

Fuel Poverty and Affordable Warmth: the harsh reality of cold homes

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Action for Warm Homes



Action for Warm Homes

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Vision: to end fuel poverty and ensure that everyone can afford to live in a warm home

Provide advice and support to households

Campaign and advocate

Carry out research and evaluations

Providing accredited training and qualifications



Action for Warm Homes

The reality of fuel poverty

Living in a home which is insufferably cold

Not turning the heating on for fear of the cost

Washing with water from a kettle to avoid heating a water tank

Sleeping in damp bedrooms with walls covered in mould

Going without food or other essentials so that you can pay for your energy

Going to bed early to stay warm or to forget about the hunger

Living in the dark because you're worried about turning on the lights

Using unsafe, old and un-serviced secondary heating appliances which put you at risk of burns or carbon monoxide poisoning

Being isolated because you're too embarrassed to invite friends and families into a cold and damp home

Victoria

“When I entered the property, the first thing I noticed was the cold. The tenant (Victoria), who suffered from COPD, was sitting in the living room wrapped up in a thick dressing gown. She said she wore it “all the time.” Sometimes, she said, she wore it with “pyjamas, a jumper and extra trousers on underneath.”

The only sources of heating in the house were a single Economy 7 radiator and a small electric fire, both in the living room. Victoria had lived in the house for over a decade, and always paid her rent on time. Up until recently, she had kept a rotting window frame together using an old hair bobble. She described her home as being “bitterly cold” in the winter and attributed the cold to a worsening of her COPD symptoms.

As she had lived in the area for so long, she was reluctant to move. Also, since her sons worked for the landlord, she did not like to push too hard for improvements to be made on the property in case her sons lost their jobs or their working lives made harder. She spent around £42 a fortnight on her electricity, and almost every Saturday, without fail, her son would need to give her £20 to top up the meter. This made her feel like a burden.

Having no sources of heating upstairs meant the bedrooms were freezing cold. In the winter, she had to drag her mattress into the living room and sleep on the floor in there. She regularly sat with a duvet around her.”

Gemma and Winnie

“There was a house in an old pit village which had not been touched since it was built. It had a coal fire in the kitchen, and that was it. There was no other form of heating in the rest of the house.

They’d had an instant hot water point put in for the bathroom/kitchen. There was still an outside toilet, but they had created an indoor one by converting the pantry and adding a sliding door. That was their bathroom. They had what they called a ‘mini bath’, which was a really small bath tub. The daughter had to fill a kettle to fill the bath up with hot water for her mum. But, because of the mum’s health problems, she couldn’t do the same for her daughter.

So, the daughter had to go to a friend’s house to have a shower. When I went into the house, it was freezing cold and dark. It felt like I had walked into a house from Beamish, one of those living museums.”



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Some stats....

For a full literature review on cold homes and health, please visit:

<https://www.nea.org.uk/wp-content/uploads/2020/09/Connecting-Homes-for-Health-Phase-1-Review.pdf>

For every 1°C drop in outdoor temperature below 19°C, those in the coldest 10% of homes see a mortality increase of 2.8%, whilst those in the warmest 10% of homes see only a 0.9% rise.

Overall, those in the coldest quarter of homes have a 20% greater risk of dying during the winter than the warmest quarter.

COPD patients who spend fewer days with the living room heated to 21°C for 9 hours have significantly worse respiratory health.

Children who live in cold housing are more than twice as likely to suffer from respiratory conditions and those living in damp and mouldy homes are up to three times more likely

9% of hypertension in Scotland could be prevented by maintaining indoor temperatures above 18°C

1°C drop in living room temperature results in a 1.3mmHg rise in systolic blood pressure and a 0.6mmHg rise in diastolic blood pressure amongst those aged 65-74

People reporting difficulties in paying their fuel bills are four times more likely to suffer from mental ill health.

Inadequately heated are the only housing quality indicator independently associated with 4 or more negative mental health outcomes in young people

Steve

<https://www.nea.org.uk/wp-content/uploads/2020/09/Connecting-Homes-for-Health-Final-Report-FINAL.pdf>

Steve is a disabled war veteran. He suffers from PTSD. He lives alone with his dog, Baxter, whom he considers to be his closest friend in the world, and lives on Universal Credit. He had one inefficient storage heater in the living room and two portable electric heaters. He could not afford to pay his energy bills.

At one point, his Universal Credit payments were temporarily stopped. For days he did not eat but drank only water. Steve felt incredibly ashamed of the circumstances in which he found himself and had progressively cut off contact with friends and family as a result.

One year after participating in the Connecting Homes for Health scheme, Steve is transformed. He has an efficient and fully working heating and hot water system and knows that he can stay warm when he needs it. Despite using his heating system more, his energy costs have reduced so much that he now is able to save money each month. He even has £500 in his savings account.

He has even had help in securing a manageable repayment plan with his energy supplier and is gradually clearing the fuel debt that he accrued before signing up to the scheme. Because he no longer feels hungry and cold, he feels as though he is in better place mentally to be able to deal with the symptoms of his PTSD.

His voice now sounds bright and upbeat. He says that letting the NEA advisor into his home that day was the best thing that he has ever done. The scheme, he says, has transformed his life: it has given him his health and financial independence back, and given him hope once again.

Anne

<https://www.nea.org.uk/wp-content/uploads/2020/09/Connecting-Homes-for-Health-Final-Report-FINAL.pdf>

Anne lives with her husband. She is unable to work due to disability and chronic respiratory illness, and her husband is close to retirement. They own their own home but have no savings. They used to find it extremely difficult to make ends meet – especially when it came to juggling the price of solid fuel with the cost of food.

Many a time, they would go hungry or spend a week eating only white rice. Sometimes, when they couldn't afford to buy fuel, her husband would chop up pieces of old furniture or search for rubbish that they could burn. It meant they risked breathing in potentially toxic fumes, but at least it kept the fire going.

Anne felt so cold at home that she would tend to just sit in the same seat in the living room, huddled in multiple fleeces and blankets, and would not move from there. She found it hard to summon the mental energy to get up and make a cup of tea or something to eat, or to even walk around. She already suffered from poor mental health and feeling cold and immobile made her feel even more depressed.

Now, the whole house can be kept warm, and the heating is not limited to one room only. She has found that she is spending more time in the kitchen and has started to experiment with cooking new things. In general, she is more able and willing to move around the house. In turn, this has helped her to manage her disabilities and to ease the pain of stiff joints, as well as helping her to feel happier in herself.

Both she and her husband have noticed a difference in their energy bills: their arrival is no longer feared, and they are seen as something manageable. They now pay less than half the amount that they were paying for their solid fuel.

Caroline and Lynette

<https://www.nea.org.uk/wp-content/uploads/2020/09/Connecting-Homes-for-Health-Final-Report-FINAL.pdf>

Caroline lives with her teenage daughter, Lynette. Caroline is partially sighted and suffers from multiple health conditions. She is also the primary carer for Lynette, who has chronic bronchitis and asthma, and who suffers from chronic skin and joint conditions.

The pair live in a private rented, semi-detached home. Before, the heating system did not work and would constantly trip out the electricity. It was extremely inefficient and costly to run. Nevertheless, she had to have it turned on all the time, to make sure the house could be warm enough for Lynette. As a result, she was falling deeper and deeper into fuel debt.

The immersion heater did not work well, and Caroline struggled to fill a bath with hot water at any one time. When she did want hot water, she had to wait for up to two hours. This made it practically impossible for Lynette to use hot water to manage her joint and skin conditions in the way that she needed.

One year on, and Caroline and Lynette now have access to a working central heating system which provides them with as much heating and hot water as they need. Their energy is cheaper, and they have succeeded in having some of their outstanding fuel debt written off. Lynette is better able to manage her skin condition, and her respiratory symptoms are less severe.

They have been able to decorate and take pride in the beautiful home which they have been able to create. Caroline has told her landlord that, should they decide to sell the property, she would be keen to have first refusal: this is the place where she wants to live, and where she wants to stay. It is her home.

The challenge ahead...

The price of energy has already increased by £235 for domestic consumers across Great Britain since last year

Record rise in October 2021 to the Default Tariff price cap resulted in over 500,000 more households pushed into fuel poverty

Further rises to the price cap in April are likely to result in a doubling of the cost of heating an average home compared to last year.

Biggest burden of reduced incomes and record inflation placed on the shoulders of the poorest households.

Covid-19 and Fuel Poverty

<https://www.nea.org.uk/wp-content/uploads/2020/07/UK-FPM-2019.pdf>

An increase in energy use, due to more people spending more time at home

A reduction in income, as many jobs were either lost or placed on furlough

Increased affordability issues and therefore debt, leading to energy rationing

Reductions in smart meter/ECO installs

Difficulties in accessing support, especially where households were digitally excluded or spoke English as an additional language



WARM AND SAFE HOMES ADVICE

A free support service
providing advice to householders
and frontline workers

- Advice helpline: 0800 304 7159
- To connect to BSL interpreter:
<https://www.nea.org.uk/wash-advice/>
- Online referral form for frontline workers:
<https://www.nea.org.uk/wash-advice/wash-referral/>
- Facebook chat:
<https://www.facebook.com/WarmSafeAdvice>

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