

# Home Visit Advanced: **Evaluation summary**

**April 2026**

# 1. Introduction

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## Home Visit Advanced (HVA) Project

The Home Visit Advanced (HVA) project is a two-year programme funded by Energy Redress, running from March 2024 to February 2026. The project aims to deliver an enhanced package of energy advice and practical support to 1,000 of the most vulnerable households across Somerset, the West of England, Wiltshire and Swindon.

The project specifically targets households that are at risk of fuel poverty and those living with vulnerabilities that limit their ability to benefit from standard energy advice or smart energy offers. This includes people who face barriers to engaging with advice via phone, internet or email, and who may therefore struggle to navigate the energy market independently. Interim report findings in March 2025 suggested that home visits may be particularly effective for older people, those living alone, people with long-term health conditions or disabilities, and clients with low digital confidence.

The HVA project delivers in-home support through tailored home visits that include:

1. An Energy Health Check combined with personalised behavioural advice, delivered in a way that reflects clients' communication needs and capacity for change;
2. The installation of small energy efficiency measures where appropriate, such as draught proofing, radiator reflector panels and secondary glazing, which clients consistently reported as highly valued and effective.

This report presents the findings of the final evaluation of the HVA project. Drawing on client surveys, interviews and advisor feedback, the evaluation examines the extent to which the project has met its objectives, the effectiveness of the Energy Health Check home visit model, and the outcomes and experiences of households receiving support. In particular, the report considers which types of advice are most effectively delivered in person, the needs and communication preferences of clients receiving support, and the practical challenges involved in delivering home visits.

The findings aim to inform future delivery of energy advice in home visits, including how services can target households with the greatest need and how practice, *in-situ* support can complement wider energy advice provision.

## 2. Evaluation of the HVA project

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### **Aims of the evaluation**

The aims of the evaluation overall are:

- To understand the extent to which the HV Advanced project achieved its objectives and targets of providing advice and support via home visits.
- To assess the impact of an advanced home visit (Energy Health Check, tailored behavioural advice and installation of small measures) – for fuel poor clients that find it hard to obtain advice via phone, email or internet.
- To find out about these clients' communication (and other) needs around energy advice, making changes in the home (small measures, retrofit if applicable) to inform CSE and energy sector processes.

### **Evaluation approach**

A mixed methods (quantitative and qualitative methods) approach was employed to assess the Home Visit Advanced Programme. The evaluation aimed to understand: client outcomes, satisfaction and perceptions; what parts of the process and which resources were most effective; client communication needs; and the perspectives of the advisors involved. Measurement of specific outcomes such as number of households supported and financial outcomes of advice is reported separately through the Energy Redress outputs report, which can be requested by contacting Edward Divers, Project Manager for the Home Visit Advanced Project.

Data collection methods comprised: client surveys, distributed at regular intervals throughout the project; phone surveys for digitally excluded clients; client interviews; advisor workshops and learning log; project team meeting notes; and advice records. The evaluation questions and data collection methods are summarised below in Table 1.

**Table 1: Evaluation data collection requirements and methods employed**

Evaluation question	Data/evidence needed	Data collection tools
1. What home visit Energy Health Check process and resources have been most effective?	Content of Energy Health Check form – original and revisions. Extent to which advisors integrated behaviour change training into home visits, the resources that supported that.	Advisor meeting, workshops (June & March 2025) and learning log
2. What outcomes have clients experienced from receiving energy advice and an advanced home visit?	Client experience of advanced home visits. Effect on clients of advice and home visits (financial and non-financial impacts).	Client surveys: Jan 2025, July 2025, October 2025 (online); November 2025 for digitally excluded clients (phone). Client interviews: February 2025.
	Observed effects on clients of advice and home visit or related by client to advisor.	Advisor workshops. learning log, team meeting notes. Database case notes.
3. What are clients' communication (and other) needs?	Communication / other needs for advice, installing small measures and retrofit	Client surveys, interviews, case studies
	Needs observed or needs shared by clients with advisors	Advisor workshops, learning log, team meeting notes
4. What impact does conducting home visits have on advisors and advice given?	Positive / negative impacts on advisors of conducting home visits. Impact on advice given (content, how delivered).	Advisor workshops, learning log, team meeting notes.

## Evaluation summary data collection and analysis

The evaluation focused on clients' experiences of receiving advice and having a home visit, in order to inform future project activities.

### Data collection

#### Online survey

A short client feedback survey designed to take 5-8 minutes to complete was administered through SmartSurvey online survey software, at regular intervals throughout the project to ensure that clients could adequately remember the service they had received. Clients who had received a home visit via the project, and who had consented to further contact by CSE, were

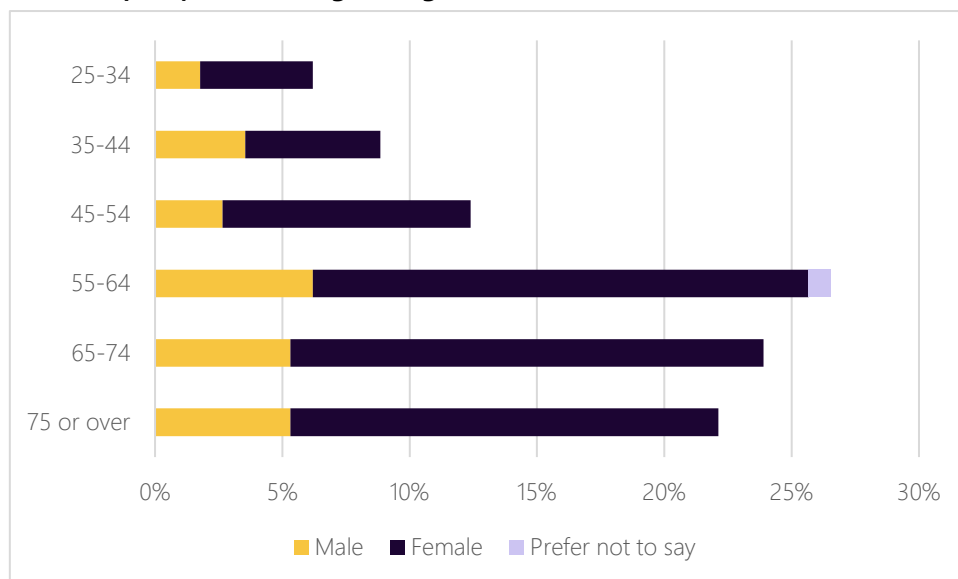
invited to fill in the survey in January, April, July and October 2025, and January 2026. The survey was open for 4 weeks, with one reminder sent. No incentive was offered for survey completion.

- Number of clients emailed with survey link - 368
- Complete survey responses received - 108
- Partial survey responses included in analysis – 17
- Response rate (including partial completes): 33%

A total of 113 full and partial online survey responses were obtained from clients who had the following characteristics:

- 74% were female (84, n=113), a proportion significantly higher than the UK population as a whole (51%). The majority (55%) of female respondents were aged 55 and over (Figure 1).
- 78% of respondents (89 clients) self-identified their ethnicity as White (UK, Irish or other), slightly lower than the UK population (81% in 2021). 8% (9) Asian or Asian British; 8% (9) Black; 5% (5) mixed background or another ethnicity (Figure 2).
- 44% of survey respondents (49 clients) were retired. 17% (9) were employed (self-employed, part time or full time).
- A higher percentage of survey respondents were social housing tenants (33%, 36, n=110) and fewer were owner occupiers (48%, 53) compared to the tenure of UK households (16% of UK housing is social housing and 65% is owner occupied).
- 74% of respondents (70, n=95) reported that they or someone in their household has a disability or long-term health condition (Figure2), substantially higher than the UK population.

Figure 1: Online survey respondents, age and gender, %, (n=113)



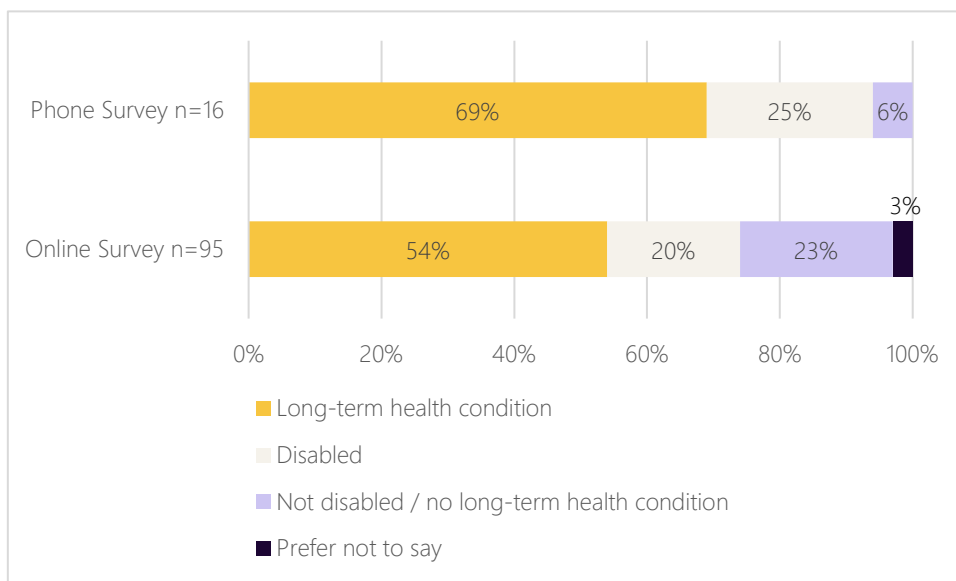
**Phone survey**

16 phone surveys were conducted with clients who had received a home visit through the scheme between July and September 2025, had consented to further contact by CSE and had not completed the online survey. When recruiting phone survey clients, we prioritised clients with limited digital skills or without email addresses, to ensure that those with limited digital access were not excluded from the survey. Phone survey questions were the same or very similar to those in the online survey, to ensure consistency across the two groups. Clients were contacted in December 2025. Clients were called a maximum of 3 times. No incentive was offered for survey completion.

A total of 16 clients completed the phone survey in December 2025, none of whom had completed the online survey.

- 9 respondents were female and 8 were male. 73% (13) were aged 55 and over. All respondents under 55 were female.
- 15 respondents self-identified their ethnicity as White British. 1 respondent self-identified their ethnicity as any other White background.
- Three respondents were employed (full time or part time) and five respondents were retired. 8 respondents were not in employment and not looking for work, signed off work or unable to work due to disabilities or long-term health conditions.
- 15 clients reported that they or someone in their household has a disability or long-term health condition (Figure 2).
- The majority of respondents (56%, 9 clients) were social housing tenants.

**Figure 2: Online and Phone Survey respondents, health & disability status**



### Interviews

In February 2025 (earlier in the project), seven clients who had not completed an online survey participated in semi-structured interviews. The purpose of the semi-structured interviews was to discuss client perceptions, experiences and reflections in more depth and nuance than a survey allows, enabling researchers to ask follow-up questions and delve into the client's responses in more detail. In addition, findings from the earlier surveys were used to guide the interview questions asked, allowing us to probe survey topics in more detail. The interviews lasted around 30 minutes, and were conducted over the phone. The interview results are reported in more detail in the interim evaluation report.

- Five interviewees were female and two were male. They ranged in age from 59 to 86 with four being of pensionable age.
- All interviewees self-identified their ethnicity as White British.
- Those who were of working age were not in employment and not looking for work.
- One interviewee lived in a rural village, four lived in small towns and two in a city.
- Three interviewees were owner occupiers, three rented their homes from social housing providers and one rented from a private landlord. All seven interviewees lived alone.
- All interviewees disclosed that they had at least one long term health condition or disability with the majority stating that they lived with multiple health conditions which impacted their daily living. Most required additional heating for health reasons, although some felt that they were not heating their homes adequately.

### Data analysis

Quantitative analysis of phone and online survey responses was conducted in MS Excel. Data was checked for duplicates before analysis. Partial responses were included if any feedback was given on the quality of advice received. The number of responses to each question could vary due to this, or if respondents chose not to answer a question. The number of responses ranged from 81-124 for online surveys and 15-16 for phone surveys. Survey question responses were summarised using text, tables or charts to address the evaluation questions.

Phone surveys and interviews were also used to construct in-depth narrative case studies to highlight particularly informative or interesting interactions with individual clients, with regards to the themes identified in the project plan.

In this report, plots are shown separately for online and phone survey respondents, but reporting of headline statistics in the main text of the analysis section is combined, due to the small sample size of the phone survey group, and the fact that the same (or very similar) questions were used for both groups.

## Limitations

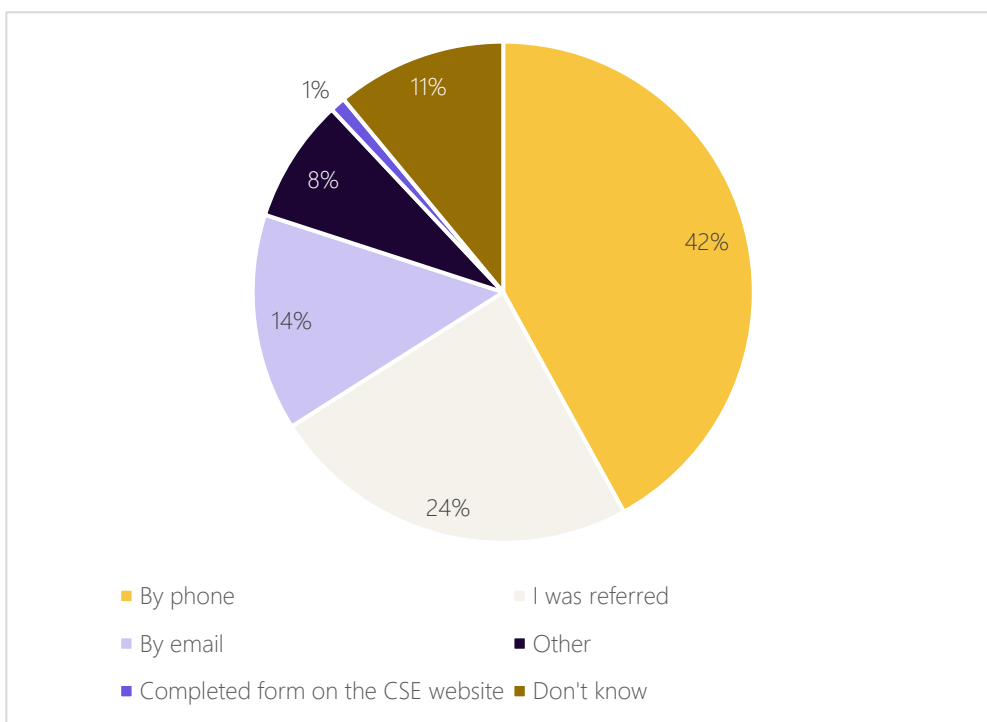
- Some vulnerable clients living with carers or family members did not complete the survey independently, meaning it is difficult to assess how much the responses were representative of the perceptions of the client themselves.
- Clients who have had negative experiences of the advice and home visit received may have been more reluctant to engage in the phone survey, meaning these negative experiences are likely to be underrepresented. Lack of funding for participant incentives may have compounded this issue by not giving participants an additional incentive to take part.
- Some interviewees and phone survey respondents reported difficulty recalling details of their home visits, likely due to the time elapsed since the visits (six months or more in some cases) and, in some instances, self-reported memory problems.

# Clients' experiences of the advice service

## 2.1. Initial engagement

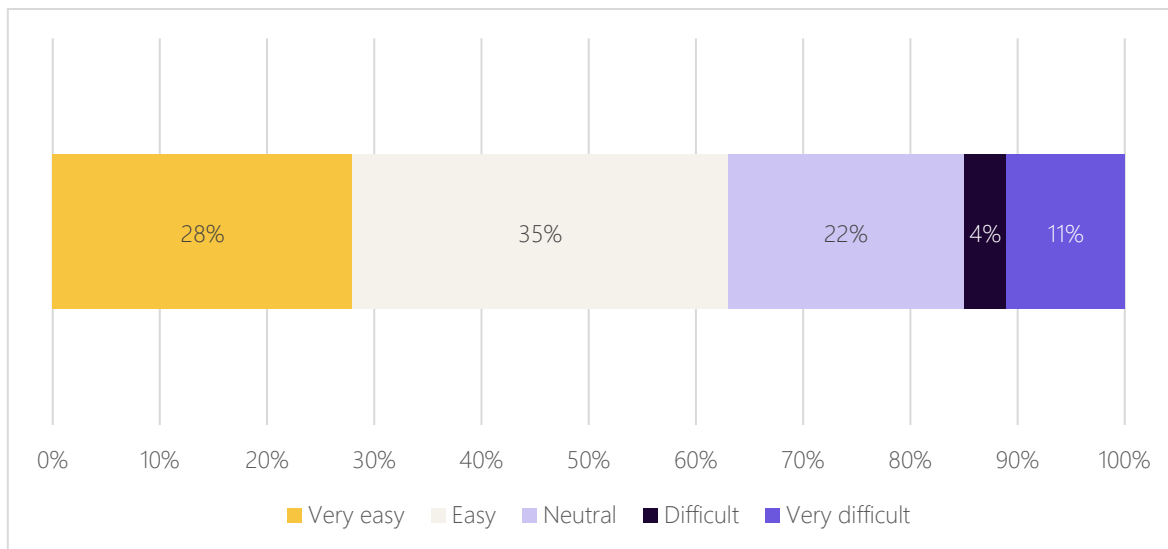
In the online plus phone survey responses (n=139), 42% of respondents contacted the advice service by phone; 24% were referred (Figure 3). Respondents reported that they were referred by their local council, National Grid, One Green Kitchen, Citizens Advice, their GP/a health team and Clean Slate.

**Figure 3: How clients contacted the advice service, % of online and phone survey respondents (n=139)**



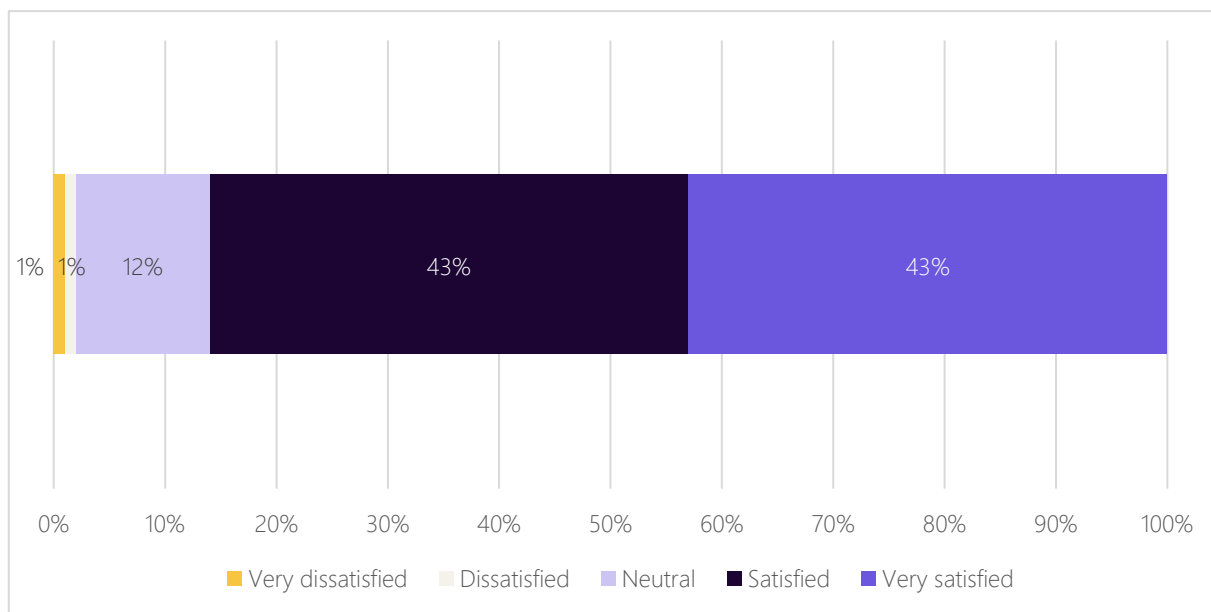
Nearly three quarters of online plus phone survey respondents (70%, n=139) reported that they found contacting the advice service easy or very easy, with only 6% saying they found it difficult (Figure 4).

**Figure 4: Online and phone survey respondents' ease or difficulty in contacting the advice service (n=139)**



Satisfaction with response times was high. 86% of survey respondents (online plus phone, n=139) said they were satisfied or very satisfied with the speed with which their query was answered (Figure 5). No phone respondents said they were dissatisfied or very dissatisfied with the speed with which their query was answered.

**Figure 5: Online and phone survey respondent's level of satisfaction with speed with which their query was answered (n=138)**

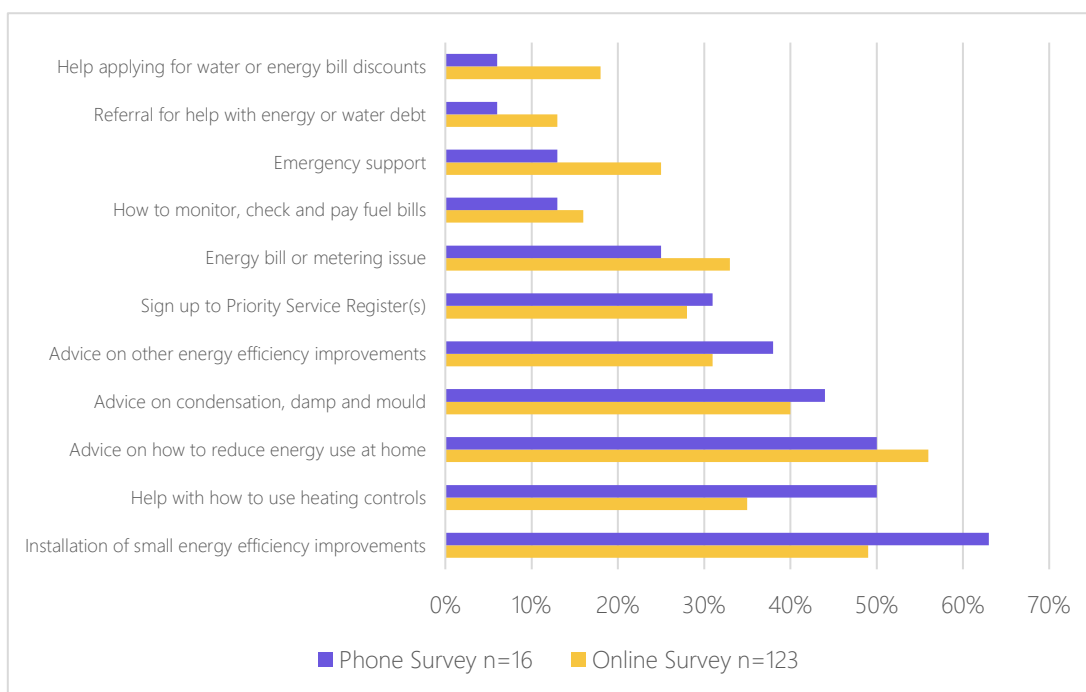


Of the clients interviewed, four out of the seven interviewees could not recall receiving initial advice so could not say how easy or difficult they had found contacting the advice service. The remaining clients found contacting the advice service to be easy and straightforward.

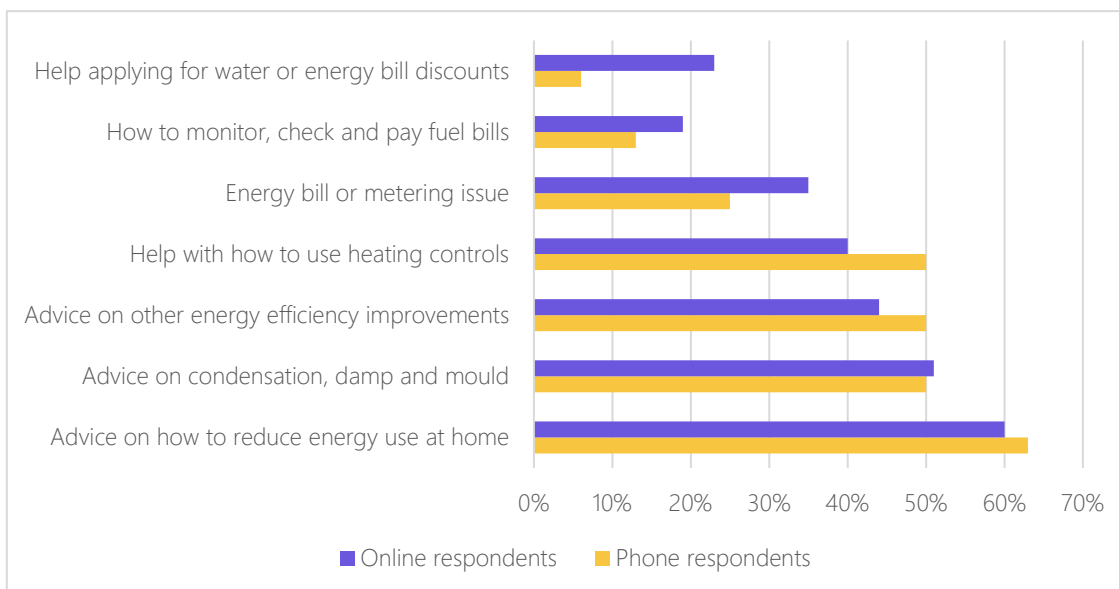
## Types of advice received

In the online and phone survey, clients reported that they had received various forms of advice, with small energy efficiency improvements, reducing energy use, help with using heating controls and in relation to condensation, damp and mould being predominant across both phone and online surveys (Figure 6). This includes referrals to other teams such as for casework.

Figure 6: Support received so far, % of respondents (n=139)



In the survey and interviews, clients were asked **what advice they received during home visits**. For survey respondents, reducing energy use at home was cited by 63% of phone survey respondents (10) and 60% of online survey respondents (74), with advice on energy efficiency improvements, use of heating controls, and damp and mould all reported by at least 40% of respondents (Figure 7).

**Figure 7: Advice received at home visits, % of respondents (n=140)**

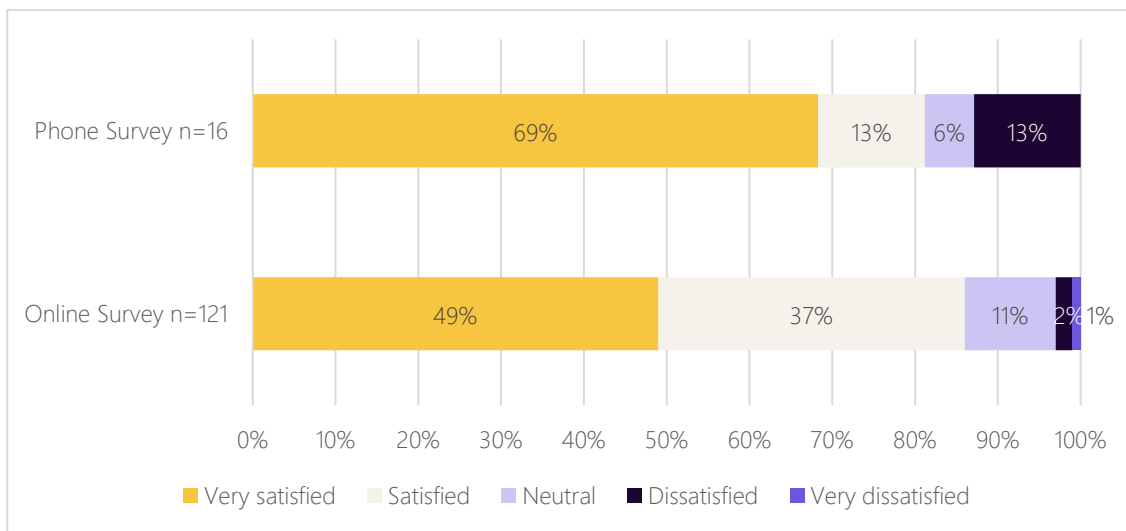
Interviewees struggled to recall all of the services that they had received. They were more likely to recall advice linked to a physical object such as help with how to use their heating controls and installation of small measures. They found it harder to recall topics that were less tangible such as behavioural advice. Hygrometers are an example of a tangible resource, which was mentioned in two interviews. One interviewee said she was left with a hygrometer which she regularly used to measure humidity and temperature in a bedroom prone to damp. Another interviewee mentioned that it might have been helpful for him to be left with a hygrometer so that he could continue to monitor humidity levels for evidence for a complaint against his housing association.

## Client satisfaction with the advice received

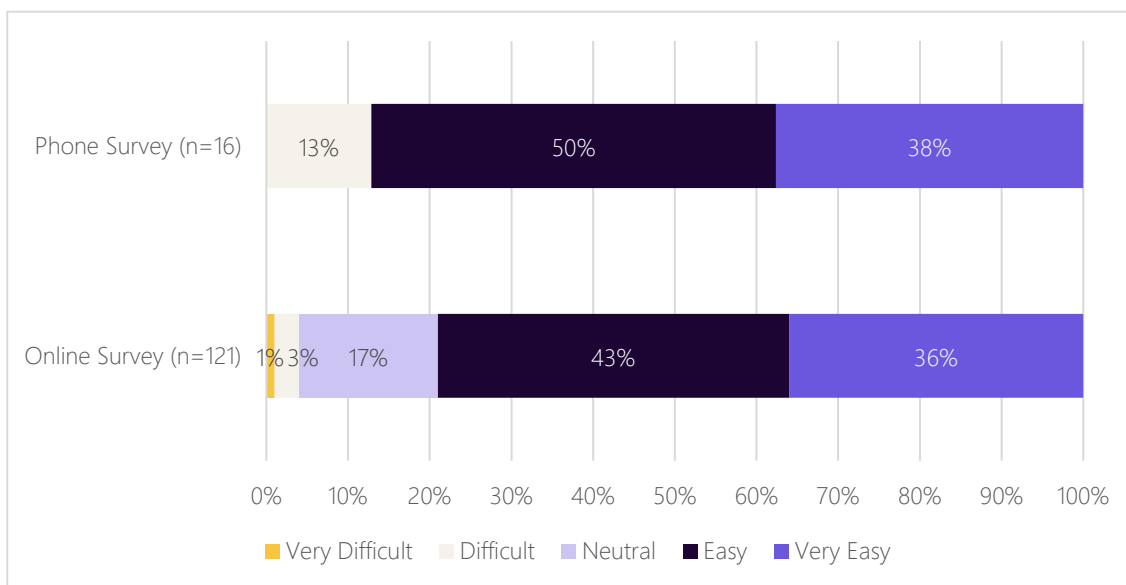
Clients were asked how satisfied they were with the energy advice and information provided in both surveys and interviews. Overall satisfaction levels were high. Among survey respondents, 84% reported being satisfied or very satisfied (Figure 8). The biggest proportion of responses was 'very satisfied' (43%). Only 4 clients expressed satisfaction – 2 in the online survey and 2 in the phone survey.

Most respondents also found the advice easy to understand. 78% of survey respondents found the information easy or very easy to understand. Proportions were very similar across online and phone survey methods. Five clients in the online survey, and two in the phone survey, found the advice difficult or very difficult to understand (Figure 9). These findings indicate that the project is delivering advice in a way that is generally clear, accessible and positively received.

**Figure 9: Extent to which survey respondents were satisfied with energy advice and information received**



**Figure 8: Extent to which survey respondents found advice and information easy or difficult to understand**



A small number of survey respondents reported dissatisfaction. Their qualitative feedback suggests that concerns were primarily linked to the complexity of certain heating systems (such as night storage heaters), limited time for practical measures during visits, or frustration where eligibility criteria or landlord responsibility prevented further action. In these cases, dissatisfaction appears to reflect structural constraints or unmet expectations rather than the quality or clarity of advice itself.

## Respondent perceptions of home visits

When asked **whether the advice offered at a home visit could have been delivered by phone**, 50% of survey respondents said no. However, 7% in the online survey and 40% in the phone survey said yes, this advice could have been delivered by phone, whereas 21% and 25% respectively said 'partly yes'.

We could not find any clear correlation between the services received in a home visit that respondents felt could have been delivered by phone. One phone survey respondent who said 'yes partly' commented that some advice topics such as ventilation could have been delivered via phone, but that they valued advisors assessing the home in-person as there were some things the advisors pointed out that would have been missed on a call.

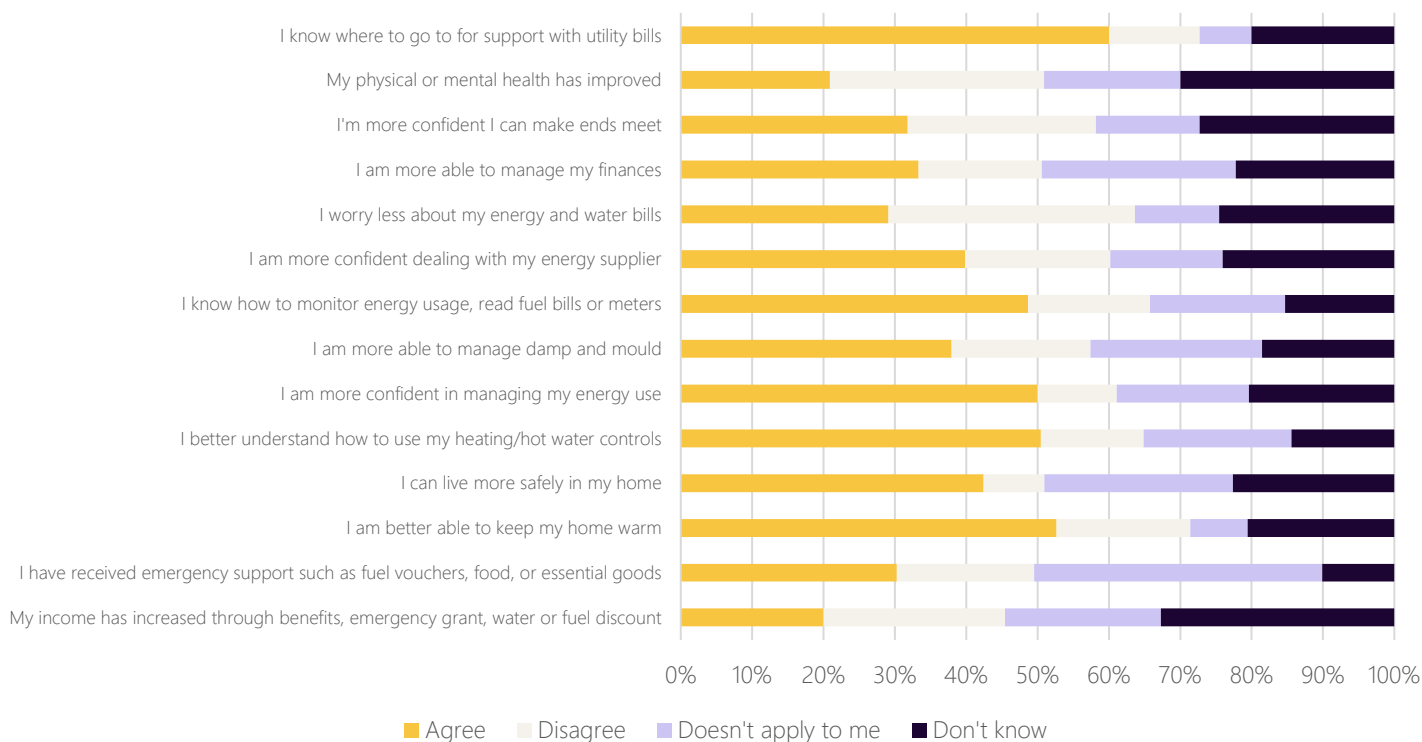
When asked '*Does the idea of having an energy advisor visit you in your home concern you at all?*' 80% of respondents (96 online, 13 phone) were not concerned about having an energy advisor visit them in their home. Five online respondents and two phone respondents said they were concerned. The reasons given for concern were living alone, high anxiety levels in general, nervousness about whether the advisor would be nice, and reservations about whether the advice would help.

None of the interviewees mentioned having any concerns about energy advisors visiting them at home prior to the visit. One client mentioned that he found dealing with strangers difficult. He was fearful of them judging him due to his disability. However, he reported that the advisors who visited him put him at ease fairly quickly. These are positive results in general which suggest that clients' initial perceptions of home visits will not generally constitute a major barrier to them receiving home visits. However, for the minority who do feel some initial concerns, the actions of the advisors themselves will be crucial in forming trust and helping to overcome any initial reservations.

## 2.2. Outcomes for clients

In the online survey, clients were asked to what extent they agreed or disagreed with positive outcome statements relating to their experiences as a result of the advice received (Figure 10). The number of responses varied for each statement (n=81-110. The statement "I am more able to manage my finances" was not included in the first online survey).

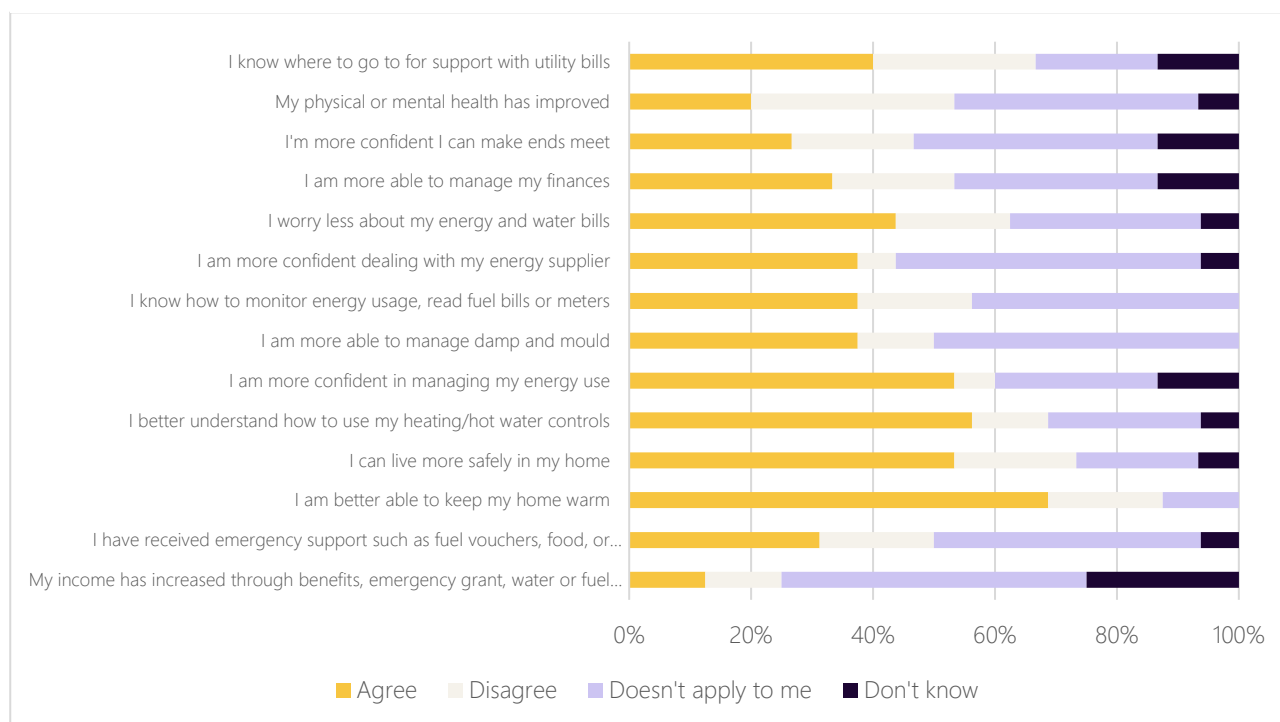
**Figure 10 Online survey respondents' extent of agreement with positive outcome statements (n=81-110)**



Online respondents generally agreed more strongly than disagreed with all the statements, with the exception of 'my physical or mental health has improved', 'I worry less about my energy and water bills', and 'my income has increased' (Figure 10). These three statements in particular reflect exogenous constraints such as health and income, which were partly out of the control of the home visit advisor, but reflect the continued importance of structural and systemic barriers in improving client outcomes overall. Online respondents mostly agreed with statements around being better able to keep their home warm (53% [59] agree), being confident in managing energy use (50%, 56), use of heating controls (50%, 54) and monitoring energy usage (49%, 54) – these are more specifically energy-related measures which suggest that, of the factors within the project's direct control, some highly beneficial client outcomes are being produced for around half the sample. It is also worth noting the high prevalence of 'don't know' responses here, which will influence the overarching statistics.

Clients were asked the same set of questions in the phone survey (Figure 11). Phone respondents (n=15-16) mostly agreed with statements around being better able to keep their home warm (69%, 11), being confident in managing energy use (53%, 8) and use of heating controls (56%, 9). They disagreed most with statements related to improvements in physical or mental health (30%, 5) and knowing where to go for support with utility bills (27%, 4).

**Figure 11** Phone survey respondents' extent of agreement with positive outcome statements (n=15-16)



We asked interviewees to share the outcomes they had experienced as a result of receiving advice and a home visit. Four interviewees said that their homes felt warmer due to the advice and small measures they had received. One interviewee said that the advice she had received at the visit had prompted her to make changes to her energy usage. The majority of interviewees were low energy users and felt that they could not do much more to further reduce their usage.

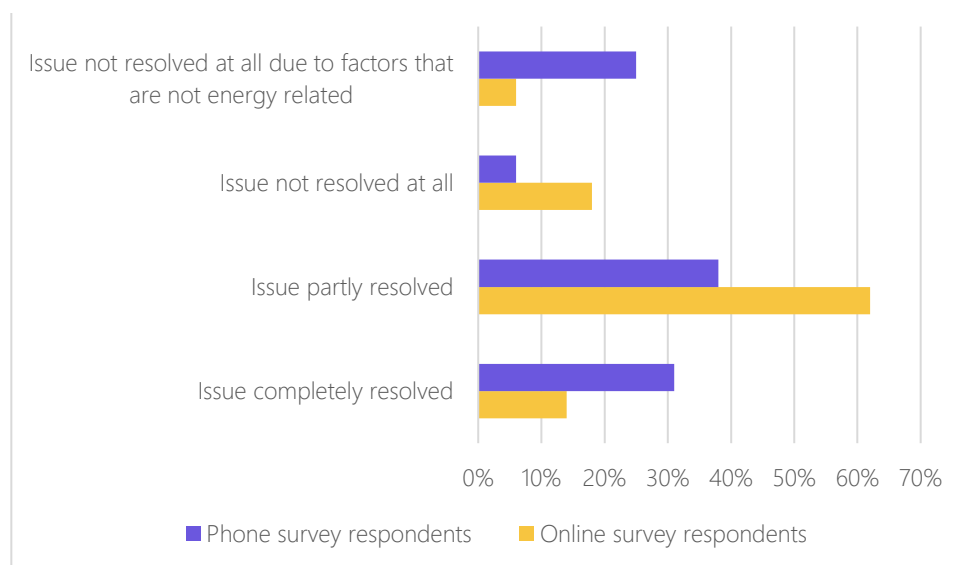
None of the interviewees reported health improvements as a result of the home visit, with most stating that unfortunately their health had deteriorated since the home visit had taken place due to factors unrelated to the home visit.

## Resolution of energy issues

Survey respondents were asked to what extent the advice received had helped resolve their energy issues.

Among survey respondents as a whole (n=128), 16% (21) reported that their issue had been completely resolved and 59% (75) that it had been partly resolved. A further 16% (21) said their issue had not been resolved, and 9% (11) reported that it remained unresolved due to non-energy related factors.

Figure 12: Extent to which respondents' energy issues were resolved (n=128)



A notable proportion of respondents were still receiving support at the time of the survey (34% of online respondents, 42, n=122; 25% of phone respondents, 4, n=16). This partly explains why some issues were only partly resolved. For many clients, support from the Home Visit Advanced project represents an early stage in a longer advice journey, with onward referral to CSE casework projects where more sustained support is required. Clients supported through casework are often experiencing significant life events, are more vulnerable or have complex energy issues, where resolution may require extended engagement.

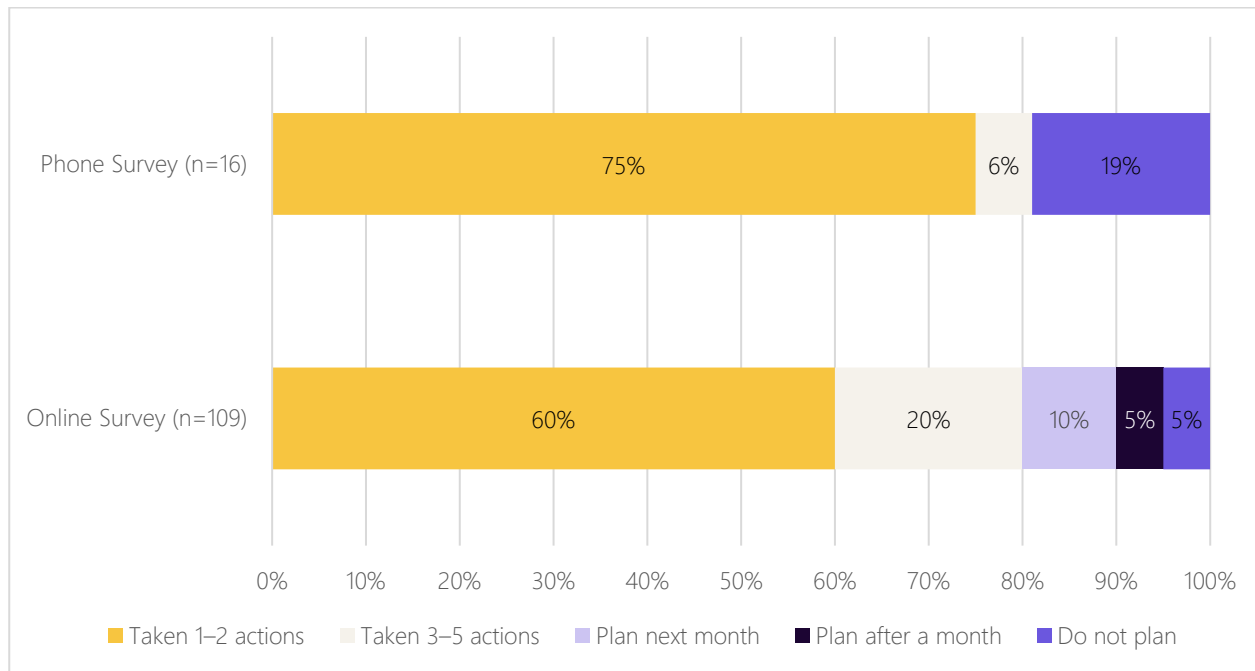
Survey responses indicate that many clients were experiencing significant financial strain. Self-reported financial difficulty can be a more reliable measure of financial hardship than proxies such as income, since financial difficulty can be influenced by a huge number of non-income-related factors. Among those who reported difficulties paying fuel bills, 70% of online respondents (n=92) and 63% of phone respondents (n=16) had taken at least one coping action. The most common actions were rationing energy use (50% online; 38% phone) and reducing heating temperature (49% online; 31% phone). These findings suggest that many clients had already reduced their energy consumption prior to seeking advice, potentially limiting the scope for further bill savings through behavioural changes alone.

## Uptake of behaviour change advice

Survey respondents were asked whether they'd acted on the advice they'd received; an example of an action being changing their heating controls. 82% of online survey respondents (89, n=109) had taken one or more actions to reduce or manage their energy consumption (Figure 13). Only

41% of phone survey respondents (13, n=16) had taken one or more actions to reduce or manage their energy usage, although this percentage is vulnerable to the small sample size. The survey data did not give us any indications of the reason for this difference between online and phone respondents.

**Figure 13: Extent to which online and phone survey respondents took action on energy advice offered**



Amongst interviewees, it was difficult to fully ascertain what action had been taken to reduce or manage their energy usage. Many said that they were low energy users, possibly not able to cut back on heating or hot water due to health reasons. This view was corroborated by energy advisors, who said that they did not advise clients with health conditions to turn their heating controls down.

However, some positive outcomes were reported. One interviewee who had been advised to install a thermostat and timer to her hot water tank had done so and had found that her energy bills had subsequently reduced.

Another interviewee whose experience is described in case study 1, had made changes to how she heated her home. As a result of the advice she had received at the home visit, she no longer used plug-in electric heaters, instead making use of her central heating. She had also stopped using electric fans.

## 2.3. Clients' communication and other needs

### Communication needs

Interviewees were generally very satisfied with how advice had been verbally communicated to them. One client mentioned that written communication could be improved upon. She felt that it would be beneficial for letters and emails to be written in simple, non-technical language, assuming the reader knows nothing about the topic:

"You can improve by making any written correspondence really simple. The clearest, simplest way of putting things down is best [...] Lots of people use words that we've never come across" (I7, owner occupier, Somerset).

Online and phone survey respondents gave suggestions on how to improve the advice offered. Comments included advice translated into Russian, visual cues for purchases that could help keep fuel bills down, a simple illustrated advice leaflet and a written summary of the advice given on the visit.

Five interviewees did not use the internet at all, and a further two clients were not confident using the internet. It should also be noted that interviews were organised with clients that had not responded to the survey, primarily those who did not have an email address, so this finding is not unexpected. It supports survey findings where more than half of the respondents contacted the advice service by phone, rather than the web self-referral form.

Several interviewees bemoaned the fact that lots of information is only accessible via the internet. One client said that they wish they felt confident using computers and going online:

"No, I don't use the internet – I tried, and it doesn't work for me. I wish I could because it would make things easier" (I7, Owner occupier, Somerset).

Four interviewees reported having issues with reading and writing, three of whom are dyslexic. One client also had difficulties with people using "big words" when speaking to her, preferring to communicate in plain English. One interviewee had a visual impairment and requested large print letters but in practice, relied upon his brother visiting and reading all his written correspondence aloud. Another interviewee felt that as she was getting older, she found it hard to understand people when speaking over the phone, as well as making herself understood. She preferred to speak to someone face to face whenever possible.

Overall, for all clients that gave feedback via the survey or an interview, communication needs were varied and quite prevalent. Whilst this is influenced by the self-selected participant group, it also indicates a need for simple energy advice delivered in a flexible way.

## Other needs

One interviewee reported that she found having strangers in her home extremely tiring, which would be a barrier for accessing larger energy efficiency improvements. Another client liked to have some support from a friend or family member when staff from the council visit her flat.

## 2.4. Improving home visits and the advice service

### Improving home visits

Survey and interview feedback suggests that home visits are valued but could be strengthened through clearer preparation, improved time management, and more tailored delivery.

Several respondents suggested providing clients with a brief outline in advance of what the visit will cover, its likely duration, and what advisors can and cannot do. It is worth noting that this was already done in the project – clients were asked about practical aspects of the home visit (including health needs) at the time of making the booking, and were phoned the day before by the home visit advisor to explain the process. Therefore some of this feedback may reflect clients having forgotten what happened in the early stages of the process. That said, clearer expectation setting around what advisors can and cannot do may help reduce frustration where clients anticipate practical works beyond the scope of the service or financial assistance that is not available. Some clients suggested requesting photos or videos (e.g. of mould or heating systems) ahead of the visit to allow advisors to prepare and better tailor the appointment.

Time constraints were a recurring theme. In some cases, installing small measures reduced the time available for advice, while in others advisors ran out of time to complete installations, leaving materials for clients to fit themselves. This was not always appropriate, particularly where clients lacked confidence or capacity to undertake installation. One respondent suggested that advisors should arrive with sufficient materials to complete installations during the visit (for example, enough radiator reflector panels for all radiators), to avoid partial completion or the need for follow-up. Where measures cannot be installed directly, clearer advice on where to purchase appropriate draught-proofing materials was suggested. Ensuring that future home visit services have the financial resources to allow for adaptable visit lengths will be important for effective home visit services in future.

As visits are undertaken by two advisors, one interviewee reported that the visit worked particularly well when each advisor focused on different tasks in parallel. A client further suggested that assigning each staff member responsibility for specific topics (for example, measures installation, heating controls, or billing advice) could help cover more ground within the available time. Together, these findings suggest that clearer role allocation and visit planning may improve efficiency and overall client experience.

Several respondents emphasised the importance of ensuring that each home visit delivers at least one tangible improvement, where feasible, rather than focusing primarily on gathering evidence (for example, for complaints or landlord engagement). While evidence-gathering can be an important function of visits, particularly in cases involving disrepair or landlord responsibility, some clients expressed a desire to see immediate, practical benefit from the visit itself. One respondent suggested a more direct connection with the local authority, whereby advisors could formally notify or advise the council of necessary repairs identified during the visit. Strengthening referral or reporting pathways may help ensure that structural issues are progressed more efficiently. Furthermore, tangible improvements carried out in tandem with advice were more likely to be remembered by clients.

A small number of interviewees indicated that advisors could benefit from greater familiarity with certain heating systems. Clients suggested that demonstrating heating controls and then observing the client using them could improve confidence and retention of information.

Several respondents suggested strengthening follow-up arrangements. Clients are always sent an energy management plan written by the advisor, including a summary of the visit and recommendations. However, additional suggestions from clients included routine post-visit contact, offering a second home visit where issues cannot be resolved initially, and scheduling proactive follow-up with vulnerable clients before winter. While these measures would have resource implications, clearer criteria for follow-up may help ensure that clients with the greatest need receive sustained support.

### **Improving the advice process overall**

Feedback on the wider advice service was generally positive, and interviewees reported high satisfaction. However, the evidence also points towards several practical improvements.

Communication and continuity emerged as areas where relatively small procedural refinements could improve client confidence and experience. Respondents highlighted the importance of clear contact information by area, accurate recording of names and contact details, and ensuring that support staff or partner organisations are not contacted without explicit consent. One respondent reported feeling overwhelmed by referrals being made to other organisations on her behalf and indicated that she would have preferred to initiate contact herself. While proactive referrals can reduce barriers to support, this suggests that advisors should clearly agree referral actions with clients in advance and offer choice where appropriate. Some clients also suggested that having a named member of staff as their primary point of contact would improve continuity and reduce the need to repeat information, particularly where issues are ongoing or complex.

Several respondents suggested that where a client raises issues beyond an advisor's remit, there should be a clear internal pathway for escalation to colleagues with specialist expertise. Others

expressed a desire for more information on emergency support and clearer guidance on what to do if referral agencies are unable to assist.

Many interviewees and phone survey respondents had not previously accessed energy advice and described CSE as their first point of support. While one interviewee described the service as comprehensive and valued the breadth of topics covered, several clients struggled to recall details of advice provided. Some interviewees described short-term memory difficulties or stressful life circumstances, which may limit their ability to absorb complex information.

A small number of clients expressed disappointment that more financial support was not available. Clearer expectation setting at an early stage and referral, where appropriate, to money and budgeting advice services may help mitigate frustration.

Finally, some respondents suggested that the service could be more widely promoted and made easier to find. While the website was described as well presented, suggestions included offering more language options and using more illustrations and fewer words to improve accessibility. One respondent also proposed offering video calls as an alternative to telephone advice, noting that face-to-face communication can support clearer understanding and rapport. Virtual visits were in fact trialled as part of this project, but demand was very low – of the 12 virtual slots made available in early 2025, only one was booked, and the virtual trial was cancelled due to lack of demand.

### 3. Case studies

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These case studies are based on interviewee and phone survey respondents' experiences.

Case study 1 illustrates the value of installing small measures – in this case, secondary glazing and a chimney balloon. The client reported that her home felt warmer as a result of the secondary glazing installation. It also demonstrates that home visits can have a positive impact on reducing energy usage. The client followed advice she received on heating her home and is now not using plug-in heaters or electric fans. She was also shown how to use a hygrometer to help manage damp in her bedroom and was left with the device. She is regularly taking readings which prompt her to ventilate the room.

Case study 2 demonstrates the value of tailored, face-to-face support for households adopting low-carbon heating systems. As English was not the client's first language, in-person advice was particularly beneficial in ensuring that technical information about the air source heat pump and tariff options was clearly understood and could be applied confidently. The visit helped secure estimated savings of £64 per year through draughtproofing and radiator panels, and led to a reduction in humidity levels following improved ventilation measures, with noticeable improvements in the client's asthma symptoms.

Case study 3 demonstrates the critical role of in-home, person-centred support for vulnerable older homeowners with health conditions. The home visit was essential in ensuring the client understood how to use his new night storage heaters correctly, maximise his Economy 7 tariff — generating an estimated £139 per year in savings — and benefit from Smart Export Guarantee payments linked to newly installed solar PV. Through sustained casework, £8,900 in funding was secured for loft insulation and replacement heating, significantly improving the warmth and efficiency of the property and enabling the client to live more safely and independently.

#### **Case study 1: Interviewee, private renter, Bristol**

Interviewee 1 lives in a privately rented basement flat in Bristol. She is of pensionable age and lives with multiple long-term health conditions which affect her mobility. This makes it hard for her to access advice and support in the community, such as attending events. She is dyslexic and struggles with reading and writing, preferring to speak to people over the phone or face to face.

Two energy advisors visited the client in December 2024 with the aim of helping her to set her heating controls, install some small measures and provide advice on energy usage. Some of the client's windows are single glazed so secondary glazing film was installed on a large bedroom window and the client was provided an additional sheet for the kitchen window. They also attempted to install a chimney balloon but unfortunately it was not quite large enough to fill the gap, so a larger version was sent to the client after the visit.

There was no visible damp in the flat but when installing the secondary glazing, the advisors noticed that the bedroom felt cold. A hygrometer was used to measure the humidity, which was found to be relatively high. The advisors provided some advice on how to manage condensation to prevent damp and mould including how to effectively ventilate the property. A hygrometer was left for the client to use to continue monitoring the temperature and humidity herself.

The client has prepayment meters and is happy with this way of paying for her energy. Both meters are smart meters but only the gas meter is communicating with the client's in-home display, so she is not able to monitor her electricity usage. The advisors recommended speaking to her energy supplier about this to enable her to keep on top of her electricity spend.

The flat is heated by a gas central heating system with a Hive thermostat. The client is unable to use the thermostat so controls the heating by turning the TRVs up and down. The advisors did look through the manuals to see how to set the thermostat but could not find the information needed within the timeframe of the visit.

Following the home visit, the client reported that she has made some changes to her energy usage. She is now using the gas central heating rather than plug-in electric heaters and has stopped using electric fans. She has continued to use the hygrometer, and the readings have prompted her to ventilate the flat. She also felt that the flat is now warmer as a result of installing the secondary glazing. The client was positive about the visit and the CSE staff saying "they were very, very helpful. They were a delight".

## Case study 2: Phone survey participant, owner occupier, Wiltshire

Phone survey respondent 9 is a middle-aged owner occupier living in a town in Wiltshire. She lives with her elderly mother, who has disabilities that affect day-to-day life. The client works full time and English is not her first language, which can make navigating technical information and dealing with suppliers more challenging.

After recently purchasing the property, the client had an air source heat pump installed in July 2025, part funded by her mortgage provider. She found CSE through Wiltshire Council's website and sought advice to ensure the system was operating efficiently and to improve the home's energy performance.

Two energy advisors visited in September 2025 and recommended that the installers return in colder months to recalibrate the heat pump and install a controller compatible with time-of-use tariffs. They also advised the client to escalate the removal of an unused gas meter with her supplier. To address draughts from a fireplace with an unused gas fire, a chimney balloon was provided, with estimated savings of £36 per year, alongside reflective radiator panels for ten radiators, estimated to save £28 per year.

Condensation and mould were identified on bay windowsills, and the advisors recommended installing trickle vents, heavy curtains and insulating wallpaper. Improved ventilation was also

advised for the kitchen and downstairs toilet through the installation of a mechanical ventilation system.

Following the visit, the client installed an extractor fan in the kitchen and purchased digital thermometers with humidity sensors to monitor conditions herself. She reported that humidity levels had reduced by around 20%, that her asthma symptoms had improved. She valued the face-to-face visit, saying the advisors were “really good at explaining things and very patient”.

### **Case study 3: Phone survey participant, owner occupier, Wiltshire**

Phone survey respondent 7 is an owner occupier who lives alone following the death of his wife and lives with a chronic health condition impacted by the cold. He was first referred to CSE in March 2024 with support from a healthcare professional. At the time of referral, the property was in a poor state of repair, with a non-functioning heating system and issues with damp and mould, making it difficult for the client to keep his home warm.

To provide immediate support, an oil-filled radiator (£52.66) and an electric heated throw (£39.99) were supplied to help the client stay warm while longer-term solutions were explored. He was also assigned a caseworker through the Warmer Homes Advice and Money project to provide ongoing support.

The caseworker successfully referred the client for funding for major energy efficiency improvements, securing £2,000 for loft insulation and £6,900 for the installation of new night storage heaters. Solar PV was also installed as part of the upgrade, significantly improving the warmth and energy efficiency of the home and reducing ongoing energy costs.

Following the installation, a home visit was arranged so that energy advisors could help the client understand how to use the new night storage heater controls effectively. During the visit, the advisors also took time to provide reassurance and emotional support, as the client spoke about the loss of his wife. Advisors gathered the information required for the caseworker to set up Smart Export Guarantee payments so the client could benefit financially from exporting excess electricity generated by the solar panels. They also checked the client’s energy tariff to ensure it was suitable for the new system and explained how to make the most of Economy 7 rates.

As a result of improved understanding of how and when to use electricity on the Economy 7 tariff, the client is expected to save an estimated £139 per year on his energy costs. He reports that he is now better able to keep his home warm and live safely and independently. He was very satisfied with the advice and support he had received.

## 4. HVA – project delivery and advisor insights

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Advisors who engaged with clients also held a workshop discussing the home visit format and structure, levels of client engagement, advisor and client wellbeing, resources, team meetings, working with volunteers and the experience of new starters. The advisors collaborated to produce suggestions for future projects involving home visits. This section explores the perceptions of advisors regarding outreach, benefits and challenges. Advisors reported that the HVA project has been broadly successful in delivering its intended objectives, particularly with regards to providing in-person energy advice to clients who may struggle to engage through phone-based services. Advisors noted that most visits are able to meet primary objectives within the allocated time, especially where referrals are clear and advisors are well prepared. However, the project did not meet its overall target for number of home visits (approximately 700 delivered against 1,000); advisors identified cancellations, time pressure, travel demands, and limited preparation time as contributing factors.

### 4.1. Who is taking up home visits?

Home visits are taken up by a wide range of clients, including individuals with high levels of vulnerability and complex circumstances. Advisors reported that home visits are particularly valuable for:

- Clients whose first language is not English
- Clients with access needs or communication barriers
- Clients who are disengaged or difficult to reach by phone
- Clients referred by third parties who may not fully understand available support

While some clients are unclear about the specific purpose of the visit, this does not necessarily reduce engagement. Advisors observed that many clients are appreciative of in-person support and open to receiving help across a range of topics, even where the referral objective is narrow.

### 4.2. Installing small measures

The installation of small energy efficiency measures was a key component of project delivery, and client feedback shows that it was also greatly appreciated by clients. The most commonly installed measures are radiator panels and draughtproofing. Advisors indicated that they sometimes ran out of these measures, or had to stick the radiator panels together. Secondary glazing and chimney balloons were much less popular, with the latter being difficult for advisors to install.

## 4.3. Benefits and challenges of project delivery

### Benefits for clients

Advisors described some substantial benefits for clients who received home visits.

**Tailored support:** being physically present in a client's home allowed for the provision of highly specific advice which was relevant to each household. Clients seem most interested in "heating controls, draughtproofing and damp and mould", which were seen as the most beneficial topics to discuss in person.

**Improved understanding of heating systems and energy use:** practical tutorials are valued greatly by clients, particularly for heating controls.

**Immediate and tangible support through installed energy efficiency measures:** the most popular small measures are draughtproofing and radiator reflector panels.

**Increased engagement among clients who struggle with phone-based advice:** this is particularly useful for clients whose first language is not English, with visits allowing for more non-verbal communication.

### Challenges

Advice staff also described the following challenges in delivering home visits.

**Referral quality:** the most common challenge reported by advisors relates to insufficient or unclear information on referral forms, particularly from third-party referrers, affecting preparation and engagement.

**Time pressure:** visits can feel rushed when a client's situation is not easy to get a sense of prior to the visit.

**Preparation constraints:** limited admin time sometimes restricts advisors' ability to fully prepare for complex or vulnerable clients. Advisors noted they sometimes ran out of small measures to provide and/ or install for clients meaning the visit may not be as valuable as it could be.

**Logistics:** long travel distance, public transport use, and carrying equipment can be physically demanding.

**Safety:** advisors reported mixed experiences, with some feeling consistently safe and others encountering situations where they felt uncomfortable due to unexpected individuals being present or a lack of information. All visits were completed with the assistance of workforce safety software installed on mobile phones, allowing advisors to log their activity and discretely record safety concerns.

**Experience gaps:** newer advisors sometimes said they felt underprepared to lead home visits. For example, a lack of familiarity with specific heating controls can make it challenging to provide useful advice. This problem is compounded by staff turnover, where Advisors suggest more in-person training on installing measures and setting heating controls.

## 5. Conclusions and recommendations

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### 5.1. Conclusions

The evaluation shows that Home Visit Advanced (HVA) has delivered high-quality, valued in-person support to vulnerable households who may struggle to engage with phone or online advice. Satisfaction levels were consistently high, and most clients found the advice easy to understand. Home visits are reaching older people, those with disabilities or long-term health conditions, and with low digital confidence and/ or access.

Evidence indicates that some advice is particularly well suited to in-person delivery. Heating controls, draughtproofing, radiator panels, damp and mould, and the use of energy tools such as hygrometers were most valued and most clearly recalled by clients. Clients were more likely to remember advice linked to physical demonstration or installation than verbal advice alone.

Many clients reported being better able to keep their home warm and more confident managing energy use and heating controls. Most reported their energy issues were completely or partly resolved. However, improvements in broader financial wellbeing were less evident. Many clients had already reduced heating or rationed energy use before seeking advice, limiting scope for further savings and indicating that risky behaviour around energy demand rationing remains prevalent amongst those who sought advice.

Advisors indicated that home visits were particularly beneficial for clients with communication barriers, including those who do not use the internet, have low digital confidence, dyslexia, visual impairment, or difficulty processing technical information. This aligns closely with the perspective of clients emphasising clear communication between advisors and clients. Advisors also reported professional satisfaction from delivering tailored, practical support, although challenges included referral quality, time pressure and experience gaps meaning some visits were not perceived to be as useful for clients as the advisors would have liked.

## 5.2. Recommendations for future evaluation activities

### Recommendations

#### 1. Target home visits more strategically

Prioritise home visits for:

- Clients needing support with heating controls.
- Damp, mould or ventilation concerns.
- Installation of small measures.
- Clients with low digital confidence or communication barriers.
- Clients whose first language is not English.

Strengthen triage processes to better capture heating system type, presence of damp/mould, communication needs and likely need for installation. This will help ensure that in-person capacity is focused where it adds most value and reduce the prevalence of home visits engaging with issues that could be handled suitably over the phone.

#### 2. Maximise tangible outcomes during visits

Ensure advisors attend with sufficient stock of commonly installed small measures to avoid partial completion.

Where feasible, aim for each visit to deliver at least one tangible improvement. This can include small measures, demonstrating heating controls or providing practice damp management advice. This may lead to higher levels of advice engagement following the home visit.

#### 3. Improve time and role allocation

Advisors and clients both commented that advisors sometimes ran out of time to install measures, or that some home visits were partially completed, due to lack of time available. Programmes should be adequately resourced to ensure that home visits deliver maximum value by ensuring there is enough time in each visit, including adequate flexibility for unexpected challenges arising during the visit, or the discovery of additional advice or support requirements whilst in the home, which can be highly beneficial to the client. Advisors also need to have adequate preparation time.

Since two advisors attend each home visit, their roles could be clarified in advance to improve the efficiency of the home visit and to reduce time pressures. Where possible, roles should aim to play to individual advisors' strengths while also offering explicit opportunities for skill development.

#### **4. Improve continuity and referral processes**

Ensure referral actions to partner organisations are agreed with clients in advance. Where possible, offer a named point of contact for ongoing or complex cases.

Clarify internal escalation pathways where issues fall outside an advisor's remit.

Develop clearer criteria for follow-up contact, particularly for vulnerable clients, clients supported outside of winter months and cases where issues were left partly unresolved.

