Supporting Vulnerability

Phase 2

Research commissioned by
Wales & West Utilities

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Table of contents

1. Summary and Conclusions

- This report is based on a series of in-depth interviews with **vulnerable customers**, together with in-depth interviews with **professional carers**.

- **40 in-depth interviews**, each lasting up to an hour were conducted across WWU's region with individuals identified as being vulnerable in some way (with potential vulnerabilities such as disability, chronic illness, pensionable age, single parent with young children and reliance on benefits all being represented within the sample). Additionally, our sample included six individuals from Black and Minority Ethnic backgrounds (often referred to as 'BAME'). All of these individuals were recruited to the sample on the basis of one or more of the potential vulnerabilities already listed.

- **16 carers**, from both the local authority and independent care provider sectors were also interviewed as part of the research programme. Each of these was recruited to the sample on the basis of their experience of caring for individuals with a broad range of needs and circumstances.

- This programme of research (referred to as 'Phase 2') follows on from earlier work in mid-2018 in which a smaller sample of vulnerable customers was interviewed about their needs and circumstances and the implications for WWU. **The 2019 programme on which this report is based sharpened the focus to look specifically at how relevant different support measures and initiatives might be to those in the most vulnerable circumstances**. The framework adopted for interviews with both audiences was based around presenting a range of support measures and initiatives, understanding the potential appeal and value of each and, in broad terms producing an overall ranking.

- In terms of the issues that WWU needs to consider in relation to vulnerability, in almost all respects, the picture painted by this study mirrors the findings of the 2018 study.

- **Many – perhaps most – individuals in potentially vulnerable situations and circumstances do not know about the provisions in place to support priority customers**. Furthermore, the Priority Services Register is also unfamiliar in most cases.

- On this basis, **a top priority (for WWU and for the sector in general) must be to significantly raise the profile of the PSR** amongst those who need to know.

- In both studies, **the presence and impact of emotional vulnerability has been striking**. Often, this is linked to other more visible and tangible vulnerabilities and manifests itself as anxiety about the unknown and deviation from normal routines. Anxiety about the prospect of disruption (due to planned or emergency WWU work) is as important an issue to address as vulnerabilities relating to the work itself. In this context, communications ahead of, during (and even after) WWU work are potentially critical.

- Interviews with both audiences – vulnerable customers and carers – have highlighted and confirmed the earlier conclusion that another key consideration should be moving away from the tendency of thinking about vulnerability in binary terms (i.e. those who are vulnerable versus those who are not). It was clear that some individuals and groups within the sample were potentially far more vulnerable than others. With an ageing population, **it would seem sensible for the sector to develop a strategy that prioritises groups *within* the broader 'vulnerable customer' categoriation**: chronic illness and disability, often coupled with old age lead to extreme vulnerability…and if these individuals also live alone (especially if a local support network of family or friends is lacking) the degree of vulnerability is significantly heightened.

- Respondents – who were largely unaware of the measures WWU has in place to support priority customers – were almost unanimously **in agreement that WWU goes to surprising lengths to ensure the most vulnerable are supported** (once current measures had been outlined to them).

- Thus, the insights gained from our samples of vulnerable customers and carers suggest that the focus for WWU – impacting decisions about how to allocate funding – should be not on introducing new support initiatives and measures but instead on **ensuring that the measures already in place reach the most vulnerable individuals.**

- Indeed, when presented with a range of support measures and initiatives and asked about the relative importance of each, vulnerable customers and carers made it clear that **by far the most important area of focus for WWU is raising awareness of the PSR and adopting strategies to increase the proportion of vulnerable people who sign up to it**. Other measures such as providing alternative heating and cooking appliances are also considered to be important, but the overwhelming view of respondents was that unless WWU can identify the vulnerable – through the PSR – the excellent range of support it can offer will simply not reach the right people.

- Although respondents were also asked to comment and rank the importance of initiatives aimed at tackling fuel-poverty specifically or financial hardship more generally, their responses often indicated that they struggled to see how these aims – however worthy they might be – are the responsibility of WWU. Commonly, **respondents suggested that, given limited resources, WWU should focus first of all on supporting the vulnerable in the context of its core operations** (i.e. planned and unplanned interruptions to the gas supply). **Improving CO awareness and understanding is a slight exception to this pattern:** both vulnerable customer and carer samples rated this aim as amongst the most important for WWU – and suggested that more needs to be done around ensuring that people understand what to do and who to contact if CO alarms sound or if the presence of CO is suspected.

- Respondents were clearly in no position to make decisions about how WWU should allocate the funds available for addressing vulnerability. They had little understanding of the relative cost of the measures being discussed – and even if they did, the decisions to be taken are, by the sample's own admission too complex for the typical person to objectively consider. However, **the following findings help to offer some perspective on how vulnerable customers and carers view relative**

priorities (when they were presented with 11 prompted measures and initiatives). Note that sample sizes are small (40 vulnerable customers and 16 carers), so percentages are intended to be indicative only:

- 75% of vulnerable customers and 100% of carers categorised increasing PSR sign-up as 'essential'.
- 31% of vulnerable customers and 57% of carers rated increasing PSR sign-up as the most important measure.
- For vulnerable customers, four measures accounted for over 80% of their first-place rankings (i.e. the most important): Increasing PSR sign-up; providing locking cooker valves; promoting CO awareness and providing alternative heating and cooking appliances.
- For carers, two measures accounted for over 90% of their first-place rankings: Increasing PSR sign-ups and providing alternative heating and cooking appliances.

- **On this basis, raising the profile of the PSR amongst the potentially vulnerable must be seen as a key priority for WWU. However, improving awareness and increasing sign-ups is only part of the equation. Respondents felt strongly that potentially, the PSR is the key to unlocking solutions to the challenges identified.**

- The information retained in the PSR should be capable of **supporting a much more tailored approach** to addressing vulnerability. For example:

  - Information about **communication needs and preferences** will help WWU to limit anxiety amongst many vulnerable customers. This might include information about preferred communication media and channels – and should involve other parties as relevant (e.g. carers, neighbours, family etc.):

    - When communications should ideally be organised, including reminders;
    - How communications should be organised;
    - What communications should say (with a focus on reassuring potentially anxious recipients);
    - Who communications should be shared with (e.g. carers, neighbours, family).

  - A more comprehensive PSR, containing more nuanced content is also the key to developing a **hierarchy of priority** within the overall vulnerable customer category.
  - Clearer information and understanding of individual circumstances will also help WWU address **the impacts of emotional vulnerability**, including the way vulnerable customers are notified ahead of any WWU work but also the way in which WWU engages during its operations.

- Raising the PSR's profile is seen as critical: In common with Phase 1, this second phase of research indicated that, whilst social media has a role to play, given the demographic of the vulnerable customer community its scope is limited. **Suggestions for bringing the PSR to the attention of those who need to know included:**

> ➤ Leaflets distributed within communities and especially to appropriate locations such as GP's;
> ➤ Mailings – probably most effectively achieved through 'letters' rather than flyers, but with careful thought given to what information is included on the envelope;
> ➤ Working with other relevant agencies: Our sample of carers were unanimously in agreement that the PSR could and should be promoted through the carer channel. They felt that WWU should work with their employers to bring this about (and the carers we spoke to were very keen to introduce information about the PSR to the clients they care for).

- In conclusion, the approach that vulnerable customers and carers would ideally like WWU to adopt is summed-up in Figure 1, below. This represents the 'ideal scenario' and does not of course account for the complexities of the PSR in practice and WWU's reliance on the information that is shared by suppliers:
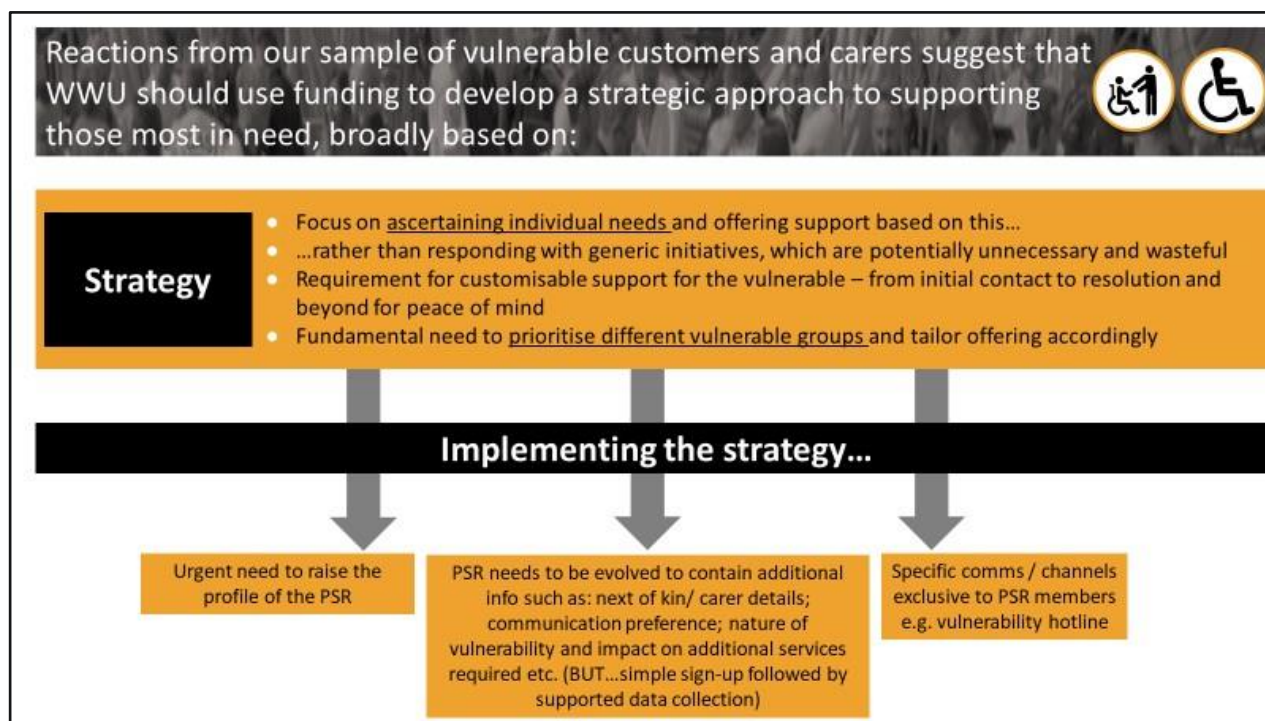

Figure 1

2. Introduction

- Mindset Research was appointed to undertake a programme of qualitative research, investigating issues around supporting individuals in vulnerable or potentially vulnerable situations and circumstances. The research consultation comprised two main strands:

  1. 40 face-to-face, in-depth interviews with customers who were recruited to represent a broad range of potential vulnerabilities.

  2. Depth interviews – conducted as a mix of one-to-ones, paired depths and 'mini focus groups' – with 16 professional carers (i.e. carers who are employed to provide care services to people living independently).

Vulnerability 'deep dive': Research objectives and methodology

1 Consulting with Vulnerable Customers

- 40 one-to-one, depth interviews with vulnerable customers
- Conducted in their homes (across Wales and South West England)
- Wide range of needs and vulnerabilities represented across the sample
- Organised around a discussion guide prepared in advance
- Interview based around presenting a range of support initiatives and asking respondents to consider, comment and rank (in terms of importance and usefulness)
- Respondents also encouraged to share their own suggestions

Objectives

The need to undertake a 'deep dive' has been prompted by the Gas Sector Consultation issued by Ofgem in December 2018. The consultation references vulnerability in relation to four items:

1. License obligations to provide services to priority customer groups
2. Guaranteed Standard of Performance
3. Fuel poor connections
4. Flexible allowance: a new pot for GDNs to spend on vulnerability and CO safety initiatives

The key research question – primarily focusing on item 4 is:

"What do customers in vulnerable situations and circumstances think we should be doing and what proportion of the allowance should we put into each initiative?"

2 Consulting with Carers

- Interviews with 16 professional carers
- All cared for individuals living independently in their own homes
- Represented very wide range of vulnerabilities, needs and circumstances…
- …including – but not limited to…the elderly; living with disabilities and/or chronic illness; dementia sufferers; clients with drugs, alcohol and addiction issues
- Held in Bristol and Cardiff: mix of focus groups, paired depths and one-to-one depths
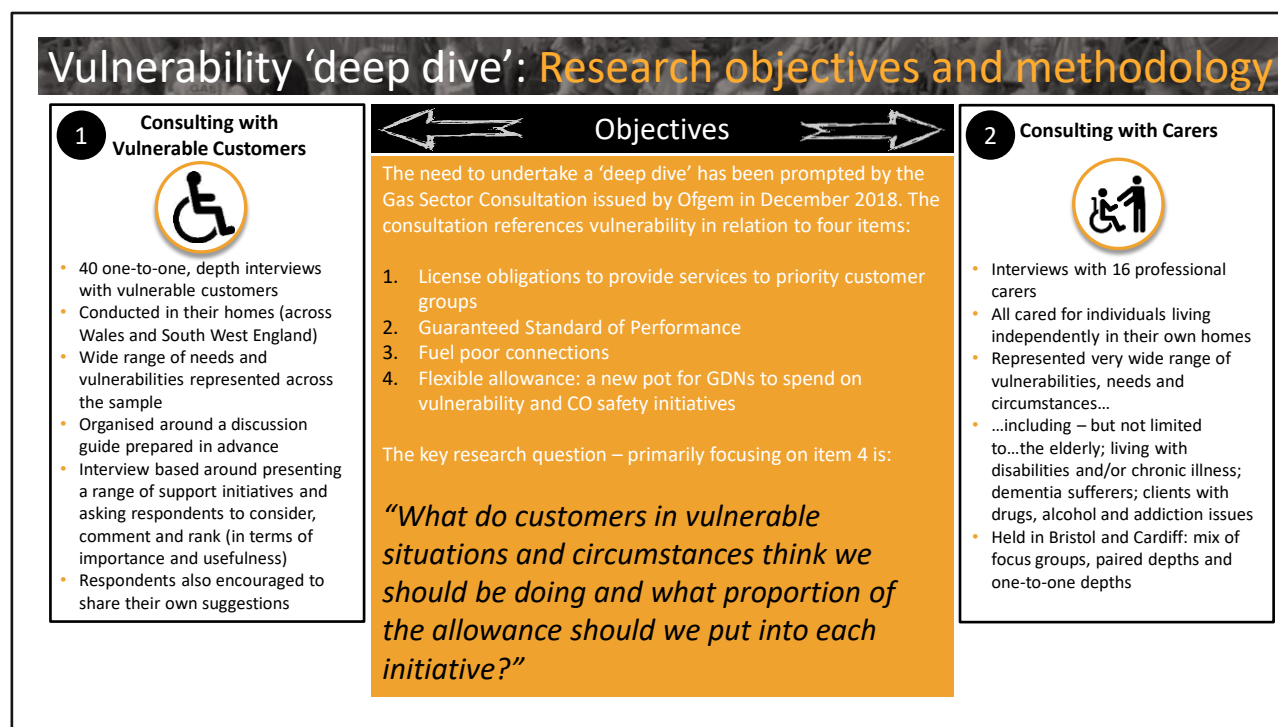
Figure 2

- This research must be considered to be *qualitative* in nature (i.e. relying on relatively small samples, but employing in-depth interview techniques).

- WWU has previously commissioned Mindset to conduct a series of depth interviews with vulnerable customers in 2018. At that time, the focus was broad, with interviews addressing the range of needs and circumstances that WWU might encounter. The 2019 programme on which this report is based sharpened the focus to look specifically at how relevant different support measures and initiatives might be to those in the most vulnerable circumstances.

- The framework adopted for interviews with both audiences was based around the primary objective of presenting a range of support measures and initiatives, understanding the potential

appeal and value of each and, in broad terms producing an overall ranking. Additionally, respondents – from both vulnerable customer and carer audiences – were encouraged to offer thoughts and suggestions on what else WWU could think about providing and in general, how it can best engage with those in vulnerable circumstances and situations.

- Further details on both research elements – vulnerable customers and carers – are included in Section 3. In all cases, interviews were arranged in advance and respondents were targeted based on carefully agreed criteria. Recruiters used recruitment questionnaires to ensure all respondents were recruited according to the quotas and requirements set. All interviews with vulnerable customers were conducted in their homes and in most cases, interviews lasted for 45-60 minutes.

- Interviews were conducted between 27th February and 18th March 2019.

3. Sample profile: Vulnerable Customers and Carers

3.1 Element 1: 40 Vulnerable Customers

- A total of 40 in-depth interviews were conducted with individuals across WWU's region. In most cases customers were interviewed one-to-one but in a minority of instances, partners, sons, daughters or friends were also present and contributed to discussions. At the outset, WWU and Mindset agreed the criteria for targeting and recruiting respondents to the sample and also the relative proportions of key variables represented within the sample (for example; nature of disability; area; urban versus rural; customers from BAME backgrounds etc.). Table 1 (below) provides an outline of the sample's profile:

Area	Interviews	Notes
North Wales	4	• Our sample of 40 vulnerable customers was structured to provide representation across WWU's Wales and South West England regions. • The sample included representation of rural, urban and suburban areas. • In order that interviews could be planned and conducted in a cost-effective way, and within the agreed project deadlines, in each region, a degree of geographical clustering was employed.
Mid Wales	4	
South Wales, Cardiff area	4	
South Wales, Valleys	4	
South Wales, Swansea area	4	
Bristol area	4	
Somerset	4	
Devon	4	
Cornwall	8	
Vulnerability	**Interviews**	**Notes**
Chronic illness	12	• These figures are based on the information collected in the recruitment screener: in practice, as interviews progressed, many respondents outlined situations and circumstances pointing to multiple vulnerabilities (across and within the listed categories).
Single parents, children <5	8	
Pensioner	9	
In receipt of benefits/fuel poor	9	
Disabled	8	
Tenancy	**Interviews**	**Notes**
Owner occupier	11	• This report does not really address living conditions. It is however worth noting that the living conditions and circumstances of our sample of vulnerable customers varied widely and, in some cases, it seems reasonable to suggest that living conditions in themselves represented a potential risk factor and contributor to vulnerability.
Renting: privately	9	
Renting: local authority	10	
Renting: housing association	10	
Age	**Interviews**	**Notes**
18-29	6	• The age profile of the sample was based on pre-agreed targets across the four age bands shown; the sample's age distribution does not therefore necessarily indicate that a similar distribution applies across the population of vulnerable customers in WWU's region.
30-55	12	
56-75	17	
76+	5	

Table 1

- Additionally, the sample was split 50/50 male/female and included six individuals from BAME backgrounds, all of whom were recruited on the basis of being subject to one or more of the listed vulnerabilities (i.e. chronic illness; single parents with children under 5; pensioner; in receipt of benefits / fuel-poor; disability)

3.2 Element 2: 16 Carers

- Carers were included in the research programme for a number of reasons:

  - It was felt that it would be sensible to tap into their range of experience across different needs and vulnerabilities;
  - Some of the most vulnerable members of society, including many living independently are difficult or inappropriate to target as potential respondents in a research study. For example, some vulnerable customers, particularly those with a degree of emotional vulnerability would be reluctant or unable to take part. Similarly, individuals with conditions such as dementia are difficult or inappropriate to interview on a one-to-one basis, or even in friendship pairs/groups (or even in the presence of a trusted and familiar person);
  - Carers are well placed to offer an objective view of vulnerability, its impacts and how it can be supported. It was evident that, amongst our sample of customers – all recruited because of clear vulnerabilities – some were reluctant to acknowledge their vulnerability or were quick to downplay its significance.

- A total of 16 carers were interviewed, 8 from the Bristol area and 8 from the Cardiff area. Interviews were organised in several different ways, largely dependent on what was convenient for the carers and their schedules. In the event, interviews were arranged thus:

  - Cardiff area: Four paired depth interviews;
  - Bristol area: One mini-focus group (three carers) plus five one-to-one depth interviews.

- The carers in our sample, between them had a considerable level of experience across many aspects of the care sector. In many cases, carers had experience across the local authority and independent care sectors and in a small number of cases, respondents had worked for or directly with the NHS. In terms of current employment, both the local authority sector, together with a range of independent care agencies and providers were represented.

- Typically, each carer outlined current responsibilities for a number of clients, with most caring for a core of 5-15 individuals.

- The range of needs and circumstances of those they cared for was enormous. Many clients were elderly and often had complex health and mobility needs. Most carers were able to talk at length about clients with dementia in all of its forms. Additionally, the range of conditions and needs outlined included: frailty; stroke; heart disease; diabetes; MS; arthritis; sight and hearing impairment; mental health issues – and all types of disability and mobility issues. One carer currently specialises in supporting clients with alcohol and drug addictions to live independently.

4. Vulnerability: The context

4.1 Insights from Mindset's 2018 (Phase 1) research study

- In order that the 2019 research programme could focus primarily on understanding the relative value of a range of support measures and initiatives that WWU provides or could provide, the time available to talk to respondents in detail about their needs and circumstances was limited. Although interviews all commenced with an initial section about the respondent and their situation, discussions were quickly moved on to the provision of practical measures that might help to eliminate, alleviate or support the challenges they face.

- However, as a starting point in understanding the range of vulnerabilities encountered, it is worth revisiting the first phase of research that Mindset undertook for WWU in mid-2018. Each of the points made in Figure 3 (based on the 2018 study) could equally be applied to the feedback we collected this time around:

In 2018, we interviewed 20 vulnerable customers with a broader focus on what WWU needs to consider in supporting individuals in this category...

Key findings from 2018...

- Individuals in potentially vulnerable situations and circumstances **do not generally know about the provisions in place** to support priority customers. This lack of awareness extends to the PSR.
- Self-evidently, to support vulnerable individuals, WWU needs to be able to identify them and, on the basis of this research, a top **priority must be raising the profile of the PSR**
- **Emotional vulnerability** – often linked to other more visible and tangible vulnerabilities – is a key theme. Customers suffering from often complex physical and circumstantial vulnerabilities tend to be more susceptible to emotional vulnerability and anxiety.
- **Anxiety about the prospect of disruption** (due to planned or emergency WWU work) is as important an issue to address as vulnerabilities relating to the work itself. It is therefore critical that communications ahead of, during (and even after) WWU work are carefully planned and managed.
- Research highlighted the extent to which people of all types – including those with and without accepted vulnerabilities – believe that **priority groups** <u>within</u> the broader 'vulnerable customer' category must be identified.
- Individuals who **live alone** (especially if a local support network of family or friends is lacking) are especially vulnerable
- Respondents – once told – were almost unanimously in agreement that **WWU goes to surprising lengths** to ensure the most vulnerable are supported.

Figure 3

- Furthermore, the main conclusions drawn from the 2018 study remain wholly relevant to the insights captured in 2019's Phase 2 study (remembering that Phase 2 has focussed much more on understanding reactions to and the relative value of a range of specific support measures in order to help WWU make decisions about funding and resource allocation).
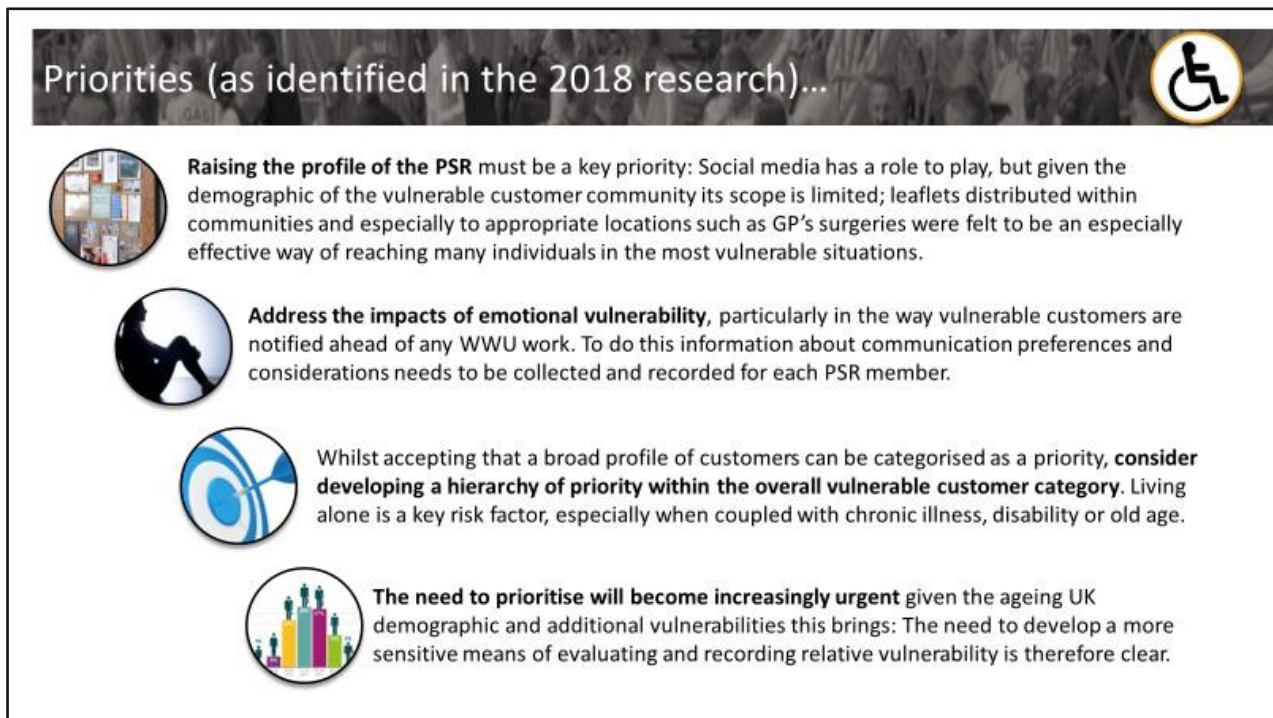
Figure 4

4.2 Phase 2 (2019): Understanding vulnerability and its impacts

- Vulnerabilities within the customer sample represented a very wide spectrum of conditions, situations and circumstances. Often, circumstances and needs were considerably more complex than can easily be captured and recorded here but, as an indication of the range of vulnerabilities encountered, the following were all outlined on more than one occasion: anxiety; depression; COPD and other respiratory illness; ME; fibromyalgia; brittle bones; diabetes; immune system conditions; joint issues; patients recovering from major illness, including cancer; recent bereavements; pensioners; single parent families with young children; low income and/or reliance on benefits and/or fuel poverty…and many other vulnerabilities, some physical, some mental (and often both physical and mental in combination).

- However, based both on observation and on the information disclosed during interviews, it was clearly apparent that the degree of vulnerability varied considerably across the sample. A number of factors influence the degree to which any one of our respondents would be vulnerable to any given situation, but much depended on the support network they have in place.

- Again, in this respect, wide variation was evident in the sample. Some respondents required full-time care – often provided by a partner, daughter, son or other family member. At the other end of the spectrum, some respondents (albeit a minority) did not consider their issues significant enough to associate themselves as vulnerable in any respect. Between these extremes, a considerable number of respondents did not require full-time care and although their vulnerabilities were clearly evident, they benefited from an 'informal' local support network, typically involving friends, neighbours and family. For example, many customers of this type would have someone to turn to in the event of say, an unplanned interruption to their gas supply.

- However, whilst many have a support network they are heavily reliant on, many others appear largely isolated. The lack of support – even if this just means having someone to talk to or ask the advice of – tends to amplify anxiety and fear of change or disruption to their usual routine.

- Single parent families and families with young children (with no other physical vulnerabilities present) sometimes considered themselves as not needing additional support: many (but not all) have strong family / friend networks to assist, or pride themselves on their resilience and ability to cope. However, single parents were by their own admission often existing on very low incomes and this in itself represents a significant vulnerability; coupled with the challenges of looking after young children without the support of a partner, it was clear that this group of customers were in fact potentially in some of the most vulnerable positions of all. A particular challenge for young, single mums with young children is that they have little or no time to plan and organise. Even making a phone call can pose real problems. Tasks which others might take for granted – for example, spending time to shop around for energy providers – are difficult or impossible for single parents to undertake. Since they are unable to work – because of childcare costs – income is already stretched, and coupled with the difficulties of securing good value (across all types of services,

including energy), customers in these situations are very likely to suffer from the 'poverty premium'.

- For many, the cost of fuel is a real issue: pensioners and those on benefits were more likely to mention this as an issue, and fuel poverty often went hand-in-hand with other more visible vulnerabilities. Most limit the time heating is on or heat only one or two rooms due to financial considerations.

- In almost all cases, respondents suggested that, although they operate on very tight budgets, they can get by, providing that unexpected expenditure does not arise. Whilst many of our sample – with the exception of young parents – readily admit to having a great deal of time on their hands, by no means all appear to be well-equipped to spend some of their available time ensuring that their largest regular outgoings (including energy and telecoms) represent value for money. This is certainly not true of all respondents but a fairly consistent observation relates to the extent to which many in vulnerable situations struggle to deal with the challenges of modern life (e.g. comparing energy deals on line; picking up the phone and talking to someone about a bill; checking whether they are receiving all the benefits to which they are due etc.).

- Many respondents were on pre-paid meters and whilst having a pre-paid meter is often felt to be useful as it spreads payments and eliminates unexpected bills, many also expressed strong opinions about the inequity of paying more than those who effectively receive their energy on credit. In terms of WWU's desire to support those in vulnerable situations, customers suffering from issues such as fuel poverty and the poverty premium did not tend to have strong views about whether the support they provide should extend to lobbying on their behalf or introducing initiatives aimed at addressing issues of this type. In reality, customers know little of WWU, have a poor understanding of the industry and are just hopeful that <u>someone</u> can offer help.

> **"**
>
> *I feel it very unfair that the people who pay upfront get charged. I pay a premium…if there's anything they can do about that. Is it something they could look into? Speak to the Government.*
>
> *You pay for it before you get it…and you're charged for that.*

4.3 Phase 2 (2019): WWU operations in the context of vulnerability

- Although it is impossible to generalise across the sample – because of the range of needs and circumstances represented – a number of observations are worth making, all of which apply to significant numbers of vulnerable customers:

  - Typically, the groups that consider themselves less able to cope with interruptions and any accompanying change in routine are: those with complex health needs; those who suffer from a degree of isolation; those who suffer from anxiety and/or mental health issues and those who are especially frail (including some chronic illness sufferers).

  - Anxiety goes hand-in-hand with many vulnerabilities – and many respondents outlined a consistent pattern whereby, over time, physical and circumstantial vulnerabilities lead to ever increasing levels of anxiety and apprehension, especially in relation to anything that threatens routine.

  - Anything that exacerbates anxiety is often considered to be an issue – such as unexpected correspondence, phone calls and visits.

  - Unexpected visits are typically considered particularly inappropriate by carers. They tend to believe that it is important that all communications can be supported by the care provider – either via direct contact between WWU and the care provider or through letters sent to clients being read and supported by carers (in which case they need to be alerted by WWU that they have been sent).

  - For many, an interruption in supply could represent a highly stressful, anxiety-inducing event, of considerably more impact and importance than for a 'typical' customer.

  - Sometimes, customers shared additional concerns over ambulance, wheelchair and carer access if roads in the immediate vicinity are affected.

  - Heating tends to be a real focus for many – to the extent that serious health consequences would result from even a short interruption during the colder months.

  - With warning and advanced planning many could cope with interruptions affecting their ability to cook with gas and most have access to microwaves.

  - Most would not cope with being moved to a hotel, even on a short-term basis. For some, the barrier to this solution is mental or emotional and is linked to their house-bound existence and their fear of deviating from their norm. For others, the barriers are practical: concerns about pets; having to pack equipment and supplies for young children etc.

- The primary objective of this phase of research has already been highlighted. The report on vulnerability produced following Phase 1 in 2018 included a greater focus on the contributors to vulnerability, including factors such as anxiety, emotional vulnerability and living alone. Without repeating all of the insights contained in the 2018 report – which were emphatically reinforced in this study – it is worth summarising the importance of considering emotional vulnerability in the context of WWU's regular operations:
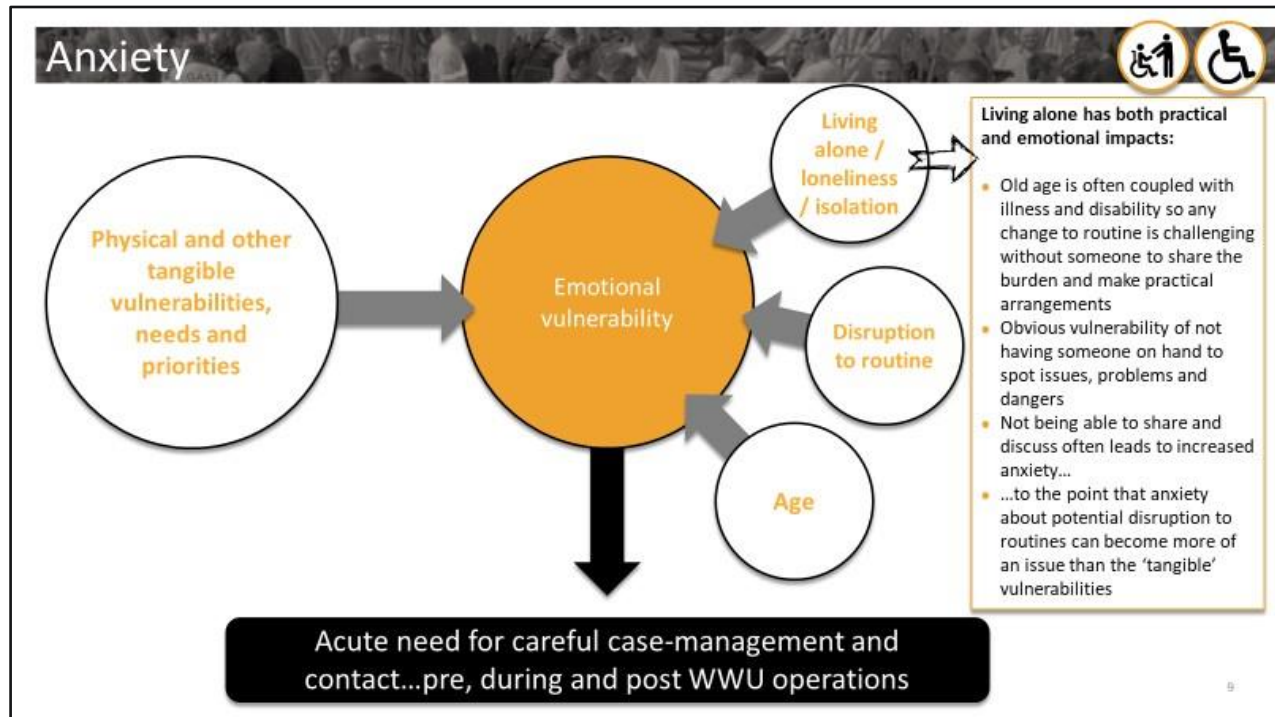

Figure 5

- The key take-out from this relates to the importance of WWU taking a strategic approach to ensuring that the most vulnerable are supported before, during and after their operations. The approach adopted needs to take account of:

  - (In relation to planned interruptions): How far in advance communications are issued;
  - The format of communications;
  - The recipients of communications (ideally factoring in care providers);
  - The level of detail provided (as far as possible, taking steps to avoid uncertainty and ambiguity);
  - Issuing reminder communications, immediately ahead of operations;
  - Engagement with customers during work, including regular updates;
  - Provision of additional support (as detailed and discussed in this report);
  - Post-work communications – to put customers' minds at rest.

- The need for relying on the PSR and, in an ideal world developing the information it holds to properly describe an individual and their circumstances is clear (both in terms of organising support but also planning and managing communications at all stages). The following quotes illustrate the sheer diversity of need, circumstances, expectations and worries to consider:

> **"**
>
> *Because of the meds I'm on, I forget everything. Unless I'm reminded closer to the time, it will be a real shock, big worry.*
>
> *First of all, it wouldn't be a problem – I might forget about it...but later on...*
>
> *I find texts are useful – the Job Centre send me texts...the dentist does as well.*
>
> *I prefer letters – so I can pin it somewhere.*
>
> *I had chemo...I've completely lost my sense of smell. I could stand on top of a gas leak and light a cigarette.*
>
> *My immune system is nearly zero – I can't go out in the cold. I've had pneumonia and pleurisy...but I don't about that register.*
>
> *The heating is on...and I'm wrapped up and I'm still cold cos I have poor circulation. I also have vascular dementia. If I get cold, I get more confused...then I forget to eat, take my medication.*
>
> *This is how my days work...I have to make a list of everything that's happening, everything I need to do.*
>
> *I'd need to know exactly how it's going to affect me. If they say they're digging up the road...that's not enough...this is going to happen and we expect it to take...*
>
> *I don't cope with change.*
>
> *No-body comes here...people just turning up...I wouldn't like it.*

- The following paragraphs are taken from Mindset's 2018 study but hold true to the findings of 2019's Phase 2 study:

"

- *Those who suffer from anxiety explained that this condition can be crippling, especially if they are dealing with it on their own. It causes them to worry – panic even – about apparently mundane and minor disruptions to their routine. Fear of the unknown is a powerful trigger, causing many sufferers of anxiety to do everything possible to avoid change or disruption, especially if this is sudden or unexpected. **In the context of WWU and the way it is likely to engage with individuals and communities when undertaking work, supporting those suffering from anxiety means it needs to think very carefully about communication ahead of, during and after emergency or planned mains replacement work.***

- *Some mental illness sufferers need to be told details – far beyond what might be 'necessary' or expected.*

- *Many of the most vulnerable individuals are also the most private and potentially invisible customers, especially where vulnerability is compounded by mental health issues and/or anxiety. Sufferers explained to us that they find it difficult to open up to anyone they do not know or trust – and this of course includes organisations such as WWU. They are nervous of making contact and tend not to be proactive. The challenge facing WWU is how therefore can these individuals be identified and supported when they are reluctant to put themselves forward as being in need of help?*

- *The solution needs to draw upon:*
  - *__Working with local communities__ to encourage the sharing of information about who might be vulnerable – and putting in place mechanisms to make this manageable.*
  - *__Continuing with the approach of training 'on the ground' staff__ to be vigilant and alert to the signs of vulnerability.*
  - *__Partnership working__ – including organisations that are already working with and trusted by these vulnerable people.*

Source:
Supporting Vulnerable Customers, October 2018 (Mindset Research, research report)

- An evaluation of the factors leading to individuals being in some way vulnerable must therefore give proper consideration to issues beyond the simple criteria with which vulnerability is generally defined (for example, the eligibility criteria laid down by Ofgem for the PSR). This means not overlooking the significance of emotional vulnerability, especially in situations where a customer lives alone. The conclusion to be drawn again – as it was at Phase 1 – is that identifying 'vulnerable customers' is insufficiently precise. In the view of our sample of vulnerable customers and carers, it is necessary for WWU to 'prioritise within the priority group'. 'Top priority' customers include the elderly and disabled but especially individuals in these categories who live alone and/or suffer from the additional burden of emotional vulnerability (e.g. extreme anxiety and fear of disruption to routine).

5. Ranking support measures and initiatives: Overall picture

- The core of each interview involved presenting a range of support measures and initiatives to respondents (vulnerable customers and carers). Respondents were then asked to review, consider and rank (in importance and usefulness) each of these. The following approach was adopted throughout:

  1. The range of initiatives was presented, one by one using a series of showcards.

  2. Respondents were asked for their reactions, thinking in particular about:

     - Awareness of whether this support measure or initiative is already in place
     - Usefulness / relevance to them and their situation
     - General thoughts on the value of this measure / service
     - Situations in which the initiative would be especially important and why
     - Potential relevance to other people they know
     - Groups to target / most at risk
     - Thoughts on how each could be refined, improved or further developed
     - How they would expect to be told about these measures and services

       (Carers were asked to consider initiatives in terms of relevance to their clients)

  3. Once all initiatives had been introduced, respondents were asked to consider the relative importance, appeal and relevance to them. (The order in which initiatives was introduced was rotated across interviews in order to minimize bias). The following steps were taken to enable each respondent to indicate their preferred 'hierarchy of importance':

     a) Respondents were asked to arrange showcards (each outlining a measure/initiative), by placing them on one of three piles, labelled: 'essential for me', 'nice to have' and 'of little relevance' (and again, carers responded from the perspective of their clients).

     b) The interviewer then worked back through each pile of cards, asking respondents to explain the reasons for classifying each as 'essential', 'nice to have' or 'of no direct relevance'.

     c) Finally, respondents were asked, "If only one initiative could be provided for you, which should it be?" The process was completed by respondents selecting their second and third choices.

- Figures 6 and 7 (below) present the results of this rating and ranking exercise, first for the vulnerable customer sample and then for carers. In each case, green bars represent the proportion of respondents believing an initiative to be essential (and red equates to 'nice-to-have'; grey to 'of little relevance'). **It is important to remember that this programme of research is _qualitative_ in nature (i.e. it relies on relatively small samples of both audiences). Although the following graphics and discussions refer to percentages, relative proportions (etc.) this does <u>not</u> imply that the findings can be treated in a _quantitative_ way. All figures quoted should be treated only as an indicative measure (albeit one that is helpful in understanding how our audiences believe WWU should think about the resource it allocates to the range of initiatives considered):**

Figure 6

Figure 7

- The importance that both audiences place on WWU allocating funding to promoting the PSR and increasing sign-ups is immediately clear. All 16 carers considered this to be essential, along with three quarters of vulnerable customers.

- However, several initiatives are clearly considered to be important by the majority of both audiences and it is therefore difficult to gain a sense of the relative importance, or the proportion of funding that WWU might consider allocating to each initiative. For example, promoting CO awareness, providing locking cooker valves and offering alternative heating and cooking appliances were all described as an 'essential' initiative by 60% or more of vulnerable customers. Similarly, all of these initiatives were also described in these terms by a large majority of carers (as well as several other initiatives).

- A sense of how these audiences believe WWU should allocate funding is easier to gain by looking only at the proportion of respondents placing initiatives in first place. Selecting the most important initiative requires respondents to compare one initiative to another (unlike classifying an initiative as 'essential', since respondents were free to select as many 'essential' initiatives as they saw fit): they are forced to make decisions about which initiatives are most important to fund. Figures 8 and 9 (below) show how initiatives fared, based only on being selected as the most important:
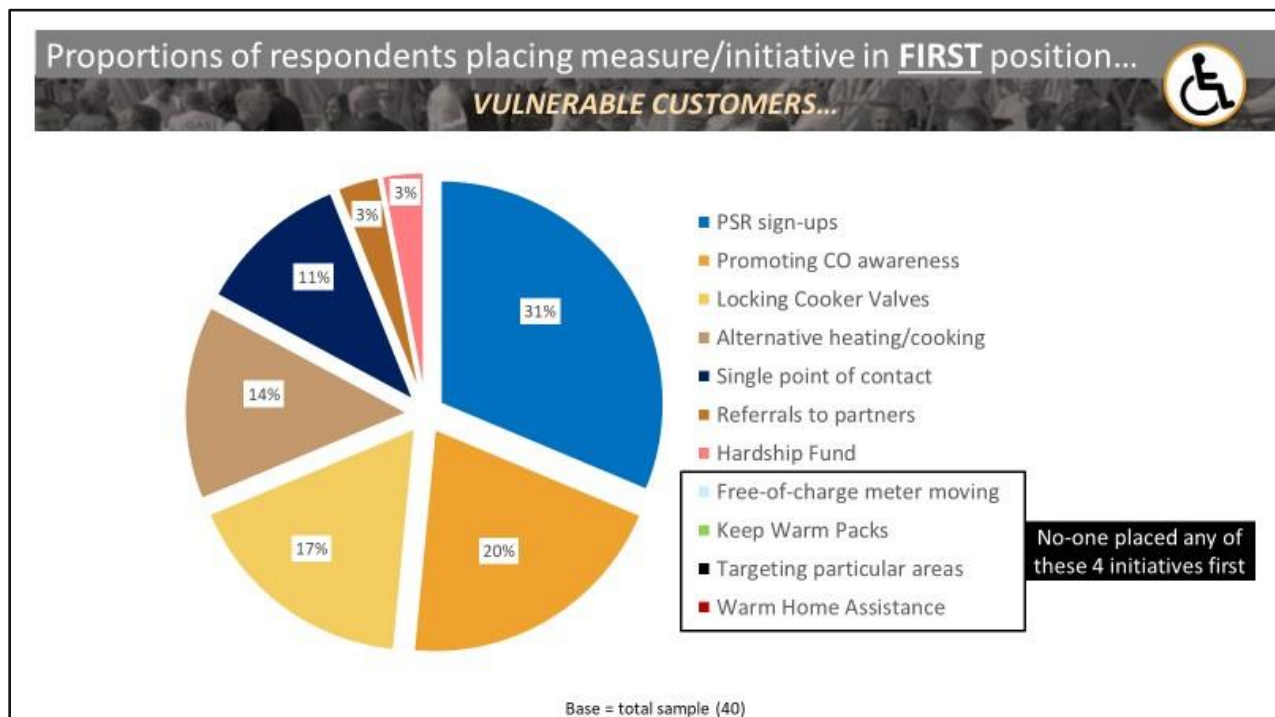
Figure 8
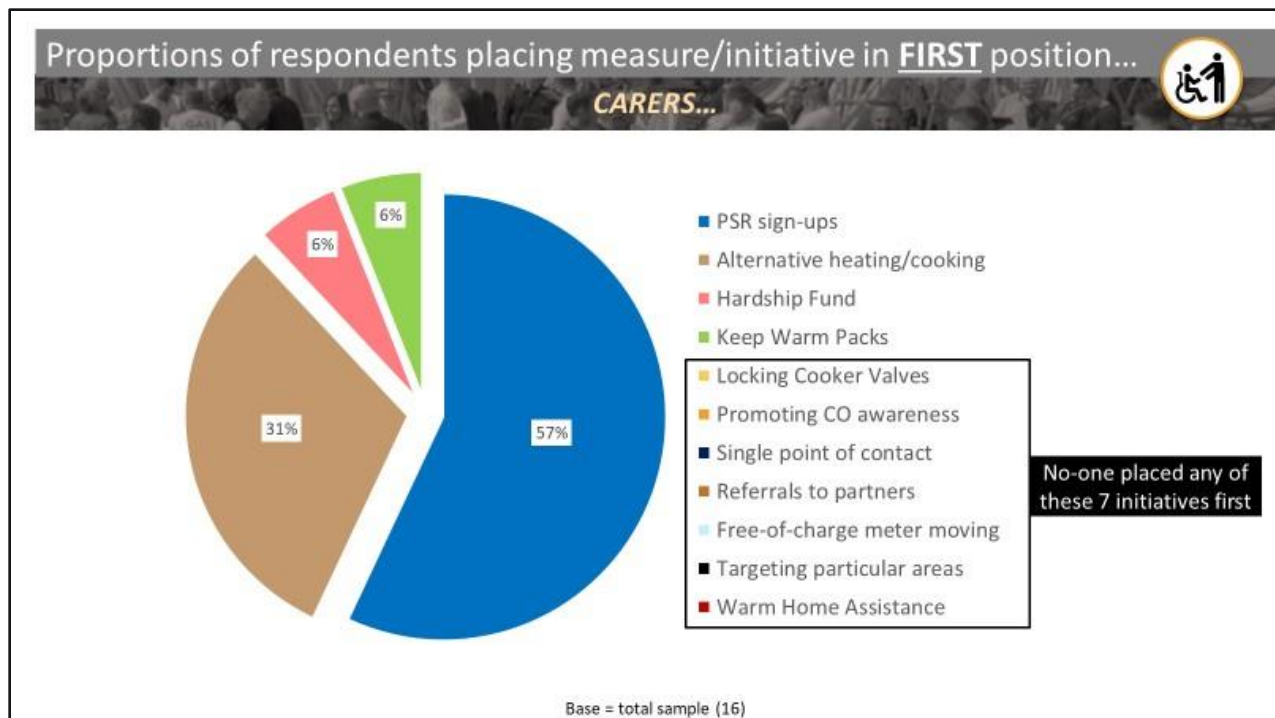
Figure 9

- Sections 6-16 of this report presents a detailed evaluation of reactions to each of the initiatives and measures presented to respondents (shown in descending order of importance). The overall picture however raises several interesting and potentially important points:

  ➢ In general, the proportion of carers rating each initiative as 'essential' is greater than the equivalent proportions amongst the sample of vulnerable customers. The carers in our sample represented considerable experience of dealing with a wide spectrum of individuals with numerous and varied needs and circumstances. Their perspective is therefore critical since they are in a strong position to evaluate need across communities in a broader sense (compared to the individual members of the vulnerable customer sample, who mostly reflected on initiatives through the prism of their own needs, circumstances and experiences).

  ➢ It is interesting therefore that carers' views were far more polarised when it came to considering which initiatives are the *most* important (if for example only one can be funded). Almost all their 'first places' were allocated to only two initiatives: promoting PSR sign-ups and providing alternative heating and cooking appliances. In fact, well over half of our carer sample chose 'promoting PSR sign-ups' as the number one priority. Section 6 discusses this initiative in more detail but it was clear that carers (and vulnerable customers) believed very strongly that WWU should do all it can to identify those most in need and organise its support for these individuals based on having comprehensive 'on the ground intelligence' about who is in need, what support will be required and how communication and contact should be planned and managed.

6. Promoting Priority Services Register sign-up
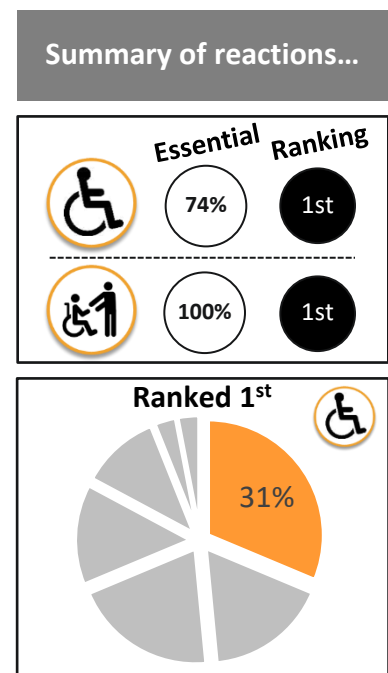
Reactions

- Across both audiences – vulnerable customers and carers – promoting the PSR and increasing sign-ups to it was considered to be the most important of the support measures presented to respondents.

- Respondents were understandably reluctant to suggest what proportion of available funds should be channelled into each initiative, since the relative costs and complexity of providing each were unknown. However, the majority of both audiences were clear in their belief that promoting PSR sign-ups is deserving of a considerable proportion of any additional funding available. Many also reasoned that developing and promoting the PSR represents a cost-effective way of identifying and supporting vulnerability: a more ad hoc approach in which the most vulnerable are only identified when, for example WWU is scheduled to do work in an area was considered to be wasteful and, in time more expensive than choosing to spend money on promoting the register in a more strategic way.

- Typically, the rationale was that, to an extent, providing appropriate support hinges on WWU being able to identify those in need of it: without a means of identifying these individuals – such as the PSR – many would not receive the support they require.

- It should be remembered that our vulnerable customer sample was carefully recruited to reflect the broad range of vulnerabilities that might impact on individuals' abilities to cope during planned or unplanned WWU work in their area and/or vulnerabilities that might influence issues such as affordability and dealing with fuel poverty or providing for themselves and their families on low

incomes. A key finding is that, amongst this group, awareness of the PSR (for WWU or for other utilities or suppliers) is very low indeed:
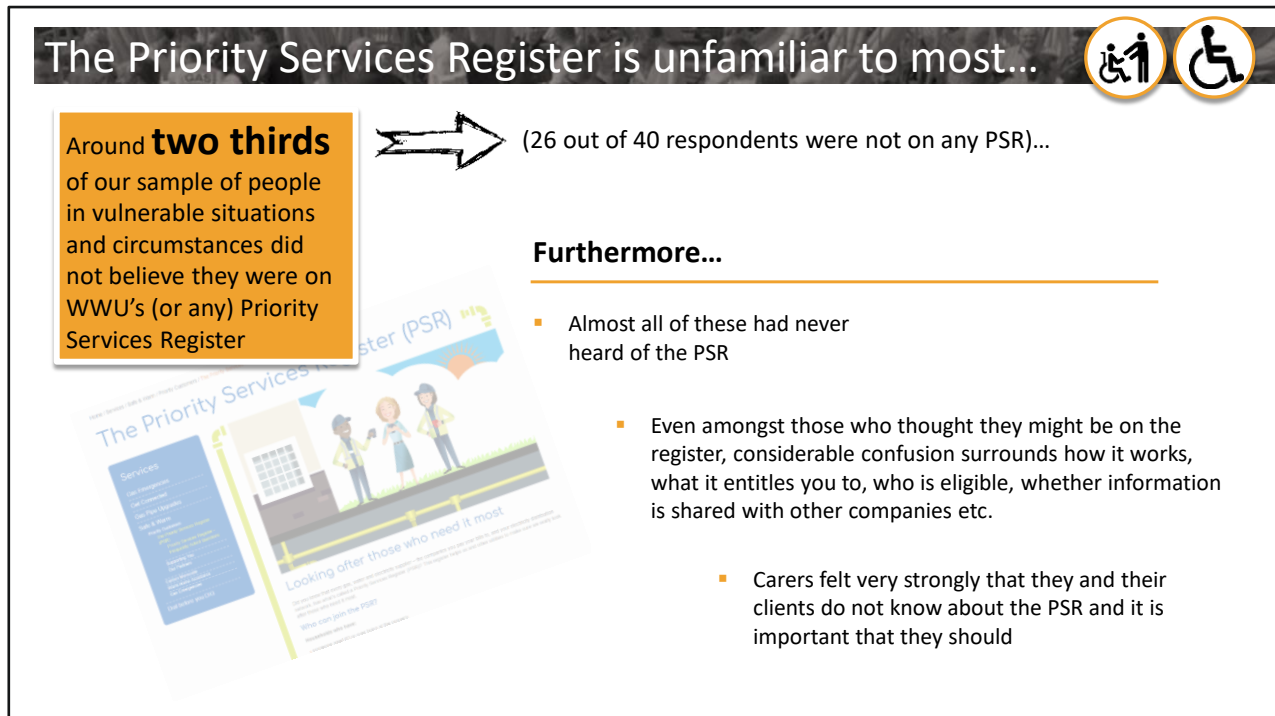
Figure 10

Developing the proposition

- There was resounding support for sharing of information across all utilities, suppliers (etc.): there is certainly no appetite for signing-up multiple times to multiple registers. Often, respondents expressed surprise that utilities and suppliers are not working more together to ensure that the PSR is familiar to all and that all who are eligible are encouraged to sign-up. It was also pointed out by some that, given WWU's relative lack of profile (especially in comparison to energy suppliers – who also have the advantage of knowing who their customers are), it might be sensible for the main thrust of any efforts to promote PSR sign-ups to be directed through suppliers, rather than utilities or networks.

- In general, when asked how WWU could best promote the PSR to those who need to know, respondents thought about their own circumstances and preferences: Do they read leaflets or letters? Where do they visit? Who do they trust and where is information most likely to be believed? Which agencies and organisations do they have regular contact with and which would be most appropriate to share information about the PSR? Carers tended to think about ways in which WWU can identify and work with appropriate partners to raise awareness of the PSR and provide opportunities for those in need to be signed-up. On the basis of these ways of thinking about the challenge facing WWU, suggestions included the following:

> ➤ Promote the PSR through notice boards and leaflets at the places in the community with which people in vulnerable situations typically engage: doctors' and dentists' surgeries; community centres; libraries; supermarkets; newsagents and local shops etc.

> ➤ Work with partners and agencies known and trusted by people in vulnerable situations. For example, some young mums suggested that leaflets and information about the PSR could be distributed by health visitors and midwives. Older respondents suggested working with care companies or health rehabilitation teams (sometimes referred to as 're-enablement services') responsible for providing care to people who have recently returned home after a spell in hospital.

- These sentiments were shared by carers. They were surprised that they did not know about the PSR and felt very strongly that they were in a prime position to promote the existence of the register and to help and encourage their clients to sign-up. They suggested working with their employers (whether in the public or independent sector) to incorporate sign-up to PSR within the training procedures for carers.

- Discussions often developed around the extent to which registers are shared and whether suppliers took steps to identify vulnerability and enrol customers on the register where appropriate. Some respondents believed that they had been asked questions about vulnerability when they switched supplier; others were clear that they had not been asked and that no mention of the PSR had been made. In either case, there was strong support for encouraging suppliers to do more to sign people up to the PSR and promote a wider understanding of the register, who is on it and how it can be used. Many suggested that energy and utility bills are an ideal place to promote the PSR: customers are known and named; they trust the company because a relationship already exists; customers – especially the most vulnerable – will always read bills!

- TV and radio was suggested by many, although some wondered how expensive this might be and whether promoting the PSR on TV was a realistic option. The reason why TV, and to an extent radio, was felt to be an especially powerful channel in this instance is that many vulnerable customers explained that they rarely leave the house and spend the majority of the day watching the TV or listening to the radio.

- Many respondents rejected the idea of using social media to promote the PSR, simply because they do not in any sense engage with the online world, let alone social media specifically. This was true of many – perhaps most – of the elderly members of our sample. However, social media does have a role to play and typically, young families in our sample suggested that social media is a key part of their lives; if WWU can build a presence on Facebook for example, young mums who hear about the register and the benefits of being on it will share this information with their friends.

- There were suggestions of using the 'personal approach' to promote the PSR, perhaps employing representatives to go door-to-door. However, others warned against such an approach, pointing out that many people in vulnerable become anxious if unannounced callers knock on their door.

- An important point, made by many individuals in our vulnerable customer sample, as well as the majority of carers, relates to the way that information is initially captured and subsequently enhanced and refined.

- The general belief was that, in order to encourage sign-up, the process needs to be as quick and simple as possible and should collect the minimum amount of information possible. However, the widespread and strongly held view was that for the PSR to become a truly powerful tool for supporting those most in need, it needs a high degree of refinement in terms of how it flags the specific needs and circumstances of each of its members.

- Thus, following initial sign-up, respondents believed that resources need to be channelled into building each PSR record to contain additional information such as: next of kin/ appropriate contact/ carer details; communication preferences; nature of vulnerability and impact on additional services required etc.

"

Promoting PSR sign-up

This is great…would give me real peace of mind.

I knew there was something like it but I wouldn't have thought I could be on it.

…huge awareness campaign, needs to be actively promoted by all utilities…joint communication campaign…it's not just a WWU problem!

…would take the pressure off with my wife and daughter's poor health. Good that they give a heads up and help other people. Should put it on the internet, and on Facebook…social media would be good to raise awareness this way.

They should grow the PSR – personal contact is the best way.

Advertise in Saturday or Sunday Express…the local Evening Post too as a lot of people my age read the local papers.

When the health visitor came, she gave me a load of leaflets…an opportunity?

Ideal for doctors' surgery, dentist waiting rooms, or in the newsagent window.

Promote it via leaflets through the door. I don't read newspapers, don't trust them.

Get people out in the community knocking on doors.

Can't you use the electoral register to target people? Contact them by age group?

I'm not aware of this or most of the partners so it might be better to send information by post or a leaflet through the door to explain all this. I'm wary of people knocking unannounced. Also, how about GP surgery or newspaper ads?

…impacted by GDPR. Don't waste money on door-knocking…people don't react well to it and are wary of it. Open to abuse if people pretend to be from WWU. Particularly for vulnerable people. There are people better placed to provide help such as Hospital Social Workers and social services, local health authority. Or Community Liaison Officers or even Community Police…they are out in the community more. I agree with concept but need to find a better way.

…but you need to differentiate the needy from the greedy.

7. Providing Locking Cooker Valves
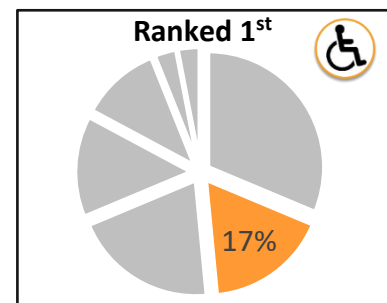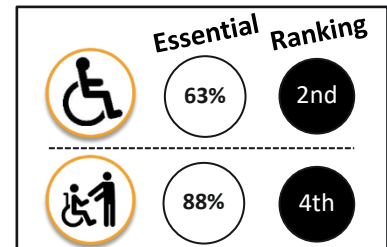
Reactions

- As the ranking scores (see above) indicate, there appeared to be significant support for this measure across both audiences (vulnerable customers and carers). The reaction is interesting inasmuch as relatively few respondents claimed that locking cooker valves would be directly relevant to them personally (although we did interview some vulnerable customers who explained that they suffered from forgetfulness, sometimes as a side effect of medication they were taking for other conditions).

- Although respondents were generally instructed to rank initiatives based on relevance to them, reactions to the locking cooker valve idea were, to an extent an exception: most respondents identified people they knew of – friends, family or acquaintances – who were living alone and, in their view were at risk because of conditions like dementia. The sheer numbers of people living alone who are at risk in this instance outweighed our general guidance than respondents should think about themselves only.

- Across both audiences, providing a means of ensuring that the risk of leaving the gas on accidently is eliminated is seen as critical to the safety of many elderly and those with memory issues. Very often, respondents (including carers) spoke of the way in which societal factors increasingly seem to cause individuals who should be cared for to live alone and without adequate care. Initiatives that help to ensure their safety will become ever more important.

- It is worth noting that, although the main attraction of the locking cooker vale concept lies in helping the elderly remain safely independent in their own homes, even some of the young mums

in our sample pointed out the relevance of this to their own circumstances (i.e. offering the potential to 'child-proof' potentially dangerous appliances).

- Not all reactions to the concept were positive and, to an extent, the spectrum of responses highlights an issue that many respondents mentioned during interviews: namely, how far does WWU's responsibility and remit stretch and can it justify spending money on initiatives that appear to be quite distant from its core operation of looking after the region's gas network? For some respondents, supplying locking cooker valves is a step too far.

Developing the proposition

- The concept as it stands is, in most of the sample's view a very good one. Any suggestions about how it could be developed focused on promotion and distribution. The carer audience was especially keen on the idea and agreed that they would be more than happy, in their role as carers to help their clients and their families implement it. Indeed, they pointed out that locking cooker valves would be easy to use and support in the context of their clients: they are already very familiar with using key safes and locked drug boxes are commonplace.

- Carers suggested that for WWU to optimise distribution and effectiveness, it would be sensible for them to liaise directly with care agencies and the families of vulnerable customers as appropriate.

"

Locking Cooker Valves

Good idea…with a husband with dementia…if he came home from hospital, I would worry about leaving him on his own.

I've caused fires by leaving a pan on the hob. My daughter found it – it had burnt through but I didn't notice. Pity they don't do that for electric!

Brilliant idea. My daughter's carer has other clients that she cooks for with dementia…good if they had this…don't have to worry if you go out.

Very good for dementia patients – not needed personally.

Very good idea. My grandmother could have done with it when she was alive, she blew up a microwave. Essential…more people needing it in the future. Takes the liability away from gas company and saving lives is priceless.

Good for young children too…my granddaughter played with knobs on the gas hob and turned it on…luckily it was noticed. Brilliant idea, for the elderly and those with young children.

…for young children too that fiddle about with cookers, good for young families. I think for the elderly…you need to be careful not to take away their independence, so needs careful thought. They might panic if they think things aren't working or there is no gas. If they are vulnerable should they really be on their own?

…too far…intruding into people's own personal responsibility and there are already lots of organisations that are offering help in this space. It is your own responsibility, no-one else's. Care system is already there.

I'm not happy with this…taking my mother as an example, she would get more confused, panic and worry if the gas was turned off. Rather than helping it could cause more anxiety.

8. Providing alternative heating and cooking appliances
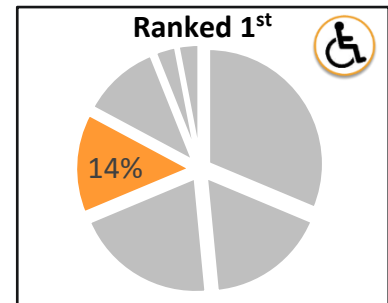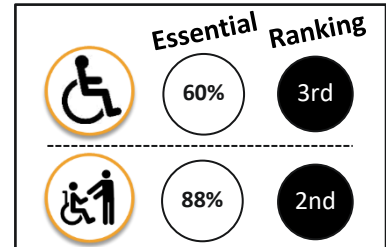
Reactions

- For many this approach to ensuring vulnerable people are able to cope during an interruption is seen as critical.

- It is viewed as particularly important for the older, fuel poor, chronically sick and isolated – and there were many examples of how little tolerance some people have to periods of cold, even for a relatively short time.

- Alternative heating facilities are valued most (more so than cooking appliances) since many cook with electricity or at least own a microwave, have friends and family who could prepare and deliver meals for them (or live close to and could afford a takeaway!)

- Heating was generally seen as less important for young families…but hot water is more critical. Many young mums spoke of the challenge they would face if they had to endure even a few hours without a ready supply of hot water (to heat babies' bottles, to bathe children etc.). Although they also acknowledged that they could boil a kettle, many were keen to understand if there are any simple ways in which WWU could ensure a plentiful supply of hot water in the event of an interruption to the gas supply.

- Hot water for regular bathing is also key to many with complex health needs. It was common to find individuals with extremely complex conditions and needs, for example; COPD coupled with other conditions, including on occasions mental health issues such as anxiety and panic attacks. A number of respondents explained that their typical daily routines involve regular baths – and a

disruption to this routine, even if for only a short time, has the potential to exacerbate one or more of the physical or mental health conditions they suffer with.

- Despite the almost universal support for the idea of providing alternative heating and cooking appliances, a response common to many respondents was a significant concern over any additional costs that would be incurred using electric heating to replace gas appliances, even for a short period.

Developing the proposition

- Based on the concerns that many respondents voiced, a common suggestion or request was that WWU considers ways in which customers might be financially compensated for any costs incurred as a result of an interruption. For many, the cost of heating their home represents a significant burden and a sizeable proportion of their income. In these cases, any additional outgoing on energy, however small, is difficult to budget for and/or could lead to considerable worry.

- The best means for offering such compensation is unclear: Some suggested directly crediting electricity or gas bills, whilst others have card meters and would prefer cash payments.

- A simpler approach might be merely to ensure that the provision of alternative heating and cooking appliances is accompanied by clear, irrefutable evidence about the cost of running such devices (and customers expect that WWU will only select the latest, most cost-effective appliances).

- Carers were clearly aware of many clients who would be seriously worried about the costs associated with using electric heating appliances and in these cases, reassurances that costs would be met would be the only way that their clients – most notably the elderly – would be prepared to accept and use electric appliances. In reality, without such reassurances, many would choose not to use the appliances (and as a result, would make themselves especially vulnerable, particularly during winter interruptions).

- Although perhaps not an absolute priority, many respondents – including families with babies and individuals suffering from complex medical conditions – suggested that WWU investigates ways of providing hot water in large volumes.

"

Alternative heating and cooking appliances

This is a good idea. I shouldn't be left without any heating or cooking facilities.

Marvellous idea: good for those with poor mental health, or the lonely or pensioners… but they don't like microwaves, new-fangled!

That would be a lot cheaper than putting you in other accommodation.

That would get me through. I could boil the kettle for the bath. Would mean I didn't have to move out, pack – there's lots of stuff with a baby!

I could cope personally without it…but I don't want the kids getting cold… so it's good for parents / single parents.

I'd phone the council, they would provide heaters I think. Good idea though… a lot of people not in council houses.

Radiators better than blow heaters…get rid of blow heaters and just have radiators…cheaper to run.

I could last for 48 hours so not needed…but essential for other people.

Take a cash deposit, if it is a rough estate the stuff won't get returned!

9. Promoting CO awareness
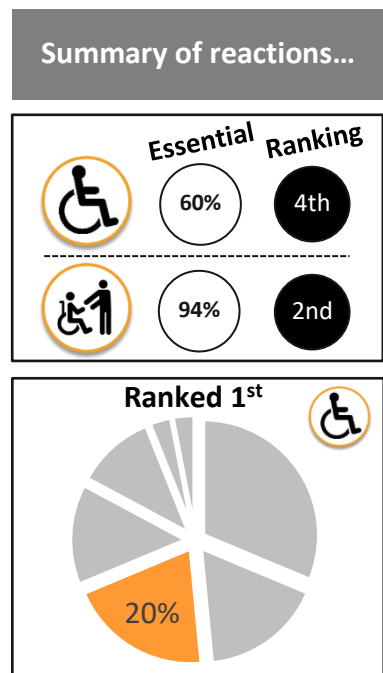
Reactions

• Given the extent of the work WWU has done in promoting awareness of the dangers of Carbon Monoxide, one aspect of the sample's response can be seen as encouraging. Across both audiences – vulnerable customers and carers – extremely high levels of awareness were encountered.

• Almost universally, vulnerable customers knew of Carbon Monoxide and if its dangers. A very common response when the subject was introduced was, "it's a killer".

• Furthermore, most (but not all) respondents claim to have a CO alarm fitted.

• As has already been discussed, a significant proportion of vulnerable customers are living in rented accommodation or social housing: typically they explain that their housing association or landlord is responsible for boiler maintenance and service and for ensuring their tenants' safety.

• A few respondents who admitted to not having a CO alarm knew that they should (and several even claimed that they would buy one as a result of the research!).

• Often, respondents talk about CO alarms in the same breath as referring to smoke alarms and there would appear to be some confusion with smoke alarms (i.e. how and where they should be fitted; who looks after them; whether the Fire Service is involved with the distribution and promotion of CO alarms etc.).

- Additionally, there was often discussion – and apparent confusion – about the best location for CO alarms, what to do if the alarm goes off and how often they need to be replaced.

- Responsibility is sometimes seen to lie with the Fire Service as they are known to fit free smoke alarms…and in some people's minds, CO's link to the Fire Service is so strong that WWU should partner with them, rather than try to accomplish too much on its own.

Developing the proposition

- Without doubt, both audiences indicated that they fully support WWU's role in promoting awareness of CO and its dangers. The rankings produced by both audiences confirm that this responsibility is seen as one of the most important for WWU to resource.

- However, there was also a fairly clear suggestion – sometimes stated explicitly, sometimes implied – that WWU should consider changing emphasis…

  - …away from raising awareness of CO and its dangers…

  - …towards improving understanding around:

    - Positioning of alarms;
    - Importance of alarms – even if appliances are regularly serviced;
    - What to do and who to contact should the alarm sound.

❝

Promoting CO awareness

I knew there was an alarm in the house but before it went off, I didn't know what it sounded like and when it did, I didn't know what to do.

If they are involved with gas then it is logical they undertake this.

I've heard about on soaps and on TV – don't know what it is exactly, not sure if we have detectors unless the smoke alarms do both…I'll check!

Important but most people are aware today. Should target the young and they can then help their elderly relatives.

…a booklet is best – door drop or TV campaign better, social media good for youngsters, school is good for teenagers but will they listen and pay attention?

Fire Brigade put detectors in. The Fire Brigade have more credibility and would be taken more seriously.

"

Promoting CO awareness

Important…but is it more important than some of the other things? I don't know.

I've heard all about Carbon Monoxide…for me it's, when the alarm goes off, who am I supposed to contact…what do I do?

Maybe …on the back of alarms…telling you what you're supposed to do.

Do I get out of the house?...in the cold?...with a baby?

I don't expect them to be paying for an alarm.

I haven't got one and I know I should – I've even got a static caravan with one fitted.

Where do you put it? By the boiler?

10. Referrals to partners
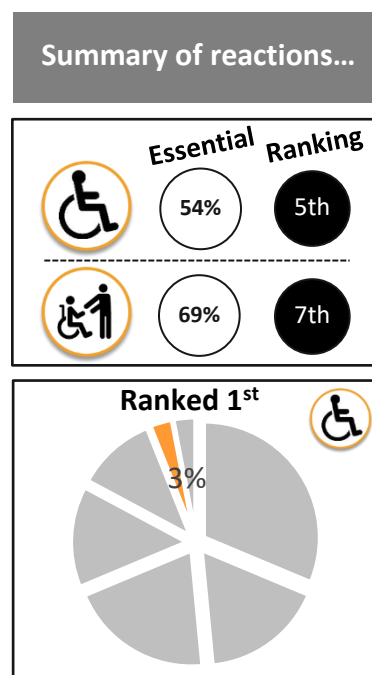
Reactions

- It should be said that testing reactions to a concept such as this poses real challenges – and the insights gathered can only really be seen as broadly indicative of audience opinions. In particular, very little time was available to outline exactly how such a concept might operate, who WWU might partner with and in what circumstances referrals might be made. Consequently, respondents were able to respond in only the broadest terms. Key points to emerge included:

  - This is a highly complex issue prompting mixed reactions. To an extent, many respondents (vulnerable customers) were confused about how and why WWU would involve itself in some of the areas outlined.

  - At the most basic level, some respondents suggested that WWU has a responsibility for maintaining the gas network – and that it where its responsibility ends. Certainly, many considered a partnership model of this type to be 'above and beyond' what would be expected of WWU.

  - However, there is also a widely-held belief that all people and organisations have a moral responsibility to assist the most vulnerable and if confronted with a situation where an individual is clearly in need, it would be wrong not to act in that individual's best interests.

- Very few respondents doubted that the types of issues listed in the stimulus material (e.g. fuel debt and tariffs, unclaimed benefits etc.) pose genuine challenges to many individuals and households

across the region. Questions tended to be asked however about; (a) whose responsibility it should be to address these issues (and many suggested it wasn't WWU's) and; (b) if WWU is in a good position to identify those in need, what would be the extent of their involvement? (and most suggested it should be minimal).

Developing the proposition

- A 'light touch' approach is required: sensitivity is key and WWU must consider a whole range of factors, including the degree to which individuals feel that their independence is being threatened.

- In short, the focus should be on identifying need and referring on to the relevant partner in as short a time as possible…

- …and this is where WWU's responsibility ends.

- Even in relation to the more 'on topic' issues, such as fuel debt and energy efficiency, respondents did not automatically assume that WWU has a responsibility here, or even a role to play.

- In most respects, the views of carers mirrored those of our vulnerable customer sample. They too believed that WWU has a responsibility to identify those in need but again, referrals should be made to, and relevant organisations should be involved at the earliest possible opportunity.

"

Referrals to partners

I'd want help if it was offered. We had problems with my son's phone being hacked by someone who used it for online gambling and we were liable as the contract was in my name. We had to pay money back…would be good if other partners could provide help.

…tariffs: personally I doesn't understand that well so could be of use.

I'm on a tight budget but don't have any debt. But you don't know what will happen tomorrow so good for the future maybe. I would be glad of someone's help if it was needed.

Not all aware of the help available, so they end up going without and struggle and they shouldn't. Good if they can pick up phone and ask for help. Good that they work with other companies and can refer people to the right organisations, great.

Benefit system is as stretched as it can be…no extra money in the pot it seems for anything so I'm wary of this. People shouldn't feel it is a right to get benefits…need to be more independent. This shouldn't be a priority for WWU.

Would need strong-minded staff as people can get quite angry and demanding about benefits. I can understand how people can get into trouble but I don't think there is enough money to cover this.

I'm aware of Care and Repair…have had a lot of help from them with getting the house ready for me to be able to move around more easily. I feel this could be tricky and a sensitive issue…with GDPR it's not that easy to share personal information. Some of these vulnerable people will have already been identified by other organisations such as Social Services so not sure why there is a need for WWU to do it too.

They should focus on other priorities first…duplicating effort of other organisations and charities. Also requires a sensitive approach as some people genuinely need help, others will play the system, and some will be too proud to accept it even if they really could do with help. Better if this is triggered via the gas supplier – if they are sending out final reminders then refer people to these organisations for additional help.

"

Referrals to partners

Unclaimed benefits are a minefield. When dad died we discovered that mum and dad could have been claiming pension credit and have now missed out on it.

It's a good thing…but some don't want you overstepping the mark, some are willing to talk, others prefer to bury their heads in the sand. Difficult one for WWU to play as both types of individuals. Approach needs to be sensitive and tread carefully. Some don't want to be talking to strangers about debt.

I would put that in essential. I don't have a great phone signal – have to take a walk, difficult when I'm on my own with a baby – even more pressure for me. If they could contact partners for me…and they'd know more about what they're talking about. For me, it's really stressful.

Safeguarding basically?

Nice idea but it's not the gas company's place to do it. They need to put their money into what they're doing…but I do like the idea that if one of your chaps comes in and sees a little old dear freezing, maybe they could report back – but not get overly involved.

There are lots of other companies and departments out there who should be doing their job.

11. A single point of contact

Reactions

- Although both audiences – vulnerable customers and carers – were asked to rank the importance of this idea based on the text in the stimulus material (i.e. "a single point of contact to support customers following an unplanned interruption") in reality, most struggled to focus on such a specific scenario and tended to respond in boarder terms (i.e. they considered the concept of a single point of contact across a range of circumstances – including unplanned and planned interruptions to their gas supply). In summary, reactions were:

  ➢ A single point of contact with which the customer can identify and ideally trust is especially helpful for those with high levels of anxiety.

  ➢ Many in our sample would classify themselves in these terms but on balance, the need for a single point of contact is confined to a minority of those we spoke to.

  ➢ Reactions to the idea were often shared in the context of discussions about how many in vulnerable circumstances become anxious about updates and communication – and having to deviate from their normal routine. This is the real need that should be addressed: how can communication be organised in such a way that it limits the potential anxiety that many vulnerable customers feel if their usual routine is threatened?

  ➢ Many suggested that a *single* point of contact is not necessarily what is required or is less important than an *easy* means of contact (e.g. no IVRs – replace with a 'vulnerability hotline').

- Indeed, in most cases respondents outlined a preference for a means of contact that was simple to use and got them to the right people quickly. This doesn't necessarily need to involve a single point of contact – face-to-face or over the telephone – but the process should ideally avoid the need for customers to navigate complex menu options or tell their story to several people.

- There were some suggestions that WWU could investigate ways of involving the local community more in organising effective and trusted communications ahead of and during work (see first quote, below)…

"

A single point of contact

Everyone here knows everyone. You could have an ambassador…I'm in most of the time…I could go round to my neighbours. Maybe a small incentive?...a job title!

Yes, one-to-one contact would be nice. Ok with phone calls despite using a hearing aid…happy to deal with a few people if necessary, not a problem.

Good idea…anyone on their own and vulnerable should have a single number to call. Like my emergency call button I wear around my neck that links to Cardiff City Council.

Brilliant, one number. Now with others it is lots of numbers, lots of options and you end up confused and can take ages. This would be easier and better.

You need to respect the vulnerable and not make them panic. Single contact better for this.

Important that it is quick to use and a single point of contact and not automated responses.

12. Free-of-charge meter moving

Free-of-charge meter moves

We will move credit meters and ECVs where the customer cannot access them due to disability or old age

(Minimum work only i.e. enough to make credit meter and ECV accessible)

WALES&WEST UTILITIES

Summary of reactions…

Essential / Ranking

40% — 7th

19% — 9th

Ranked 1st

0%
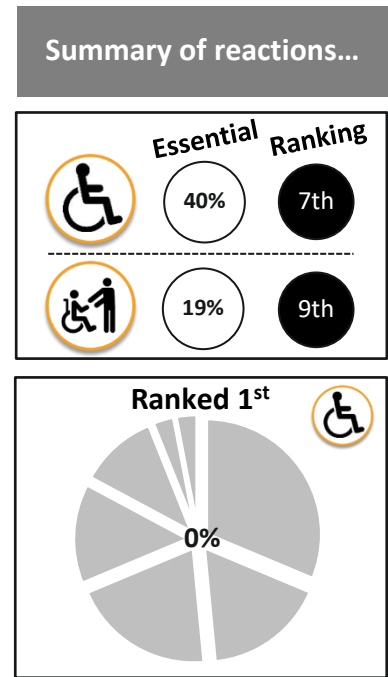
Reactions

- In one sense, reactions to this initiative were very straightforward. All, or almost all supported the initiative and understood the importance of offering this service for those with limited mobility.

- Although for such individuals access is critical, this is (in the sample's view) an issue affecting a relatively small number of customers…

- …and on this basis, other – more universally-relevant measures – were considered worthier of funding.

"

Free-of-charge meter moving

I have a smart meter and can't get to its level to read it, so was advised to bend over and take a photo! I struggle to do this. Good for me and other elderly people.

Good, would be a relief to a lot of people – all things you don't think about until you have a disability in the family.

…I'm not sure they could move meters any closer than they are…shared flats. Would like this as I have to ask others to read meter for me.

I'm not aware of this, good idea. I've had to have plugs moved up higher as I can no longer bend and my meter is down at floor level too…might need this in future. Brilliant idea. Personally of use.

With my eyesight I struggle to read the meter anyway…have a smart meter which I think he [husband] can access via a phone app. So maybe more a 'nice to have' as a service.

13. The Hardship Fund
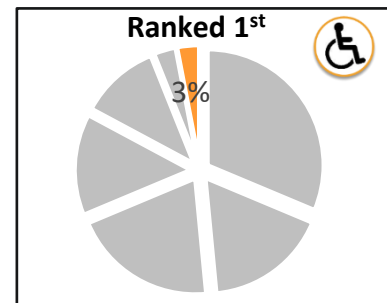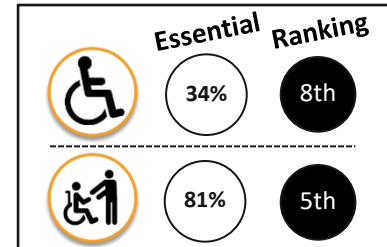
Reactions

- Responses here were in many ways similar to those captured in response to the Warm Home Initiative concept (see Section 16). Social housing residents – of which there were many in our sample – consider the council or housing association to be responsible for maintaining and repairing their boiler, heating and cooking appliances, so this fund is less relevant in these circumstances.

- Again however, most respondents believed that it is critical to assist the neediest – and WWU, along with every other organisation has a moral responsibility not to leave individuals in a vulnerable position.

- Some respondents currently in rented accommodation also discussed the difficulties they anticipated in persuading a landlord to sort out a faulty appliance. There were suggestions that perhaps WWU could step in initially to fund repairs or replacements to ensure that the customer is not left without heating or hot water. Subsequently they could make arrangements to recover the money from the landlord. In this way, there would be no cost to WWU – and they would help to police rogue landlords!

- Some discussions developed around WWU's responsibilities and, in particular, how it can fund repairs to faulty appliances when, as far as customers are aware, it is funded to provide and maintain the network of gas pipes in the region.

- Again – as was the case in response to other measures and initiatives – some respondents expressed concern that the scheme was open to abuse.

> ## The Hardship Fund
>
> *There are a lot of people in vulnerable situations. Food banks aren't enough these days, so this could be good.*
>
> *Sounds like a good idea but I'm worried about people abusing the system – the kind of people that expect the Government to pay for everything. I've always saved, never owned a car until I retired. This could encourage wasters…don't want to begrudge people but not enough people taking personal responsibility.*
>
> *…overnight stay could actually be more disruptive than staying at home for an elderly person.*
>
> *Don't know how a company can afford to do all this…I'm all for them getting a proportion of our bill to fund things but can't do it all.*

14. Providing Keep Warm Packs
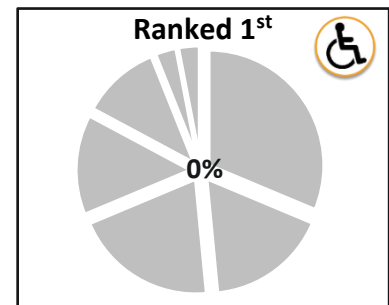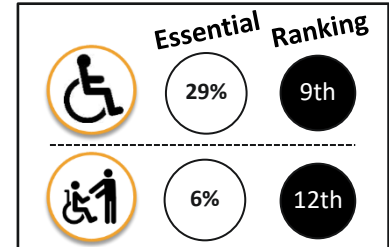
Reactions

- Reactions to this initiative can be summed up thus:

    ➢ This is a nice touch and shows WWU cares…
    ➢ …but for most, these packs are not essential and, on that basis…
    ➢ …don't waste too much money on items that most households already own

- Some of the more marketing-minded in our sample of vulnerable customers referred to Keep Warm Packs as a 'loss-leader' or a publicity tool – on the basis that WWU can use these to engage with vulnerable customers, advertise their presence and promote the existence of the PSR – all with a relatively low-cost measure.

- It is relevant that this initiative represented one of only a few where ratings of importance attached to it were higher amongst vulnerable customers than carers. This perhaps suggests that carers – who deal with a large number and wide range of clients, many of whom are elderly – either believe that their clients would not use these packs or that they already own most or all of the component items. Only 6% of carers rated this initiative as 'essential'.

- Carers and some customers also suggested that hot water bottles can be dangerous for the elderly.

"

Providing Keep Warm Packs

Good idea, the elderly are more susceptible to the cold. Good for vulnerable adults and kids. Not for me though.

…very good. I think Age Cymru do something similar…throws given out. Would be very handy…my husband likes his tea in a thermos flask!

Brilliant idea. Thermos flask is good for soup…good for a lot of people, covers are good for older people.

All houses have these already…treating people a bit like idiots. Better if they say it's advisable to have these things to hand during power cut. Ask them to check if they have them…if you don't, contact us and we can supply them.

Most people have got these or can get by with other things. Over the top.

Good for kids and the elderly but it's so cold that you need hats, the kettle still works… most have socks and blankets already. They should say that if the temperature gets to a certain point ring us for more help. Give out more emergency numbers in the leaflet.

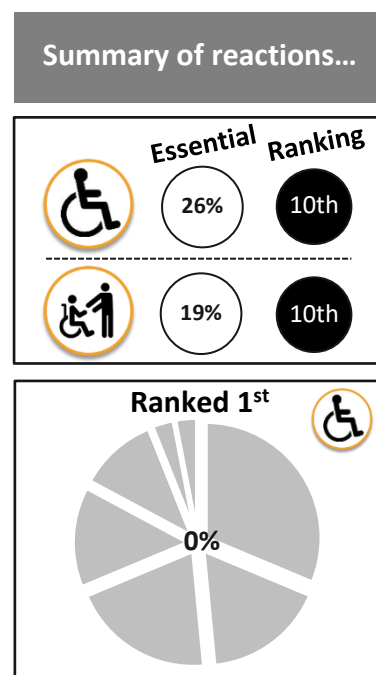## 15. Targeting particular areas

Reactions

- The overall ranking of this idea indicates that it is not, in either audiences' view, a priority. Indeed, many respondents put forward arguments as to why an approach targeting particular areas based on high indices of fuel poverty and/or poor health is wrong or misguided. The more common observations on this idea included the following:

  - Vulnerability is found in all areas (e.g. the elderly, the frail, the chronically ill, those living alone). Our sample of carers were especially quick to point this out. It is certainly true that a number of respondents in our vulnerable customer sample lived in areas or neighbourhoods that would not typically be considered to be notable for fuel poverty and/or high levels of poor health. Elderly respondents in particular sometimes remained in their family houses that were sometimes in apparently 'affluent' areas.

  - Hence many questioned the rational of diverting significant resources to targeting areas, since this might well result in many who are genuinely vulnerable being overlooked.

  - Additionally, many saw significant barriers to 'door knocking' – not least the unwillingness of many in vulnerable situations to answer their door, or for unexpected callers to prompt anxiety.

  - Generally respondents argued that widespread, effective promotion of the PSR is preferable to an approach based on targeting particular areas in the hope of encountering greater levels of

vulnerability. Some even suggested ways in which the PSR could be promoted within communities.

- Hence, this idea was generally not considered to be a priority.

"

Targeting particular areas

You'd miss people like this.

…elderly people…a lot live in say an old house that they don't want to move from…and they're more in need than somebody who lives in a built-up area with neighbours.

If you're targeting particular areas, you're missing people in the end.

Personally I'm sceptical of door knocking and don't respond to people who approach me on street.

I don't like door knocking, don't trust people. Face to face in a pop-up shop is better than door knocking or a phone call would be better.

…there are a lot of people like me that will need more help now. With the Universal Credit system limiting benefits, they are more stretched than before. Wary of door to door knocking, better they go into the community and go to playgroups and local cafes, bingo for older people.

I think door knocking is a good idea, I've done it in the early days for Cervical Cancer awareness campaigns…can be very effective. I feel it's good for vulnerable people to be able to talk to people face to face.

Put it all in a booklet – something to read…don't want door knocking.

If you're in need…I wouldn't mind if they targeted me!

16. The Warm Home Assistance Scheme
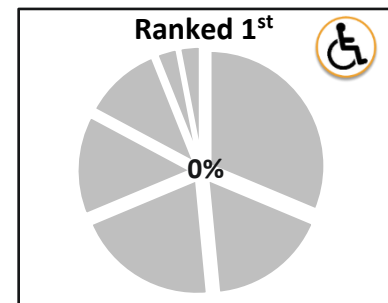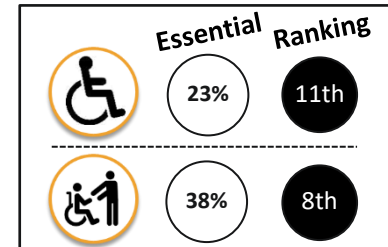
Reactions

- Reactions to this scheme varied widely: opinions were partly dependent on individual circumstances but were also influenced by more fundamental beliefs about providing for those in need (and again, as with locking cooker valves, questions about whose responsibility it is to look out for the most vulnerable). Broadly, reactions to the scheme can be summed up as follows:

  - A considerable proportion of the sample of vulnerable customers lived in rented accommodation (from housing associations, local authorities and the private sector). In addition, eligibility criteria for our research sample included the requirement that the customer's home was connected to the gas network (since we needed to ask questions about how WWU could support customers during planned and unplanned interruptions). These two factors meant that the scheme was of no direct relevance currently to our sample of vulnerable customers – although of course circumstances change.

  - Respondents therefore commented from the perspective of considering the scheme in a wider context: to what extent do they support WWU in ensuring that people not connected to gas currently can afford to do so and, as a result heat their homes more cost-effectively?

  - Many were very supportive and spoke with a degree of familiarity with and understanding of the issues. For example, it was not uncommon to hear respondents refer to concepts such as fuel-poverty.

> ➢ However, a minority from the vulnerable customer sample raised doubts and concerns about the help and support that is available and in particular, questioned whether funding and resources always finds its way to those who are genuinely in need.

"

The Warm Home Assistance Scheme

I'm not eligible for this as we're in shared accommodation from a housing association…they have a duty of care. Sounds like a good scheme. Good for anyone that has got problems with money or is on benefits.

Very good. I help with a Scout group and we're trying to get a building. It isn't on gas and we're looking into how we can fund this. We're a charity – we have to fund raise. Could this scheme apply to us?

It's over the top…needs careful thought. I'm worried about the potential for abuse of the service.

If retired then this is ok, not for younger people, they get enough help already.

How do they identify the people that really need help from those that just say they need help? Lots of people want everything for nothing, so not sure this is the best use of their resources. Hard to identify the genuine people. Also, duplication of effort…other services and charities providing help here.

I think I've heard of this – this is a wider scheme offered by EDF, our gas supplier.

They can't do everything, this is too much. There are other partners that could do this. Other similar schemes that can help people.

For people who deserve it…vulnerable people, not just those on the dole…not all these need help. Too easy for them not to work. Should be focused on older people.