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Fuel Poverty and disabled people: the impact of policy change

Carolyn Snell, Mark Bevan and
Harriet Thomson

Table of Contents

Acknowledgements.....	3
Executive summary.....	4
Introduction.....	6
Methodology.....	7
Summary of Literature reviewed.....	10
Statistical analysis of the English Housing Survey.....	13
Qualitative analysis: managing energy costs.....	31
Qualitative analysis: tackling fuel poverty amongst disabled people.....	39
Summary of Research Questions and Findings.....	51
Policy implications and recommendations.....	54
Concluding Comments	56
References	57

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1. EXECUTIVE SUMMARY

Eaga Charitable Trust funded the research team at the University of York to investigate the relationship between fuel poverty and disability in the context of policy change. This report summarises research findings from the project literature review, headline findings from a statistical analysis of the English Housing Survey (EHS), using the 10 per cent (basic and full income) and Low Income High Cost (LIHC) measures of fuel poverty, and findings from qualitative interviews with 16 key stakeholders and 19 households containing disabled people.

The literature reviewed suggests that reduced incomes and higher energy needs will lead to an increased prevalence and experience of fuel poverty amongst some disabled people, especially those who lose out under benefit reforms and are ineligible for fuel poverty support. However, this may not be captured by official statistics given that disability related benefits are treated as general income by official definitions of fuel poverty, and that additional energy needs are ignored by official measures.

The statistical analysis found that a greater proportion of households containing disabled people are fuel poor compared with households that do not contain someone who is disabled. Additionally, when Disability Living Allowance (DLA) and Attendance Allowance (AA) are removed from the calculation of income (as recommended by the Hills Fuel Poverty Review), fuel poverty rates increase although this varies by the measure of fuel poverty used, and other factors such as type of disability, region, tenure and household composition. Fuel poverty levels also vary by household composition type, the presence of a disability and the measure of fuel poverty used. For example, under the full and basic income measures of fuel poverty, the highest rates are found amongst single disabled people under 60 (36.6 and 53.5 per cent respectively). However, these findings are not mirrored in the LIHC measure, where lone parents with dependent children (with no illness or disability) have the highest fuel poverty rates (21.7 per cent). Fuel poverty rates are highest in the private rented sector across all measures. Additionally, fuel poverty rates tend to be highest amongst all households that pay energy bills using prepayment methods, and are generally higher amongst households containing someone who is disabled.

The qualitative analysis demonstrated diverse experiences in terms of affording the costs of energy. For respondents who were reliant on benefits, managing the costs of energy as part of total outgoings was becoming increasingly problematic. The increasingly discretionary and localised nature of support for households containing disabled people was identified as a concern, because in some areas, DLA was being counted as general income to pay for rent, or disabled people were being turned down for Discretionary Housing Payment (DHP), or were a low priority for this form of assistance. In addition, the uses to which benefits such as DLA and Carers Allowance were being put meant that incomes were being stretched. The combination of changes to benefit entitlements, for example to council tax or Housing Benefit, had significant consequences on the ability of these respondents to pay for fuel.

Stakeholders highlighted the crucial role of working at the local level to identify and work with households who would benefit from energy efficiency measures. A number of

respondents and agencies highlighted the difficulties of maintaining adequate levels of warmth for households containing disabled people in dwellings with poor levels of energy efficiency, or inadequate heating systems. The Health sector was viewed as having a potentially crucial role to play in alleviating fuel poverty amongst households containing disabled people. In the face of difficulties in identifying and targeting disabled people through data matching exercises at national level, initiatives and funding via the health sector provides an alternative avenue for identifying and supporting the energy requirements of disabled people, including developing the evidence base to support healthy homes.

Five recommendations have been made:

RECOMMENDATION ONE: Ensure that disabled people are fully acknowledged within relevant fuel poverty policy, recognising that needs are diverse, fluctuating, nuanced, and in some instances masked by official statistics. Recognition of the problem should not be limited to fuel poverty policymakers, but also those working in other relevant areas such as health and social care. Given the difficulties associated with identifying and targeting fuel poor disabled people, local networks and the engagement of the health sector may help support those in most need.

RECOMMENDATION TWO: As recommended by the fuel poverty review (Hills 2012) DLA and AA should not be considered as part of the fuel poverty indicator as these are not forms of disposable income. More generally, policymakers and those working in front line agencies need to be far clearer about the multiple (and therefore unreasonable) claims being made on DLA. These issues also apply to Personal Independence Payments.

RECOMMENDATION THREE: Include disability as a qualifying factor for the core group of the Warm Home Discount Scheme (WHDS) and Energy Company Obligation (ECO). Consider the presence of a disabled household member as a qualifying factor (rather than that person being the named bill payer). Ensure that holders of the WHDS are able to switch providers without having to reapply for it.

RECOMMENDATION FOUR: address housing conditions in the private rented sector as a matter of urgency. The links between poor health and role of the health and social care sector may be crucial here, for example, through energy on prescription.

RECOMMENDATION FIVE: serious attention should be paid to the suitability of prepayment meters for disabled people, in terms of their useability, and also given the elevated risks associated with self disconnection. Again, a broader understanding of this issue amongst other sectors working directly with disabled people (such as health and social care) may help address self disconnection more urgently.

2. INTRODUCTION

In the UK fuel poverty is understood to be an interaction between low income, energy inefficiency and energy prices (DECC 2012a, see also Boardman 2012). In the UK research indicates that fuel poverty is prevalent amongst the following household types: those in rented accommodation, single people (both of working age and retirement age), lone parent households, those who are economically inactive, low income households, benefit recipients, and households containing one or more persons with a long term illness or disability (Fahmy *et al* 2011, DECC 2012a, Baker *et al* 2003). In addition to rising energy costs, the recession, cuts to public sector budgets and welfare benefits have all been linked - at least in passing - to an increase in fuel poverty (see for example CAB 2012, Kaye *et al* 2012, Wood 2011). Alarming, whilst some cuts have been implemented already many changes are yet to come. These cuts correspond with significant changes to fuel poverty provision, where state support is being substantially reduced in favour of private sector provision (Snell and Thomson 2013).

Disabled people are recognised within research and policy as being a group 'vulnerable' to fuel poverty, however, there is very limited evidence that considers the relationship between fuel poverty and disabled people (with the exception of Laxton and Parckar 2009), or the impact of welfare reform **and** fuel poverty policy on disabled people. Even where disabled people are considered in relation to fuel poverty, they are often treated as one group with homogenous needs, despite highly varied needs and eligibility for fuel poverty or welfare support (Walker and Day 2012). Given this lack of knowledge Eaga Charitable Trust funded the research team at the University of York to investigate the relationship between fuel poverty and disability in the context of policy change. Adopting a mixed methods approach, this project set out to answer three research questions:

1. What evidence currently exists around the relationship between fuel poverty and disabled people?
2. What are the needs of disabled people living in fuel poor households?
3. What can policy learn from these research findings (especially in light of current policy changes around the green deal and benefits)?

This report summarises findings from the project literature review, headline findings from a statistical analysis of the English Housing Survey (EHS), and findings from qualitative interviews with key stakeholders and disabled people. The literature review and statistical analysis can be found in full in Annexes A and B.

3. METHODOLOGY

Literature review

The literature review was conducted in two ways. Firstly, the research team identified a list of key search terms relating to fuel poverty and disabled people (see Annex A). These terms were then entered into nine databases. Of the retrieved articles approximately 500 were shortlisted and assessed manually. Secondly, websites of the main charities were searched using the same terms and any resources (press releases, research articles, newsletters) were also downloaded and used in the review. In addition to this, a general 'google' search was conducted in order to capture any additional sources such as newspaper articles.

Statistical analysis of the English Housing Survey

A secondary data analysis of the 2010 to 2011 English Housing Survey (EHS) was conducted to assess the relationship between fuel poverty and disabled people. The EHS is a repeated cross-sectional study that "collects information about people's housing circumstances and the condition and energy efficiency of housing in England" (Department for Communities and Local Government, n.d.a: 4). Data is collected at the individual and household level in a multi-stage process; firstly, an initial interview survey of approximately 17,000 households is conducted, followed by a physical inspection of a sub-sample of approximately 8,000 dwellings. Annex B provides a full overview of the variables used from the EHS household dataset, as well as a description of any data transformations that have taken place, such as aggregating data from lower level individual files for analysis at the household level. All results presented within this report are based on crosstabulations and are statistically significant at the 99.9 per cent level. All of the statistics presented in this report are national estimates; the EHS grossing factors have been applied to data, which have been calculated to "compensate for the design of the sample i.e. the over sampling of some dwellings and under sampling of others; and take account of non-response bias" (Department for Communities and Local Government, n.d.a: 20). Further technical information regarding the definitions of fuel poverty used, assumptions made, and limitations of the data can be accessed through the full report in Annex B.

The EHS gathers information on the number of self-reported and registered disabled people in each household using two broad disability variables, asked at the household level. Firstly, the household reference person (HRP)¹ is asked if anyone in the household has a long term illness or disability (termed 'illness or disability' within this report), and secondly, the HRP is asked if they or their partner are registered disabled². This second measure is somewhat misleading as the 1995 Disability Discrimination Act replaced the need to register as disabled to access support and benefits. It is possible that EHS respondents in this category

¹ In the EHS, the Household Reference Person is the "householder", i.e. the person in whose name the accommodation is owned or rented. For joint householders, the HRP is the person with the highest income. Where incomes are the same, the older person is defined as the HRP. (Department for Communities and Local Government, n.d.a)

² The EHS question asks 'Are you/they registered as a disabled person (or as visually impaired) with the local council/ social services?'

registered as disabled prior to 1995, are part of a local authority scheme that still supports a registration scheme, or are registered as partially sighted, blind or deaf. Given this ambiguity the results for this measure are presented in the full statistical report, but are not reproduced in this summary report.

The analysis presented in this report applies three measures of fuel poverty, firstly the two '10 per cent' measures of fuel poverty reported by the Department for Energy and Climate Change (DECC). These measures use two different classifications of income, 'full income' and 'basic income', and both have been used throughout the research to examine the effect on disabled households. These classifications of income are defined as follows:

- The 'basic income' definition is a measure of household income and is calculated by adding the personal incomes of every member of the household together plus any benefit payments that the household receives (from private sources, state benefits and savings) but excludes income related directly to housing (Department of Energy and Climate Change, 2010:11).
- The 'full income' definition includes the sources listed above but in addition to the basic income measure it also includes income related directly to housing (i.e. Housing benefit, Income Support for Mortgage Interest (ISMI), Mortgage Payment Protection Insurance (MPPI) and Council Tax Benefit (CTB) (Department of Energy and Climate Change, 2010: 11).

In addition to this, DECC's newly adopted Low Income High Costs (LIHC) indicator of fuel poverty has been used. Under the LIHC framework, a household is considered to be fuel poor where:

- They have required fuel costs that are above average (the national median level)
- Were they to spend that amount, they would be left with a residual income below the official poverty line (Department of Energy and Climate Change, 2013a: 3).

Treating benefits such as Disability Living Allowance (DLA) and Attendance Allowance (AA) as income for the purposes of poverty calculations is controversial as it is argued that this exaggerates disabled people's incomes, artificially pushing some above the poverty threshold (e.g. see Parckar 2008, Bevan Foundation 2009). The main criticism is that benefits such as DLA are not disposable income, but are in fact specifically there to 'help with the extra costs caused by a disability' (DWP 2013). Given this, and based on the arguments provided by Baker (2011) and Hills (2012), this report explores disability in relation to the conventional calculations of fuel poverty, with DLA and AA treated as income, but additionally, in relation to a modified fuel poverty definition that excludes DLA and AA. The exclusion of these two benefits is consistent with additional statistical work conducted by DECC (2013a: 17).

Within the field of disability studies there are many debates about terminology (see for example Barnes and Mercer 2010 or Campbell and Oliver 1996). The authors wish to stress that one of the limitations of secondary analysis is that variables, categories and descriptors

are set by those developing the original survey and dataset. For purposes of clarity and replicability, we use the original EHS terminology throughout the statistical analysis, whilst recognising that these descriptions and categories may be narrow in focus, and at times use a ‘medicalised’³ model of disability.

Qualitative respondents and analysis

Interviews with disabled people and parents of disabled children

Semi-structured qualitative interviews were undertaken with nineteen households, including fifteen interviews with disabled people of working age, and four interviews with parents of disabled children (including one parent above state pension age). The fifteen interviews with disabled people of working age included nine single people, two lone parents, and four couples (in the case of two of the couples, both partners lived with impairments and/or a chronic condition). Seventeen households were in receipt of DLA. Thirteen respondents lived in social rented accommodation; five rented privately (although three of the social rented tenants also discussed previous experiences of renting from private landlords). One respondent was a home owner.

Respondents were recruited through a variety of means, including invitations to participate in the research on two websites; an invitation to parents of disabled children at a specialist school for cognition and learning, and also via an advice and advocacy organisation run by and for disabled people in a London Borough. The interviews explored a range of issues including how people managed the cost of energy within their overall household budgets, and in the context of changes to benefits as part of reforms to social security.

Interviews with agencies

Sixteen semi-structured interviews were undertaken with a range of agencies that are addressing fuel poverty amongst vulnerable groups, including disabled people. These agencies included representatives of the energy sector, local authorities, not for profit companies acting as delivery agents, and third sector organisations. The third sector organisations were either advice agencies, or represented disabled people or private rented tenants. The organisations operated in the London area, Yorkshire and Humber and the North East, or operated nationally. Organisations were invited to participate in the research via email. The interviews aimed to explore the needs of disabled people in relation to managing energy costs, as well as identifying barriers and opportunities for alleviating fuel poverty amongst disabled people in the current policy context.

Ethics

Ethical approval was sought from and granted by the Department of Social Policy and Social Work Ethics committee in October 2012. Participants were informed about the nature of the research project, that their involvement was voluntary and that they could withdraw from the research process should they wish to. All research was conducted in line with the British Sociological Society’s code of ethical conduct.

³ Where disability is regarded as an ‘individualised medical problem’ and disregards ways in which society restricts participation in mainstream economic and social activities (Oliver and Barnes 2012: 22).

4. SUMMARY OF THE LITERATURE REVIEWED

Overview of key literatures reviewed

The project literature review (see Annex A) brought together a broad range of literature. Firstly, it considered evidence from the health literature concerning the need for heat amongst those with certain disabilities or illnesses, the young and very old, and the negative impact of these heating regimes not being met. The review found that: there is a clear link between the effects of fuel poverty and health; some existing health conditions are exacerbated by under heating; there is a link between fuel poverty and mental health, with both cold itself and a fear of debt and high bills being linked to depression and anxiety. The health literature indicated that it is hard to prove the immediate health benefits of interventions, however, there appear to be more noticeable benefits to households with children, and in respect to mental health.

Secondly, the review considered the relationship between disability and poverty, and the additional financial burden that disabled people face in terms of extra costs and reduced incomes. It was found that: there is a close relationship between poverty and disability; the way that poverty is measured amongst disabled people is controversial and some argue that official statistics underestimate the numbers of disabled people in poverty; whilst disabled people are likely to have lower incomes they are also likely to have higher living costs; and disabled people may have higher energy needs. Additionally it was noted that there is a clear relationship between housing conditions and poverty, that disabled people are more likely to live in 'non decent' housing, and that poor housing conditions, often most prevalent in the private rented sector, are associated with fuel poverty.

Thirdly the review discussed problems of fuel poverty definitions and the targeting of support. Both the old (10 per cent) and new LHC definitions of fuel poverty treat benefits such as Disability Living Allowance (DLA) and Attendance Allowance (AA) as income, and do not consider that energy needs and spending may be higher amongst disabled people. The concurrent range of uses to which DLA (and forthcoming Personal Independence Payments (PIP)) needs to be put was also identified. Additionally, this section of the review noted that some disabled people may miss out on types of fuel poverty support if they do not meet certain qualifying criteria (such as the receipt of certain benefits such as pension credit) regardless of their need. It was also noted that the shift from state supported fuel poverty policy measures to cross subsidisation of energy bills is regarded by many as regressive.

Fourthly, the review considered changes in welfare support, considering the transition from Incapacity Benefit (IB) to Employment Support Allowance (ESA), Universal Credit, and DLA to PIP. The impact of cuts to budgets was highlighted as already having a negative impact on disabled people, through changes to local authority budgets, benefit levels and through the availability of charitable support. Additionally, the transition of IB to ESA was noted as controversial, especially in relation to the way in which decisions about capability for work are made. Similarly, the transition from DLA to PIP has received substantial criticism as it will cut the total number of benefit recipients. The changes to housing benefit were highlighted

as having implications for households containing disabled people in both the private and social rented sector. Council tax reforms were also regarded as having potentially negative implications for disabled people of working age, depending on the individual local authority's definition of 'vulnerable groups'.

Disabled people, welfare reform and fuel poverty

The literature review then considered the implications of these policy changes for disabled people. It was found that there is significant concern about the impact of fuel poverty on disabled people, mostly as a result of increased energy prices and the cuts described above. Whilst some of these findings are typical of fuel poverty more generally, other factors are specific to disabled people, such as the increased pressures on disability benefits and different heating regimes required. The term 'heat or eat' was discussed throughout the literature and there are numerous examples of disabled people choosing between thermal comfort and food (Spinal Injuries Association 2012, Wood 2011, Disability Action 2011, Contact a Family 2012, Parckar 2008, Peate 2008, Macmillan Cancer Support 2012, CAB 2012).

Concerns have been raised regarding increased levels of fuel poverty as a consequence of the impending transition from DLA to PIP and abolition of Severe Disability Premium (SDP) (Kaye *et al* 2012, CAB 2012). For example, Kaye *et al* stressed the increased energy needs of some disabled people, and the impact of losing DLA on this: 'I always seem to have the heating on, even in the summer, because I find the cold gets into my joints and makes it painful...if I didn't have DLA I wouldn't be able to do that because the cost is so high' (2012: 26). Equally, the Citizen's Advice Bureau (CAB) suggested that 'of those eligible for the SDP 83 per cent said a reduction in benefit levels of this amount would mean they would have to cut back on food and 80 per cent said they would have to cut the amount they spent on heating' (CAB 2012: 18). Disability Rights UK made a similar point: 'Disabled people and their families warned that further cuts being introduced under Universal Credit plans to the child disability additions to the SDP are likely to result in them struggling to pay for basic essentials such as food and heating' (Disability Rights UK 2012: 20).

There was also increased concern within the literature regarding utility debt and self disconnection, especially given the specific health implications of going without heat and higher energy needs amongst some disabled people. Leonard Cheshire's research noted an increase in the use of prepayment meters amongst disabled people, which is likely to increase fuel bills (Laxton and Parckar 2009: 29, see also the Bevan Foundation (2009)). Consumer Focus found that 'Around 1.4 million PPM users self-disconnect at least once a year, and half of households that disconnect are home to someone with an illness or disability' (Consumer focus 2011a: 9).

Gaps in knowledge, evidence and policy

Whilst some areas of literature were well reported (such as the relationship between health and fuel poverty) there were also clear gaps, especially with respect to the linking of policy agendas. The fuel poverty policy literature is highly limited as disabled people tend to be treated as a homogenous group (a sub group of those deemed vulnerable to fuel poverty),

identifiable through receipt of particular benefits or other factors such as age or income. Whilst there is support for disabled people through policy, those of working age miss out on the Warm Home Discount Scheme (WHDS) core group and Winter Fuel Allowance (WFA). Depending on the criteria used, they may also be unable to access ECO, whilst subsidising those who are eligible. Additionally, the welfare reforms discussed above coincide with changes to housing benefit and council tax relief. Given these changes questions were raised about whether some householders may be pushed into living in poorer quality, unsuitable housing, and as a result were likely to be more vulnerable to fuel poverty.

In summary, the main implication of the literature reviewed was that reduced incomes and higher energy bills will lead to an increased prevalence and experience of fuel poverty amongst some disabled people, especially those who lose out under benefit reforms and are ineligible for fuel poverty support. However, this may not be captured by official statistics given that disability related benefits are treated as general income by official definitions of fuel poverty.

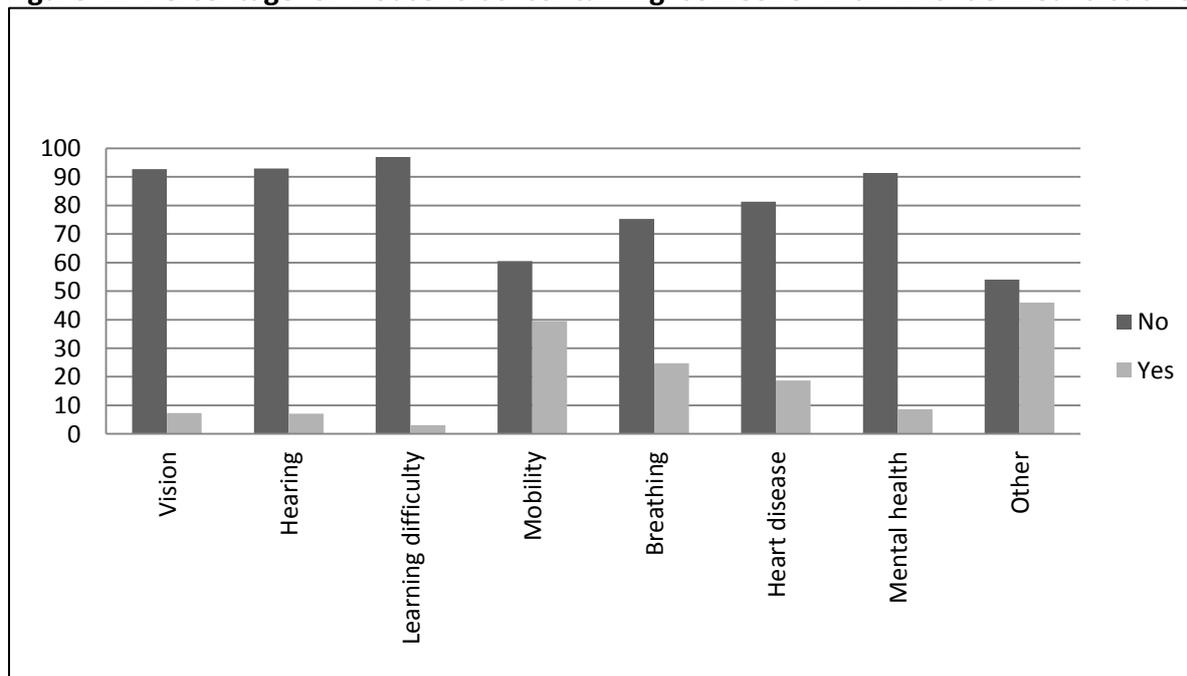
5. STATISTICAL ANALYSIS OF THE ENGLISH HOUSING SURVEY

The results presented below are taken from the 2010 to 2011 year of the English Housing Survey (EHS). Household level data have been used to consider the presence of at least one household member with a disability or long term illness and the three measures of fuel poverty described above. These results have been analysed against household composition, tenure type, region and payment type on the basis of existing knowledge of factors influencing fuel poverty (see for example Fahmy *et al* 2011, DECC 2012, Walker and Day 2012, Baker *et al* 2003). The full statistical analysis report (Annex B) also considers indicators of poverty, however this is excluded here as comparisons cannot be made with the LIHC measure of fuel poverty.

Fuel poverty rates by EHS category of disability

Using aggregated data it is evident that the majority of households do not contain anyone with any form of disability (see Figure 1). However, within households that do contain someone with a disability, the frequency differs dramatically depending on the specific category of disability, with 40 per cent of households containing at least one person with a mobility disability, whilst only three per cent of households contain someone with a learning difficulty.

Figure 1: Percentage of households containing someone with EHS defined disability⁴



⁴ It must be noted that it is unclear within the EHS data what the 'other disability or illness' category refers to, and as such is not subjected to individual analysis

When applying the 10 per cent fuel poverty definition, using ‘full income’, 20.4 per cent of households containing a member with a long term illness or disability are fuel poor compared to 14.6 per cent in households without a disabled member (Table 1). The removal of Disability Living Allowance (DLA) and Attendance Allowance (AA) from income results in a statistically significant ($p < .001$) increase of two per cent in fuel poverty within households that contain someone with an illness or disability. By comparison, applying a ‘basic income’ definition of fuel poverty marginally increases the proportion of households containing a member with an illness or disability that are classified as being fuel poor, with almost 25 per cent of households now in fuel poverty, compared with nearly 20 per cent using a ‘full income’ definition. Excluding DLA and AA from income calculations results in an extra 3.1 per cent of households containing someone with an illness or disability being classified as fuel poor under a basic income definition. McNemar’s test indicates the increase is statistically significant ($p < .001$).

When the LIHC definition is applied, there is a substantial decrease in the percentage of households containing someone with a long term illness or disability in fuel poverty at just 13.2 per cent. The LIHC figure is 11.7 per cent lower than the 10 per cent basic income figure, and 7.2 per cent lower than the 10 per cent full income figure. When DLA and AA are removed from income, there is a marginal increase in LIHC fuel poverty rates in households that contain someone with a long-term illness or disability of 1.1 per cent.

Table 1: Households containing someone with a long term illness or disability and fuel poverty

	10% full income		10% basic income		LIHC	
	HH contains someone with illness or disability	No one in HH has illness or disability	HH contains someone with illness or disability	No one in HH has illness or disability	HH contains someone with illness or disability	No one in HH has illness or disability
Percentage of population in fuel poverty (percentage)	20.4	14.6	24.9	16.0	13.2	10.5
Number of households in fuel poverty (millions)	1.29	2.21	1.57	2.42	0.84	1.60
Increase in fuel poverty after removing DLA & AA (percentage)	+ 2.0	-	+ 3.1	-	+ 1.2	-
Increase in number of fuel poor households after removing DLA & AA (thousands)	+ 413	-	+ 189	-	+ 72	-

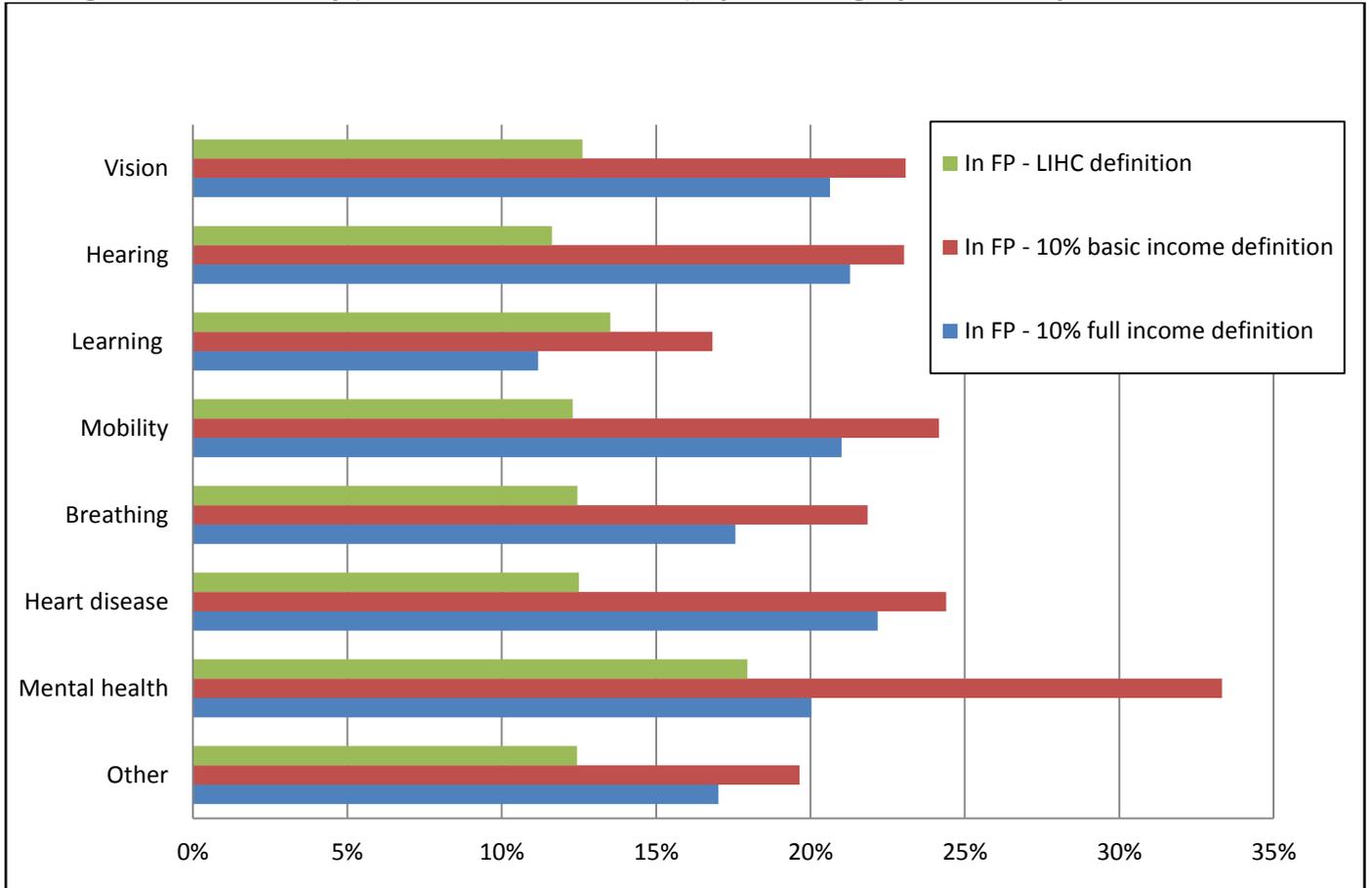
Fuel poverty rates by EHS category of disability⁵

Figure 2 presents an overview of fuel poverty amongst households containing at least one member with any of the EHS categories of disability. As noted in the introduction some of the terminology here may be rather ‘medicalised’, however, for replicability purposes we have continued to use the EHS categories and definitions. It is immediately apparent that fuel poverty rates vary by category of disability and by definition applied. The most notable difference here is in the mental health category where 18 per cent of households containing at least one member with a mental health issue are classified as being fuel poor under the LIHC definition, compared to 20 per cent under the full income definition and 33.3 per cent under the basic income definition.

With the exception of households containing at least one member with learning difficulties, the LIHC definition produces lower estimates of fuel poverty across all categories when compared with the basic and full income definitions. The exclusion of DLA and AA from income increases fuel poverty rates across each category of disability, with increases of between 0.3 and 4.8 per cent. The lowest increase is found in the other and mental health categories, with an increase of 0.3 and 0.5 per cent respectively under the LIHC definition. By contrast, the highest increase occurs within the vision category, with fuel poverty increasing by 3.6 per cent under a full income definition, and 4.8 per cent under a basic income definition.

⁵ Some categories of disability have limited samples (see Annex B), and so some caution should be applied to the disaggregated analysis.

Figure 2: Fuel Poverty (10% and LIHC definitions) by EHS category of disability



These figures can be broken down by the three measures of fuel poverty, and by the EHS categories of disability. Figure 3 shows the comparison of fuel poverty rates amongst households within the mental health category. Once again, the results are very different for households containing a person with a mental health issue across the three measures. Under the basic income measure the fuel poverty rate amongst these households is 33.3 per cent compared with 18 per cent under the LIHC definition and 20 per cent under the full income definition. Of all the fuel poor, 9.3 per cent (full income) or 13.1 per cent (basic income) of households contain a person with a mental health issue.

Figure 3: Fuel poverty (10% and LIHC definitions) and mental health

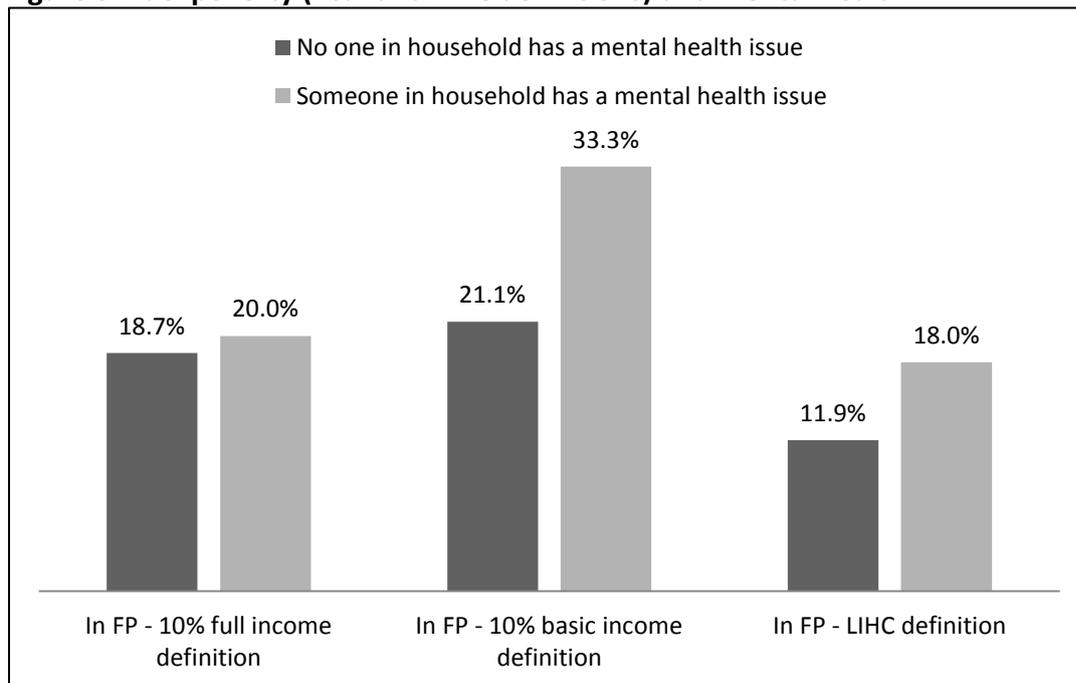


Figure 4 presents the same results for households containing at least one person with heart disease. The differences between the full income and basic income definitions still exist, but are not as noticeable as the mental health category. By comparison, the differences between the LHC definition and the two 10 per cent measures is more noticeable, with just 12.5 of households containing a member with heart disease classified as fuel poor under the LHC definition compared with 22.2 per cent of household under the full income definition and 24.4 per cent under the basic income definition. Additionally, of all the fuel poor, 22.1 per cent (full income) or 20.6 per cent (basic income) of households contain a person with heart disease.

Figure 4: Fuel poverty (10% and LHC definitions) in households containing a person with heart disease

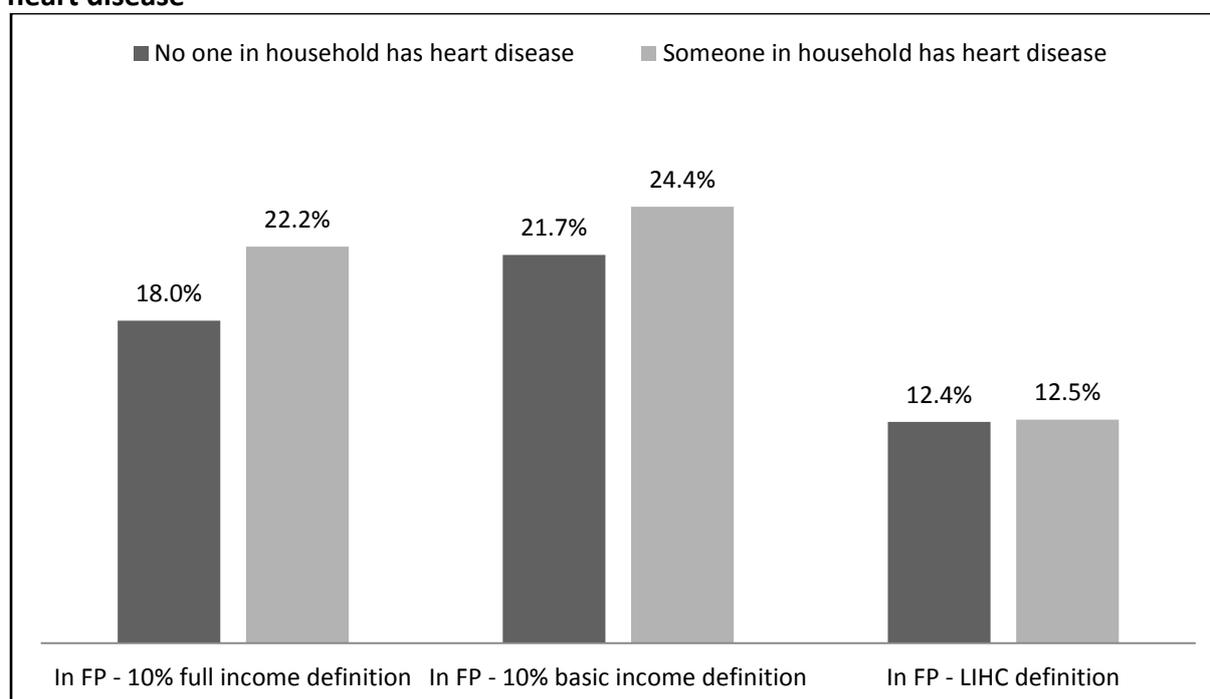


Figure 5 presents the results for households containing at least one person with ‘breathing difficulties’. Here, under both 10 per cent definitions a slightly lower proportion of households containing a person with a breathing difficulty is in fuel poverty compared with those without. However, these relatively modest results should not be taken to mean that this is not an important finding; of all the fuel poor, 23 per cent (full income) or 24.3 per cent (basic income) of households contain a person with a breathing difficulty. For the LIHC measure the fuel poverty rates are the same for households regardless of the presence of a breathing disability. As in previous analyses, the LIHC indicator produces a much lower estimate of fuel poverty.

Figure 5: Fuel poverty (10% and LIHC definitions) in households containing a person with a breathing disability

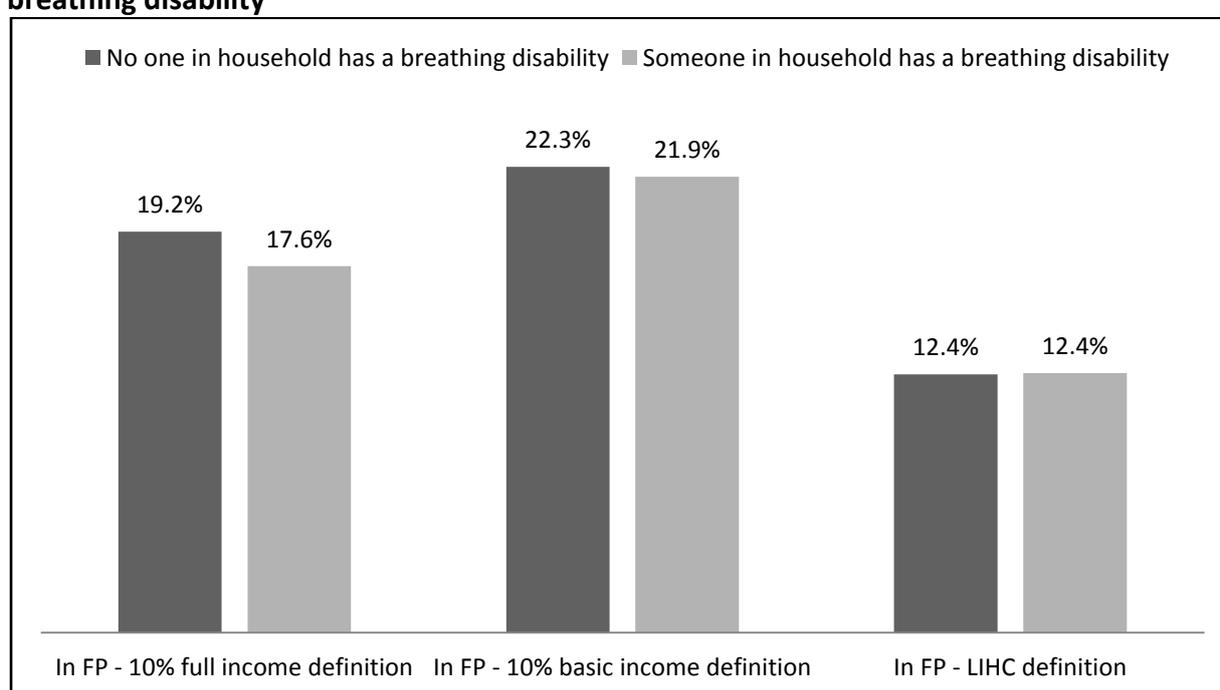


Figure 6 presents the results for households containing at least one person with a 'mobility disability'. A slightly higher proportion of households (24.2 per cent compared to 21 per cent) containing a person with a mobility disability and in fuel poverty is evident when the basic income definition is used. In addition to this of all the fuel poor, 44.1 per cent (full income) or 43 per cent (basic income) of households contain a person with a mobility disability.

Under a LHC measure, a lower proportion of households containing a person with a mobility disability are fuel poor (12.3 per cent) compared with households not containing a person with a mobility disability, and overall, the LHC estimates are lower than the full and basic income measures.

Figure 6: Fuel poverty (10% and LHC definitions) in households containing a person with a mobility disability

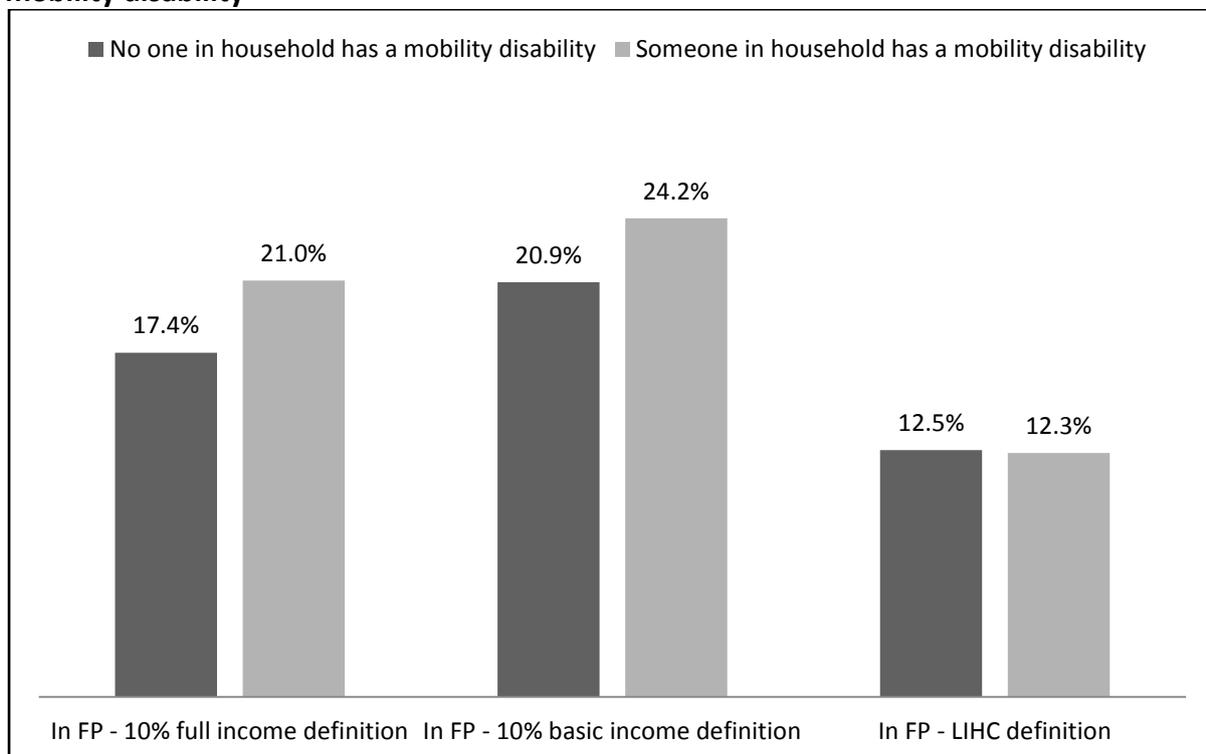


Figure 7 presents the results for households containing at least one person with a learning disability. Of all fuel poor households 1.8 per cent (full income) and 2.3 per cent (basic income) contain a person with a learning disability (as demonstrated in Figure 1, the proportions in this category are relatively low compared to other EHS groups). However, these findings should not be taken to mean that fuel poverty is not an issue amongst this group. Even under the full income measure over one in ten households containing a person with a learning disability are in fuel poverty, and the LIHC indicator classifies 13.5 per cent of households containing a person with a learning disability as fuel poor.

Figure 7: Fuel poverty (10% and LIHC definitions) in households containing a person with a learning disability

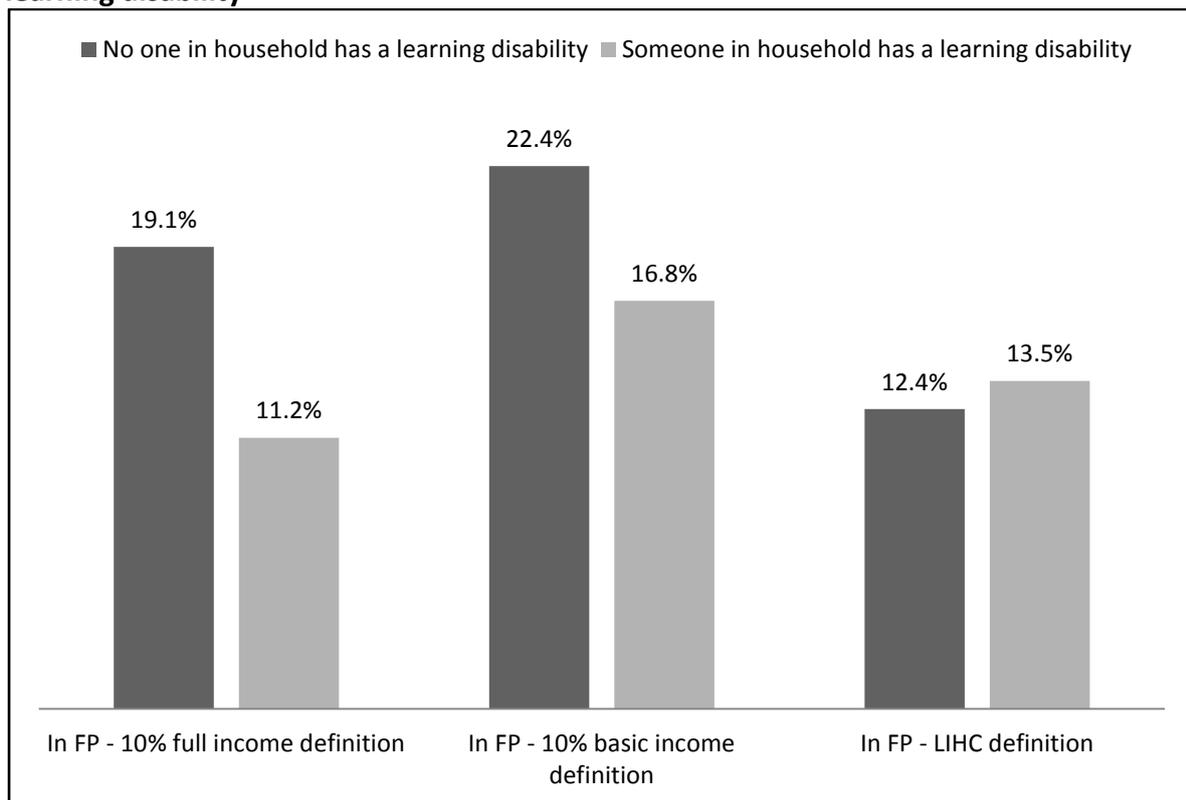


Figure 8 presents the results for households containing at least one person with a 'hearing disability'. The findings repeat the trend of many of the other EHS disability categories, with very slightly higher levels of fuel poverty under the basic income definition (23 per cent for households containing a person with a hearing disability), and much lower levels of fuel poverty under a LHC definition (11.6 per cent). Of all the fuel poor households 8 per cent (full income) and 7.3 per cent (basic income) contain a person with a hearing disability.

Figure 8: Fuel poverty (10% and LHC definitions) in households containing a person with a hearing disability

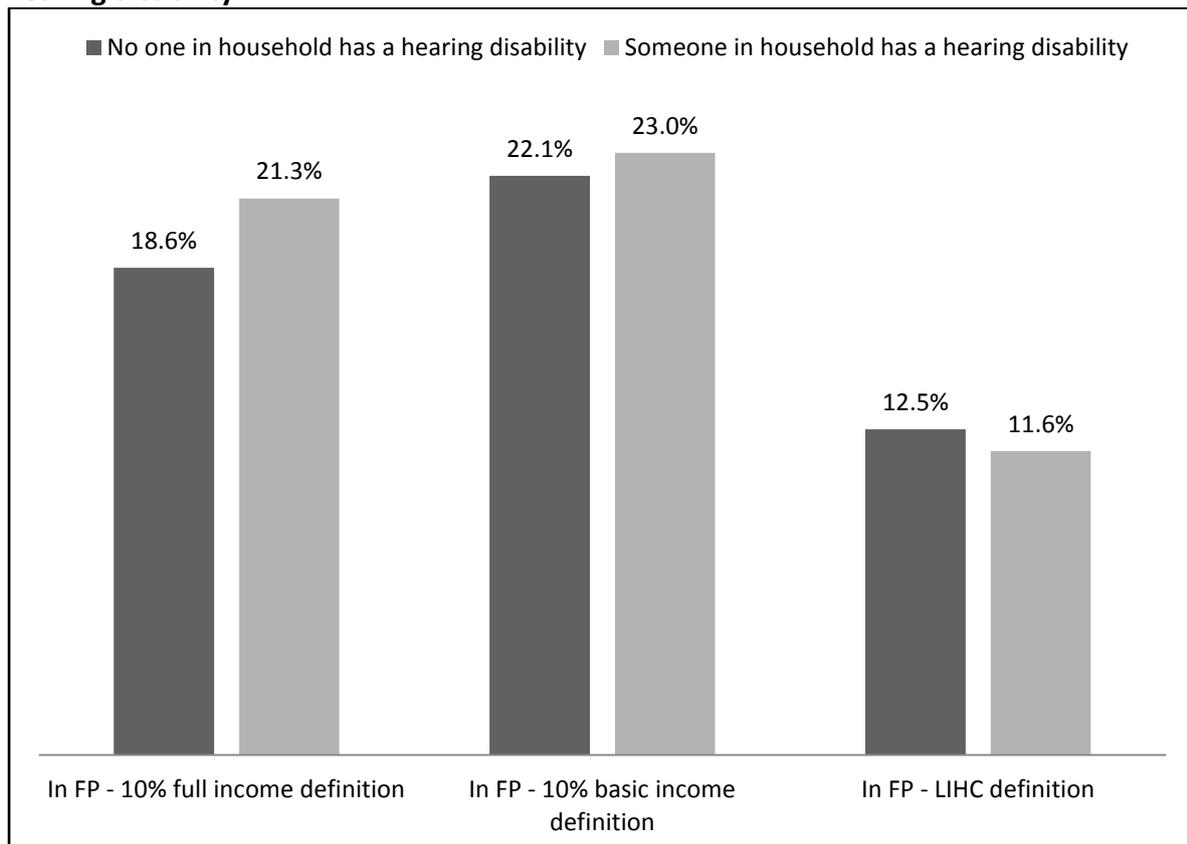
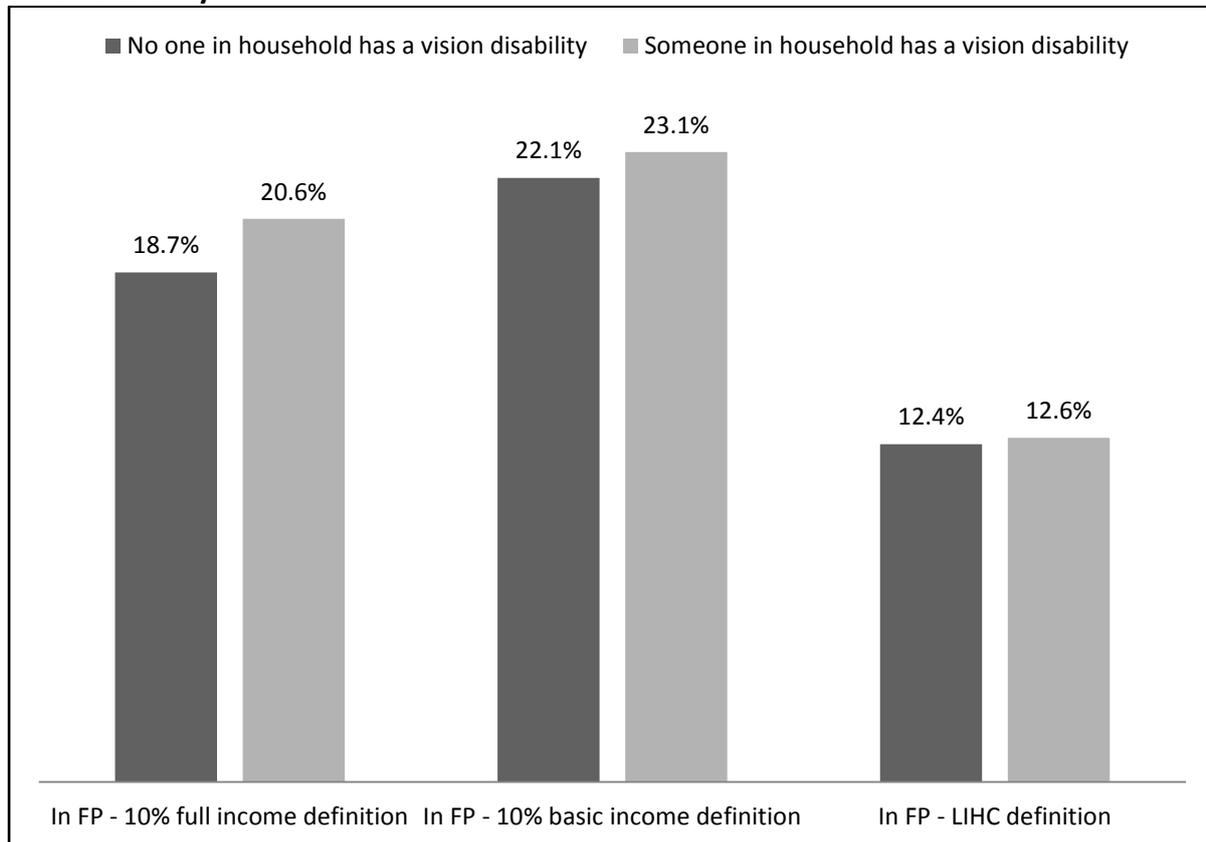


Figure 9 presents the results for households containing at least one person with a 'vision disability'⁶. These results present a very similar trend to the results in Figure 8, in terms of the overall proportions of fuel poverty amongst this group, and the difference between the full and basic income measures and the LIHC indicator. Of all fuel poor households 8 per cent (full income) and 7.6 per cent (basic income) contain a person with a vision disability.

Figure 9 Fuel poverty (10% and LIHC definitions) in households containing a person with a vision disability

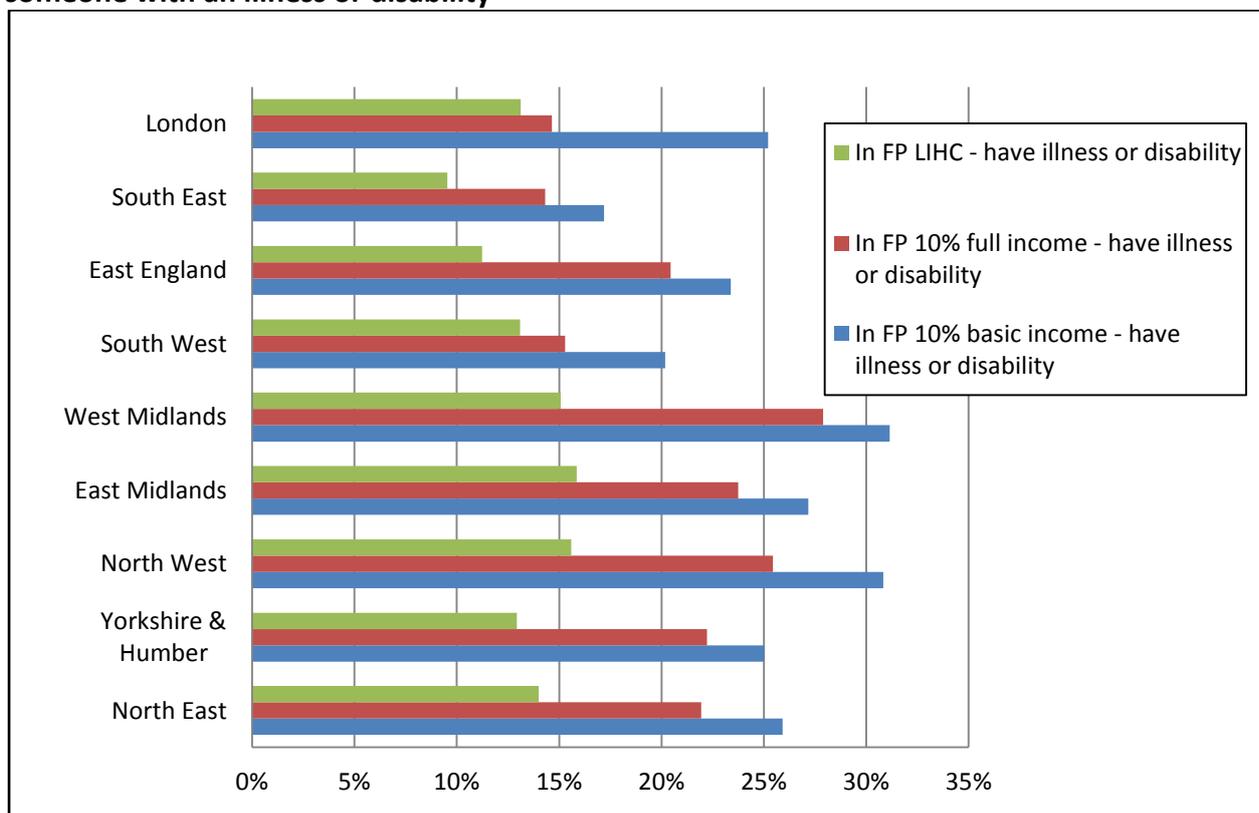


⁶ It is unclear whether this refers to a visual impairment or blindness

Region

As with other studies there are notable differences in fuel poverty across different regions under the various definitions. The trends identified below are broadly consistent with existing research (e.g. DECC 2012). Fuel poverty rates amongst households containing someone with a disability or illness are substantially higher than households without, especially when the basic income definition is applied. Under all three measures of fuel poverty, rates are the highest amongst households containing someone with a disability or illness in the East and West Midlands, North West, North East and Yorkshire and the Humber. London is particularly interesting, with a difference of ten per cent in fuel poverty rates amongst households containing someone with a disability or illness when the basic income definition is applied. Following the trend established previously, the LIHC definition produces lower rates of fuel poverty across all regions, compared to the full and basic income 10 per cent measures, particularly in the West Midlands where fuel poverty rates are 12.8 per cent lower under a LIHC definition.

Figure 10 Fuel poverty (10% and LIHC definitions) by region in households containing someone with an illness or disability

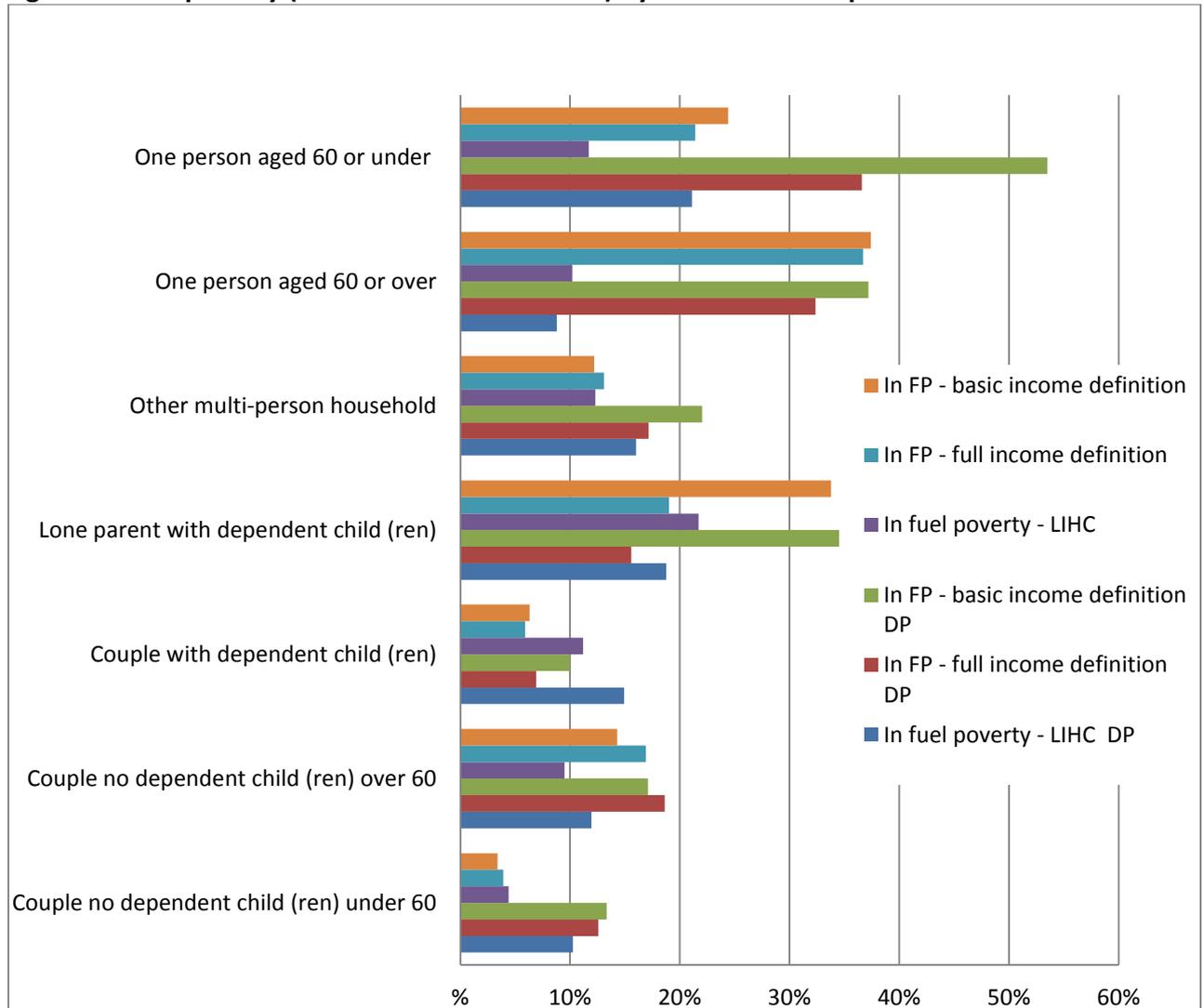


Excluding DLA and AA payment from household income increases fuel poverty rates across all regions of England. The highest increases under a full income definition are found in the North East and South West, with a rise in fuel poverty of 3.4 and 3.1 per cent respectively. Similarly, the highest increases under a basic income definition are found in the South West and North East, with a rise of 5.6 and 4.6 per cent respectively. The increases in fuel poverty are more modest under a LIHC definition, with increases of between just 0.4 and 1.9 per cent. The highest increases are found in the North East (+1.9 per cent) and North West (+1.7 per cent), whilst the lowest increases occur in the South East (+0.4 per cent) and West Midlands (+0.8 per cent).

Household composition

Figure 11 demonstrates fuel poverty levels amongst different household types, and whether or not the household contains someone with a disability or illness. In some households, for example, couples aged under 60 with no dependent children, the fuel poverty levels are relatively similar regardless of whether the occupant has an illness or disability, and the three measures of fuel poverty. The high levels of fuel poverty found in single adult households aged 60 or over correspond with previous research (e.g. DECC 2012) regarding the prevalence of fuel poverty in single pensioner households. The results are more varied in other types of households. For example, in a single household containing someone who is under 60, 36.6 per cent of those containing someone with an illness or disability are in fuel poverty under the full income definition, and 53.5 per cent under the basic income definition (compared with 21.4 and 24.4 per cent respectively for households that do not contain someone with a disability or illness). The impact of the LIHC definition is more varied than in previous analyses. On the whole it produces much lower estimates of fuel poverty than the two 10 per cent measures. For example in single households containing someone over 60 who has a long term illness or disability, the LIHC estimate is 28.4 per cent lower than the basic income measure, and 23.6 per cent lower than the full income measure. However, the levels of fuel poverty are highest for lone parents with dependent children under a LIHC measure. This is most likely a consequence of the equalisation of income that occurs under the LIHC definition, whereby incomes are adjusted to reflect household size.

Figure 11 Fuel poverty (10% and LIHC definitions) by household composition



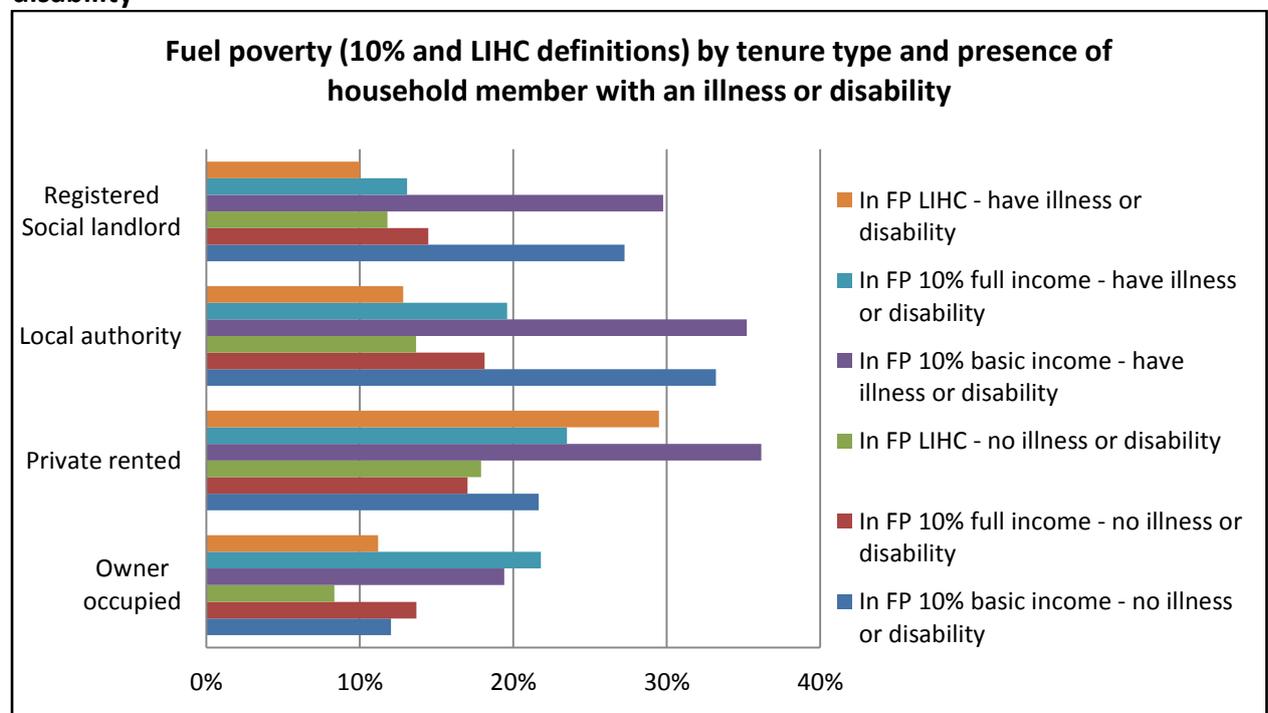
Note: For brevity 'DP' identifies households containing a person with an illness or disability

In most household types, where someone has an illness or disability the removal of disability benefits from income only results in a marginal increase in fuel poverty of around 1.5 per cent or less, under both full and basic income definitions. The exceptions are single adult households and households containing a couple aged 60 or over with no dependent children. For households containing one person under 60, fuel poverty increases by 3.7 per cent under a full income measure, and by 6.3 per cent under a basic income measure. Similarly, fuel poverty increases by 3.8 per cent for single adults aged 60 or over under a full income measure, and by 5.4 per cent under a basic income measure. The increase in fuel poverty is slightly less for a household containing a couple aged 60 or over, increasing by 2.2 per cent in a full income calculation, and by 3.4 per cent in a basic income calculation.

Tenure type

Across all three fuel poverty indicators, the fuel poverty rates in the private rented sector are consistently high, ranging from 18.7 per cent through to 36.1 per cent. Equally, within owner occupiers rates of fuel poverty are higher amongst households containing someone who is ill or disabled compared with households without. This trend cannot be observed in the housing association sector or within local authority housing where the differences are less apparent. As observed previously, the LIHC fuel poverty rates are much lower than the full and basic income fuel poverty rates across the majority of tenure categories (with the exception of the private rented sector). For instance, the LIHC estimate of fuel poverty in local authority housing where someone has an illness or disability is 22.4 per cent lower than the basic income estimate.

Figure 12 Tenure, fuel poverty and the presence of a household member with an illness or disability



In households where someone has an illness or disability, the exclusion of DLA and AA from income calculations marginally increases fuel poverty levels across all tenure types. Under a full income definition, fuel poverty increases by between 1.9 and 2.2 per cent across the groups, whilst under a basic income definition, fuel poverty increases by between 2.3 and 4.6 per cent. The change in fuel poverty is more modest under a LIHC definition, with increases of between 0.8 and 2.1 per cent. Under the two 10 per cent measures, the largest increases are observed for local authority and housing association tenants, whilst for the LIHC indicator the largest increases occur for private sector tenants and owner occupiers.

Payment type

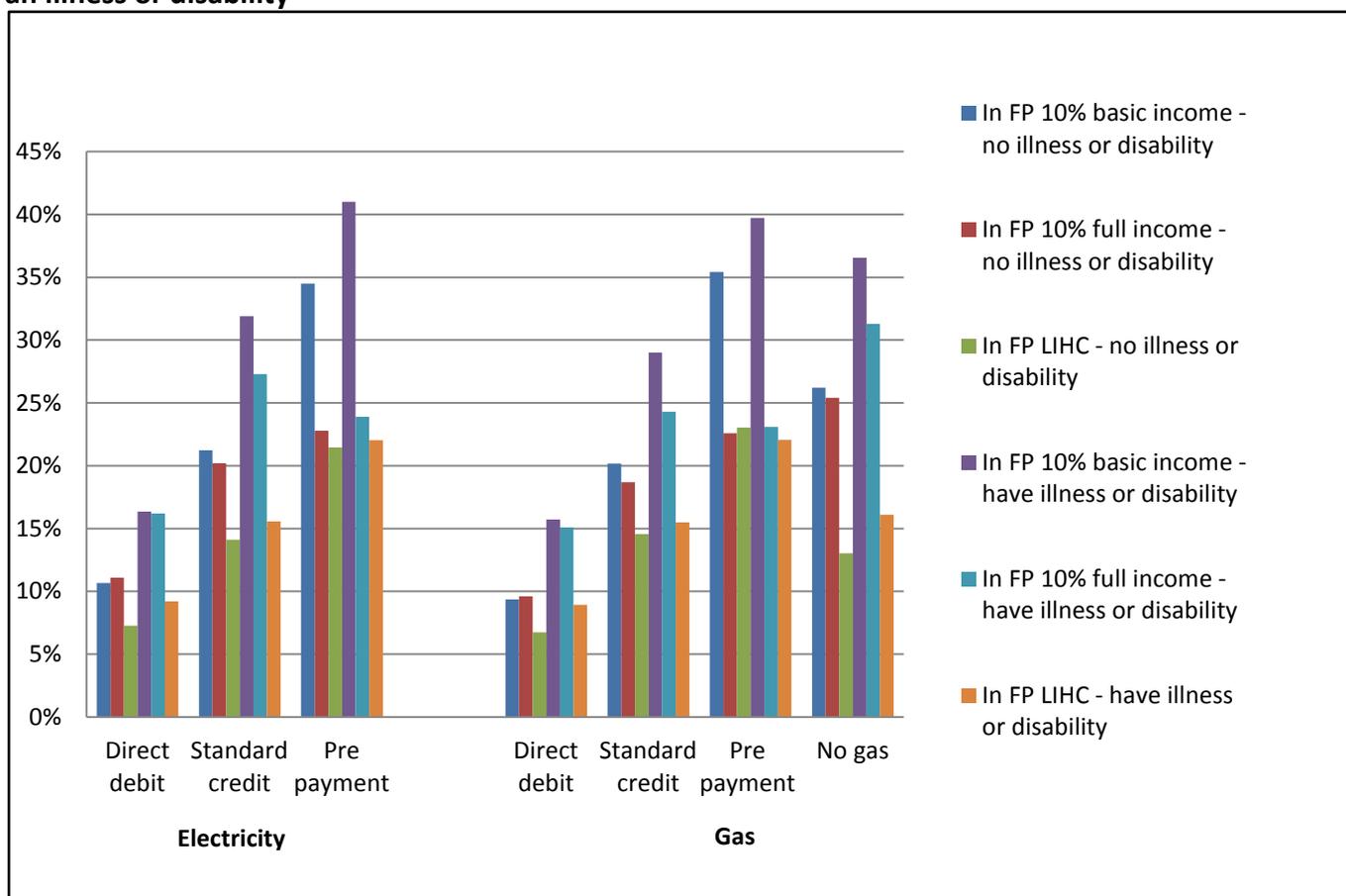
Table 2 and Figure 13 explore the relationship between the presence of an illness or disability, payment type, and levels of fuel poverty. Table 2 demonstrates the proportions of each household type paying by a particular method. For electricity payments a much higher proportion of households containing disabled people use prepayment meters. This trend is also notable amongst gas customers, but is less pronounced.

Table 2: Energy payment type by the two indicators of disability

	Disability measure	Direct debit (%)	Standard Credit (%)	Pre Payment (%)	Not on gas (%) ⁷
Electricity	Household contains someone who is sick or disabled	56.2	24.6	19.2	N/A
	Household does not contain someone who is sick or disabled	65.1	22.9	12.1	
Gas	Household contains someone who is sick or disabled	50.4	21.4	14.7	13.5
	Household does not contain someone who is sick or disabled	58.7	19.7	9	12.6

⁷ Not all households are connected to the gas network, often because they are in a rural location or in flats. The fuel poverty figures for those not on the gas network can still be calculated, as they rely on other forms of energy (largely electricity).

Figure 13: fuel poverty rates by payment type and the presence of a household member with an illness or disability



Considering Figure 13 fuel poverty rates do not change significantly when a basic income measure is applied to those paying by direct debit. One explanation for this is that lower income households may be less likely to pay by direct debit, so the figures presented here may represent households that are not in receipt of the types of benefits/payments excluded under the basic income definition. On the other hand, for those using prepayment meters⁸ the figures differ substantially between the three fuel poverty measures, and according to the presence of a household member with an illness or disability. For instance 41 per cent of households containing a disabled person and using a prepayment meter to pay electricity charges are defined as being in fuel poor under the basic income measure, compared to 34.5 per cent of households in fuel poverty not containing a disabled member. The gas figures are very similar, although there are notably high levels of fuel poverty amongst all groups, especially under the 10 per cent fuel poverty definitions where a household does not have a gas supply. The application of the LHC definition results in

⁸ Prepayment meters (especially in the case of electricity) have been associated with debt management and an alternative to disconnection (see DECC 2011)

substantially lower rates of fuel poverty across all payment methods when compared to the two 10 per cent measures. For example, under a LIHC definition fuel poverty rates are 19 per cent lower for prepayment electricity customers in households containing someone with a disability when compared to the estimate produced by the basic income indicator. When DLA and AA are removed from calculations, fuel poverty rates increase by between 0.8 and 5.5 per cent for both gas and electricity users under the full and basic income definitions and the LIHC definition for households containing someone with an illness or disability. Under a basic income definition, the largest increase occurs within the prepayment group for both gas and electricity, whilst under a full income definition and the LIHC definition, the largest increase occurs within the standard credit group for gas and electricity customers.

6. QUALITATIVE ANALYSIS: MANAGING ENERGY COSTS

Introduction

This section draws upon the semi-structured qualitative interviews disabled people and parents of disabled children to examine the impact of disabilities on energy requirements. The section then moves on to explore wider changes that have had an impact upon household budgets, notably changes from April 2013 such as the size restrictions applied to Housing Benefit payments to tenants in the social rented sector, and also the localisation of Council tax support. Finally, the section considers the consequences of these changes on the ability of people to manage the costs of energy as part of their wider household budget. This includes a discussion of the different uses to which households containing disabled people use income from sources such as Disability Living Allowance (DLA), as well as strategies for minimising the costs of heating their homes. Whilst the extra costs of disability have been a recurring theme in policy discussions and in the literature for many years (see for example Thompson *et al* 1988), it is important to revisit this issue in the light of the impact of current welfare reform, and increasing pressures on disabled people's income.

The impact of disabilities on energy requirements

Need for additional warmth

The particular heating regimes that people who live with specific impairments or conditions require have been discussed throughout the literature (Marmot Review Team 2011, Peate 2008, Rudge and Gilchrist (2005). This need was discussed by several respondents who described the impact of their impairment and/or conditions on the need to keep warm. One respondent commented on his experience the previous winter:

At one stage I was having the central heating on but still sitting here in the hat and coat and three jumpers and several pairs of socks and a hot water bottle on my knee. Because of my condition I do feel the cold a bit. I think being inactive as well, I don't know whether it's my circulation or whether it's just my internal thermostat, because sometimes I get really cold and I can't get warm even though I've got everything on, if you know what I mean. [Partner] comes round and she's peeling off and saying 'God it's like a furnace in here', and I'm shivering and my toes have gone blue (Respondent 11).

Another respondent discussed the implications of his condition on heating his home, and the need to have the heating on at relatively high temperatures:

Winter is horrible for people with Muscular Dystrophy... Everything is just stiff, but it's painful. Really painful. So of course, you have to have the heating on. It's like, at the minute, I've got the bloody heating on now [November] (Respondent 15).

The Papworth Trust (2010) highlighted the additional costs for disabled people of spending time in the home during the day. Their survey found that 75 per cent of disabled people spent between 8 to 12 hours at home during the daytime in winter compared with only 21 per cent of non-disabled people. Within our research several respondents discussed this issue, illustrated by the following comment:

I know that I can't pay for heating on all the time and it's just a really difficult thing to explain to friends who work. I say, it's when you've got no choice but to stay in, and if you can't be physically active, because that's my problem, there's a limit to how much I can physically do. So, have to sit and rest, you just get so cold, which is something I never used to notice before I got it, because I was always doing something (Respondent 4).

In addition to heating, respondents also discussed other energy costs such as extra washing as a result of their condition or impairments. Two respondents noted that incontinence meant that their washing machines were in frequent use. Some respondents also described the additional energy costs of charging equipment such as scooters or powered wheelchairs, and in one case, essential medical equipment such as a nebuliser.

Living in a cold home

One aspect of disability experienced by some of the respondents related not to their impairment or condition, but to the quality of the accommodation they were living in, or the efficiency of the heating system in their homes. There were mixed experiences across all the respondents in this regard. Some respondents – both private tenants and social rented tenants - noted that their homes were well insulated; that considerable work had been undertaken by their landlords to ensure the energy efficiency of their accommodation, or that their heating system worked effectively. Other respondents identified problems with their homes, which exacerbated their experiences of cold. One social rented tenant commented on the heating system in her home:

It's cold. It's very cold. As I said, I cannot understand the reason behind putting in these extremely inefficient radiators. When it's cold, I really mean it. Twenty four hours a day they are on. Twenty four hours, maximum, the thermostat up to the top (Respondent 3).

A respondent who had lived in private rented accommodation also commented on the condition of a property they had moved out of,

It needed so much work doing. It was very old. Like the kitchen, old windows, not like double glazing, which again is no good for the kids anyway. It just sort of got to that point where you'd have the heating on, but it wasn't working (Respondent 1).

Managing the costs of energy during periods of high temperature

Two respondents discussed controlling body temperature not in terms of cold, but in terms of the energy costs of managing their conditions during high temperatures. One respondent

described her daughter's situation and that because she was epileptic, she was likely to go into a seizure if she overheated:

She's unbearable in summer. She can't control....her body just doesn't cope well. In winter she's a lot better, but on a night, we just don't put the heating on [in her bedroom].....summer, as I say is a nightmare. Winter is better. But then, her legs aren't very good in winter (Respondent 1).

This latter respondent currently used a fan to control the temperature in summer, and was waiting for an Occupational Therapist to assess their need for a humidifier or air conditioning unit. Another respondent noted:

My biggest problem to be honest with you, most of the year is hot. One of the symptoms of the cancer I have is a hormone imbalance, which produces hot, sweaty flushes. That's not helped by the morphine, so the biggest thing I use is the water-cooled air conditioner unit in the bedroom (Respondent 13).

The issue illustrated by these respondents has two potential implications for policy that might bear further investigation. The first is that some disabled people have energy requirements throughout the year, not just in winter, and these additional costs are not reflected in current financial assistance. Whilst these costs will not be on the same scale as energy requirements in winter, the potential of targeted assistance that take into account these additional costs should be considered. The second issue is a consideration of the need for greater assistance with energy costs by disabled people to mitigate the impact of climate change, and the increased risk of high temperatures (see for example Hajat *et al*, 2014).

Household budgets and wider welfare reform

Changes within the social rented sector

Since April 2013, size restrictions applied to Housing Benefit payments to tenants in the social rented sector have been based on the same criteria as those applied to the private rented sector. The DWP's (2012) impact assessment noted that 63 per cent of all working age households in the social rented sector who will be affected by the change to the size criteria will contain a disabled member (420,000 households out of a total of 660,000 claimants affected). The DWP (2012) stated that a small number of households with disabled adults and non-resident carers were exempt from this change.

A number of respondents commented on some of the difficulties they now faced as a result of this change. One respondent discussed the adaptations that had been made to her home to accommodate the future needs of her partner. In this case, the respondent's home had had a wet room and an extra room built on the ground floor, which could be used as a bedroom in the future if her partner could no longer use the stairs. This room had now been classified as a bedroom by her local authority for Housing Benefit purposes. The government has noted that funding available for Discretionary Housing Payments has increased significantly in order to enable local authorities to mitigate the impacts of the introduction of social size criteria on disabled people who have had adaptations undertaken

on their homes. An additional £25million (annually from 2013/14) for DHPs was aimed at this latter group, based upon 35,000 potentially affected claimants who are wheelchair users and who live in adapted accommodation (Wilson, 2012). Nevertheless, the Joint Committee on Human Rights noted its concern that the discretionary nature of Discretionary Housing Payments will not provide ‘an adequate guarantee that the right of disabled people to exercise choice and control over where they live will be consistently upheld in the light of reductions in Housing Benefit’ (2012: 49).

A recent survey by the Papworth Trust (2013) has highlighted just how widespread this type of problem is for disabled people across the country. They found that one in three disabled people had been refused a Discretionary Housing Payment. One of the difficulties that disabled people have encountered is that some people have been refused a Discretionary Housing Payment because their DLA was included as income (Papworth Trust, 2013). Nevertheless, it is also possible to identify cases where decisions by local authorities have been reversed when challenged⁹. A respondent also discussed the eligibility criteria of her local authority for Discretionary Housing Payments in relation to the priorities given to disabled people who are in receipt of DLA:

Interviewer: have you ever approached the council for Discretionary Housing payment?

Respondent: No I haven't. The reason I didn't do it was because I knew that they were saying that anybody with DLA wasn't a priority because they were expecting...you have that money, therefore they think you can use it. Most people don't understand the DLA is only paid to people who have to find extra finances to do anything. For some reason that seems to have been lost in the thinking of anybody these days. So, you've got it – therefore it's income (Respondent 5).

However, it is not just the receipt of DLA that is causing difficulties for some disabled people when applying for Discretionary Housing Payments. In another instance, an agency highlighted a case where a disabled person had applied for Discretionary Housing Payments during the summer months. This person had been turned down by their local authority because they were spreading the cost of their fuel over the year by overpaying in the summer, in order to afford higher gas and electricity bills in the winter, and they were expected to use the overpaid amounts during the summer to pay rent.

Changes to council tax

The Local Government Finance Act (2012) made provision for the localisation of council tax support in England by imposing a duty on billing authorities to make a localised council tax reduction scheme, which came into effect from April 2013. Adam and Browne (2012) showed that in 2012/13, nearly half of all Council Tax Benefit (CTB) was paid to households where an adult is claiming a disability-related benefit (Disability Living Allowance, Attendance Allowance, Severe Disablement Allowance, Incapacity Benefit, Income Support

⁹ see Disability Rights UK and also Irwin Mitchell, www.irwinmitchell.com

with a disability premium, or Employment and Support Allowance). Adam and Browne (2012) also noted that this figure would be even higher if it included those with a disabled child in the household.

Each local authority can decide how it interprets support for vulnerable groups. The Department of Communities and Local Government (2012) set out a reminder of the key duties on local authorities with regard to vulnerable groups – including the welfare of disabled people. However, Adam and Browne (2012) pointed out that local authorities are not required to fulfill these obligations through council tax rebates. Early indications show that of the total 326 new schemes being introduced, 82 per cent of councils will be reducing the level of support for council tax benefit recipients. The remaining 18 per cent will be making no change, thus absorbing the entire funding cut into their council budget. However, almost three quarters of councils will introduce a minimum payment (New Policy Institute, 2013). A number of respondents commented on the changes to council tax benefit in their areas. Two respondents described that when they had explained their circumstances to their respective local authorities, that they had received a reduction in the amount that they would have to pay in council tax. However, other respondents noted the additional costs that the new requirements for council tax represented. One respondent commented that:

I looked and thought 'Well I'm on illness benefits, they can't ask me to pay all that'. But they're going to (laughs). And there's nothing you can do about it. It's not like with the gas or electric - you can sort of, to a small amount, you can try and save it. But with that [council tax], there's nothing I can do about it. It's the things that you're powerless to change, that's the hardest things to deal with. With things like that, and then with the amounts they go up. Same with the water rates. It just goes up by so much every year (Respondent 4).

Disability Living Allowance

A point highlighted earlier in the report was the principle in fuel poverty calculations that benefits such as DLA are included as income. As has been shown, this has an impact on rates of fuel poverty amongst disabled people in national statistics. However, many commentators have argued that fuel poverty calculations should take into account the additional costs that disabled people face and the range of uses to which DLA needs to be put (Laxton and Parckar, 2008). The majority of respondents were in receipt of DLA, and discussed how they used this benefit as part of their overall budget.

Of the respondents who were eligible for some element of the mobility component of DLA, most used their entire payment of the mobility component to pay for the costs of transport via the motability scheme¹⁰. This scheme has enabled disabled people to exchange the mobility element of DLA in order to lease a car, scooter or powered wheelchair. Two other respondents noted that they used the mobility element to pay for taxis, in one case to transport them to and from hospital as required.

¹⁰ see <http://www.motability.co.uk/>

The care component of DLA was being used by respondents for a variety of purposes. Three respondents were paying for carers and personal assistants, in combination with other sources of finance. Two of these respondents highlighted the additional costs associated with carers or personal assistants:

Because I have like a sort of more or less 24/7 care package, so I always have a PA with me, so there's always additional costs there. So like if I'm away from home, because obviously they have to eat and they can't be expected to pay for their own meals and stuff like that, so I'll contribute something to those pots. Also, yes in my home, it is extra power and water, you know, heating, because there's always two people in the flat and not just me (Respondent 6).

Two other respondents were paying for cleaners to assist with household chores. However, another respondent noted that they had had to give up their cleaner, as they could no longer afford to pay them. Three other respondents also discussed costs associated with managing their condition, such as dressings or creams.

The impact of additional pressures on DLA such as additional rent needed to pay for restrictions in size for Housing Benefit were summarised by the following respondent:

It's been a struggle to pay it. I think the other thing that's really concerning me is the fact that local councils now – mine included – are for the first time ever using DLA payments as income. It's no longer protected money so they're expecting.. the payments for the council tax and the bedroom tax to come out of my DLA, which obviously then means I can't afford to pay for the essential stuff that I need for my health (Respondent 5).

Short term fluctuations in income

An advice agency highlighted the impact of conditionality and sanctions on the incomes of disabled people, including potential short periods where a person may have nil income. A respondent also discussed further reasons for periods where income may drop suddenly, such as a temporary halt in Housing Benefit payments through no fault of their own due to administrative difficulties at their respective local authority due to computer error. Several respondents also discussed the need for very careful budgeting due to differences between billing periods, including gas and electricity, and benefit payment cycles.

Four respondents noted that the former social tariffs that they had had with their energy suppliers had come to an end. Amongst these and other respondents it was clear that there were very variable experiences with attempts to claim under the Warm Home Discount Scheme (WHDS) (the next chapter discusses some of the difficulties respondents experienced with the varying eligibility criteria for the WHDS by different energy suppliers, especially with regard to switching). Other issues identified by respondents included the length of time that it took energy suppliers to notify them that they had been successful or not with their application. Two respondents noted that even when they were successful in claiming under the WHDS, that the sum they received did not arrive until the following

March. The timing of this payment was reported as frustrating, as these respondents noted that March payment was not taken into account by their energy supplier in negotiations due to fuel debt during the preceding winter.

Future changes

A number of the agencies interviewed expressed concerns about the impact of the transition from DLA to PIPs. A key concern was the number of disabled people who would no longer be eligible for support, not only in relation to the impact on household income, but also on wider eligibility for assistance via the WHDS. These concerns were echoed in many comments by respondents. A particular worry for many respondents was that they would lose out under the new regulations with regard to the mobility element of PIPs. Quite apart from anxiety about the direct impact on travel and mobility was the also the financial impact on household budgets, with consequences for paying other outgoings.

A further issue highlighted by an agency was the impact of social care charges on available income, and the way that this can impact on income available for fuel. Ongoing changes to eligibility under 'Fair Access To Care' by local authorities in the face of budget constraints were noted as putting considerable pressure on people's incomes. This issue has been explored in much greater depth in recent research, which examined the impact on disabled people of working age (Brawn *et al* 2013). Whilst it was noted that local authorities can include energy use when they take account of disability related expenditure, that estimates of energy use by local authorities can bear little relation to the actual energy costs that households face.

Paying for fuel and the wider household budget

For one group of respondents, managing the costs of energy appeared fairly stable within the context of a regular income from employment, either by the disabled person themselves or another member of the household. However, other respondents who were mainly reliant on their benefit entitlements reported considerable difficulties in affording to keep their homes warm to an adequate level.

A number of respondents were self-rationing the amount of heating they were using, either having the heating on for short periods, or maintaining a heating regime at lower temperatures than recommended by the Department of Health. One respondent who lived with cancer discussed managing a heating regime within his overall budget:

I think the energy bills, with ill health, and added debt, and the pressure of that, makes things, you know - the sum is far greater than the part is basically what I'm trying, would probably try to get across. You know, a nine per cent increase to me is ten pounds. And that ten pounds a month is not 'I'll be buying less wine, or won't be going out any more'. That's ten pounds where I have to say 'Right, when can I get away with putting the heating on', you know? The thermostat, if [name] is not here, my son, the thermostat's never above fifteen (Respondent 13).

Other respondents also discussed their strategies for managing the costs of fuel within their overall budget. Many talked about wearing extra layers of clothes, including using items such as 'slankets' and heat patches, or wrapping themselves, or their children, in a quilt or duvet. However, the nature of some specific conditions means that some people are not in a position to wear extra clothing. One respondent discussed her partner's situation, and noted that his condition was such that wearing heavy clothing was very painful. They were balancing his need to keep warm with attempts to ration the amount of time they had the heating on. Another respondent, who was gradually selling off her possessions on ebay to pay household bills, also described ways of saving energy in relation to food:

I've tried to cut back on food and that because my gas and electric bill arrived, was it, last week, which I knew they were due. So for the last couple of weeks, instead of buying so much fresh food, I was trying to live mostly what's in the cupboard and freezer. Which is another plan I've got, of trying to empty the freezer, because I've got a separate little freezer. So empty that and turn it off for the winter and save some money (Respondent 4).

Another respondent described the strategies of her friends to assist with fuel costs:

I mean, we've even got to a point last winter, because I mean I was self-employed, but I was taking a lot of time off, because I was already getting quite ill by then, and we knew the stroke was going to come. Friends - and this year as well - friends have bought me coal for my birthday, because they know the situation. Now a, I find it embarrassing, and b, it is my birthday present. It's like, I'm getting coal (Respondent 14).

The situation for this latter group of respondents was summarised by an agency who commented on the need to look right across the expenditure that households containing disabled people currently face:

It's far more important for the government to recognise the extra costs of disability, and for all these agencies to stop trying to take their slice of the cake, which just leaves people with no income to look after themselves properly (Agency).

7. QUALITATIVE ANALYSIS: TACKLING FUEL POVERTY AMONGST DISABLED PEOPLE

Introduction

This section focuses on mechanisms for alleviating fuel poverty amongst households that contain disabled people. The section draws primarily on the views of the agencies interviewed as part of the research, but also includes the perspectives of disabled people, and parents of disabled children. The section examines how agencies can identify and support households, including issues such as joint working between agencies and also access to advice and information. The section then moves on to discuss fuel poverty amongst disabled people in rural areas, and key issues for disabled people in the private rented sector.

Targeting support

Agencies discussed targeting support for disabled people, including identifying and targeting households containing disabled people at national level, principally through the use of data matching. Many agencies commented on the potential of data matching - both at national and local level - whilst recognising the significant barriers that have thus far prevented this from being taken forward. Several agencies discussed how the core group for the Warm Home Discount Scheme (WHDS) might be broadened to include disabled people amongst younger age groups, and noted that using the criteria for eligibility for Cold Weather Payments would be a significant step forwards in embracing the needs of disabled people.

Participants in the research also noted a diverse range of financial support potentially available for disabled people. For instance, agencies emphasised the bilateral links between individual energy companies and charities, where support could be made available and tailored to the energy needs of people with specific conditions and impairments, but also included the work of organisations such as, for example, Charis grants¹¹. Bilateral arrangements also include initiatives such as the 'Better Homes for Britain' campaign by British Gas and Shelter, which focuses attention on accommodation in the private rented sector. One agency also highlighted that financial support was also sometimes available from sources such as suppliers of essential medical equipment. A couple of respondents also noted that they had received either financial support or advice from individual charities that worked with people who lived with particular impairments, or had links for other reasons, such as ex members of the armed forces and the British Legion. Whilst such sources provide essential and valuable support, there is a danger if this type of help becomes an expectation as a replacement for assistance by other agencies such as the public sector.

Joint working

A further issue in relation to targeting disabled people was operating at the local level to identify and work with households across a range of fuel poverty and associated wider issues such as debt advice and benefit entitlements. This issue emerged as a key theme not only amongst the respondents who undertook initiatives at local level, but also national agencies as well.

¹¹ Charis Grants can provide assistance with utility debt, other priority bills and household items; See: <http://www.charisgrants.com/>

One important avenue for engaging with, and supporting, disabled people was viewed by several agencies as the role of ‘trusted intermediaries’. That is, individuals and organisations who can work with people to link them with support and advice available from other agencies. In part, the role of intermediaries was to facilitate support for people who would otherwise be very difficult for agencies such as delivery agents for energy efficiency measures or energy companies to identify or engage with. An underlying issue here was the recognition that there is often a trust issue amongst many members of the public in relation to organisations such as energy companies¹².

A further issue in terms of engaging with disabled people was using referral mechanisms to take advantage of the diverse range of agencies who may be in regular or intermittent contact with individuals. A wide variety of organisations were discussed by agencies as being part of referral networks, and might include, for example, third sector organisations, faith organisations, and handyperson services (see for example, SHINE in Islington, which is a one stop referral system for affordable warmth and seasonal health interventions). Agencies also discussed other examples of approaches at the local level that have helped to take forward linking disabled people, and other groups, with mechanisms for alleviating fuel poverty, such as Hotspots and Energy Doctors. A number of initiatives supported by the Warm Homes Healthy People initiative also illustrated the role that the Health sector can play by providing the funding that underpins approaches to addressing fuel poverty amongst households containing disabled people (although the national evaluation of the Warm Homes Healthy People initiative does not provide a breakdown of support for disabled people).

However, of the range of agencies discussed by respondents, health and social care staff were viewed as perhaps the most crucial to this role. Kennedy *et al* (2013) have highlighted a number of areas for taking forwards joint working between health and social care in cold weather resilience such as developing models of best practice, and exploring potential synergies between local healthcare, government and industry to reduce excess winter deaths. Whilst agencies interviewed here were positive about this role, a number of challenges were also noted. First was the very intensive nature of this work, which was expensive. The increasing financial constraints on organisations at the local level meant that the cost of engaging in the activity of joint working itself was emerging as a barrier. A couple of agencies that acted as delivery agents for energy efficiency measures noted that the third sector organisations they would usually rely on to identify and engage with people were increasingly reliant on payment for this activity to cover their costs. Several agencies highlighted ways of reducing the workload on referral agencies, and of streamlining the referral process, including the potential of linking with IT systems within the Health sector

¹² Energy champions were cited as one example of this type of approach, where individuals within communities are trained to support residents and link them with appropriate agencies who can assist with alleviating fuel poverty (and can also be recruited and trained from services that work with vulnerable households).

such as SystmOne (a computer system used by healthcare professionals, mainly in primary care).

A key consideration for agencies was in making the case to commissioners to fund energy costs for disabled people, and energy efficient housing. Two of the agencies commented on the evidence base available to support the veracity of interventions to alleviate fuel poverty on people's health and potential savings to the health sector. Attention was drawn by agencies to available evidence such as Thomson *et al.* (2013), Liddell and Morris, and the Marmot Review Team (2011), as well as the future potential of NICE guidance¹³, which is being developed on the subject of excess winter deaths and illnesses. Nevertheless, it was felt that stronger evidence was required not only to assist in making the case for funding and support amongst General Practitioners, Clinical Commissioning Groups, and also Health and Wellbeing Boards. Recent research has highlighted the priorities of Health and Wellbeing Boards and the extent to which fuel poverty features as part of strategies (Age UK, 2013). The report by Age UK noted that 42 per cent of Health and Wellbeing Boards in their analysis had not mentioned fuel poverty or excess winter deaths as an issue within their Health and Wellbeing Strategy, and that over three quarters of the Health and Wellbeing Strategies had not acknowledged fuel poverty or excess winter deaths as priorities, or had plans in place to tackle fuel poverty within their community. Two agencies commented that although it was important to ensure that fuel poverty featured within strategies, that it was difficult to make a case for a high priority for this issue in the face of other key health concerns such as cancer or dementia. Nevertheless, agencies highlighted examples of funding provided by pro-active Clinical Commissioning Groups for local initiatives to support the energy needs of disabled people, or the range of work supported by the health sector in areas such as County Durham, such as Energy on Prescription¹⁴.

The topic of commissioning healthy homes was part of the NEA conference in 2013, and, Milne (2013) highlights research that has just started in 2013 to examine the impact of home energy efficiency interventions and winter fuel payments on winter and cold related mortality and morbidity in England. The strength of evidence at local level is also developing in this regard¹⁵. Further, ongoing international research will also provide insights in the future on this topic (Viggers, et al, 2013).

Energy on prescription offers a potential route for targeting funding on the energy needs of disabled people, with several agencies in different parts of the country reporting experience in this type of approach. Nevertheless, a couple of agencies identified barriers in the successful roll out of this approach, noting that take up in areas depends to a certain extent on General Practitioners who have interest in this subject; as well as being able to make a convincing case to commissioners based on the best available evidence. A further issue highlighted by a couple of agencies was that undertaking energy efficiency measures in

¹³ see www.guidance.nice.org.uk/PHG/70

¹⁴ See <http://www.tadea-uk.com/Public-Services/NHS/Energy-on-prescription>

¹⁵ See: www.insidehousing.co.uk/eco/gentoo-to-ask-doctors-to-help-fight-fuel-poverty/6524348.article

people's homes who live with particular impairments or conditions could require associated support. For example, some households may require assistance with loft clearance or in moving furniture around where insulation measures are being installed.

Access to advice and information

As part of the discussions with disabled people and the parents of disabled children, respondents were asked about access to advice and information on energy issues. There was mixed awareness of potential support available to them, for example, several households were not aware of Warm Home Discount, and many households had not heard of the Green Deal. Three agencies noted that one of the barriers to helping to alleviate fuel poverty was awareness and take up of entitlements.

There was also a wide variety of views amongst the disabled people interviewed for this study about seeking advice on energy efficiency measures or financial assistance to help pay for fuel or wider household costs. Three respondents noted recent changes in the availability of advice. In part, these respondents discussed physical difficulties for disabled people in getting advice from agencies. As the two quotations below illustrate, one issue relates to the need to travel to buildings that may not be accessible, as well as long waits for appointments for people with chronic conditions or impairments:

..at one point you could ring up and say 'look this is my situation; I'm not very well, I need this advice' and they'd say 'right'. Now you know, if I ring up they say 'Right we don't give out telephone [advice]..can you come in?' You go there and there are probably five or six people waiting for a two hour window to see someone and make an appointment. Now, if you're healthy, that's great, you know, you can sit there for two or three hours. I couldn't possibly do that now (Respondent 13).

Well, where I am in [name of city], this year they [the local authority] got rid of all their advice workers, and supposedly have a contract with the Citizens Advice Bureau. But the Citizen's Advice Bureau is in a very inaccessible building, which means I can't get into it easily. But they are still only offering an extra half day a week and you have to go to them and you've got to wait around, which is not viable for me, so we don't have any advice as such. I'm too young to go to Age UK, but I can't access what there is in terms of advice (Respondent 5).

The quotation by the latter respondent also illustrated a gap in information for younger people. Another respondent also discussed this issue:

I got to be part of the Keep Warm campaign....at the group I go to, the chronic pain support group, we've got a wide range of ages. I think our youngest person is in their thirties and the oldest is in their eighties. And there is this cut off point. Some things people can do when they're over 60 that the ones who are younger can't. Sometimes it's even getting the information that support is out there. Because we have a good tight knit group, if one of the older ones is suddenly made aware of something, they'll

bring it to the meeting and then the rest of us find out, but it wouldn't be targeted to us (Respondent 2).

A number of agencies also commented on access to advice and advocacy. Whilst it was noted that specialist teams within energy companies could handle the specific requirements of vulnerable customers, it was important that there were rapid and effective referral routes to these teams. In contrast, one respondent needed to power essential medical equipment and described the way in which fuel debt was handled by her energy supplier:

..they don't take disability into account. I got really upset with this person who was going on about how much money I owed them at this point when I was £50 something in deficit, and they wanted to put up my direct debit. I was like 'I can't afford it. If you do that I can't afford to eat that week. Do you realise what that means?' This person was 'Well you've used the energy – how can you expect...' I was like 'But don't you understand I'm disabled? I don't know what to do' (Respondent 16).

Carers

Two agencies discussed the predicament of carers in relation to accessing financial support for energy costs. A sticking point with some energy companies is that the disabled person must also be the named person on fuel bills in order to qualify for assistance. It was reported that spouses, or the parents of disabled children have sometimes found it difficult to apply for support on these grounds. As one agency commented:

One thing we found with disabled people applying was that energy companies are saying you need to be the named person as the householder on the bill. But it's the partner or a disabled child who is quite severely disabled. We had a case in [place] where the child was severely disabled and required two carers 24/7. They were on a PPM [prepayment meter] and the issue initially was getting the PPM out and getting a credit meter in because of the issue of self-disconnection. Then we looked at the Warm Home Discount Scheme, and this happened on two or three occasions, where there were severely disabled children in the household, and not qualifying for Warm Home Discount because they were not the named person on the bill (Agency).

Access to emergency funds/Rapid responses to needs and crises

A further issue related to tailoring the type of financial support available for disabled people in order to meet specific needs. One agency noted that a criticism of the Warm Front initiative from their perspective was the time it had taken for some households to receive help. Two agencies commented on the need for access to emergency funding to pay for the energy needs of disabled people either at times of crisis or during periods of transition in their lives. For example, one agency drew attention to the energy needs of people of working age who are living with cancer, and who may have suffered a drop in income as a

result of having to give up work¹⁶. Another agency highlighted the temporary needs of parents of disabled children who are waiting for a diagnosis of their condition. Such parents may be dealing with the day to day energy needs as a consequence of their child's impairments, but find that they are unable to access financial support until a firm diagnosis has been received.

Agencies identified two distinct requirements in relation to the provision of emergency funding. The first was the provision of financial support to meet the immediate needs of disabled people in relation to paying for fuel. Indeed, in some localities examples of the type of help that have been provided have included recognition of the need for very flexible and responsive emergency funding to help people pay for fuel. One agency discussed funding that had been made available to a local network of independent advice centres in their area so that vouchers worth £30 could be distributed to households where there was an immediate need for help with energy costs. The second element is some sort of rapid response to meet the need for energy efficiency improvements to people's homes where there can be shown to be a current health concern. An example cited by an agency was the potential for interventions via very proactive health agencies. In one area, the then Primary Care Trust set aside an emergency fund to fast-track energy efficiency improvements to people's homes. If someone was without heating or hot water then they would be eligible for the support to get a new boiler.

Welfare reform has altered the scope for access to emergency funding to pay for fuel bills. From April 2013, funding for Community Care Grants and Crisis Loans for living expenses was transferred to local authorities to establish local schemes, on a non ring-fenced basis. Time will tell how this new role plays out, and it might be that localised, tailored financial support leads to flexible and responsive support for the energy needs of disabled groups. However, Royston and Rodrigues (2013) have highlighted a number of issues in relation to these changes. The first issue is the total amount of funding that is now available. In 2013/14, 178 million pounds was allocated across Britain for spending on the localised components of the discretionary Social Fund, which represented a cut of 151 million pounds (46 per cent) in real terms since 2010 on equivalent expenditure through Community Care Grants and the relevant components of the national loans budget (Royston and Rodrigues, 2013, p9). The second issue is that local authorities are adopting very varied stances with regard to assistance with fuel bills. Some authorities, such as Derby, give vouchers as top up for prepayment cards or keys for gas and electricity. In contrast, other authorities have explicitly stated that gas and electricity will not be covered by any of the grants available¹⁷

¹⁶ the Cancer Survivorship Pilot in the Durham area illustrates an example of focusing on the energy needs of people with particular conditions: www.tadea-uk.com/TADEA/media/MediaLibrary/PDFs/tadea_Health_Projects.pdf

¹⁷ See the Children's Society website for details of individual schemes: <http://www.childrensociety.org.uk/news-views/our-blog/use-our-map-find-your-local-welfare-assistance-scheme>

Switching

Recent policy discussions have emphasised the role of switching as a way for people to manage energy costs, as well as mechanisms for enabling people to switch suppliers and tariffs more readily (DECC, 2013b). However, previous research has highlighted range of barriers that people face when switching including access to the internet or using computers (see Agnolucci *et al* 2012, Consumer Focus, 2011b). As highlighted by Agnolucci and elsewhere (see Consumer Focus, 2011b), a key difficulty for disabled people with regard to switching energy suppliers is that the eligibility criteria for the WHDS vary between different suppliers.

A couple of respondents noted that in spite of being in receipt of benefits such as ESA and DLA, they had been unsuccessful in applying for the WHDS. One respondent had moved to a smaller energy supplier that did not participate in the scheme. A further problem with switching between suppliers and applying for the WHDS was discussed by another respondent who regularly switched between energy providers to obtain the best deal that he could:

I've applied [for WHDS] three times and never got it. And the reason is, and I don't think it's the criteria¹⁸, it's because I move. I'm with [energy provider], they have the cheapest fixed tariff. But I was previously with [another energy provider] for a short time and I applied for [WHDS], and the process..takes months and months, and of course the payment comes in the winter quarter. I changed in September. I won't get that from [former energy provider] because I'm not a customer of theirs anymore (Respondent 13).

The above quotation illustrates a very poor fit between the current process of applying for Warm Home Discount for disabled people who fall into the broader group and switching between energy providers to obtain more favourable tariffs. Generic advice to consumers advocating switching as a strategy to mitigate the costs of fuel needs to be much more carefully specified to take account of the difficulties that disabled people face as they try to take advantage of the benefits to which they are entitled.

Further, whilst switching has been emphasised in policy as a positive strategy that consumers can use to manage energy costs, the impact of the process of switching - and associated sales tactics - on some disabled people needs to be recognised. One respondent discussed the impact of receiving sales calls from a representative of an energy supplier,

He phoned five times and wouldn't go away until I agreed and even he said the only thing I would save is about fifty pence if I went over to [energy supplier]. Now he got me at a point when I was in pain and not feeling too good. I wanted him to go away

¹⁸ This respondent lived with chronic co-morbidities; was in the ESA support group and was eligible for middle care DLA and higher rate mobility DLA.

so I said all right then. I ended up paying [former energy supplier] and [new energy supplier] for three months without realising it (Respondent 16).

A further issue highlighted by three agencies were difficulties in ensuring that approaches to collective switching included 'hard to reach' groups.

Prepayment meters

Mummery and Reilly (2010) have highlighted some of the specific difficulties facing disabled people who use prepayment meters, including physical access to payment points. They reported that agencies at local level tended to have negative views of prepayment meters, and emphasised the higher tariffs that people had had to pay, as well as the issue of self disconnection. There were mixed views about using prepayment meters amongst the five households containing disabled people who had experience of using them. Two respondents commented on being able to control the level of spending on energy by using a prepayment meter:

It's worked out really well, and I'm happy with that. As I say, I know what I'm spending. I can check it. A lot of people do say you can spend more on them. I've been told that. I think it's better than getting that letter at the end of the month, especially in winter I just know what I'm spending and I can put my key in as and when (Respondent 1).

Three other respondents had negative comments about prepayment meters. One respondent commented on using a prepayment meter when she was renting from a private landlord in a previous home:

Awful. Really awful. Because obviously again, being chronically ill, you've got to get out to top them up. When you're living on such a tight budget, it's very hard to put a lot of money on at once, so it was always putting little bits on each time. It was awful. I hated it, and of course it was more expensive (Respondent 12).

Another respondent highlighted a further difficulty with physical access to payment points for prepayment meters in winter, combined with the consequences of living in a rural area with no gas, and a reliance on solid fuel:

We've recently changed to [energy provider] because last year we were struggling for a few days. We had no power and no coal purely because we were snowed in. We hadn't been able to build up [coal supplies] like we would normally, so we contacted [energy provider], because they do a little box where you can actually top up your meter from home with your debit card. So we got it all set up and they said 'Yes, as soon as it's all up and running you can arrange that'. It cost £70, but we decided we'd do what we had to, to make sure we got that. And then they said 'Oh sorry, we've updated them. They're not working. We can't do them now' (Respondent 14).

Whilst the above case highlights the consequences of a poor level of service to vulnerable customers, it is important to stress that other participants in the research highlighted very positive experiences of energy providers. One respondent discussed the value of registering as a vulnerable customer with their energy provider:

I've found them very sympathetic. One of the first things when I moved here was they ask you if you are disabled in any form, to let them know so that they can have you down as a priority, which was interesting, because it was a different company that I'd had down in [town] and they'd never done anything like that. I have to say that having had the problem with the power, they were brilliant, because they knew about it. They came out – absolutely amazing – I mean they were here within half an hour (Respondent 2).

This quote echoed the views of two agencies who commented on the importance of the effective use of priority registers by energy companies.

Managing energy costs in rural areas

Households containing disabled people who were living in rural areas may well face additional cost burdens as a result of relying on relatively expensive types of fuel if they live off the gas network, such as oil, Liquid Petroleum Gas or solid fuels. The Centre for Sustainable Energy (2011) calculated that 45 per cent and 51 per cent of properties are without mains gas heating in villages and isolated areas respectively. In our research agencies highlighted that not only was there an issue about access to financial help for disabled people who rely on solid fuels, but also a safety issue as well. Two agencies described cases where they were trying to resolve the energy needs of individuals who were trying to manage coal fires in such a way that was leading to risky behaviour, with coals falling out of fire grates. The practical difficulties for disabled people of physically managing solid fuels in rural areas were highlighted in an earlier quotation on the previous page.

The FREE initiative identified a range of difficulties in delivering energy efficiency measures in rural areas (FREE, 2012). One problem was that previous schemes such as CERT and CESP paid insufficient attention to rural delivery, including that area based deprivation measures do not particularly capture difficulties faced by households in the countryside. However, as one agency commented:

There are safeguards for rural areas in ECO, but they are not very helpful. You still have to be on means tested benefit and there are few people, a minority, in any one area (Agency)

Similarly, two agencies also highlighted the implications of a combination of circumstances in rural areas for older disabled people who earn sufficient income to push them over the maximum limit to claim Pension Credit, such that they will also be disqualified from automatic Warm Home Discount. However, their circumstances may be such that they have high energy costs not just as a result of their need for higher heating regimes, but also

because of the type of fuel they are reliant on, which combine to drive them into fuel poverty. The consequences of this was highlighted by an agency who reported a case where:

We had one lady, quite elderly who was receiving Attendance Allowance. She had sight and hearing issues and had an open fire. But because she was not on gas, and was not receiving other benefits, we could not get other heating installed for her...In the old days Warm Front did provide support for people who were on Attendance Allowance. But not now (Agency).

In spite of the acknowledgement by a number of agencies of the attempt by ECO to address rural issues, it was felt that there was still a poor fit with present energy efficiency measures. One agency argued that greater clarity was required from OFGEM about the criteria for eligible works under ECO in rural areas for households who live off the gas network, and who are reliant on coal fires and little else, such as putting in oil boilers. This agency also noted that whilst there was some potential for the use of air source heat pumps, that no energy suppliers had thus far signalled an intent to pursue this option in their area. Installation costs were also noted as being higher in rural areas, with no funding available to cover the costs of necessary upgrades to poor electrical infrastructure in some rural areas.

Two agencies also highlighted difficulties for disabled people who live in park homes. Partly, there are difficulties with this form of accommodation with regard to eligibility for energy efficiency measures. A further difficulty is that households are often reliant on supplies of Liquid Petroleum Gas and electricity from the park owner at relatively expensive rates. Given the relatively high proportion of householders who live in park homes who are disabled or who live with long term limiting illness, it is important to ensure that this form of accommodation is considered alongside 'bricks and mortar' dwellings within policies that address fuel poverty.

Private rented sector

One reason for the relatively high proportion of disabled people in fuel poverty in the private rented sector highlighted earlier in the report may relate to the age and condition of the housing stock, which leads to poor energy efficiency. A feature of the privately rented sector is its wide variation in housing quality. An analysis of the Standard Assessment Procedure (SAP) rating for the privately rented sector by Energy Efficiency Partnership for Homes (2009) showed that whilst just over ten per cent of the stock was good (rated band B or C), a high proportion was rated as bad (27 per cent rated F or G). Fifty five per cent of the private rented sector was composed of Hard to Treat housing compared with an average of 38 per cent of the housing stock in England as a whole (Centre for Sustainable Energy, 2011).

Tackling energy efficiency in the private rented sector presents a number of challenges. One difficulty is that addressing energy efficiency relies to a considerable extent on relations between landlords and their tenants. Energy Efficiency Partnership for Homes (2009) noted that tenant demand would be a key driver of landlord behaviour in relation to energy

efficiency. However, several agencies highlighted the reluctance of many tenants to request improvements for fear of rent increases or retaliatory eviction, which echoes similar points made elsewhere (Crew, 2007; National Private Tenants' Organisation, 2011). The diversity of the sector was illustrated in the following comments by respondents who rented privately, who discussed the extent to which they felt comfortable about asking their respective landlords for energy efficiency improvements to their homes,

We don't mind discussing anything with them [the landlord]. That's absolutely fine. They do things now and again. We had new bathrooms put in and the kitchen floor. And this [room] has been decorated. We chose the pattern, but they paid for it, so it's a bit give and take (Respondent 10).

It tends to be quite a cold flat. But the boiler is very old. It's the best part of 25 years old and it's just completely shot away..various people have come to check it and I've said 'Look it's not really working properly because I've got it jacked up to full blast'. And the radiators are warm, but especially in winter you're not really getting any hot water out of the taps...what they should do is replace the boiler but they're never going to do it. They're just going to wait until it dies completely, or if they did, they'd jack the rent up enormously (Respondent 11).

Such perceived fears raise questions over the veracity of the introduction via the Energy Act 2011 of the right for tenants to request energy efficiency improvements that a landlord will be unable to unreasonably refuse from April 2016. The Energy Act (2011) stipulates that from April 2018 it will be unlawful to rent out a property that has an energy efficiency rating lower than an Energy Performance Certificate band "E", and an agency noted that it was much more likely that activity would be associated with this latter date, rather than 2016. Another agency discussed the particular challenges of improving the energy efficiency of privately rented accommodation in rural areas. Indeed, the use of the Standard Assessment Procedure remains contentious, especially in relation to rural properties that are rented privately (Country, Land and Business Association, 2013). A stronger evidence base on the health impacts of cold homes would assist in broader debates on the role of energy efficiency as part of a consideration of carbon effects.

Two agencies also noted the reluctance of tenants to engage with proposed enforcement actions by local authorities, again, due to perceived fears over eviction or rent increases. Older disabled people on regulated tenancies were viewed as a particularly vulnerable group in this regard. An agency noted that this barrier could be overcome if local authorities could be more proactive in identifying particular cases where people are living in very poor conditions linked with cold homes and instigating action themselves. However, whilst local authorities can address excess cold hazards through the Housing, Health and Safety Rating System (HHSRS), a key issue remains the level of resourcing available to local authorities to carry out this task.

A further difficulty for disabled people living in the privately rented sector is that the range of properties that are accessible is often limited (Pro-Housing Alliance, 2012). Disabled

people who live with limited mobility cannot readily ‘shop around’ for alternatives, as the pool of properties that are accessible is relatively small. Several agencies also noted further barriers to installing energy efficiency measures in the private rented sector. One issue was that the installation of energy efficiency measures came with associated costs such as replastering and decorating, which many landlords were reported as unwilling to undertake. Similarly an agency noted that remedial works often have to be undertaken on property within the private rented sector before energy efficiency measures can be put in, which is another disincentive. Another barrier was that many landlords (including some social rented landlords) were also reported as being reluctant to have heating systems that relied on gas, which would enable cheaper bills for tenants. Agencies noted that such landlords did not want the additional cost of annual gas safety checks, or associated risks that accompany gas supply. One agency also noted that this reluctance by many landlords to put in gas heating limits the potential for making improvements under available energy efficiency measures. This agency highlighted alternative mechanisms such as installing insulation as part of ‘room in the roof’ schemes¹⁹ in Houses in Multiple Occupation.

¹⁹ Specific insulation measures have to be used in cases where loft spaces have been converted for use as part of bedsits and flats

8. SUMMARY OF FINDINGS

This project has applied a mixed methods approach to investigate three research questions:

1. What evidence currently exists around the relationship between fuel poverty and disabled people?
2. What are the needs of disabled people living in fuel poor households?
3. What can policy learn from these research findings (especially in light of current policy changes around the green deal and benefits)?

The first research question has been answered through an extensive literature review (Annex A). This has demonstrated that there is substantial literature that considers the relationship between health and energy, most notably issues around specific conditions and heating regimes, mental health, and vulnerability to the cold. The literature review has also highlighted the relationship between poverty and disability, and has drawn attention to debates around the treatment of disability related benefits as general income (in measures of both poverty and fuel poverty). The review also raised issues of problematic targeting for fuel poverty support, and how qualifying criteria may exclude households that are in need. Extensive changes in welfare support have also been discussed, with many organisations raising concerns over the impact of these changes on disabled people. Concerns around choices between ‘heating or eating’ and self disconnection through prepayment meters has been highlighted. Households most affected by the reforms that are not eligible for fuel poverty support were identified as those most vulnerable. The qualifying criteria for the core group of the Warm Home Discount Scheme (WHDS) core group was raised as a particular area of concern with disabled people under pensionable age not automatically qualifying for this support.

The statistical analysis of the EHS has helped to inform the second research question by giving a breakdown of the extent of fuel poverty amongst households containing disabled people in different circumstances (such as household composition, region and payment type). Since the publication of Deliverable 1 (the original statistical analysis for this project released in May 2013) the analysis has been undertaken a second time to account for the new LHC measure of fuel poverty. It is evident from the summary presented in this report, and the more detailed analysis presented in Annex B that the new indicator of fuel poverty results in lower levels of fuel poverty amongst households containing disabled people. Whilst there are many flaws in the 10 percent definition, it should not be assumed that the situation for disabled people has improved simply because rates of fuel poverty have reduced. Indeed, the new measure continues to neglect the higher energy needs identified throughout this report, and continues to treat Disability Living Allowance (DLA) and Attendance Allowance (AA) as general income.

The main findings remain consistent with those presented in Deliverable 1. Firstly, a greater proportion of households containing disabled people are fuel poor compared with households that do not contain someone who disabled. Additionally, when DLA and AA are removed from the calculation of income, fuel poverty rates increase (although this varies by the measure of fuel poverty used, and other factors such as type of disability, region, tenure

and household composition). Secondly, fuel poverty levels vary by household composition type, the presence of a disability and the measure of fuel poverty used. For example, under the full and basic income measures of fuel poverty, the highest rates are found amongst single disabled people under 60 (36.6 and 53.5 per cent respectively). However, these findings are not mirrored in the LIHC measure, where lone parents with dependent children (with no illness or disability) have the highest fuel poverty rates (21.7 per cent). Thirdly, fuel poverty rates are highest in the private rented sector across all measures, and the fuel poverty rates amongst households containing disabled people are higher under the LIHC measure than the full and basic income measures (which is unusual compared to the rest of the dataset). Fourthly, fuel poverty rates tend to be highest amongst all households that pay energy bills using prepayment methods across all three measures of fuel poverty, and are generally higher amongst households containing someone who is disabled. Additionally fuel poverty rates amongst households containing disabled people that use standard credit are also comparatively high.

The qualitative analysis also contributes to the second research question, enabling an in depth exploration of the lived experiences of disabled people *and* concerns of key stakeholders working in the policy area of fuel poverty and/or disability. The research has shown that respondents reported diverse experiences in terms of affording the costs of energy. For one group, managing the costs of energy appeared fairly stable within the context of a regular income from employment, either by the disabled person themselves or another member of the household. Another group of respondents who were reliant on benefits noted that managing the costs of energy as part of total outgoings was becoming increasingly problematic. The diversity of experience was exacerbated by the increasingly discretionary and localised nature of support for households containing disabled people. The uses to which benefits such as DLA and Carers Allowance were being put meant that incomes were being stretched, as in some areas, DLA was being counted as general income to pay for rent, or where disabled people were being turned down for Discretionary Housing Payment, or were a low priority for this form of assistance. The combination of changes to benefit entitlements, for example to council tax or Housing Benefit, had significant consequences on the ability of these respondents to pay for fuel. A key problem is the poor fit between short term discretionary help in order to pay for long term, ongoing costs such as rent. Such help also fails to take account of the often permanent or progressive nature of people's impairments and conditions, and their need for long term solutions to help them to keep warm.

The qualitative analysis also addresses the third research question, directly considering lessons for policymakers. One of the key themes raised was the crucial role of working at the local level to identify and work with households who would benefit from energy efficiency measures. The value of having a flexible and rapid response to the energy needs of households containing disabled people was highlighted. The nature of this response had two distinct elements. Firstly, helping to meet the immediate costs of fuel, often in response to a crisis. Secondly, fast tracking repairs or installation of heating systems, or energy efficiency improvements to people's homes. A number of respondents and agencies highlighted the difficulties of maintaining adequate levels of warmth for households

containing disabled people in dwellings with poor levels of energy efficiency, or inadequate heating systems. There were mixed views on the use of prepayment meters by respondents. On one hand, the ability to budget and control spending was valued. On the other hand, other respondents noted the problems they experienced in physically accessing payment points as a result of their impairments or conditions. The Health sector was viewed as having a potentially crucial role to play in taking forwards the alleviation of fuel poverty amongst households containing disabled people. In the face of difficulties in identifying and targeting disabled people through data matching exercises at national level, initiatives and funding via the Health sector provides an alternative avenue for identifying and supporting the energy requirements of disabled people, including developing the evidence base to support healthy homes. Energy on Prescription provides an example of a model at local level for this type of approach. Indeed, the range and diversity of initiatives, facilitated by funding streams such as Warm Homes Healthy People highlights what can be achieved. A key challenge remains moving beyond short term funding cycles to replicate initiatives more broadly in order to address the *ad hoc* and discretionary nature of support for disabled people.

9. POLICY IMPLICATIONS AND RECOMMENDATIONS

Given the research findings discussed above, a number of key policy implications and recommendations can be made.

Firstly, there are higher rates of fuel poverty amongst disabled people, although these rates vary by the way in which fuel poverty is measured. This is unsurprising given the relationship between poverty and disability. The results presented here (and in official calculations of fuel poverty) do not account for the elevated energy needs of people with specific impairments or conditions, and as such are likely to under represent the extent to which some disabled people are struggling to pay for energy costs, or are risking their health by not using sufficient energy. The qualitative research backs this up, demonstrating a higher need for both heat and energy due to particular impairments and longer periods of time spent in the home, and the difficulties associated with paying for this.

RECOMMENDATION ONE: Ensure that the needs of disabled people are fully acknowledged within relevant fuel poverty policy, recognising that needs are diverse, fluctuating, nuanced, and in some instances masked by official statistics. Recognition of the problem should not be limited to fuel poverty policymakers, but also those working in other relevant areas such as health and social care. Given the difficulties associated with identifying and targeting fuel poor disabled people, local networks and the engagement of the health sector may help support those in most need.

Secondly, fuel poverty rates increase where Disability Living Allowance (DLA) and Attendance Allowance (AA) are removed from calculations of income. This was recommended by John Hills in the fuel poverty review, and is an argument present in general discussions about the measurement of poverty. The qualitative findings demonstrate the pressure being put on DLA to be used repeatedly as a form of everyday household finance.

RECOMMENDATION TWO: As recommended by the fuel poverty review (Hills 2012) DLA and AA should not be considered as part of the fuel poverty indicator as these are not forms of disposable income. More generally, policymakers and those working in front line agencies need to be far clearer about the multiple (and therefore unreasonable) claims being made on DLA. These issues also apply to Personal Independence Payments.

Thirdly, the literature review, statistical and qualitative analysis demonstrate a mismatch between the provision of fuel poverty support and those in most need. Under the 10 per cent definition of fuel poverty single households comprised of disabled people under the age of 60 had high fuel poverty levels but would not necessarily be able to access the WHDS and might also be vulnerable to other cuts and changes in welfare, whereas those over 60 are more likely to be protected from these. Additionally, factors such as not being the named bill payer, time lags, different eligibility criteria for the broader group for the WHDS were all noted as preventing access to support. Following the withdrawal of social tariffs this has become more problematic as these had broader eligibility criteria.

RECOMMENDATION THREE: Include disability as a qualifying factor for the core group of the WHDS and ECO. Consider the presence of a disabled household member as a qualifying factor (rather than that person being the named bill payer). Ensure that holders of the WHDS are able to switch providers without having to reapply for it.

Fourthly, fuel poverty rates were found to be highest in the private rented sector, and the qualitative findings also demonstrated the concerns about this amongst key stakeholders, and some of the private sector residents interviewed. Disabled people may be especially disadvantaged here given the limited supply of appropriate housing.

RECOMMENDATION FOUR: address housing conditions in the private rented sector as a matter of urgency. The links between poor health and role of the health and social care sector may be crucial here, for example, through energy on prescription.

Fifthly, more households containing disabled people are on prepayment meters for their gas (where connected) and electricity supply than households without. Whilst there is evidence within the qualitative interviews that this can help manage household bills and budgeting, concerns were raised by the stakeholders about risks of self disconnection and higher energy charges, and the difficulties using them. Whilst it is illegal to disconnect vulnerable customers in the winter, installing a prepayment meter is not. This could be considered as devolving disconnection decisions to the bill payer, given what is known within the health literature about under heating this could be highly dangerous for health.

RECOMMENDATION FIVE: serious attention should be paid to the suitability of prepayment meters for disabled people, in terms of their useability, and also given the elevated risks associated with self disconnection. Again, a broader understanding of this issue amongst other sectors in direct contact with disabled people (such as health and social care) may help address self disconnection more urgently.

10. CONCLUDING COMMENTS

The starting point of this project was to investigate the relationship between fuel poverty, disabled people and policy change. During the lifespan of this project (September 2012-December 2013) welfare reforms have been implemented, and the official definition of fuel poverty revised. Policy changes have reduced public spending on fuel poverty within this wider context of welfare reform, and this project has demonstrated some of the effects of these changes (through the focus of the core group of the WHDS, cuts in local services, pressures being placed on DLA, benefit reforms and so on). To some extent, the recently adopted LIHC definition changes the landscape of fuel poverty, on the whole reducing rates in the analysis presented here. However, we would argue that disabled people, especially those on low income benefits and with high energy needs may still experience cold, damp housing, and/or energy debt, regardless of whether or not they are defined as fuel poor. Whilst official measures continue to neglect the actual energy needs of some disabled people, it is essential that those working at the implementation level recognise the diverse, nuanced, fluctuating needs that some disabled people have, and work to support these. In the current climate, the assumption that disability related benefits such as DLA and AA can be used for energy payments is highly flawed, given the many other claims being made on these.

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