

Scottish Health and Inequality Impact Assessment Network (SHIAN)

Report

**HEALTH IMPACTS OF THE FUEL POVERTY STRATEGY
FOR SCOTLAND – SCOPING REPORT**

2018

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Introduction

In November 2017 SHIAN facilitated a workshop to identify impacts likely to be affected by the proposals in the Consultation on a Fuel Poverty Strategy for Scotland. Subsequently Scottish Government completed a Health Impact Assessment of the Strategy.

The full Health Impact Assessment is available here:

<http://www.gov.scot/Publications/2018/06/5802>

This document contains the report of the scoping workshop and the table of impacts, research questions and evidence sources that were derived from the workshop.

Participants included representatives from Scottish Government, Energy Action Scotland, Citizens Advice Scotland, Age Scotland, NHS Health Scotland, Home Energy Scotland, Energy Saving Trust.

The workshop was facilitated by the Scottish Health and Inequalities Impact Assessment Network.

The Policy

Around 31% of Scottish households were in fuel poverty in 2015. The consultation on a Fuel Poverty Strategy for Scotland builds on recommendations made by the Scottish Fuel Poverty Strategy Working Group and the Scottish Rural Fuel Poverty Task Force. It seeks views on proposals to be included in a Warm Homes Bill. The proposals in the document include:

- a new definition of fuel poverty – see below;
- the Scottish Energy Efficiency Programme – support for owners and occupiers to improve the energy efficiency of their homes, also including supply chain development for energy efficiency services and technologies;
- a publicly owned energy company;
- support for local energy generation including renewables;
- provision of home energy advice;
- income maximisation services;
- regulation of private sector landlords;
- partnership working to target support to people who could most benefit;
- development of a doorstep tool to assess eligibility for support based on the new definition of fuel poverty; and
- a statutory target to eradicate fuel poverty.

The proposed new definition states that households in fuel poverty will be those that:

- need to spend more than 10% of their income after housing costs on heating and electricity to maintain a healthy indoor environment, AND
- after deduction of housing and fuel costs would have less than 90% of the Minimum Income Standard as their residual income.

A healthy indoor environment is defined as being able to maintain a temperature of 23°C in living areas and 18°C in bedrooms, or 23°C in living areas and 20°C in bedrooms for vulnerable households. 'Vulnerable' households are those that have a person aged over 75 or with a long term condition or disability.

The changes to the previous definition of fuel poverty are that it now uses income after housing costs as the basis, includes the minimum income standard criterion and re-defines the age at which a person is defined as vulnerable to 75 from the previous age of 60. The aim is to allow the definition to target more effectively people who are at risk of adverse effects from fuel poverty.

In the discussion of the strategy, the group noted the challenges associated with developing a doorstep tool. It is currently unclear how the doorstep tool will work with area-based schemes. The tool should take account of different factors that affect

households' energy requirements, and the variability of these is likely to increase with need.

The group also noted that fuel poverty did not only concern affordable warmth but referred to all home energy and so affected people's ability to cook and refrigerate food and medicines.

Populations

The group identified the following populations that would be particularly affected by the strategy. These include groups of people that are at highest risk of fuel poverty and/or are vulnerable to its effects, and groups that may find it difficult to access advice and support.

People in fuel poverty – are the main target of the strategy. The strategy aims to target the available support more closely to the people with the greatest need.

People in different tenures – housing in the private sector is more likely to have lower standards of energy efficiency.

People on low incomes – are at highest risk of fuel poverty. The new definition aims to target support to people who are on a low income by introducing the criterion relating to the minimum income standard. The group noted some concern about people who were on the margins of vulnerability, could potentially benefit from home energy advice and support but did not quite meet the definition of fuel poverty. It was noted that the difficulty is often identifying the people who could most benefit from support.

Older people – are more likely to be in fuel poverty, spend more time at home and are more vulnerable to the effects of fuel poverty. The new definition means people aged 60-75 will not be defined as vulnerable in terms of needing to sustain higher bedroom temperatures unless in a household otherwise defined as vulnerable. However many people this age are still working and are not vulnerable and the policy supports the ethos that older people should be considered to be contributing members of society. They could still be defined as fuel poor if they meet the definition outlined above.

Children and young people – the new definition means more families with children will be defined as in fuel poverty and will be eligible for support. As well as affecting children's health directly, educational attainment is adversely affected if children are living in cold homes without warm appropriate places for school work.

Women and men - the group noted that female headed households are more likely to be single parents and to be in poverty. It also speculated that there could be gender differences in vulnerability to cold and in the perception of cold, but recognised this as

an area of uncertainty. It was also noted that some young men may be vulnerable because of insecure living accommodation and difficulty managing energy bills.

People with a disability – people with a disability are more likely to be in poverty, may spend more time in the home and may be more vulnerable to the effects of cold. Some people with long term conditions may need to refrigerate medicines or use electrical equipment. Mental health problems may be exacerbated by living in cold homes, and may reduce people's ability to engage with energy advice and support services. The strategy indicates that people with certain disabilities will be defined as vulnerable and the enhanced heating regime will be applied. Further work is needed to define the relevant disabilities.

Minority ethnic people – may be more likely to be in private rented accommodation, which on average offers poorer energy efficiency. There may be language and cultural barriers that make it more difficult for them to access energy advice and support. Some families may be in multi-generational accommodation and the group wondered how the doorstep tool would take account of this.

Refugees and Asylum seekers – may be at particular risk of fuel poverty because they are often very marginalised, may be in poor quality accommodation, are not eligible for many benefits, and may have language and other factors that prevent access to support.

Homeless people – the group noted that people who have been homeless may need support to develop a heating regime and secure the best deal on fuel bills when they move into a home. People in temporary or insecure accommodation may be at high risk of fuel poverty.

People in the criminal justice system – people liberated from prison are at risk of homelessness and when housed may need support to navigate the energy market, set a heating regime etc.

People with low literacy or numeracy – may find it very difficult to manage a change of supplier, read a smart meter, manage fuel bills etc. A lack of IT literacy is a particular problem and can prevent people getting the best deals on their fuel bills.

People in rural areas – there are many reasons that people in rural areas are at higher risk of fuel poverty. These include poorer housing stock, that is hard to adapt, in many rural areas; high energy costs; poor supply chains; difficulty accessing home improvements; restricted meters; monopoly suppliers; and often a lack of mains gas supply so people rely on oil which is more expensive. The group noted the strategy may bring opportunities for some small companies offering services to improve energy efficiency in rural areas. The group recognised the higher costs of providing services

in rural areas and supported the policy within the strategy that people should have equal access to meet their needs in both rural and urban areas.

Carers – are often at home for longer periods and are at risk of poverty. The group noted that it is important that services recognise their specific needs.

Staff – the group noted that low paid workers may be in fuel poverty and there are opportunities to raise awareness and provide support through workplaces. Homeworkers may be more vulnerable because of increased time at home.

Determinants of health

The group then used the checklist to identify the range of health impacts that the Strategy could affect. Fuel poverty impacts on a very broad range of health determinants, so if the strategy is successful it should have a positive effect on these. The group identified the following as the most significant potential impacts:

General health and wellbeing – there is strong evidence that fuel poverty adversely affects both physical and mental health and wellbeing. Living in cold, damp homes increases the risk of respiratory disease in children and adults, cardio-vascular disease, falls in older people and has negative impacts on mental health. Measures to tackle fuel poverty should have a positive effect for the people who receive them. The overall effect depends on how effective the measures are, and how successful the strategy is in reaching the people who are most vulnerable.

Income – there is a close link between income and health. The strategy will help people reduce fuel bills and also link them to other income maximisation services, which will increase their income.

Diet - may be positively affected because people can afford to cook and refrigerate food, can make better use of space in their home to prepare food and have more money to spend on food.

Physical activity – people in fuel poverty are often restricted to one heated room and become more inactive and sedentary as a result. The strategy should have a positive impact on this.

Educational attainment and skills – if more children are able to live in warm homes to study, this should improve their educational attainment. They may also have less time off school from cold-related illness. Home energy advice will help people gain skills in managing their energy use. There are also opportunities for the workforce to gain skills related to home energy improvements and services.

Cold, damp and mould – the strategy should impact positively on living conditions for people who are able to access advice and services. The group noted the importance of ensuring that people understood the need for adequate ventilation in well-insulated houses.

Climate change - more energy efficient homes will have reduced carbon emissions.

Stigma – the group noted that many people in fuel poverty do not want to be labelled as ‘fuel poor’ and are reluctant to seek help. It is important that advice and services are delivered in a way that does not cause or exacerbate stigma.

Employment – some people may gain employment, for example in fitting energy efficiency improvements. This may be particularly beneficial in rural areas.

Social support and social inclusion – people living in cold homes often restrict visits from friends and families. This can lead to social isolation and loneliness.

Access to/ quality of other services – the strategy should impact positively on demand for healthcare related to the physical and mental health conditions that are caused or exacerbated by fuel poverty. There are opportunities to link eligible people to energy advice and services through other services – the group noted the potential and challenges of data and information sharing to facilitate this, and the need to develop joint work with the Health and Social Care Partnerships. There are also opportunities to provide support and advice that addresses energy, income maximisation and other issues in a holistic way.

Suggestions

During the discussion, the group suggested some recommendations to improve the overall impact of the strategy. There are summarised below.

The strategy should capitalise on the opportunities of integrated Health and Social Care Partnerships to help identify people who may benefit from energy advice, support and services.

Development of the doorstep tool should consider how to take account of differences in personal circumstances – for example household size and the impact of both over- and under- occupancy.

The group supported the policy that people should have equal access to energy efficient homes in both rural and urban areas.

To avoid stigma, the strategy and Warm Homes Bill should ensure fuel poverty is framed as a structural rather than individual issue.

The strategy should target advice and support to the people who are at highest risk of, and most vulnerable to, fuel poverty.

The advice and support offered should aim to address energy efficiency, income maximisation and other issues in a holistic way, and should be publicised and delivered in a way that avoids stigmatising individual or groups.

Advice, support and other services should make particular efforts to reach people with communication needs including other languages, and poor literacy including IT literacy.

Research questions

The group also identified some research questions related to areas of uncertainty in the discussion. These were:

- Are there gender differences in vulnerability to cold?
- Which disabilities increase vulnerability to fuel poverty?
- How long do people in different population groups spend in their homes on average?
- What is the best way to engage with Health and Social Care Partnerships?
- Which models of advice are most effective in reaching people in fuel poverty, including people with communication needs?

Impact	Affected populations	Research questions	Sources
General wellbeing	<p>People who receive advice and services to reduce fuel poverty</p> <p>Highest benefit for those most vulnerable to effects of fuel poverty</p>	<p>What are the health impacts of fuel poverty?</p> <p>Which populations are most vulnerable to the effects of fuel poverty and why?</p>	<p>Several reviews are already available</p> <p>May require focused literature review</p>
Income	<p>People on low incomes who receive advice and services to reduce fuel poverty/ maximise income</p>	<p>What is the expected financial gain for people receiving advice and services?</p>	<p>Some information may be available from monitoring of current services.</p>
Diet and physical activity	<p>People who receive advice and services to reduce fuel poverty</p>	<p>Is there evidence that reduced fuel poverty can support diet and physical activity?</p>	<p>Literature review – behavioural responses to fuel poverty. Should be available from existing reviews.</p>
Educational attainment	<p>Children in households that receive advice and services to reduce fuel poverty</p>	<p>What is the evidence that reduced fuel poverty improves educational attainment?</p>	<p>Should be available from existing reviews.</p>
Housing quality	<p>People who receive advice and services to improve home energy efficiency</p>	<p>What advice do people require about ventilation of better insulated homes?</p>	<p>Literature / consultation with key informants</p>
Climate change	<p>Whole population</p>	<p>What impact will the mix of policies have on carbon emissions?</p>	<p>Would require modelling.</p>

Stigma	People who receive advice and services to reduce fuel poverty	<p>What is the common understanding of fuel poverty?</p> <p>How will the strategy and Warm Homes Bill be framed?</p> <p>What characteristics of services increase or reduce stigma?</p> <p>Does the impact of stigma affect different populations differently?</p>	<p>Literature review</p> <p>Consultation with affected populations and key informants.</p>
Social inclusion	People who receive advice and services to reduce fuel poverty	What evidence is there that reduced fuel poverty leads to increased social interaction and support?	Literature review – behavioural responses to fuel poverty. Should be available from existing reviews.
Employment	People who gain employment through SEEP or related programmes	How many jobs will be created as a result of the strategy and Warm Homes Bill, who will benefit from them?	Consultation with key informants
Partnership with other services	<p>People receiving healthcare and other services</p> <p>People who have barriers to accessing advice and support</p>	<p>What is the overall impact of reduced fuel poverty on use of health and social care?</p> <p>Which populations find it hard to engage with advice and support – what are the best service models to reach them?</p>	<p>Literature +/- health economics modelling</p> <p>Literature</p> <p>Consultation with affected populations and service providers</p>

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