

Changeworks

An Evaluation of Warm and Well

Affordable Warmth Services Team

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Introduction

Changeworks is an Edinburgh based sustainable development charity. Changeworks works to improve quality of life and protect the environment. The organisation is active in the waste prevention, transport and energy sectors. Changeworks manages a number of complimentary energy projects, of which the Warm and Well service is one.

This report seeks to evaluate the effectiveness of the Warm and Well service, based on information from a number of sources including:

- A survey of health care professionals who have referred to the service.
- An independent review of the impact of the energy efficiency measures installed.
- Internal Monitoring information.

Description of service

Warm and Well was launched in May 2002. Warm and Well helps people in Edinburgh, Midlothian and East Lothian whose housing may be affecting their health by making their homes as warm and energy efficient as possible.

The service relies upon health care professionals, social workers or other 'key workers' to refer patients and works with these professionals to identify householders at risk.

The service is promoted in three main ways. Firstly, workplace briefings are undertaken where Warm and Well staff give a short presentation followed by a question and answer session to potential referrers in their office or workplace. Secondly, the service is promoted through three newsletters each year. Lastly, further promotion work is directed towards existing referrers to encourage increased use of the service.

There is no age limit, tenure restriction, or financial conditions that must be met for referrals.

Once referred to the project, a qualified energy adviser will visit the client at home and conduct an energy survey to identify where improvements can be made. Typically recommendations will include:

- New or replacement heating system
- Loft insulation
- Cavity wall insulation
- Draught proofing
- Low energy light bulbs

In addition, the energy adviser will provide energy efficiency advice on topics such as:

- General energy saving around the home
- How best to use heating systems
- How to pay for fuel
- Supplier switching

The Energy Adviser will look at the clients' grant eligibility, to fund improvements to clients' homes. Grants are available from a variety of different sources such as the Warm Deal and Central Heating Programmes. Warm and Well also manages an 'intervention fund' which has amounted to £160,000 over the last two years. This has allowed the service to fund improvements to clients' homes where the client is ineligible for other grant schemes, but unable to pay for improvements themselves.

If funding is available for home improvements the Energy Adviser will complete grant applications and liaise with contractors on the client's behalf, to ensure that any work to the house is carried out with a minimum of stress and disruption to the client. The Energy Adviser will also feed back to the referrer to make sure that they are informed of any intervention that is made as a result of the assessment.

Warm and Well Energy Advisers also have access to emergency heaters to minimise the immediate impact of broken heating systems.

Currently, Warm and Well employs one full time energy adviser and Changeworks provides management support.

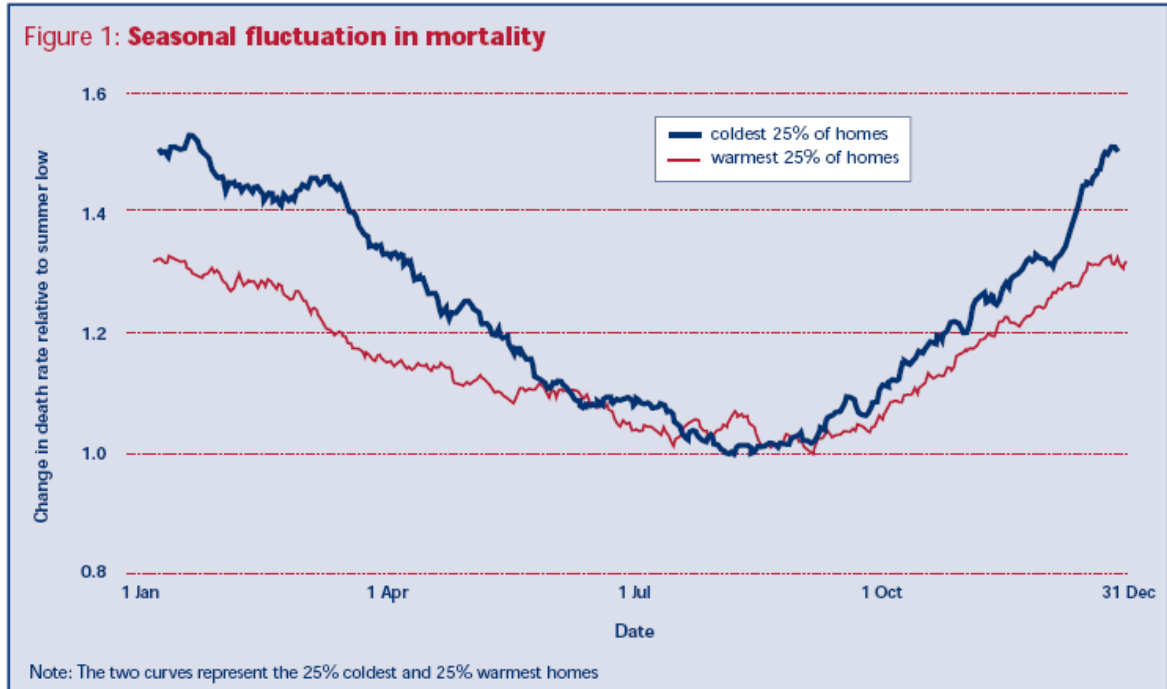
Background

A household living in fuel poverty is defined as one where more than 10% of disposable income is spent on fuel to maintain a comfortable level of heating, where no housing costs are included in 'disposable income'.

Warm and Well is addressing health inequalities by tackling the link between poor quality housing that is hard to heat, the fuel poverty that is often the result, and the health problems that stem from this. Those most likely to be living in fuel poverty include the most vulnerable sectors of society such as the very old, the very young, those on low incomes and those with mental health issues. Sadly, it is also the very young and the very old whose health is most likely to suffer as a consequence of cold, damp housing. An increase in the number of people living in fuel poverty therefore puts additional pressure on health professionals, NHS waiting lists, and hospital beds.

According to Help The Aged (2006), the phenomenon of excess winter deaths (EWD) is the fifth biggest killer of people aged over 65 in Scotland. EWD kills more people in this age bracket than chronic liver disease or breast cancer. Furthermore, Scotland has one of the highest rates of EWD of all European countries, a phenomenon largely linked to the poor quality of Scottish homes. Research undertaken in the UK has proven the link between people living in cold conditions and their susceptibility to illnesses relating to EWD (See figure1.). Elderly people living alone, in areas of multiple deprivation are those most likely to be at risk of EWD.

Figure1: Seasonal fluctuation in mortality related to household temperature (Energy Action Scotland, 2006)



However, it is not just older people whose health is at risk from poor quality housing and living in fuel poverty. A recent Shelter (2006) study highlights the impacts of poor housing on children –

‘Children living in damp, mouldy homes are between one and a half and three times more prone to coughing and wheezing – symptoms of asthma and other respiratory conditions – than children in dry homes.’ (pg 13 Shelter, 2006).

As well as these direct health impacts of living in fuel poverty there are also wider ‘quality of life’ impacts. Typically, living in fuel poverty means that people must choose between heating and eating. The financial hardship of living in fuel poverty can exacerbate mental health problems, as a consequence of extra stress and anxiety. Recent research into the impacts of the Warm Front programme in England and Wales (Green, 2006) has shown how increases in bedroom temperature are linked to a significant reduction in the chances (Odds ratios) of individuals developing depression (See fig 2.)

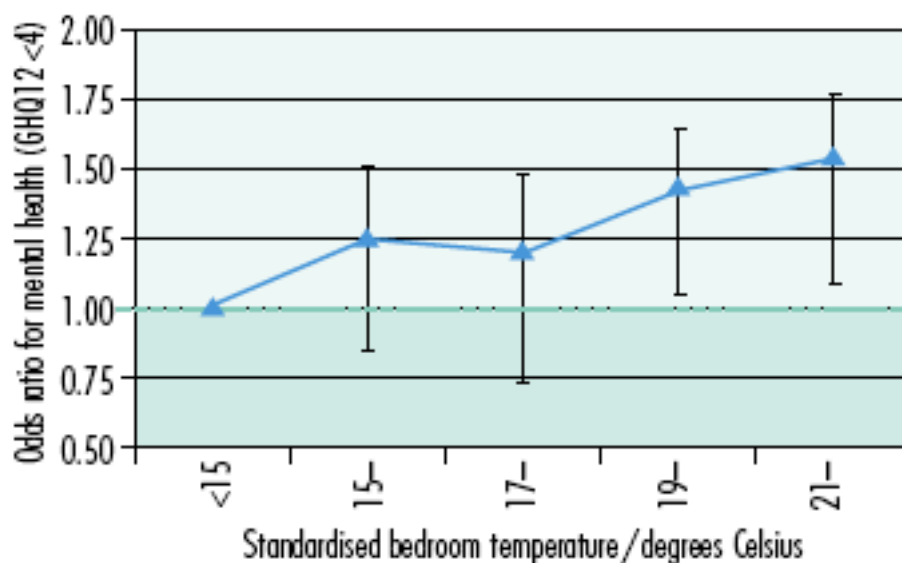


Fig 2 – The relationship between bedroom temperature and the chances of the occupant developing depression (from Green, 2006). A lower ‘Odds ratio’ suggests a greater likelihood of developing depression.

Energy bills for an average three-bedroom end terraced house have risen from about £650 per year to £1100 per year in the last three years to July 2006 according to Energy Action Scotland (2006). Sadly, this means that the numbers of people living in fuel poverty has increased since Warm and Well was launched, as have the number of EWD recorded in Scotland, largely as a consequence of energy price rises.

Further, a study funded by the EAGA Charitable Trust (Henwood, 1997) identified that two groups - single parent households and older people - are over represented in the least energy efficient housing stock. This means that not only are these groups the most likely to be living in fuel poverty, they are also the two groups whose health is most likely to be affected by fuel poverty.

In turn, the evidence presented above suggests that an increase in fuel poverty is a factor that contributes to increased health inequalities between rich and poorer social groups. In ‘Delivering for Health,’ NHS Scotland has recognised that tackling health inequalities is a key priority. Warm and Well aims to provide a means for the NHS to tackle health inequalities caused by fuel poverty.

The impact of the rise in domestic energy costs also highlights the importance of investing in domestic energy efficiency measures and advice, as reducing the amount of energy that people use to stay warm is the only sustainable means of reducing household energy bills. These measures make homes easier to heat, reducing the health and quality of life impacts caused by fuel poverty.

Warm and Well recognises that health professionals often have the most contact with vulnerable people, and are often the most trusted confidants and advisers of isolated, older people. Poor housing conditions can add to the workload of health care professionals and make it difficult for them to do their jobs properly. Involving the NHS in Warm and Well therefore provides the opportunity to target programmes to those most in need and most likely to benefit, but who are unlikely to apply on their own for the grants and support that can improve their situations.

Evaluation methodology

This evaluation has sought to use a number of methods to gauge the effectiveness of the service against the key outcomes identified below.

Outcome
1. To establish and support an effective referral network of health professionals who can identify clients who will benefit from the service.
2. To deliver an improvement in clients' quality of life as a result of action taken to tackle fuel poverty issues.
3. To provide a high quality service to health professionals and clients.

The research is based on data from four main sources. Firstly, all health care professionals who had referred a client to the Warm and Well service within the last two years were asked to fill out a survey (see appendix 1). 180 surveys were distributed and the results discussed in this report are based on the 51 returns received by the date of writing. The survey targeted referrers as this group are clearly best placed to judge many aspects of the service, from the effectiveness of the communications used, to the quality of life impacts on Warm and Well clients. This survey provides a subjective assessment from health professionals of the Warm and Well service.

Secondly, the survey uses data provided by a series of National Home Energy Rating (NHER) surveys undertaken on a 'before and after' basis on Warm and Well clients' homes, where physical improvements were installed to homes. The use of an NHER rating aims to give a quantitative measure of the energy requirements of a particular house. 28 houses were surveyed in total, representing a range of housing types throughout Midlothian, East Lothian and the City of Edinburgh local authority areas.

An independent survey undertaken by Edinburgh University in 2005 sought feedback direct from Warm and Well clients themselves. This survey is based on a total of 158 'before' questionnaires, together with 54 'after' questionnaires.

Information is also taken from other sources such as the Warm and Well monitoring data.

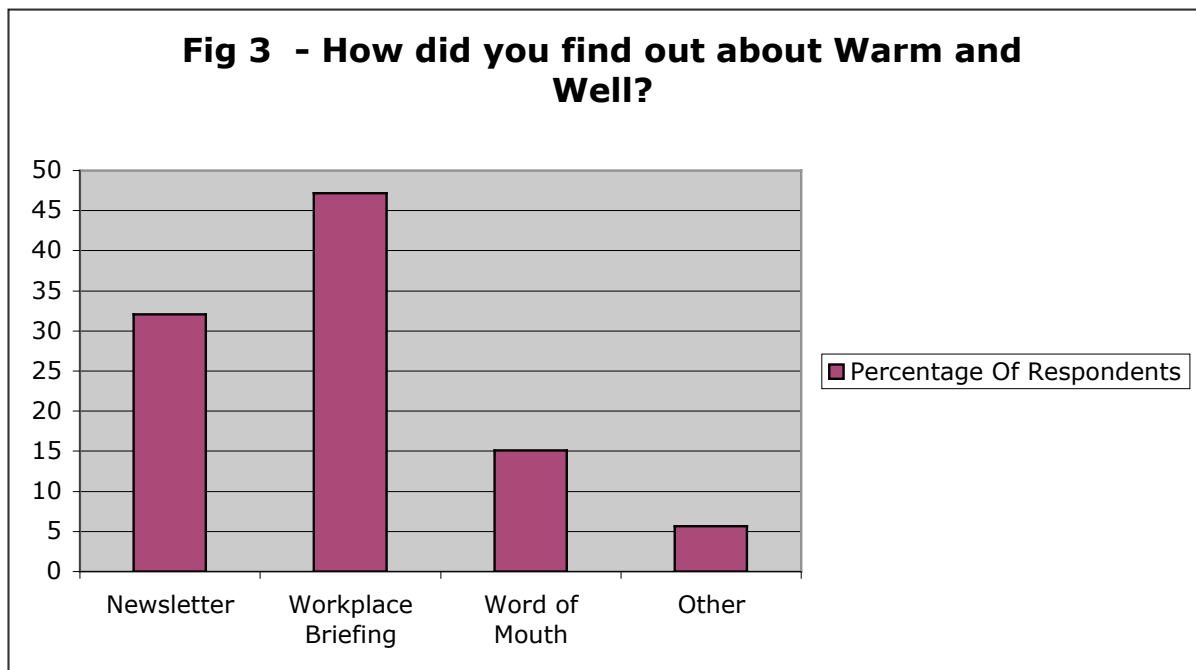
Unless otherwise stated, the period of this evaluation covers the financial years 2004/05 and 2005/06. By taking data from a number of sources this report aims to give a broad overall assessment of the impact of the Warm and Well service.

Outcome 1 - Establish and support an effective referral network of health professionals who can identify clients who will benefit from the service.

In the last two years a total of 434 referrals were received from 180 health professionals. This level of referrals exceeds internal operating targets set by Changeworks, in consultation with the current funding agencies.

Whilst the fact that targets were exceeded is some measure of success, in the survey of health professionals, a number of questions were asked in order to explore this in more detail.

Firstly, referrers were asked how they had found out about the service (see figure 3 below).



This shows that one of the most effective means of promoting the service is via workplace briefings, closely followed by the Warm and Well Newsletter. This is confirmed by the answer to two further questions that asked referrers whether they felt both the workplace briefings and the newsletters were worthwhile (figures 4 & 5)

Fig 4 - Workplace briefings are useful and worthwhile

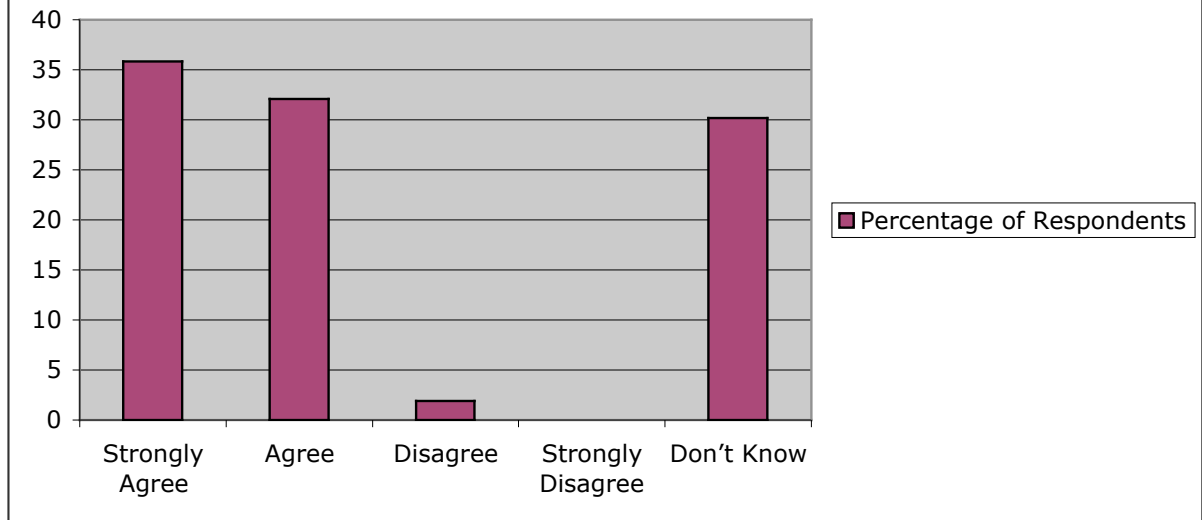
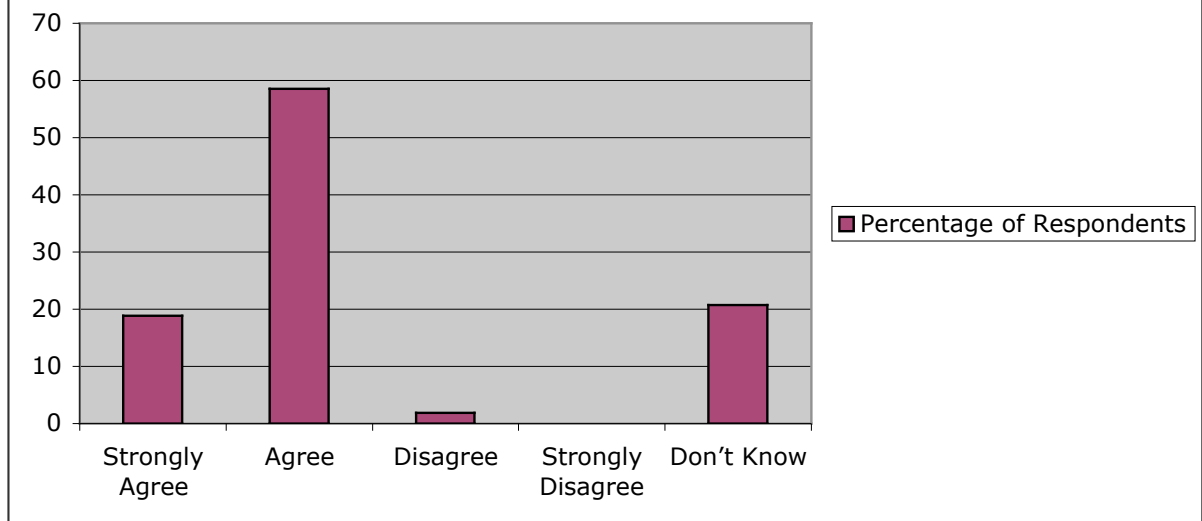


Fig 5 - The Warm and Well newsletters are useful and worthwhile



Whilst both figure 4 and figure 5 show a largely positive response to both the workplace briefings and the newsletter, it is clear that most respondents place a greater value on receiving information from workplace briefings.

However, a number of the more qualitative replies give a little more insight. One worker highlighted the value of the newsletters for keeping the service in the forefront of people's minds:

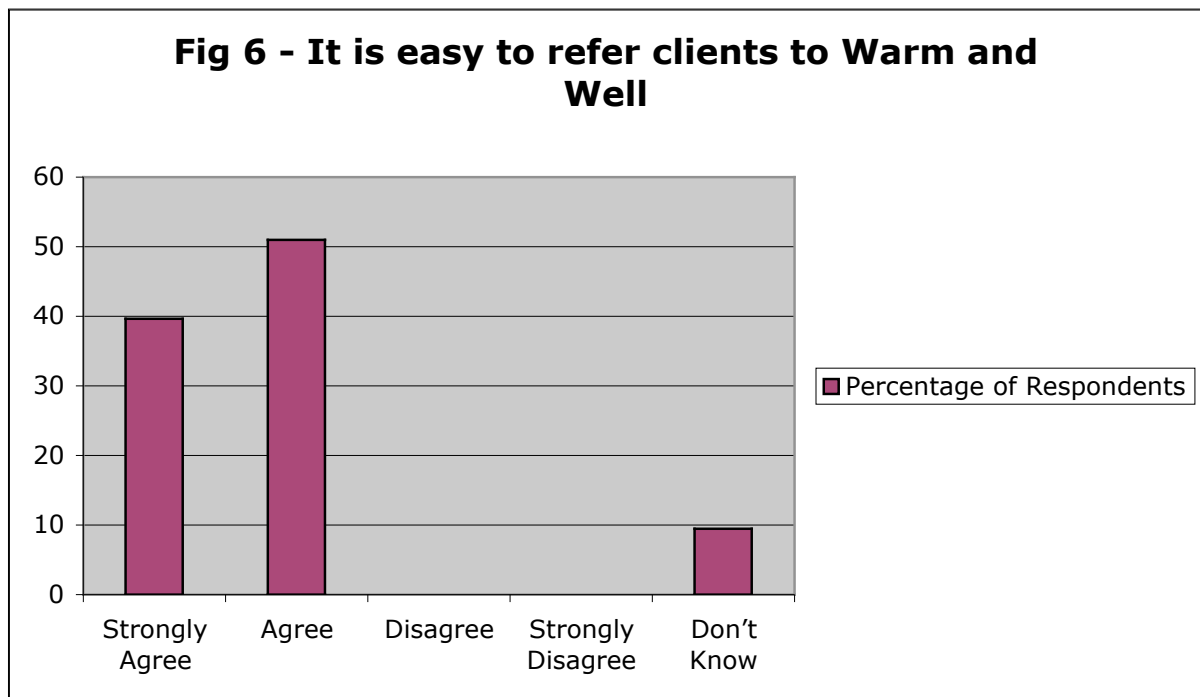
'The regular letters help keep me informed about latest information. Helpful if change of staff or new to a workplace then it acts as a prompt'

This said, the survey also highlighted that the health care professionals who use the service felt that Warm and Well does have a generally low profile. For example, one worker commented:

'I am surprised how few people, both professional and community households, families are aware of the service'.

Indeed, when asked what Warm and Well could do to improve, six further respondents recommended that Warm and Well should advertise more. This feedback shows that perhaps more should be done to promote the service. This point may need to be considered alongside the fact that this might stimulate more demand for a service that is already exceeding its targets.

Moving on to looking at the referral mechanism in more detail, the survey also asked health care professionals to give an indication of how easy they find making a referral (figure 6).



More than 90% of respondents agreed or strongly agreed to the statement 'It is easy to refer clients to Warm and Well', whilst none disagreed or strongly disagreed. Furthermore, the speed of response to referrals was also identified more commonly than any other aspect as one of the best things about the service. This quote from Jane McDonald, a senior occupational therapist, sums these results up.

'Referral process - very friendly and helpful staff makes referring straight forward and referral form is simple and brief to complete. Very worthwhile service for the client group I work with - older people'

Despite this the survey did highlight some scope for improvement. One respondent said Warm and Well could,

'Try to get referral forms in electronic form as it makes our referrals easier'

It is interesting to note which professional groups have referred to Warm and Well. An analysis (fig 7) of the 516 client referrals received between the first of April 2003 and the 31st of March 2006 shows that the service receives referrals from a broad range of health professionals, including GP's, Health Visitors, Nursing Staff, Occupational Therapists, and Social Workers.

Fig 7 - Warm and Well referrals by professional group

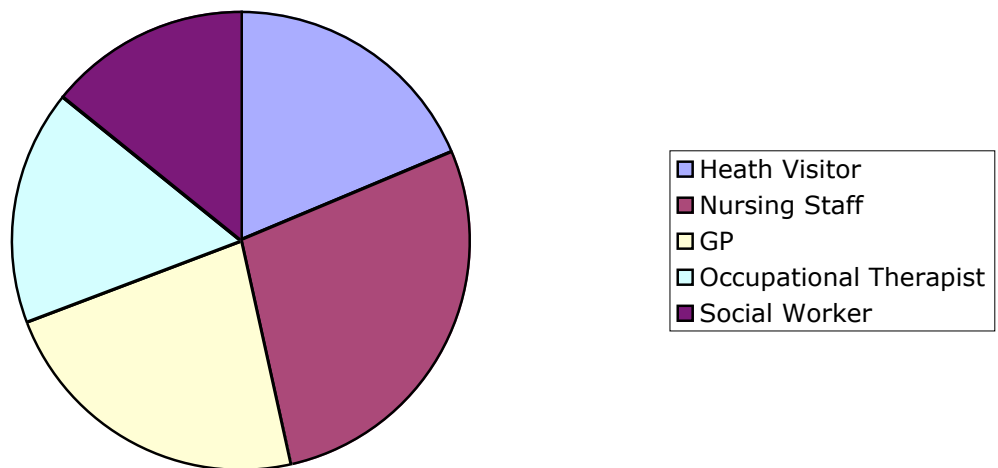


Fig 8 - Warm and Well referrals by local authority area

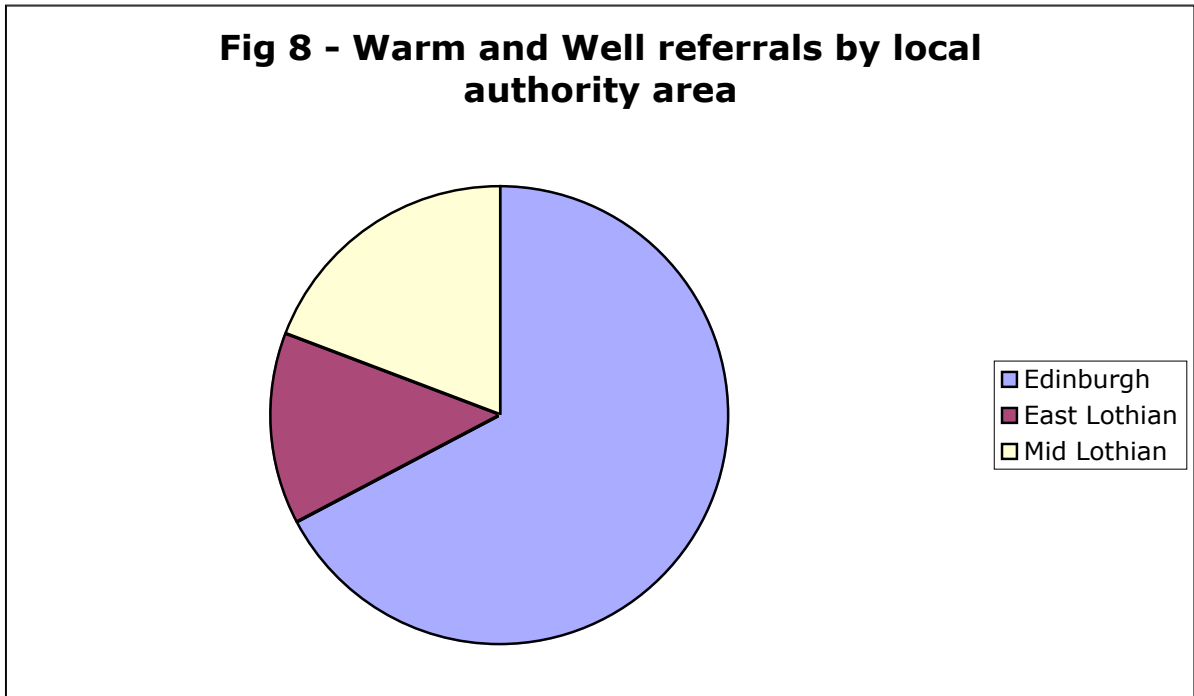


Fig 8 looks at the geographical spread of the same group of referrals. This shows that Warm and Well receives referrals largely in proportion to the relative populations of the three local authority areas that the project covers. Taken together Figs 7 & 8 indicate that Warm and Well has been successful in building and sustaining a diverse referral network across the whole project area.

Does the Warm and Well referral mechanism identify vulnerable clients?

Any assessment of the Warm and Well referral mechanism must also look at whether the referrals generated reflect the target group the project aims to support. Warm and Well aims to target vulnerable clients whose health is affected by their housing conditions.

An analysis of the 516 client referrals received between the first of April 2003 and the 31st of March 2006 is given in figures 9 and 10.

Fig 9 - Warm and Well clients in receipt of benefits

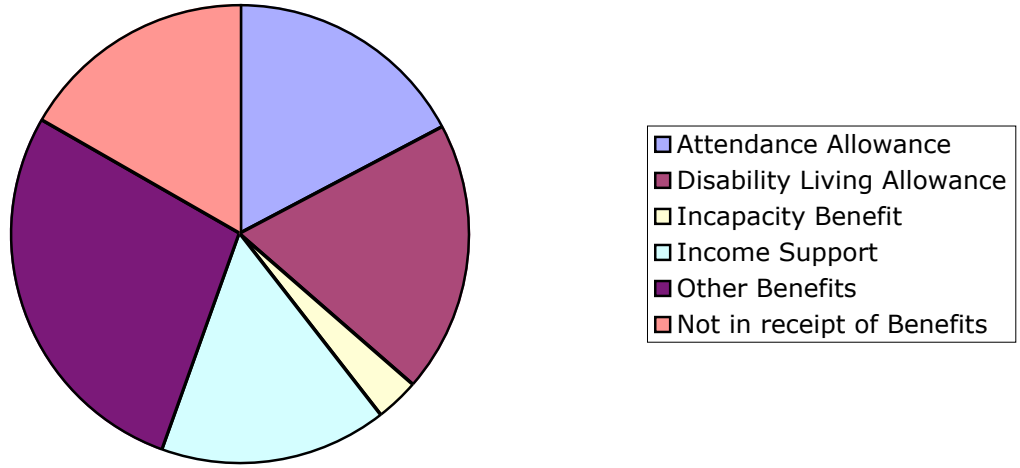
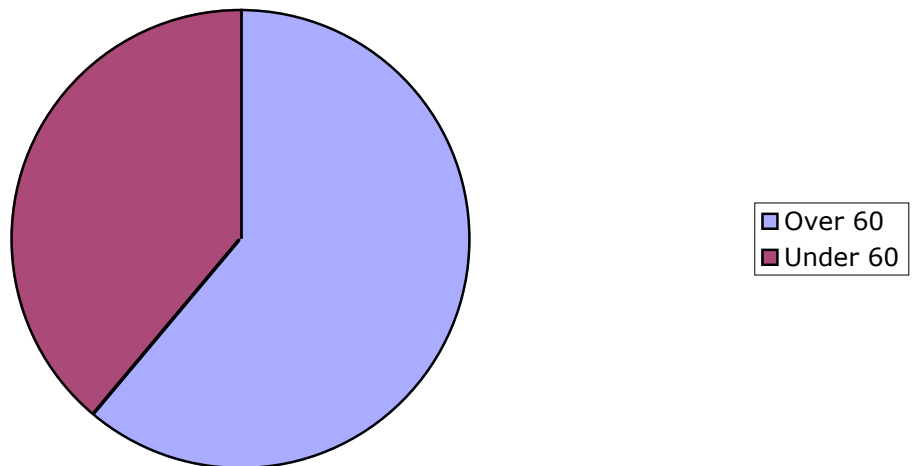


Fig 10 - Proportion of Warm and Well clients over 60 years old.



Further break down of these figures indicates that a greater proportion of clients are in receipt of benefits and aged over 60 in East Lothian and Midlothian.

The results outlined in Figs 9 & 10 corroborates many of the findings of an independent postal survey of Warm and Well clients conducted by Edinburgh University (Walker, 2005). Walkers research concluded that the typical Warm and Well client will –

- be elderly.
- live almost entirely in single or two-person households.
- have lived in their current homes for a considerable time.
- suffer from long-term illness or health problems.
- rate their general health as either 'fair' or 'poor.'
- regard their general health status as either static or declining.

Taken as a whole, the evidence presented in this section suggests that Warm and Well has established an effective referral mechanism.

Outcome 2 - To deliver an improvement in clients' quality of life as a result of action taken to tackle fuel poverty issues.

'Quality of life' is a notoriously difficult term to pin down or gauge. This report looks at the issue from three angles. Firstly, information from NHER surveys on the improvements made to homes before and after referral allow us to measure quantitatively the impact of physical measures on the energy efficiency of clients' homes. Secondly, the survey of health care professionals has provided a broader, qualitative assessment of the impact of the service. Lastly, information from a self-assessment survey that is sent to the clients is also used.

The NHER rating takes into account the local environment and the affect it has on the building's energy use. The NHER calculates the costs of space and water heating, and adds cooking, lighting and appliances to give a comprehensive picture of energy usage in the home. NHER assessments provide an energy rating for a home between 0 and 10 where 0 is the least energy efficient and 10 the most efficient.

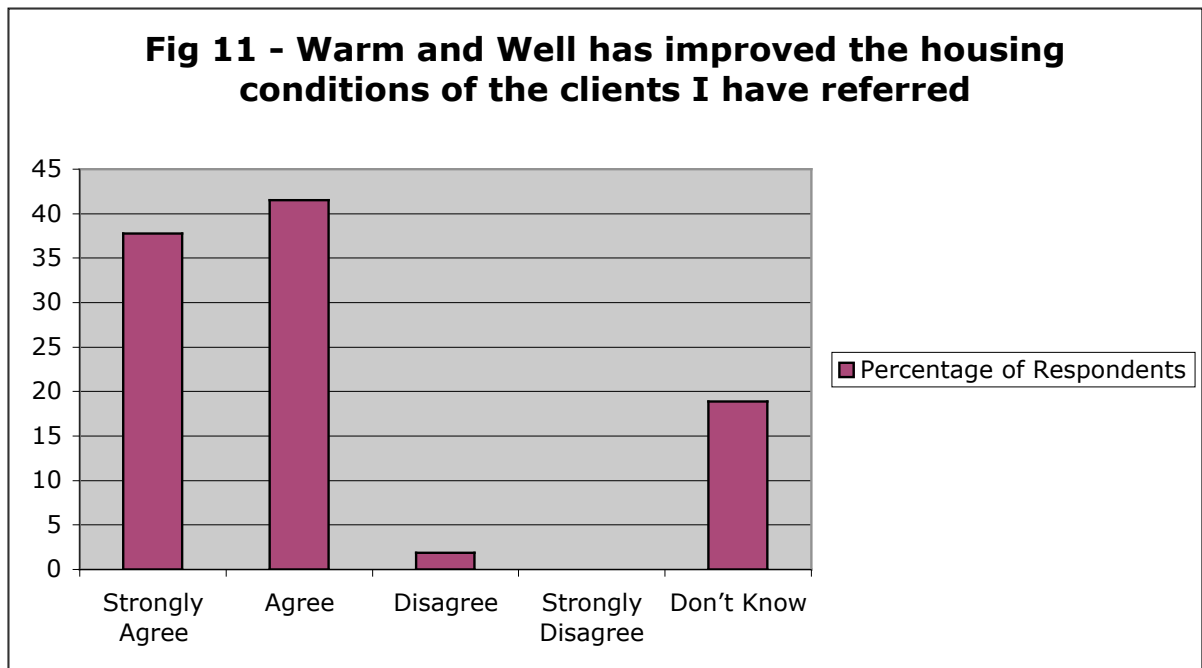
The Scottish Housing Quality Standard sets an aspirational standard that households across all tenures should have an NHER of 5 or more by 2015. The Scottish House Condition Survey 2002 indicated that over 2 million houses fail this standard. It should also be noted that some agencies, such as Energy Action Scotland, view an NHER rating of five as too low a standard to guarantee a significant reduction in fuel poverty.

Results from the NHER surveys conducted before Warm and Well had installed measures and then again afterwards show a number of interesting results. Firstly, the average NHER rating of the homes surveyed was 4.5, although this hides a large variation in ratings that range from 1 to 7.3. After improvements were made to homes, the average NHER rating improvement increased by 2.33. This translates to an average household saving of £339.59 per year on fuel bills. However, in one home with the largest NHER improvement, the reduction in fuel bills as a consequence of physical improvements to the home was a remarkable £838.81 per year.

The positive impact of Warm and Well on clients' financial situations has also been suggested by independent research (Walker, 2005) involving feedback direct from the clients themselves. This research identified:

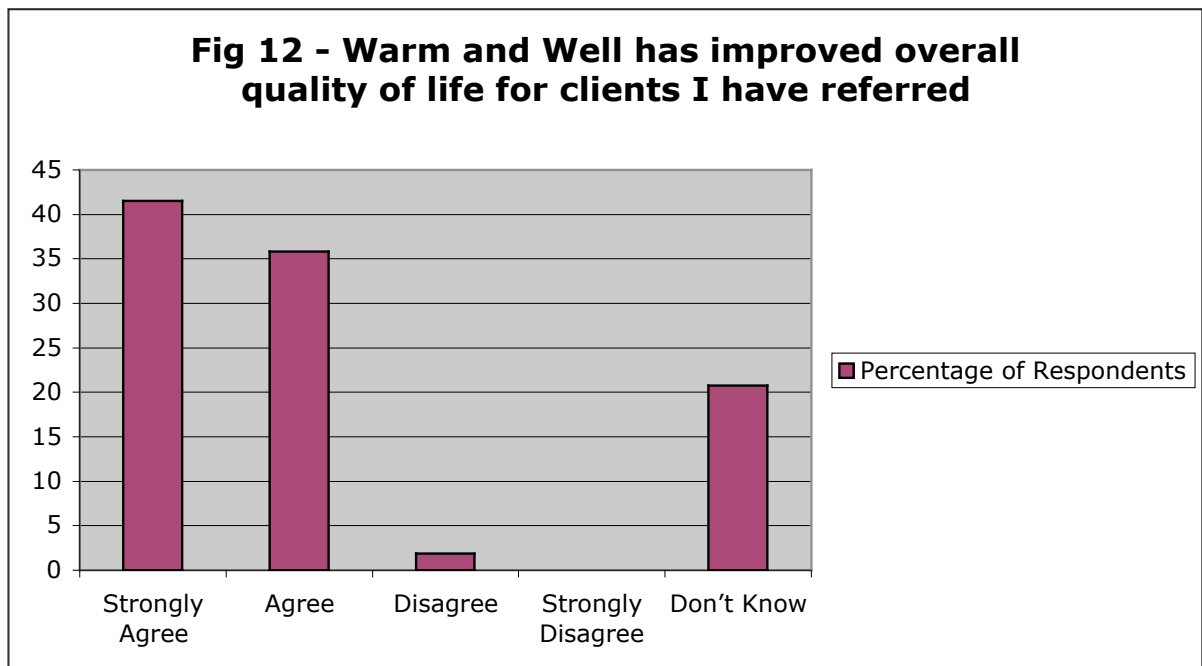
'a beneficial effect of W&W, in that approximately one-third of respondents appear to have experienced an improved ability to 'manage' financially'.

The NHER surveys also indicate that Warm and Well can make a massive impact on the housing conditions of some clients. This is corroborated by feedback from health care professionals (Fig 11, below). When asked whether the service has improved the housing conditions of the clients they had referred 77% either agreed or strongly agreed. Only 2% of respondents disagreed with this statement.



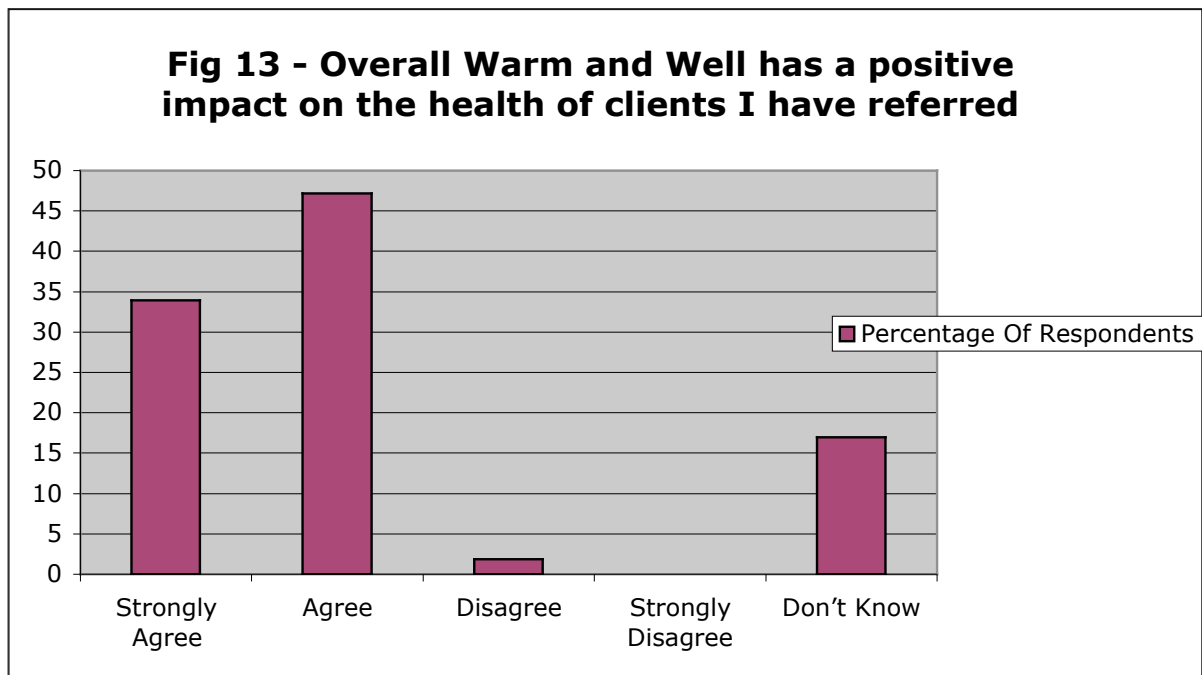
Where clients have significant improvements made to their homes, this also seems to lead to a wider improvement in quality of life. Figure 11 shows that 41% of health professionals strongly agree and a further 36% agree that Warm and Well has delivered an overall improvement in clients' quality of life. One respondent said,

'I have referred clients who have been struggling to bring in coal and light the fire. The installation of gas central heating has vastly improved their comfort and removed the very real danger they faced coping with coal buckets over back steps and the risks of getting down on the floor to clean and light the fire.'



Even better results are produced when health care professionals are asked to consider whether Warm and Well has a positive impact on their clients' health (Fig. 13). 83% of respondents agreed or strongly agreed that the project had a positive impact on their clients' health.

This positive health impact is corroborated by feedback from the clients themselves. 42 clients were asked to self-assess the impact of Warm and Well on their health. Despite the fact that many clients reported suffering from chronic or long-term health problems, around a third reported that their health had improved after Warm and Well had intervened.



Another health professional highlights the fact that a modern central heating system can help clients live in their own homes, when otherwise they would need to be placed in a care home, or admitted to hospital:

'It is important to have a service such as W&W because many elderly clients who lack adequate heating are also unable to organise improvements / seek benefits or grants for themselves. Many more older people are living at home who previously, due to their cognitive and/or physical difficulties would have been in long term care. Good heating is essential to the health and well-being of older people and can reduce hospital admissions.'

This comment highlights the linkages between quality of life, health and the costs of caring for elderly people whose housing conditions can be a significant factor in decisions about the level and intensity of care required. Another practitioner highlighted the role that Warm and Well can play in reducing delays in discharging patients from hospital.

'[Warm and Well...] Enabled us to help discharge people from hospital who would otherwise have to wait for local council to assess need. Discharges have been at a satisfactory level because homes are better heated.'

Very few negative comments on the impact of the service were given. Those that were, tended to centre on the fact that Warm and Well could not always access funding for improvements to clients' homes. Eight people suggested that the best way to improve the service would be to seek more funding. One social worker said,

'Response from W&W has been very prompt, efficient and helpful. Although not always able to provide clients with what they want (e.g. new central heating systems) they have always been able to provide helpful info and advice. Feedback from all clients has been very positive.'

Outcome 3 - To provide a high quality service to clients and health care professionals.

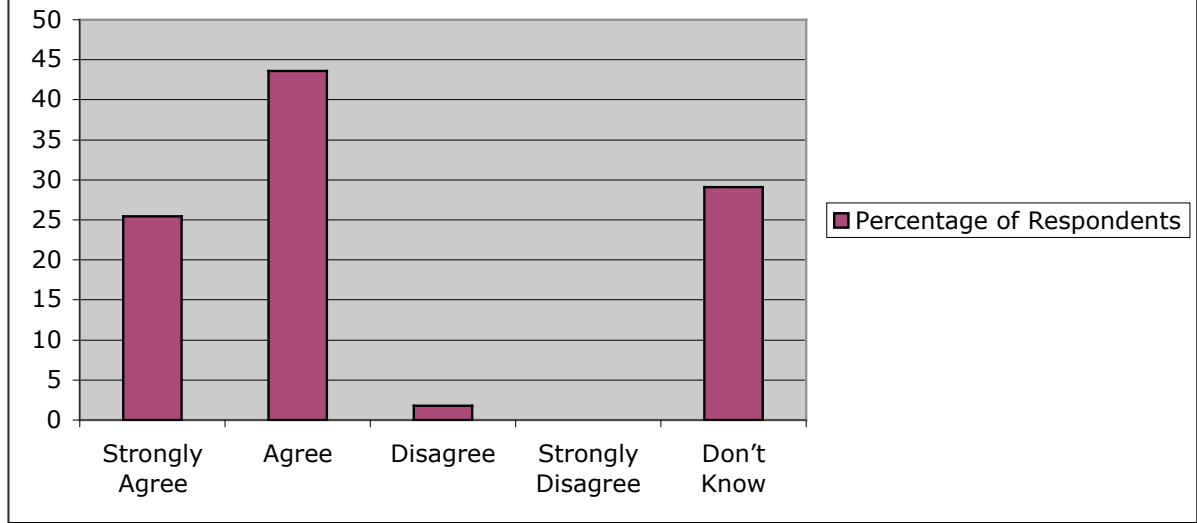
Warm and Well is a service managed by Changeworks, an organisation that is both Investors in People and ISO140001 accredited. Changeworks is currently working towards achieving the 'Homepoint' Communities Scotland advice standard.

Energy advisers are trained to a minimum competency standard. All advisers hold a City and Guilds certificate in Energy Awareness and are regularly updated on new developments in the energy sector as a consequence of being based alongside a series of other energy projects at Changeworks. Also, the current lead adviser for Warm and Well has a nursing background.

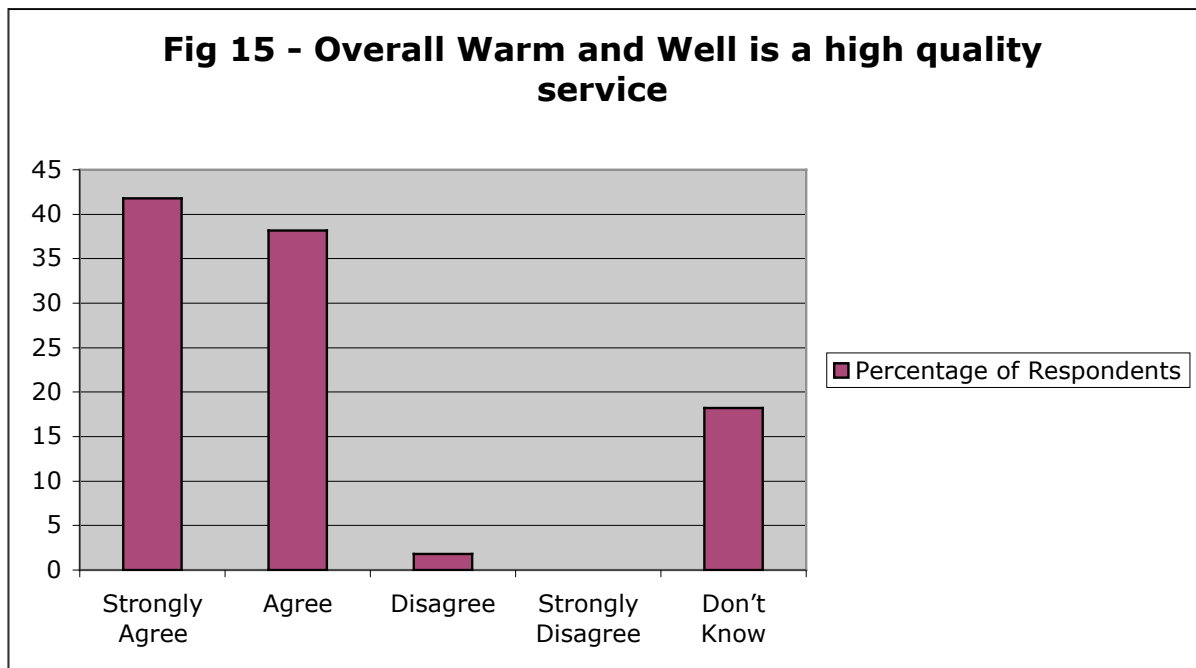
Warm and Well also works closely with another Changeworks project, Action for Warmth. Action for Warmth manages a quality assurance scheme for energy efficiency measures and heating appliance installers. In this way, Changeworks ensures that energy efficiency measures installed in clients' homes with Warm and Well funds meet acceptable quality standards. According to customer satisfaction appraisals carried out between April and September 2005, 98% of clients using Action for Warmth were satisfied with the work carried out.

These figures are reflected in the feedback from the Warm and Well survey of health professionals, 70% of whom say they have received positive feedback from their clients about Warm and Well (Fig. 14). Notably, 29% of respondents to this question indicate that they don't know, perhaps indicating that they do not directly ask clients for feedback about the service.

Fig 14 - Feedback I have recieved from clients I have referred to Warm and Well has been positive



When health care professionals are asked to assess the overall quality of Warm and Well, then there is a more unequivocal response (Fig. 15). 42% of respondents strongly agreed, whilst a further 37% agreed that the Warm and Well service was a high quality service overall.



Once again comments from the Warm and Well evaluation help to illustrate these figures. For example, Sandra Simkin, who is part of the Health Visitor Team at Stockbridge Health Centre said:

'Many of the clients I have referred to W&W are living in poor houses or conditions. Their overall health and quality of life was being affected. W&W has helped enormously by their prompt referral system, visiting the client quickly, and actioning their work professionally and sympathetically. It has given patients a better quality of life both health-wise and socially.'

Nicola Payne, an Occupational Therapist said:

'Fantastic service who has helped many of my patients who have had no heating / hot water. Keep the service going.'

Ailsa Fudge, a Social Worker said:

'I have referred many clients over the years to W&W and always received excellent service and feedback.'

Whilst these comments illustrate that overall that health workers who use the service feel it delivers a consistently high quality service, they still identify some scope for improvement. Key service improvements the survey highlighted include the following:

- 11 people commented that Warm and Well would benefit from more resources to allow it to work with larger numbers of clients.
- 8 people said that Warm and Well should advertise more or provide more promotional material – e.g. temperature cards, carbon monoxide monitors.
- 3 respondents highlighted that they would like more feedback from the service about interventions made by Warm and Well after referral.
- 2 respondents said that Warm and Well should make information easier to understand for clients – for example by making it available in large print and on audio cassette.

Further evidence of Warm and Well's quality of service is demonstrated through the awards and press recognition that the service has received. These include:

- An Energysavers award at the Energy Action Scotland Conference (November 2002)
- The Chartered Institute of Housing's Good Management Practice Award (March 2003)
- The Local Government Chronicle's Best Community Project Award (March 2003). Andy Kerr MSP (now Minister for Health) said of Warm and Well, "I view this as a groundbreaking initiative which has helped improve housing conditions, health and fuel poverty and is making a real difference to some of the most disadvantaged households across the Lothian area"
- Warm and Well is featured as a case study in the NHS Education for Scotland publication, Tackling the health implications of cold and damp housing in Scotland (pub. August 2004) and this is available on their website (www.nes.scot.nhs.uk)
- Featured in NHS Lothian's Director of Public Health Annual Reports in 2004 and 2005.

The service has also received praise by senior NHS managers and Scottish politicians. For example, Brian Cavanagh, Chairman of NHS Lothian, said:

“The vitally important service that the initiative provides is crucial in aiding the prevention of ill health in the most vulnerable households in Lothian. NHS Lothian is fully committed to continuing its support of this commendable project and its staff.”

Rhona Brankin MSP, then Deputy Minister for Health and Community Care, said:

“Good housing is a basic human need. Warm dry housing is a major factor in improving health, both physical and mental Warm and Well is an excellent programme, helping people in need get access to the range of support available and providing a strong link to health services...”

Conclusion

Given that the number of people at risk of fuel poverty in the UK is rising as a consequence of fuel price increases, the need for an effective service that addresses the health impacts of fuel poverty has never been greater.

This evaluation has drawn on evidence from a range of sources to show that Warm and Well is a service that:

- has successfully established and maintained an effective referral network of health care professionals throughout the City of Edinburgh, Midlothian and East Lothian, through newsletters and work place briefings.
- is likely to have a positive impact on the health, housing conditions and overall quality of life of its clients. In some cases, health professionals have suggested that this can reduce the costs of caring for vulnerable clients, by allowing them to remain in their own homes for longer, and reducing the likelihood of clients developing illnesses relating to poor quality housing and fuel poverty.
- is perceived to provide a high quality service, with well-trained, professional staff that respond quickly and sympathetically to requests for service.

On this basis Warm and Well supports two of the Key Actions identified in the NHS Scotland document 'Delivering for Health'. These are:

- reduce the health gap
- enable people with long term conditions to live healthy lives.

However the evaluation has also demonstrated room for improvement. These are identified in the key recommendations below.

Key recommendations

- 1. Changeworks should consider providing an on-line referral form for health care professionals.**
- 2. Changeworks should investigate the scope for providing improved feedback to referrers.**
- 3. Changeworks should expand the service so that more clients can be assisted with more energy efficiency improvements. To do this will require more resources.**
- 4. All stakeholders should work together to ensure that the service is promoted more widely, both within the health service and to other partner agencies.**
- 5. Changeworks should assess the scope for providing easy to understand information in a broader range of formats for clients.**

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Appendix 1 – Warm and Well evaluation questionnaire.

Warm and Well is managed by Changeworks. It is supported by the Edinburgh Community Health Partnerships, East Lothian Council and Midlothian Council.

Warm and Well helps some of the most vulnerable people in society heat their homes affordably and stay healthy by taking referrals from health professionals. Please help us to develop the service by filling in this short questionnaire and returning it to us in the envelope provided.

Please circle the most appropriate response to the questions or statements below.

1 - How did you find out about Warm and Well?

Newsletter Workplace Briefing Word of Mouth Other

2 - it is easy to refer clients to Warm and Well.

Strongly Agree Agree Disagree Strongly Disagree Don't Know

3 - The Warm and Well newsletters are informative and useful

Strongly Agree Agree Disagree Strongly Disagree Don't Know

4 – Workplace briefings on Warm and Well are useful and worthwhile.

Strongly Agree Agree Disagree Strongly Disagree Don't Know

5. – Overall Warm and Well is a high quality service.

Strongly Agree Agree Disagree Strongly Disagree Don't Know

6 – Warm and Well has improved overall quality of life for the clients I have referred to the service.

Strongly Agree Agree Disagree Strongly Disagree Don't Know

7 – Warm and Well has improved the housing conditions of the clients I have referred to the service.

Strongly Agree Agree Disagree Strongly Disagree Don't Know

8 – Feedback from clients I have referred to Warm and Well has been positive.

Strongly Agree Agree Disagree Strongly Disagree Don't Know

9 - Overall Warm and Well has had a positive impact on the health of clients I have referred.

Strongly Agree Agree Disagree Strongly Disagree Don't Know

10 – If you circled 'strongly agree' or 'strongly disagree' for any of the previous questions could you give us more information about why?

11 - What do you think are the 3 best things about Warm and Well?

a)

b)

c)

12 – What do you think are the 3 most important things that Warm and Well could do to improve the service?

a)

b)

c)

13 – Is there anything else you would like to tell us about your experience of using Warm and Well?

If you are happy for us to contact you again, or quote you in evaluation or promotional material please fill out the section below. Otherwise leave it blank.

Your Name

Job Title

Employer

Work Address

Email Address

Phone Number

Please return completed questionnaires to: Warm and Well, Freepost EH3137, Edinburgh, EH6 0BR or use the envelope provided.

For more information about this questionnaire or Warm and Well contact Kerry Kempston on 0131 468 8656.