

Insights Report

Community Energy Programme Evaluation Findings

For more detail please see the Community Energy Programme Evaluation Report, or its accompanying summary, or contact Vinal K Karania at Vinal.Karania@ageuk.org.uk

Cold weather has shown to increase the demand on the health service, and with cold homes in particular, it is believed to be the main reason behind increases in respiratory and circulatory diseases in winter. Older people are more likely to suffer from cold weather and in addition to affecting their health it can also potentially adversely affect their quality of life. Evidence however suggests that such an impact is not inevitable.

The Community Energy Programme ran between May 2015 and February 2016, and was a pilot project aimed at testing the concept of having fully-qualified Energy Advisers within local Age UK Brand Partners to deliver support to older people to help them have a warm home. It was delivered in six areas across the northeast and northwest of England.

The programme supported 944 older people delivering support ranging from advice to switching energy tariffs or applying for grants to having energy efficient equipment installed. The average cost of delivering the support (including only staff costs and cost of travel and netting off the average saving per older person from switching energy suppliers) is £55 per older person supported. This compares to the average cost of £33 for a GP visit and between £115 and £168 for a hospital visit.

All older people completing the survey rated the service highly, with all but one older person finding the support offered useful. Almost a quarter would not have sought help elsewhere, and not all the remainder may have found the help their needed.

Fully-trained Energy Advisers are a real asset to the delivery of an energy-related service. The breadth and depth of their knowledge means that they have the skills to deal with all types of energy-related issues, enabling local Age UKs to provide a comprehensive energy-related support service. Energy Advisers need to have the *gift of the gab* and have the transport to most efficiently visit older people at home. Providing them with knowledge of other signs to look for can also help utilise them to identify other issues older people their visit may be experiencing.

Awareness raising of the service is more usefully targeted at Age UK staff and volunteers and external organisations who are likely to have contact with older people that may benefit most from energy-related support.

Energy Advisers are not an income generating asset and consideration needs to be given to how to effectively utilise their knowledge and fund their roles. One approach is to provide a basic version of the energy adviser training to Age UK staff who have contact with older people (most likely to benefit from warm homes) so that they can spot the signs of older people who may benefit from energy-related support and provide low-level support, freeing up the Energy Adviser to focus on more complex and time consuming cases. Another approach would be to have Energy Advisers embedded into a *Benefits and Energy Service* that aims to maximise disposable income by both increasing income and reducing expenditure.

Energy related pilots should be delivered over two winters to more effectively pilot a concept, including the benefits of providing such support not just in the wintery months, and to provide the space to learn and revise the model.