

## **Annex A**

# **Fuel poverty and disability: a review of existing knowledge conducted for Eaga Charitable Trust**

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## 1. 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). Under its current definition fuel poverty is measured on the basis of a household needing to spend more than 10 per cent of its income to maintain a satisfactory heating regime (defined as 21 degrees in living rooms and 18 degrees elsewhere) (DTI 2001). 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 2012a, 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. This review contributes to the three project 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 review brings together existing knowledge relating to disability and fuel poverty. Knowledge in these fields is fragmented and disparate, and as such this review attempts to draw together a broad range of themes and issues, and also considers 'grey' literature - information taken from NGO campaigns and other non academic sources.

## 2. Methods

This review has been conducted in two ways. Firstly, the research team identified a list of key search terms relating to fuel poverty and disabled people (see Appendix One). These terms were then entered into nine databases (Appendix Two). 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. One limitation of this approach was that the database search did not capture very recent articles, most notably the fuel poverty special issue of the journal 'Energy Policy'. However, the final 'google' search did bring up these articles. In the end approximately 150 sources informed the final review. One challenge was that the articles reflected a very broad set of literatures including health, psychology, economics, engineering, poverty, fuel poverty, energy efficiency, environment, welfare, and policy, and also used a very wide range of methodological approaches. This reflects the breadth of the issue, and indeed the challenge of working in an under researched field.

It is important to state at this point that there are two broad ways of considering disability; the medical and social models (see Barnes and Oliver 2002). The former considers the physical and medical dimensions of disability, whereas the latter focuses on the societal barriers that prevent disabled people from fully engaging in daily activities. Whilst the authors of this review recognise these different perspectives and have considerable sympathy with the social model of disability, in the interests of presenting the broadest range of literature possible literature reflecting both models is presented. The medical dimensions focus on factors such as the additional energy needs for those with specific impairments and as such represent an essential contribution to knowledge about the fuel poverty-disability relationship. Equally, the social dimensions are also important as they help understand the barriers that may exacerbate fuel poverty amongst disabled people such as the relationship between poverty and disability, housing and disability, and the way in which certain disability benefits are understood and treated in calculations of fuel poverty.

This review is organised into three main sections that broadly inform the research questions described above. The first section largely focuses on the medical literature base, considering the relationship between health and fuel poverty highlighting the impact of cold homes on health, especially in the context of existing medical conditions such as Chronic Obstructive Pulmonary Disease. It also considers the relationship between fuel poverty and mental health, suggesting a link between fuel poverty and stress, anxiety and depression. The second section explores the relationship between disabled people and fuel poverty in more depth considering the relationship between:

- poverty and disability;
- disability and energy needs, and,
- housing conditions and disability.

The third section focuses on current and future policy impacts both in terms of fuel poverty and welfare reform. Within this section the small but growing literature on the effects of welfare reform on disabled people *and* fuel poverty is discussed.

### 3. Health and heating

The relationship between health and fuel poverty was set out in the Fuel Poverty Strategy in 2001, and the full range of impacts is described in Box One. Much of this builds on existing knowledge developed by bodies such as the World Health Organisation (WHO) and the Department of Health. For example, the Acheson report highlights the relationship between damp and allergic/inflammatory lung diseases like asthma, and states that there is a direct link between cold in the home and hypothermia (Department of Health 1998).

#### **Box One: Health and Heating**

'The likelihood of ill health is increased by cold homes, with illnesses such as influenza, heart disease, and strokes all exacerbated by the cold. Cold homes can also promote the growth of fungi and numbers of house dust mites. The latter have been linked to conditions such as asthma. Ill health can lead to...certain types of illness, such as respiratory disease ...The need to spend a large portion of income on fuel means that fuel poor households may have to make difficult decisions about other household essentials. This can lead to poor diets and/or withdrawal from the community. Although the risks from fuel poverty and cold-related ill health apply to all people, older householders, families with children and householders who are disabled or suffering from a long-term illness are especially vulnerable' (Fuel Poverty Strategy, Department for Environment, Food and Rural Affairs and Department of Trade and Industry 2001: 7).

As indicated by the latter part of the quotation from the Fuel Poverty Strategy some households may be more vulnerable to the effects of fuel poverty than others. The literature suggests that the effects of under heating (for example cold, damp or the presence of mould<sup>1</sup>) on disabled people or those with underlying medical conditions may be substantially worse compared to those without them (El Ansari and El-Silimy 2008, Liddell and Morris 2010, Peate 2008, Glasgow City Council 2010, Howden-Chapman 2004, Howden-Chapman *et al* 2012, Day and Hitchings 2011, Goodman *et al* 2011, Disability Rights UK 2012a, Fuel Poverty Action Group 2012a, Marmot Review Team 2011). There are a number of explanations for this. Firstly, it is suggested that 'healthy and active people are able to generate more of their own heat than sedentary or ill people' (Stewart and Habgood 2008: 123, see also Day and Hitchings 2011). For example, as indicated in the Marmot review, 'Chronic conditions may also lower body metabolism which means the body generates less heat, while stroke, Parkinson's disease and dementia restrict activity, slowing body heat generation and conservation' (2011: 29). In other words, healthy active people are likely to stay warmer for longer. Secondly, and closely related, particular health conditions may lead to increased heating needs, for example Osman *et al* (2008), Howden-Chapman (2004), and Ormandy and Ezratty (2012) highlight that those with Chronic Obstructive Pulmonary Disease (COPD) require a heating regime of 21 degrees centigrade (2012: 120) and where heating needs are not met there are severe health implications, both in the short term and long term.

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<sup>1</sup> Interestingly though, whilst health problems arising from cold, damp housing are well documented, Stewart and Habgood (2008: 128) suggest that more research is necessary in order to fully understand their health impacts.

It is evident in the literature that 'thermal discomfort' can exacerbate existing conditions such as arthritis and rheumatism (Liddell and Morris 2010: 2988, Marmot Review Team 2011), and leads to heightened health risks for those with chronic and severe illnesses, including cardiac conditions and respiratory diseases (Peate 2008: 606, Marmot Review Team 2011). Furthermore, Rudge and Gilchrist (2005) find a relationship between energy inefficient housing and winter respiratory disease among older people. Additionally, Macmillan Cancer Support argue that exposure to cold can increase the length of time it takes to recover from serious illness, for example, in their research '85 per cent of social care professionals believe that feeling cold can strongly affect a cancer patient's recovery' (Macmillan Cancer Support 2009: 2).

Literature considering excess winter mortality (EWM) highlights a number of factors that increase vulnerability to it. A relationship between chronic and severe illnesses and EWM is suggested throughout the literature (e.g. Hales *et al* 2012, DoH 2010, Bøkenes *et al* 2009). The Department of Health (2010) highlights that those with chronic and severe illnesses such as heart conditions, respiratory insufficiency, asthma and COPD, and 'co morbidities' are vulnerable to EWM. Bøkenes *et al* find that the greatest cause of EWM is from 'cold exposure related to winter mortality from ischaemic heart disease, cerebrovascular disease, respiratory disease' (Bøkenes *et al* 2009: 526). Given the impact of cold temperatures on the human body - 'Cold related death occur mostly through changes in blood pressure and blood chemistry during cold weather...increas [ing] the risk of catastrophic cardio or cerebro vascular events such as strokes...the immune system is also suppressed, increasing the risk of infections'' (Liddell and Morris 2010: 2988) - it is unsurprising that any underlying health conditions may be exacerbated.

The relationship between mental health and fuel poverty is also discussed in the literature, largely focusing on anxiety, stress and depression associated with living in poor housing conditions, balancing bills, heating needs and debt (Liddell and Morris 2010, Gilbertson *et al* 2012, Marmott Review Team 2011, Wood 2011, Fuel Poverty Action Group 2012a, Harrington *et al* 2004). Similarly, Gilbertson *et al* find that cold, draught, condensation are associated with anxiety (2012: 130). Evans *et al* (2001) also highlighted associations between housing quality and poor mental health in children. Equally, the cost of fuel is associated with stress and anxiety (Kaye *et al* 2012: 29, Gilbertson *et al* 2012) and Wood argues that for those whose medical conditions require a well heated home this adds an additional layer of worry: 'Albert tells us he has just managed to pay off his gas and electricity bills this month but is now dreading this winter and the prospect of another large bill' (Wood *et al* 2011: 56). Harris *et al* (2010) identified that cold housing was significantly associated with poor mental health, although they emphasised that caution was necessary in making inferences about the direction of causality. Nevertheless, a key finding by Harris *et al* was that cutting back on fuel usage was associated with Common Mental Disorders, even after controlling for income, in addition to associations with cold and damp housing conditions. At its most extreme, the Fuel Poverty Action Group (2012a) cites the double suicide of a disabled couple unable to pay their energy bills.

The impact of energy efficiency interventions on the health of fuel poor households receives a mixed reception throughout the literature, with many arguing that health impacts are often hidden, long term or complex, and difficult to measure over a short period of time (Howden-

Chapman *et al* 2007, Thompson *et al.* 2001). In their review of five studies, Liddell and Morris (2010) find limited/mixed results relating to adult health improvements and fuel poverty alleviation measures, although they do find evidence of improved mental health amongst adults following interventions. On the other hand, they find clearer positive effects on infant and child physical health. Similar findings are made in Green and Gilbertson's review of Warm Front, although they also note an improvement in a reduced EWM amongst older people. They argue that 'the investment is cost-effective in extending years of life' (2008: 18). The Marmott review (2011) echoes these points, and questions the decision to end the scheme and replace it with a much reduced ECO budget (discussed below).

Shortt and Rugkasa (2007: 105) present more specific findings regarding the health impacts of interventions. They find that in households not receiving any form of intervention there was a prevalence of chest infections, and increased mental illness. Conversely, the mean number of total illnesses suffered per head in each household fell significantly in the total intervention group. The authors suggest that the installation of heating may have prevented other householders from falling ill, or the deterioration of existing conditions. Additionally their research finds that the installation of central heating led to 'a reduction in the occurrence of condensation, mould and damp, a reduction in the numbers of people reporting arthritis/rheumatism, a reduction in the use of health services, an increase in temperature satisfaction for those who had a new heating system installed' (*op cit* 100). Similarly, The Scottish Executive found that after the installation of central heating '50.3 per cent of those classified as having a complaint primarily of a respiratory nature stated that they felt better after the Central Heating Programme (CHP) improvements; 53.9 per cent of those classified as having a complaint primarily of a cardiac or circulatory nature stated they felt better after the CHP improvements; and 64.3 per cent of those with a severe disability stated they felt better after the CHP improvements (Scottish Executive 2007: 116). Equally, Barton *et al's* research found that 'For those living in intervention houses, non-asthma-related chest problems and the combined asthma symptom score for adults diminished significantly compared with control houses' (2007: 771).

As indicated above, the literature also points to improved mental health amongst households that receive energy efficiency support (Gilbertson *et al* 2012, Marmot Review Team 2011, Liddell and Morris 2012). For example, Gilbertson *et al* (2012) find that 'respondents in receipt of heating and insulation measures [warm front] are significantly less likely to score high on the...measure of anxiety and depression<sup>2</sup>' (2012: 127). They also find that 'grant recipients adopted a less variable heating regime' (*ibid*), and that thermal discomfort and stress levels were lower amongst those with a measure.

Given the potentially positive impacts of interventions it is important to highlight one final issue that arises in the fuel poverty and health literature: the cost of fuel poverty to the NHS. This has been raised by the Chartered Institute of Environmental Health (2010). Wise (2011) interviews the report's author; 'Dr Allen told the *British Medical Journal*, "It is often said that measures to tackle fuel poverty are too expensive, but these need to be seen in the light of

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<sup>2</sup> However other measures of anxiety and depression are not statistically significant

doing nothing.” She added that the costs identified by the latest study may be the tip of the iceberg. “GPs should ask questions about housing conditions, as this has such direct and indirect impacts on mental and physical health,” (Wise 2011: 342). Indeed, there is some evidence of collaborations between (the now abolished) Primary Care Trusts and fuel poverty support in the literature with the Chartered Institute of Environmental Health (2010) highlighting the case of a local authority being able to provide housing repairs on prescription.

### **Section summary**

- There is a clear link between the effects of fuel poverty and health
- Some existing health conditions are exacerbated by under heating
- There is also a link between fuel poverty and mental health. Cold itself may lead to depression and anxiety, as may a fear of debt and high bills.
- It is hard to prove the immediate health benefits of interventions and the evidence base is mixed. However, there appear to be immediate benefits to households with children, and in respect to mental health.

## **4. The relationship between fuel poverty, poverty and disability**

### **Poverty and disability**

It is argued throughout the literature that regardless of the definition used, there is a close relationship between poverty and disability (see Palmer 2011, She and Livermore 2009, Parcker 2008, Wood *et al* 2011, Save the Children 2010). For example, in the US Palmer finds that using a standard of living approach<sup>3</sup> households containing someone with a disability experienced a six fold increase in the rate of poverty (2011: 214). Equally according to official statistics in the UK when the measurement of relative income poverty<sup>4</sup> is used:

- ‘20 per cent of individuals in families with at least one disabled member live in relative income poverty, on a Before Housing Costs basis, compared to 15 per cent of individuals in families with no disabled member (DWP, 2012: Family Resources Survey 2010/11)
- 22 per cent of children in families with at least one disabled member are in poverty, a significantly higher proportion than the 16 per cent of children in families with no disabled member’ (DWP 2013a)

The measures of poverty used are highly contentious as they can have a profound impact on poverty rates. Indeed, using a slightly different approach to the DWP figures presented above, Save the Children (2010:4) find that in the UK ‘Children in households with a disabled adult were almost twice as likely to be living in severe poverty<sup>5</sup> as those in a household with no disabled adult.’ Similarly, households containing disabled children are more likely to experience persistent or recurrent poverty compared with other families (Shahtahmasebi *et al*, 2011), and households with disabled children were also more likely to report falling behind with gas and

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<sup>3</sup> based on whether a household can afford to buy a number of essential items

<sup>4</sup> below 60 per cent of contemporary median household income

<sup>5</sup> Where a household with an income of below 50 per cent of the median (after housing costs)

electricity payments than households with non-disabled children (Blackburn *et al* 2010; Emerson and Hatton, 2007).

Many argue that poverty amongst disabled people can be hidden by official statistics that use conventional income threshold approaches, particularly where disability related benefits such as Disability Living Allowance (DLA) are treated as disposable income (Save the Children 2009, Palmer 2011, Parckar 2008, Bevan Foundation 2009). The main criticism here 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 2013b). A key conclusion of recent research emphasised the large additional costs of living associated with disability, and that older disabled people primarily cope with disability costs by accepting a substantially reduced standard of living rather than by generating additional income through the benefit system (Morciano *et al* 2012). Setting aside the question of measurement, there a number of factors that may help to explain the relationship between poverty and disability. Firstly, disabled people are far less likely to be employed than non disabled people, and where they are employed they are more likely to work part time, and for lower wages. Disabled people are also less likely to have savings (Parckar, 2008). Secondly, disabled people often face increased living costs (Wood *et al* 2011) suggested by some to be as much as an additional 25 per cent compared to non disabled people of working age (Parckar 2008: 14). The combination of these two factors is that disabled people may be less resilient to financial shocks, or meeting unexpected bills (Wood *et al* (2011).

### ***Disability and additional energy needs***

One area of additional expenditure discussed throughout the academic and grey literature is household energy (see Palmer 2011, Peate 2008, Walker and Day 2012, Anderson *et al* 2012, Carers UK 2011, Laxton and Parckar 2009, Fuel Poverty Action Group 2012a, Disability Rights UK 2012a, Spinal Injuries Association 2012, Disability Action 2011), and a number of examples of this are given in Box Two. Whilst certain medical conditions may require additional heating, and an absence of this heating may prove both harmful, or indeed fatal, this additional heating regime may also be for longer periods. The need for longer periods of heating is largely attributed to the greater lengths of time that disabled people or those with life limiting illnesses may spend in the home, and also the relationship between old age, declining health and time spent in the home (e.g. see Age Concern, 2006, Stewart and Habgood 2008, Hamza and Gilroy 2011). There are additional factors that may also increase energy needs, such as the cost of running equipment and other factors such as increased laundry needs.

## Box Two: additional spending needs

'Families are at home all day and disabled, ill and older people need to be left warm.... incontinence can mean washing bed sheets several times a week or even everyday' (Carers UK 2011: 3)

'home adaptations....transport...specialist equipment, clothing and food' (Scope 2012)

'Mobility or communication aids, care support, or indeed on extra heating to manage an impairment' (Laxton and Parckar 2009: 4)

For families with disabled children, caring (which may mean parents can't work), equipment, clothing, nappies, and special diets all increase household expenditure (Contact a Family 2012).

'People with cancer are vulnerable to fuel poverty as their income often falls at a time when they are facing increased costs...73% of people undergoing active treatment have used more fuel since their diagnosis... 75% of those who have spend more on fuel attribute this increase to feeling the cold since diagnosis' (Macmillan Cancer Support 2009: 1-2).

'Households containing older people spend over 80 % of their time at home, and this rises to 90 % for those aged 85 and above' (Age UK 2006: 6).

'Some 3.3 million older households contain someone with a limiting long term illness or disability. This means that 60 % of all households containing an older person have at least one older person with a limiting long-term illness or disability' (Age UK 2006: 12).

'Most of the participants explained that they needed electricity for their nebuliser and/or oxygen machine, and therefore they would be considered 'medically dependent' on 'critical electronic medical equipment'... Participants (in NZ) generally described a fear of being disconnected, or not being able to use their machines. Participants spontaneously made references to the highly publicised death of a woman, who was medically reliant on an oxygen machine, after her electricity was disconnected for non-payment (O'Sullivan *et al* 2010: 737)

'Higher heating bills because average room temperatures need to be higher than for children without disabilities'

Given increased energy needs and the links between poverty and disability highlighted above, disabled people often face an increased risk of fuel poverty in addition to being more vulnerable to its effects (Laxton and Parckar 2009, Luton Borough Council (nd), Scottish Government 2012, Department for Environment, Food and Rural Affairs and Department of Trade and Industry 2001, Parckar 2008, Goodman *et al* 2011, Anderson *et al* 2012). Leonard Cheshire Disability argue: 'The Government's own evidence shows that there are also clear links between disability and extra expenditure on fuel. Given this it is absolutely clear that disabled people are likely to be at particular risk of fuel poverty, and that a clear strategy is needed for tackling this risk' (Laxton and Parckar 2009).

### **Energy efficiency, housing conditions and disability**

Housing condition is a factor in any discussion about fuel poverty given the relationship between energy inefficient housing and increased energy bills (see for example, Boardman 2012, Keall *et al* 2010, DECC 2012a). When housing condition is considered in relation to disabled people there are a number of factors that may increase vulnerability to fuel poverty. Firstly, the relationship between poverty and disability extends to housing conditions and tenure type (Papworth Trust 2011, Parckar 2008). According to DWP statistics:

- 'Although the gap in non-decent accommodation has closed over recent years, one in three households with a disabled person still live in non-decent accommodation (English House Condition Survey 2008)
- One in five disabled people requiring adaptations to their home believe that their accommodation is not suitable (Survey of English Housing 2007/08)' (DWP 2013a)

Similarly, in their research Beresford and Rhodes found that 'families with a disabled child have a different tenure profile to families with non-disabled children and, on all generic measures of house condition, emerge as more disadvantaged than families with non-disabled children. They are also much less likely to be satisfied with their housing. Disabled children also appear to be disadvantaged compared to other groups of disabled people. Among those needing specially adapted housing, they are least likely to be living in suitable housing compared to all other age groups of disabled people.' (2008: 11). Oldman and Beresford (1998) reported that their survey of families with a severely disabled child found that just under a fifth were living in homes described as cold, damp or in poor repair. These authors noted that some families found it difficult to afford the constant heat that their children required, or that sources of heating were inadequate. A later study by Beresford and Oldman (2002) compared a survey of families with disabled children with data on households living on low incomes from the Poverty and Social Exclusion Survey. This study found that eight per cent of families in the Poverty and Social Exclusion Survey reported lack of adequate heating facilities compared with 14 per cent of families with disabled children (Beresford and Oldman, 2002: 7). Emerson and Hatton (2005) also found that families with disabled children are more than twice as likely as other families to live in a house that could not be kept warm enough, or to keep the child's bedroom warm enough, in winter.

At the other end of the age spectrum Goodman *et al* (2011) find that older people with chronic illness and/or disability seem more likely to be in fuel poverty. Whilst they attribute this in part to the increased risk of poverty and deprivation experienced by this group, they also find that poor housing conditions play a role (2011: 46). Age UK (under the banner of Age Concern) add further insight into the relationship between age and housing quality, finding that 'the older a householder is, the less likely they are to live in a home providing adequate heating and insulation' (2006: 6). They also find that 22 per cent of homes of those aged over 75 lack central heating compared to 14 per cent for other age groups (*op cit* 7), and that 'people aged 65 or older who are disabled or suffer from long-term illness are more likely to live in a damp home (9 per cent versus 6 per cent on average)...dwellings in the private rented sector are the most likely to contain damp (about 25%)' (2006: 8-9). Similarly, the Northern Ireland Housing Executive found that 'the likelihood of living in an older dwelling may go some way to explain why Household Reference Persons (HRP) in the over 75 age group are more likely than those of any other age to live in unfit housing' (2011: 19). There is also evidence to suggest a positive correlation between the length of time spent in a home and poorer energy efficiency (Age UK 2006, Boardman 2007).

Secondly, there is extensive academic and practice based evidence to suggest that energy efficiency and housing quality is poorest in the private rented sector (Age UK 2006, Stewart and Habgood 2008, UN 2009, Goodman *et al* 2011, Luton Borough Council ND, Chartered Institute

of Housing in Northern Ireland 2010, Marmott review 2011, Healy and Clinch 2004, Scottish Government 2012, The Poverty Site 2012, DECC 2012a). In England fuel poverty rates are the highest amongst those in the private rented sector, and have some of the worst SAP ratings (DECC 2012a). However, in Scotland 'extreme fuel poverty'<sup>6</sup> is more pronounced in home ownership than in the private rented sector. In the latter country, levels of fuel poverty in the private rented sector are two per cent lower than the general population (Scottish Government 2012: 53). Energy efficiency is poor in the private rented sector in part because it is difficult to address and as a result energy efficiency regulation in the UK is still in its infancy (Stewart and Habgood 2008, Walker and Day 2012), and landlords may have little motivation to improve energy efficiency (Harrington *et al* 2004). Energy efficiency schemes in the 1990s such as HEES did not address private sector housing at all (Department of Health 1998), although this has since been rectified by Warm Front and the Green Deal/ECO. Indeed, at the local government level, Luton Borough council describe engagement with the private rented sector as one of their fuel poverty strategy priorities, in recognition of its importance due to the prevalence of fuel poverty and quality of housing stock (Luton Borough Council ND). This issue is not unique to the UK, Howden-Chapman *et al* (2012) make similar findings in New Zealand.

However, it should be noted that the relationship between housing, fuel poverty and poverty is not straightforward. For example, analysis of the Scottish Housing Condition Survey carried out by the Scottish Government in 2012 found that 'The inhabitants of different types of housing may have a bearing on fuel poverty. For example, local authority and housing association tenants are two to three times more likely to have a long-term sickness or disability (29% and 30% respectively), than owner occupiers (11%) and private renters (15%). Other intervening factors could include income which is substantially lower in social sector households compared to private sector households, particularly owner occupiers (both outright owners and mortgage holders) whose average income is almost double that of social sector households' (2012: 168). Also, generalisations regarding the private rented sector mask two distinct types of housing stock. Consumer Focus (Laine 2011: 77) comment that there is a highly efficient modern stock, and 'a highly inefficient pre-20<sup>th</sup> century stock, with twice as many G rated homes as in the owner occupied sector', a point reiterated by Healy and Clinch's work in Ireland (2004). Indeed, local housing conditions, historical factors, and other similar factors will mean that housing conditions will vary significantly by area and local authority (DCLG, 2012a; Blane *et al* 2000).

### **Section summary**

- 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.
- Disabled people may have higher energy needs (e.g. a need for higher indoor temperatures for longer periods, the use of energy intensive equipment, increased laundry requirements)

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<sup>6</sup> defined as a household having to spend more than 20 per cent of its income on fuel

- There is a clear relationship between housing conditions and poverty, and disabled people are more likely to live in 'non decent' housing. Poor housing conditions are also associated with fuel poverty.
- Housing conditions within the private rented sector are often the poorest, partly due to difficulties associated with regulation

## **5. Fuel Poverty Policy**

### ***Fuel poverty: a problematic definition***

There is debate about how income should be treated in calculating fuel poverty (Moore 2012, Hills 2012, DECC 2012a). Official statistics on fuel poverty use both full income and basic income figures<sup>7</sup> although 'official' fuel poverty rates are based on the full income definition. The key issue is that where payments such as Housing Benefit are considered as general income (as they are in the full income definition) there is an implicit assumption that this money could be used to help pay for fuel costs. As a result fuel poverty rates are generally lower under the full income definition. Moore suggests that 'the case for omitting net housing costs from income in the definition of fuel poverty appears self evident. Households cannot spend their housing costs on fuel, any more than they can spend the national and local taxes which are specifically excluded from income' (2012: 20). This argument can be further extended to the discussion of disability related benefits such as DLA (Laxton and Parckar 2009, Fuel Poverty Advisory Group 2012a, Hills 2012). The current definition of fuel poverty treats benefits such as DLA as income, and does not consider that energy needs and spending may be higher amongst disabled people (Laxton and Parckar 2009). According to the official fuel poverty statistics in 2010 20 per cent of households that contained a disabled person were in fuel poverty compared to 15 per cent that did not (DECC 2012a: 41). However, it is highly likely that official estimates concerning the relationship between fuel poverty and disability are artificially low for the reasons outlined above (see Baker 2011, Hills 2012, Laxton and Parckar 2009). Leonard Cheshire Disability argues that 'further research into the extra costs of disability and to adopt a standard definition that will help to make official figures better reflect the full extent of disability poverty' (Parckar 2008: 14).

There are several other criticisms associated with the current definition of fuel poverty and its impact on disabled people. Firstly, it is questionable as to whether the current measure of fuel poverty captures the needs of disabled people sufficiently. As described above, disabled people may have increased energy needs but these are not considered under current fuel poverty calculations (the definition does account for people who are in the home during the

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<sup>7</sup> 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 source, state benefits and savings) but excludes income related directly to housing (Department of Energy and Climate Change, 2010:11). The 'full income' definition is the official headline figure. In addition to the basic income measure, it 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). See Thomson, Snell and Bevan (2013) 'Fuel poverty and disabled people: deliverable one' for more information.

day, but it does not account for increased temperatures, or specific heating regimes). Secondly, is that fuel poverty is measured at the household rather than individual level. Leonard Cheshire argue that 'This adds further complexity to making a clear comparison between levels of fuel poverty between disabled and non-disabled people. A clear difference can be discerned in the likelihood of fuel poverty between households with a disabled member as opposed to households without – but existing figures make it difficult to determine the extent to which the number of disabled people, and whether there are disabled adults or children, also makes a difference.' (Laxton and Parckar 2009: 16).

### **Targetting support**

Accurately targeting fuel poverty support is problematic. The Marmott Review (2011) found that most support was inefficiently targeted, usually managing to access between 19-40 per cent of the fuel poor. One of the reasons for this is associated with the UK's broad, non-standard definition of vulnerability (see page 2). One of the problems with the current focus on vulnerability is demonstrated in Palmer *et al's* research, who found that under the current definition of vulnerability around three-quarters of all households were defined as vulnerable, 80 per cent of households in fuel poverty were categorised as vulnerable, but 90 per cent of vulnerable households were not in fuel poverty (Palmer *et al* 2008: 18). Given this, the report authors argue for better targeting, suggesting that 'fuel poverty initiatives for working-age singles could usefully focus on those in receipt of Incapacity Benefit as most of these people remain out of work for long periods of time – such people probably represent around half of all single-person households of working age who are in fuel poverty' (Palmer *et al* 2008: 24).

Beyond the categorisation of 'vulnerable' households, specific criteria used to target support such as using 'passport' benefits or age thresholds can also be problematic, and indeed, as argued by Walker and Day (2012) can over simplify complex circumstances. For example, Macmillan Cancer Support found in 2009 that of 974 people with cancer surveyed 93 per cent were not on a social tariff (2009: 1), equally, Carers UK (2011) highlighted the lack of provision for carers. On the other hand, it has been found that of Warm Front recipients in 2001 only one fifth were in fuel poverty prior to receiving their grant (Sefton 2004: vi, a point also restated by a Daily Mail news report in 2012). Similarly, there has been criticism of the non means tested winter fuel payments made to the over 65s (Brinkley and Less 2010). A number of organisations such as Leonard Cheshire Disability (Parckar 2008, Laxton and Parckar2009), Energy Action Scotland (2006) and the Bevan Foundation (2009), The Spinal Injuries Association 2012a, MacLeod (2005) and Disability Rights UK (2012a) have campaigned for its extension to disabled people.

Walker and Day (2012) comment that whilst current policy attempts to recognise and protect vulnerable groups, it has disregarded the needs of some sick or disabled people, citing the campaign by Macmillan Cancer Support to include terminally ill cancer patients in the recently introduced Warm Home Discount Scheme (WHDS). The definition of the core and broader group for the WHDS has proved controversial, with the core group using a combination of old age and low income related benefits to determine eligibility. Baker (2011: 5) criticises the current definition of the core and broader groups suggesting that 'the broader group should effectively become the core group and consist of those eligible for Cold Weather Payments plus

families in receipt of Child Tax Credit with an income below £16,190 p/a' (this is the same as the recently abolished CERT super priority group). It is argued that this would make a substantial difference to the number of households removed from fuel poverty. These comments are echoed by Save the Children which argues that the current focus and budget of the WHDS is inadequate: 'to ensure all families eligible for Cold Weather Payments (predominantly made up of low-income families with children under five or a disabled child) receive the Warm Home Discount this year, the amount of money available would need to increase by almost £100 million' (2011: 6). This call is reiterated by Barnardos (2012), Contact a Family (2012), who call for 'an automatic £120 payment to any child in receipt of DLA next year' (Contact a family 2012: 5) and Disability Action (2011).

Take up of support can also be problematic if it is not provided automatically (e.g. Kohler 2006). Hitchings and Day (2011) warn about potentially patronising fuel poverty campaigns that target older people. They suggest that information needs to be provided in a manner that is accessible, straightforward, and also relevant, for example, highlighting the health benefits of staying warm, and negative effects of becoming cold. Wright (2004) reiterates this point, stressing the importance of raising awareness regarding heating regimes and linking this into health promotion initiatives (2004: 502). Equally, Leonard Cheshire Disability suggest that disabled people need better information regarding support that they are entitled to including the now defunct social tariffs and cold weather payments (Laxton and Parckar 2009).

One final point relevant to the discussion of the provision of support is whether interventions have a positive effect on thermal comfort. It is suggested in the literature that low income households may take energy efficiency benefits in cash rather than thermal comfort (Anderson *et al* 2012, Shortt and Rugkasa 2007, DECC 2011). Critchley *et al* find that a quarter of those with Warm Front measures continued to maintain low bedroom and living room temperatures (2007: 156) despite the health risks associated with maintaining low temperature. Indeed, Gilbertson *et al* (2006) find improvements in thermal comfort amongst two thirds of their Warm Front beneficiaries. Overall, it is suggested that energy efficiency schemes do have a positive effect on thermal comfort, for example, Oreszczyn *et al* (2006: 252) state that 'indoor temperatures are by thermal efficiency...and that Warm Front...lead (s) to substantial improvements of both living room and bedroom temperatures' (2006: 9).

### ***The Green Deal, Energy Companies Obligation (ECO) and Smart Meters***

The academic literature on the Green Deal and ECO is still in its infancy with the most relevant work having been conducted by Tovar (2012), Guertler (2012), Guertler *et al* (2012), Hills (2012), Boardman (2012), The Marmot Review Team (2011), Walker and Day (2012), Snell and Thomson (2013). Given the links between poverty and disability described above, most literature connecting disability and fuel poverty policy focuses on the shift from the state supported Warm Front to the Affordable Warmth (AW) element of the ECO. As Walker and Day describe, 'support is turning away from direct redistributive elements...[and] takes responsibility for both identifying and tackling income and housing related energy vulnerability away from the state and into the private sector, where cost efficiency will be a greater imperative and accountability likely reduced' (2012: 74). Funding ECO through energy bills rather than the state is argued by some to be regressive, hitting the poorest the hardest (Hills

2012, Boardman 2012, Stockton and Campbell 2011, Snell and Thomson 2013). DECC's impact assessment acknowledges that some disabled people may be affected by ECO: 'The AW obligation is expected to have a positive impact on disabled people who are on low incomes. Households with an occupant in receipt of both disability and income related benefits will be eligible for affordable warmth support. On the other hand those with a disability who do not claim income related benefits will not be eligible for AW support but still face the costs of ECO that are passed on through energy bills' (DECC 2012b : 91). The allocation of ECO funds for the fuel poor and 'hard to treat homes' has been criticised (Tovar 2012, Hills 2012, Boardman 2012, Guertler 2012, Snell and Thomson 2013). As highlighted by Snell and Thomson's review of the Green Deal (2013:32) 'In addition to all bill payers funding energy efficiency measures targeted at the fuel poor the idea that all bill payers should support improvements to 'hard to treat homes' is considered by some to be regressive (Boardman 2012), with the potential of pushing some households into fuel poverty (Tovar 2012)'. Given this, there are particular concerns for households on the brink of fuel poverty, who are not eligible for ECO or the narrowly defined core group of the WHDS, but see their energy bills rise to pay for it. Furthermore, Jansz and Guertler (2012) have calculated that the total budgets contributing to supporting fuel poor households in England have declined by 31 per cent between 2009/10 and 2013, from £3.912 billion to £2.689 billion

In addition to the Green Deal/ECO and WHDS as a result of EU policy there will be a roll out of Smart Meters. A number of concerns are raised regarding this. Firstly, the accessibility of these to people who have visual impairments (RNIB 2011a), or who are unable to bend/reach a meter. Equally, concerns have been raised regarding vulnerable customers either being duped by bogus installers, or not trusting installers (Age UK, 2009). On the other hand Darby (2012) argues that despite their negative reception and concerns that they may encourage restrictive energy use, Smart Meters have been welcomed by some consumer groups in terms of their potential to alleviate fuel poverty through better budgeting, and the use of off peak rates.

### ***Section summary***

- The current definition of fuel poverty treats benefits such as DLA as income, and does not consider that energy needs and spending may be higher amongst disabled people. The concurrent range of uses to which DLA (and forthcoming PIP) needs to put seems not to have been considered in detail.
- Targeting the fuel poor is notoriously difficult, and may lead to some households failing to qualify for support despite a clear need.
- The shift from state supported fuel poverty policy measures to cross subsidisation of energy bills is regarded by some as regressive.

## 6. Policy: welfare reform

### *Changes to welfare*

There is substantial grey literature on welfare reform rather than academic literature (largely due to the time lag on academic publications). Even before the introduction of the Universal Credit (see Kennedy *et al* 2011 for full details) and transition from DLA to Personal Independence Payments (PIP) (DWP 2010, DWP 2011, Kennedy 2011a, Kennedy 2011b) there is evidence of hardship associated with budget cuts at both the national level, local level and from grant giving organisations. For example, the negative effects of the use of the Consumer Price Index (CPI) rather than Retail Price Index (RPI) to determine benefit increases are discussed throughout the grey literature (Grant, 2011, RNIB 2011c, Wood 2011, Kaye *et al* 2012). This effective loss in benefit income is compounded by cuts or freezes elsewhere. For example, in some cases it is reported that local authorities are no longer able to provide housing support or equipment such as a modern wheelchair (Wood *et al* 2011: 3), and have made cuts in public transport provision (RNIB 2011c), or have been able to provide equipment to disabled or terminally ill children in a timely manner<sup>8</sup> (Newlife Foundation 2012). Wood (2011) finds an increased dependence on charitable organisations in the light of benefit cuts and reductions in local authority budgets. However, they also find that charitable organisations are struggling to support all claimants as a result of both reduced budgets and more claimants, for example, charitable grants to help customers with their water bills were found to be harder to access in 2011 compared to the previous year (*ibid*). A similar issue is raised by the NewLife Foundation (2012). Similarly, a number of commentators have highlighted the impact of other changes such as the closure of the Independent Living Fund on disabled people (OPM, 2011),

The shift from Incapacity Benefit (IB) to Employment Support Allowance (ESA) has attracted substantial criticism (see Box Three for a full explanation of these changes). The Hardest Hit coalition/Kaye *et al* (2012) suggest that the change from IB to ESA and the cap of 12 months on contributory ESA will have a negative impact on disabled people. Concerns over the Work Capability Assessments (WCA), Limited Capacity for Work (LCW) and Limited Capacity for Work-Related Activity (LCWRA) criteria that determine eligibility for ESA and the allocation of the 'Support Group' or 'Work Related Activity Group' (WRAG) have also been raised (Garthwaite 2011). Garthwaite suggests that the creation of the Support Group and WRAG creates 'a distinct danger that certain types of illness or disability will be perceived as less deserving of unconditional public support than others' (2011: 370). An example of this is RNIB's criticism that the separate vision based criteria have been removed under the new system (2011b: 3). The negative impact of the medical examination (for example, in terms of stress and worry) and the sanctions that can be imposed on those in the WRAG who do not attend career enhancing activities have also been criticised (see for example The Hardest Hit Coalition/Kaye *et al* 2012). Given these changes (and criticisms) it is argued that the change from DLA to Personal Independence Payments (PIP) may be timed poorly, and that lessons from the transition to ESA need to be taken on board first (Social Security Advisory Committee 2012, Kaye *et al* 2012).

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<sup>8</sup> It should also be noted here that as of 2011 English Local Authorities were given a duty to provide services deemed 'appropriate' for disabled children, and to provide respite care to parents of disabled children (CAB 2012b). This might include home helps and support with laundry, and also financial assistance, usually in the form of loans. Whether support is forthcoming in a timely way is questionable, especially in light of the cuts.

### Box Three: ESA

The Welfare Reform Bill applies a one-year time-limit to contribution-based Employment Support Allowance (ESA) for those in the Work Related Activity Group. This change will be introduced in April 2012 and will have an immediate effect on people who are currently claiming contribution-based ESA as well as new claims.

People in the ESA Support Group will be unaffected by the change, as will anyone receiving income-related ESA regardless of which group they are assigned to.

After a year, those people who have no other means of supporting themselves may qualify for income-related benefits – there will always be a safety net for those who need it. Of those affected by time limiting contribution-based ESA, we estimate that 60 per cent will be able to claim some income-related ESA. Other benefits such as Housing Benefit and Disability Living Allowance may be available to those claimants affected by the introduction of a time-limit.

DWP 2012

The transition from DLA to PIP for those of working age (see DWP 2010, DWP 2011) housing benefit restrictions, and changes in child tax credits for disabled children (under Universal Credit) have all attracted attention within the grey literature (summarised in Table One). The reduction of the DLA caseload by around 20 per cent is criticised (RNIB 2011b, Scope 2012, Disability Rights UKc/CAB/The Children's Society 2012, Responsible Reform 2012, Social Security Advisory Committee 2012) given the implication that at least one fifth of current claimants will lose this payment, equating to around half a million people. Similar to the medical assessments described above, DLA recipients will have to undergo a medical test administered by ATOS to assess eligibility for PIP. Earlier in this review we considered the importance of benefits such as DLA in compensating for the additional costs associated with a disability. It is argued in the literature that those who lose out through the transition to PIP will ultimately become more dependent on the state (RNIB 2011c, Responsible Reform 2012). RNIB argue that abolishing the lowest rate of care (which 44 % of working age people who are registered blind or partially sighted receive) may make independent living harder (2011c: 13).

Table One: concerns regarding the transition from DLA to PIP

Organisation	Concern
Contact a family	Families with disabled children are most worried about the replacement of DLA by PIP for 16-64 year olds, the introduction of universal credit and housing benefit restriction' (2012: 3)  Concerns regarding the cuts in disability related benefits for children (tax credits)/universal credit.
Scope	Warn against the proposed 20 % cut in caseload during the transition from DLA to PIP stressing the value of DLA in enabling social inclusion, mobility, and work (Scope 2012).
Age UK	Highlights the impact of welfare reform on older people with younger partners, which may mean that they are subjected to housing size restrictions (which pensioner couples are exempt from) during the transition from housing benefit to housing credit. Equally, couples in this situation may not be protected through council tax schemes, and may no longer be eligible for passported benefits such as cold weather payments and the WHDS (2012: 5). This issue could also affect couples where the younger partner is a carer, or disabled and unable to work.
RNIB	Concerns regarding the transition to PIP, the removal of the mobility component of DLA for those in residential care, changes in housing benefit, and the proposed time limit on ESA (2011c: 10-11).  The qualifying period for PIP, which will be 6 months rather than three. This will mean that 'someone losing their sight and who faces sudden dramatic extra costs will have to wait a further three months before they can claim a benefit designed to assist independence' (2011b:3).
Demos (referenced as Wood)	Stresses the nuances of disability, and how households have very different needs. Recommends that PIP takes into consideration external drivers of disability costs rather than simply the specifics of a particular impairment (2011: 18).
Hardest Hit Coalition (referenced as Kaye <i>et al</i> 2012)	Tougher assessment criteria associated with the transition from DLA to PIP. Calls for lessons to be learnt regarding the stress caused by the WCA ESA medical.  Changes in the disability element of child tax credit under Universal Credit resulting in cuts in support for disabled children in the lowest support category  Raises concerns about the abolition of SDP under the Universal Credit
Disability Rights UK (2012c)	The transition from DLA to PIP may benefit PIP recipients, but the new criteria are very harsh.  Whilst there is a greater emphasis on encouraging work (or increased hours of work), this is not always possible for disabled people as it may exacerbate illness.  Where in work benefits are removed this may lead to it being hard to work (54% of respondents agreed with this statement)  Changes in the system (around eligibility) may actually lead to perverse incentives and may force claimants to leave work as they will not be eligible to certain benefits unless they are out of work.
Responsible Reform 2012	'we remind the government that DLA is already a cost-saving benefit. Cuts to DLA cannot cut disability, they simply shift the costs elsewhere. One in three disabled people already live in poverty and many feel proposals for PIP can only see this increase. We find the Government's response to the DLA consultation highly misleading throughout' (2012: 5). They also argue that cuts may have a particularly negative effect on those with mental health problems, as they might be more likely to be redefined in the transition from DLA to PIP.

### ***Impacts of changes in welfare***

Changes in support for disabled children are highly criticised (Contact a family, RNIB, Disability Rights UK/CAB/The Children's Society 2012). The Children's Society review of benefit cuts highlights the financial impact of this decision: 'At present, families with a disabled child, for whom they are in receipt of some level of DLA, may be entitled to receive support through the disability element of child tax credit, currently worth £57 a week. Under Universal Credit, this support is to be provided through 'disability additions' within household benefit entitlements but the proposal is to cut this support in half to just £28 a week. This change will affect all families with a disabled child unless the child is receiving the high rate care component of DLA or is registered blind.' (2012: 3)'. Contact a Family argue that the consequences for affected families will equate to 'cutting even further into a life that was already unfairly strained and based on survival rather than living' (contact a family 2012: 8). Equally, Royston (2012: 83) argues 'Help for disabled children within Universal Credit should retain maximum levels of support at least equivalent to those provided through the disability element of Child Tax Credit'.

Where in work benefits are removed (for example, support with transport) in the transition to Universal Credit this may lead to it being harder to work. Disability Rights UK suggest that changes around benefit entitlement may lead to perverse incentives, and may force working disabled people out of work, as they will only be eligible for benefits if they are unemployed. They comment "Most alarmingly for disabled people in work, despite the intention of UC to improve work incentives, evidence shows that UC could make it harder for disabled people to remain in work' (Disability Rights UK 2012c: 20) [this is due disabled people no longer being eligible to DLA/PIP but meeting the limited capability for work criteria]. It is also argued that whilst there is a greater emphasis on encouraging work, or increased hours of work, this is not always possible for disabled people as it may exacerbate medical conditions.

At present severely disabled adults who live alone, with another disabled adult or dependent child are eligible to SDP, however, its abolition has raised the following concerns 'there is no rationale for not paying at least equivalent of the carers premium to a disabled person living on their own and without someone paid carers allowance to care for them' (CABa 2012: 29). CAB highlights the negative impact that these changes will have on young carers, including greater caring responsibilities and increased exposure to poverty/social exclusion.

### ***Housing Benefit reform***

One area of policy that has significant implications for household budgets is Housing Benefit reform. Changes that have been made to Housing Benefit for people who live in the private rented sector, as well as further changes to Housing Benefit scheduled for later in 2013, will impact both on tenants who rent privately and also people in the social rented sector.

#### ***Private rented sector***

Looking first at the privately rented sector, Wilson (2012a) has noted the implications of the operation of size criteria on disabled people. Since April 2011 Local Housing Allowance (LHA) rates have been based on the 30th percentile of local market rents (rather than the median). In addition, LHAs for different sizes of properties are subject to national caps:

£250 per week for a 1 bedroom property;  
£290 per week for a 2 bedroom property;  
£340 per week for a 3 bedroom property; and  
£400 per week for all properties with 4 bedrooms or more.

The implications for disabled people include the impact of reductions due to these caps, which affect all households, as well as specific issues such as the need of some disabled people for an extra bedroom. In recognition of some of the difficulties faced disabled people who need overnight carers, a change in April 2011 was that an additional bedroom was allowed within the size criteria where a disabled person, or someone with a long term health condition, has a proven need for overnight care and this care is provided by a non-resident carer. Wilson (2012a) also notes that the current criteria nevertheless still impact upon people who do not have an overnight carer, but who nevertheless still need a separate bedroom as a result of their condition, either as adults, or children who are expected to share a bedroom due to their age or sex. The current criteria provide for one bedroom per couple and one for each single person over 16. The rules also state that two children under the age of 16 of the same sex should share a bedroom, as should two children of different sexes under 10. In May 2012 a Court of Appeal judgment ruled that the size criteria in the current Housing Benefit regulations in private rented housing discriminated against disabled people by not allowing an additional room where the disabled person has a carer, or where two children cannot share a room because of disability. In view of this judgment, Housing Benefit/Council Tax Benefit Circular A4/2012 notes that:

*Due to a Court of Appeal judgment in the cases of Burnip, Trengove and Gorry those whose children are said to be unable to share a bedroom because of severe disabilities will be able to claim Housing Benefit for an extra room from the date of the judgment, 15 May 2012. However it will remain for local authorities to assess the individual circumstances of the claimant and their family and decide whether their disabilities are genuinely such that it is inappropriate for the children to be expected to share a room.*

Families thus have the option of appealing decisions by local authorities, although decisions are still at local authorities' discretion.

Even where households are eligible for an additional bedroom, they may well still have to fund a shortfall between their Housing Benefit and the rent as a result of the caps highlighted above. Furthermore, from April 2013 the annual uprating of LHA rates will use the Consumer Price Index, or the 30th percentile of local market rents if this is lower, instead of being based on local rent inflation. The Pro-Housing Alliance have set out some of the impacts of the that welfare reforms are already having on the health and well-being of private tenants, and these issues will be explored more fully in the later stages of the current research project for eaga CT (Gill Leng Housing Solutions, Arc4 and Bateman (2012).

#### *Social rented sector*

From April 2013, size restrictions will also apply to Housing Benefit payments to tenants in the social rented sector based on the same criteria as are 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 will be exempt from this change. However, whilst the Court of Appeal judgment in the cases of Burnip, Trengove and Gorry were based upon cases in the private rented sector, the judgement also has implications for families with disabled children who live in social rented accommodation and who will be affected by the new size restrictions from April 2013.

The government has noted that funding available for Discretionary Housing Payments (DHPs) 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 £25m (annually from 2013/14) for DHPs was aimed at this latter group, based upon on a group of 35,000 potentially affected claimants who are wheelchair users and who live in adapted accommodation (Wilson, 2012b) . Nevertheless, the Joint Committee on Human Rights noted its concern that the discretionary nature of DHP 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).

Furthermore, in a recent adjournment debate in Westminster Hall, Lefroy also highlighted that the needs of disabled people go beyond adaptations, and, for example, there was also a need for space to store equipment. Projecting forwards, further changes will also have a potentially significant impact upon households. Pawson (2011) notes that the interaction between changes to Housing Benefit, and the move towards affordable rents, at 80 per cent of market rents, will have dramatic impacts on larger families in high value areas.

### ***Council tax benefit reform***

The Local Government Finance Act (2012) makes 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 by 31 January 2013. The change will come into effect from April 2013. The stated aims of localisation are to allow support to vary across the country to reflect local priorities, and to strengthen local authorities' incentives to promote employment and growth in the local economy (Adam and Browne, 2012). Nevertheless, the government are also intending to cut funding for Council Tax Benefit by 10 per cent, as part of its deficit reduction strategy.

Entitlements for pensioners in England will still be set nationally and maintained at their existing level. Instead, the changes will affect working age households. The impact on people with disabilities is likely to vary considerably between local authorities. 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 with a disability premium, or Employment and Support Allowance). Adam and Browne (2012) also noted that figure would be even higher if it included those with a disabled child in the household.

The government has expressed a hope that councils will design schemes which protect vulnerable groups beyond just pensioners, and which maintain strong work incentives. Each local authority will thus decide how it interprets support for vulnerable groups. The Department of Communities and Local Government (2012b) has 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 the local authorities are not required to fulfil 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).

### ***Section summary***

- Cuts to budgets have already had a negative impact on disabled people, whether this is through changes to local authority budgets, benefit levels or through the availability of charitable support.
- The transition of IB to ESA has been controversial, especially in relation to the way in which decisions about capability for work are made.
- The transition from DLA to PIP has received substantial criticism as it will cut the number of benefit recipients
- It is argued that where benefits are cut householders will suffer, and may become more dependent upon the state
- Changes in housing benefit have implications for households containing disabled people in both the private and social rented sector.
- Council tax reforms may also have negative implications for disabled people of working age, depending on the individual local authority's definition of 'vulnerable groups'

### **7. Fuel poverty, disabled people, and welfare reform**

This review has brought together a broad range of literatures: firstly, 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 has been considered. Secondly, the review has considered the relationship between disability and poverty, and the additional financial burden that disabled people face in terms of additional costs and reduced incomes. Thirdly, it has suggested that disabled people may be undercounted in official estimates of both poverty and fuel poverty given the treatment of certain benefits as income. Fourthly it has discussed problems of targeting, and how at present, some disabled people may miss out on types of support both state provided, and support offered by energy companies. Fifthly it has considered changes in welfare support, considering the transition from IB to ESA, Universal Credit, and DLA to PIP. This section now attempts to consider how these literatures connect, and suggests how disabled people are likely to fare in the current climate of cuts.

Even before the major changes in welfare have been implemented, there is already significant concern about the impact of fuel poverty on disabled people, mostly as a result of increased

energy prices and the cuts described above. For example, The Guardian (2011) highlights cases of disabled people who have seen a reduction in their benefits resorting to heating their homes by candles, and spending significantly more time in bed. Whilst some of these findings are typical of fuel poverty more generally (e.g. O'Neil *et al* 2006) other factors are more specific and nuanced, such as the increased pressures on finances and different heating regimes required.

Within the broader fuel poverty literature Anderson *et al* (2012) highlight coping strategies amongst low income households. They find that 35 per cent cut back on food, whilst 32 per cent cut back on heat (2012: 44). They found that food quality (e.g swapping fresh for tinned) was utilised as a coping strategy, likewise wearing more clothes was also regarded as a coping mechanism (*op cit* 45). Indeed, the term 'heat or eat' is discussed widely throughout the literature relevant to disabled people, and there numerous examples (see Box Four) of households choosing between thermal comfort and food (Spinal Injuries Association 2012b, Wood 2011, Disability Action 2011, Carers UK 2011, Contact a Family 2012, Parckar 2008, Peate 2008, Macmillan cancer support 2009). Again, it should be stressed at this point that as highlighted earlier in this review disabled people may need different heating regimes (greater temperatures for longer periods), and where these are not maintained there could be negative health implications.

#### **Box Four: heat or eat**

'1 in 6 is going without food, more than one in 5 is going without heating[and] almost a third have taken out a loan for food and heating...' (Contact a Family 2012: 3).

'As if parents of disabled children don't have enough to worry about, having to choose between paying for heating or food each month is definitely not what we need on top, it's so unfair' (*ibid*).

'Over 45% were cutting back on essentials like heating or food...and a third [of carers] were unable to afford their utility bills' (Carers UK 2011: 3).

'Cancer patients should not be forced to choose between a warm home and other essentials such as food' (Macmillan Cancer Support 2012: 1).

'One in five people with cancer turned their heating off during winter even though they needed it. 91% said this was due to money worries...(Macmillan Cancer Support 2009: 1-2).

'24% of people living with cancer had to or expected to wear winter clothes in the house to keep bills down' (Macmillian Cancer Support 2011: 1).

'Mark has had to make decisions about what to buy...food or coal' ((Disability Action 2011: 2).

'The [Spinal Cord Injuries Association] has heard from people with spinal cord injuries who regularly miss out on a daily hot meal in order to keep their heating on' (Spinal Injuries Association 2012).

'some of the people we spoke to are now reporting they have to chose between fuel and food' (Wood 2011: 20)

They highlight how participants currently in receipt of SDP suggested they would have to cut back on essentials such as food and warmth in order to balance their finances (CAB 2012a: 19).

In terms of the impending transition from DLA to PIP there are concerns regarding increased levels of fuel poverty. For example, Kaye *et al* reiterate the increased energy needs of some disabled people, and the impact of losing DLA '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, they suggest that without DLA some people may have to make sacrifices 'without DLA [research participant] worries that his health would deteriorate as he would have to buy cheaper food and ration the central heating even more, perhaps by living in one room'(2012: 29). Equally, the abolition of SDP also raises significant concerns, with CAB suggesting that those losing out may have to cut back on essentials such as food and warmth in order to balance their finances (CAB 2012a: 19). Citing one of their research participants: 'I have diabetes and heart disease. I have to eat a strict healthy diet. This is fine in the summer...I will not be able to maintain this diet in the winter and keep warm' (CAB 201a2: 13). They also provide survey evidence that suggests 'of those eligible for the SDP 83% said a reduction in benefit levels of this amount would mean they would have to cut back on food and 80% said they would have to cut the amount they spent on heating' (CAB 2012a: 18). Disability Rights UK echoes this 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 2012c: 20).

There is also increased concern regarding utility debt and self disconnection. The use of prepayment meters comes up in the literature concerning payment and coping strategies. On the one hand Leonard Cheshire's research notes an increase use of prepayment meters amongst disabled people, which will in turn increase their fuel bills (Laxton and Parckar 2009: 29), a finding echoed by the Bevan Foundation (2009). On the other hand, Consumer Focus finds 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 2011: 9). Given the heat requirements for some disabled people discussed above there are severe health implications of this.

## **8. Conclusion**

This review has considered the relationship between disability, fuel poverty and policy. Whilst some areas of literature are well reported (such as the relationship between health and fuel poverty) there are 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 WHDS core group and Winter Fuel Allowance, and depending on the criteria used, may also be unable to access ECO, whilst subsidising those who are eligible. Changes in the benefits system may mean that some disabled people will lose out on financial support, especially with respect to the transition from DLA to PIP. Some argue that these changes have created a hierarchy of disabilities. These reforms coincide with changes to housing benefit and council tax relief. Given that fuel poverty is in part related to housing conditions and quality, questions are raised

about whether some householders may be pushed into living in poorer quality, unsuitable housing.

Given the evidence presented above, it is likely 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) even if this is not captured by official statistics.

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## Appendix One: search terms

Topic	Terms used
Age	<ul style="list-style-type: none"><li>• child*</li><li>• older people</li><li>• aged</li><li>• senior</li></ul>
Fuel Poverty	<ul style="list-style-type: none"><li>• Fuel poverty UK</li><li>• Energy poverty</li><li>• Fuel poverty policy</li><li>• Affordable warmth</li><li>• Fuel debt</li><li>• Fuel poor</li><li>• Thermal comfort</li><li>• Energy precariousness</li></ul>
Benefits	<ul style="list-style-type: none"><li>• Age</li><li>• Disability</li><li>• Health</li><li>• Carers</li><li>• Housing benefit</li><li>• Local Housing Allowance</li><li>• LHA</li><li>• Universal credit</li><li>• Disabled Living Allowance</li><li>• DLA</li><li>• Personal Independence Payment</li></ul>
Disability	<ul style="list-style-type: none"><li>• disab*</li><li>• medical condition</li><li>• chronic condition</li><li>• mental health</li><li>• impairment</li></ul>
Housing	<ul style="list-style-type: none"><li>• hous*</li><li>• accom*</li><li>• home</li></ul>

## Appendix Two: databases and websites searched

Databases used	Websites/organisations
Social Policy and Practice MEDLINE and MEDLINE In-process Science Citation Index (SCI) Social Science Citation Index (SSCI) Conference Proceedings Citation Index-Science (CPCI-S) Conference Proceedings Citation Index-Social Science & Humanities(CPCI-SSH) Applied Social Science Index and Abstracts (ASSIA) Social Services Abstracts Social Care Online PsycINFO Cochrane Database of Systematic Reviews (CDSR) Zetoc OAlster OpenGrey Housing LIN Resource Library COPAC British Library catalogue	Age UK Contact a family Disabled people against cuts Spartacus Scope Macmillan Leonard Cheshire CAB Disability Alliance (now disability rights UK) RADAR RNIB Action on Hearing Loss Newlife Foundation for Disabled Children Mencap Spinal Injuries Association The Poverty Site DECC NEA DWP OFGEM