

Hills Fuel Poverty Review – Response to the Call for Evidence from KWILLT

This response to the call for evidence is based on a study funded through the National Institute for Health Research (NIHR) Research for Patient Benefit Programme, the Keeping Warm in Later Life project (KWILLT). The study is a partnership project involving the host organisation, NHS Rotherham along with Sheffield Hallam University, National Energy Action, Age UK Rotherham, Rotherham Metropolitan Borough Council and older people's action and community groups.

KWILLT: Project Summary

Living in cold, damp housing is linked to health problems, high levels of avoidable winter deaths and low quality of life in older people. It is therefore important to promote keeping warm at home to reduce the burden on individuals and the health service. The Yorkshire and Humber region has the second highest level of fuel poverty in the UK. Fuel poverty is defined as a household which needs to spend more than 10% of its income on fuel.

Social marketing is an approach to develop interventions that promote healthy behaviour. It often involves trying to increase the public awareness and knowledge about something, but also how services are delivered. The aim is to make services easier to access. In order to develop information and services that work it is important that people are consulted and their views recognised. In this study we want to try to use social marketing methods to help older people keep warm, and overcome barriers to accessing things that could help, for example, Warm Front, housing or benefits.

KWILLT: Project Aim

This research study aims to examine the knowledge, beliefs and values of older people regarding keeping warm at home, and identify the barriers they experience that prevent them accessing help in keeping warm. It will then use this information to develop social marketing 'keeping warm' interventions, including brief intervention training materials for health and social care staff, assessment referral tools and social marketing public campaign insight.

KWILLT: Methods

Different methods are being used to capture the views of older people and professionals to ensure that we obtain an accurate understanding of factors that influence older people keeping warm.

1. Individual interviews and room temperature measurement with 50 older people and interviews with 25 health and social care professionals to explore the knowledge, beliefs and values of older people regarding keeping warm at home. Data was collection from older people in the winter months of 2009/2010 and 2010/2011. Staff interviews were completed in the summer of 2010.

2. 6 focus groups with older people, health and social care professionals and people in a policy or strategic capacity. These focus groups will verify, challenge and expand upon findings from the individual interviews. They were conducted between February and April 2011.

3. A consultation event with up to 150 lay and professional stakeholders to examine the findings and shape the social marketing 'keeping warm' intervention. This will be held in summer or autumn 2011.

Evidence in relation to issues that are the focus of the review

1. The nature of the issues at the core of fuel poverty

Definitions of fuel poverty usually focus on three elements; cost of fuel, household income, energy efficiency of the property. Our data suggests there is a fourth factor that influences fuel poverty that is the behaviour of the occupants. An individual's behaviour may contribute to fuel poverty in terms of the decisions they make relating to heating the home and also accessing any help that is available e.g. affordable warmth initiatives, welfare benefits interventions and changing their fuel tariff.

2. What makes fuel poverty distinct from poverty defined in various ways

Fuel poverty is a complex construct. Our data suggests a definition of fuel poverty is distinct from poverty in three ways:

- Fuel poverty doesn't just relate to income of the value of someone's estate i.e. it's not unusual for people particularly later in life to be property rich, cash poor.
- Fuel poverty is not just reliant on income. It is a complex interaction of the four factors mentioned in point one (cost, income, energy efficiency and individual / household behaviour).
- Values, beliefs and knowledge all influence decisions and priorities relating to fuel, affordable warmth and spending of household income. Values, beliefs and knowledge are all influenced by social and cultural interaction and as such are complicated to understand. How people prioritise between, for example, food and fuel is socially derived and not just reliant on finance. A further example for older vulnerable people relates to whether they would access an initiative to upgrade an energy inefficient property. Any financial benefit gained may not be perceived to be worth the cost in terms of upheaval, distress, loss of privacy and change.

3. The impacts of fuel poverty, its extent and who it most affects

Our study focussed on older people keeping warm in winter. Some of our more vulnerable participants in terms of fuel poverty were the socially isolated, ill and frail, those living in privately rented accommodation and in a large family home they could no longer afford to heat. The staff participants also indicated these were the most vulnerable.

Being ill, frail and socially isolated puts an individual at risk of living in fuel poverty. However, being fuel poor also impacts on a person's health (physical and mental) and connection with society. Therefore someone may find themselves in negative spiral as their health and fuel poverty worsens and their vulnerability increases. A couple of illustrative examples from our study include;

- A 55 year old woman with a history of depression and vascular disease, living alone in privately rented accommodation, receiving benefits and in fuel poverty. The accommodation was not energy efficient and the landlord refused to address this. The lady was frightened to persist because of her fragile mental state and because she feared the landlord would increase the rent or evict her and she would no longer be able to live near her only family

member. The physical and mental stress of living in this environment was worsening her health.

- A couple in their 70's with deteriorating health and who were concerned about the cost of fuel. They owned their own home which they had bought on a right to buy scheme. Their fears related to affording to heat their home meant that they changed their daily routines to an extent that it severely impacted on their quality of life. For example, they went to bed at 8 o'clock in the evening until 10 o'clock the following morning, they lived in one room during the day and used the cooker to supplement their heating. The long term impacts included; aggravating their underlying medical conditions and increased social isolation.
- A woman in her 80's who lives alone in recently upgraded social housing with little family support. She has a profound hearing loss, poor sight and suffers from chronic health problems. The woman had no knowledge of the health benefits of heating her home, what temperatures were recommended and what financial benefits were available to her. Her main worries were her future ability to afford to heat her home because of fuel price increases and in getting the necessary information regarding the most appropriate fuel tariff. Like other older people she was unable to communicate using information technology and was feeling increasingly socially isolated as available interventions rely more on technology of this nature e.g. better tariffs for people paying by direct debit or internet banking. This participant also had difficulty understanding how to use her heating technology and didn't have access to support on how to use most effectively and economically.

These examples are two of many from our data that illustrate the extent of the impact of fuel poverty on individuals physically, psychologically and socially. However, there is also a wider social impact for example the cost in terms of avoidable health care, emergency hospital admissions and contribution to society. The woman in the first example highlighted how the interaction of factors contributing to fuel poverty also mean she is unlikely to work again.

4. Whether the current definition of and target for fuel poverty allow the issues at its core to be tackled effectively and, if not, how the definition and any associated target might be amended to address this

The current definition of fuel poverty goes some way to identifying those most in need. The research team think that identifying a percentage of household income as part of the definition is useful to define a target population but may miss people who are vulnerable for other reasons.

The 2001 Fuel Poverty strategy aimed to eradicate fuel poverty in vulnerable households by 2010. Older people are included in the definition of vulnerable households. Our study focussed on older people and identifies a number of core issues relating to fuel poverty that are not currently accommodated in the current definition because it does not include the influence of people's behaviour. Our study identifies a number of barriers that hinder older people in their ability to keep warm and access help, and increases their susceptibility to fuel poverty. These barriers are;

- Mindset i.e. values, beliefs and priorities of older people. These include the values some older people place on thrift, independence, privacy hardiness and stoicism.
- Lack of awareness and knowledge of the link between keeping warm and health, the recommended temperatures in the home, help and initiatives that are available.

- The level and nature of social connection and trusted sources of help.
- Lack of ability to understand and interact with technology including heating, banking and communication technology.

Unless a definition or targets related to fuel poverty acknowledge the contribution of people's behaviour and influences on that behaviour there is a risk that interventions generated to address fuel poverty will not be successful, particularly for the most vulnerable. Our study indicates that recent interventions including smart meters, improved tariffs for direct debit and internet banking customers and the forth coming Green Deal are not accessible or acceptable to the most vulnerable. The barriers identified above are a sample of reoccurring themes in our data that explain why this is so.

5. Whether, and to what extent, the current definition of fuel poverty allows Government to focus resources and policies on those who most need support

The current definition does help to identify those most in need and target resources and policies appropriately. However, as cited above it may miss some people who are vulnerable i.e. the most socially isolated, frail and chronically ill. There is an additional concern that these vulnerable socially isolated people will not be able to access existing resources and policy interventions because they are not accessible or communicated in a way they can understand.

The existing definition, policy and interventions don't explicitly recognise the complexity of the factors and barriers that influence susceptibility to fuel poverty and ability to access help. This creates a risk of intervention generated inequalities whereby those most in need are not able to access help whilst those more favourably situated are.

Our data illustrates how without certain systems, support and resources (e.g. integrating fuel poverty and affordable warmth assessment into routine activity of community health and social care staff or improved shared information systems to facilitate successful partnership approaches to fuel poverty) the more vulnerable will not be identified, or identify themselves, as susceptible to fuel poverty, in fuel poverty or in need of a fuel poverty intervention.

The focus of the current definition on cost income and affordable warmth limit engagement in fuel poverty of other partners e.g. health. The data collected from the staff interviews and focus groups indicate that whilst they acknowledge a concern for the living environments of their patients and its effect on health they struggle to actively engage in providing help. This is because they do not see it as their responsibility or do not know how or where to get help and information. Any new definition needs to promote engagement of the broader stakeholder groups including health and social care both at a strategic and practice level.

6. The cost-effectiveness of measures to address fuel poverty (including measures impacting on income, fuel bills and thermal efficiency of homes)

From the comments above cost effectiveness measures should include health and quality of life status measures. The potential of including health service use data needs to be explore for example, avoidable hospital admissions, delayed discharge or discharge into health and social care facilities.

7. How, under any definition, the fuel poor can best be identified and help targeted to them

Our study identifies how challenging it is to identify those most at risk, or the most vulnerable people living in fuel poverty. The more vulnerable people are to fuel poverty the more isolated they become. There is a concern about who and how you identify people who are moving from struggling into crisis.

This challenge can only be overcome with improved partnership working across stakeholder groups including health, social care, housing, welfare, voluntary sector and community organisations. Any new definition needs to encompass engagement of a variety of sectors so that the fuel poor can be more easily identified and targeted especially if they are socially isolated. Deterioration could be the first indication that somebody is in fuel poverty and if somebody is socially isolated, a health professional maybe the first person to notice a problem. Therefore, by including a health dimension to the definition it would facilitate the engagement of health partners in the identification and referral of the fuel poor. It should be noted however that in order for other partners to be actively involved in addressing fuel poverty interventions need to be in place to allow them to do so, for example education and training, assessment and referral tools and a package of targeted solutions available.

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