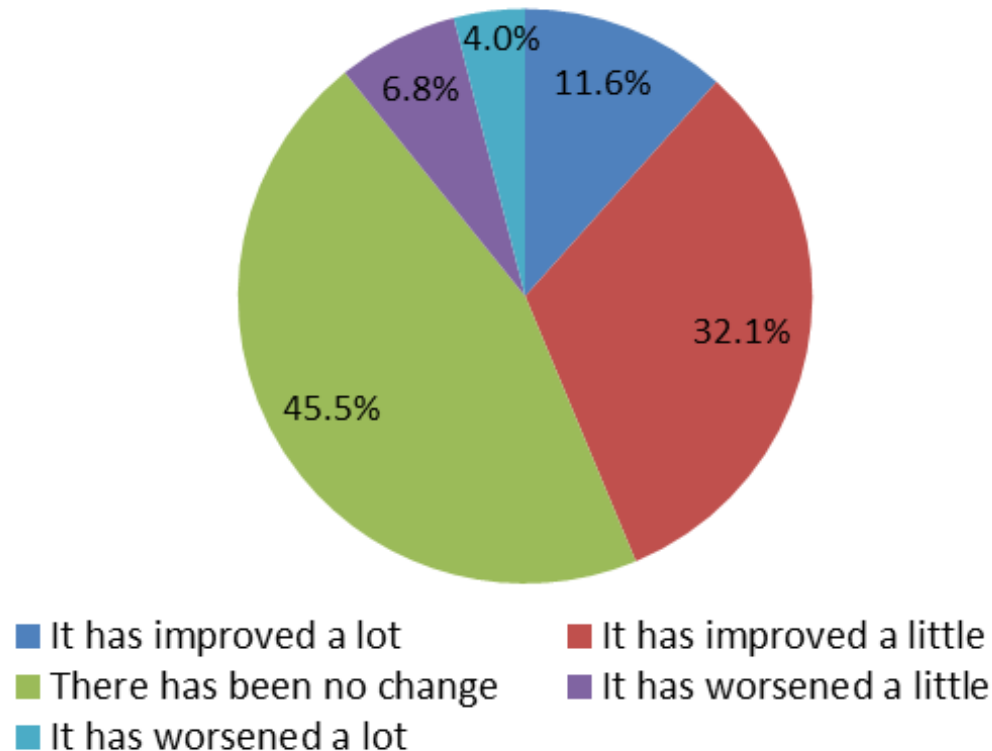
- More than a third self-reported that their physical (36%) and mental health (35%) had improved to some extent. For most, it had stayed the same (57% and 61%).



Health impacts (2)

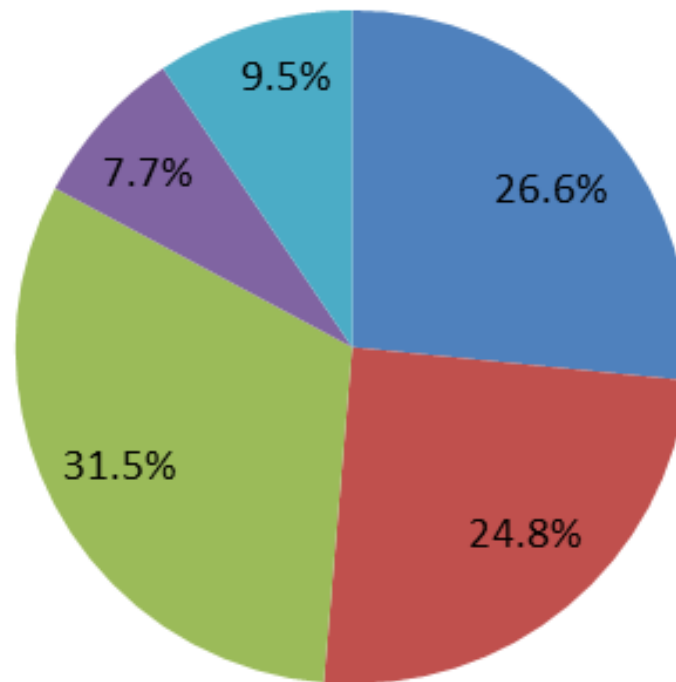
- Methodology means attribution cannot be established
- Testimony of households themselves

Change to present health conditions/disability since intervention
(n424, excludes 'not applicable')



Health impacts (3)

Whether any observed changes in health are related to their intervention (n222, excludes 'not applicable')



■ Definitely ■ Probably ■ Possibly ■ Probably not ■ Definitely not

Beneficiary testimony ⁽¹⁾

- “I do not know how this grant was instigated but I'm glad it was. At the time I wasn't bothered as I was had a very low mental state. Then along came this person who put a positive slant on things and proved that good things can happen. So although my physical health is still not good it would have been much worse. My mental health is much better. A BIG THANK YOU TO THE SCHEME”

Beneficiary testimony ⁽²⁾

“I am now able to go out with peace of mind that I will not have a problem with my heating when I get back. I am also more comfortable in my home which makes me feel more relaxed and less stressed plus my heating bills have dropped significantly which is a big relief.”

“The new heating was installed when my brother had bowel cancer. It got to a point where even the slightest chill would be a detriment to him. It gave us more control and was more efficient. It helped keep him from shivering when trying to keep warm, it helped him recover. It couldn't have come a better time in his life”.

Monetised benefits of intervention

- Very preliminary analysis suggests:
 - 31.5 QALYs resulted from the WHHF measures
 - The most cost-effective measures solely on health grounds, and as measured by NICE (<£20,000 per QALY) are loft insulation and cavity wall insulation.
 - WHHF programme is estimated to have delivered almost £700,000 of benefits (NPV) over the lifetime of the measures.

Thank you!

“My wife and I have found our general living has improved. The explanation of how the new system works is excellent. The engineer who carried out the installation was excellent, polite, cheerful and never any trouble to explain when making sure we understood how to operate the system.”

“I have not been falling asleep all the time because of the smell and poor ventilation. There were cold spots and this affected by son’s asthma in an adverse way. The new heating, timer and thermostatic valves have improved temperature control, are accessible and the heating warms up almost instantly. It has made a massive difference to our health and wellbeing. A very worthwhile and preventative scheme.”