Fuel Poverty Research Network

eaga charitable trust

Fuel Poverty Library

25 years of Eaga Charitable Trust

Presentation by Eaga Charitable Trust

Eaga CT History

- Founded in 1983 by Eaga: delivery of Warm Front & other programmes
- Eaga donated £3.3m to Trust over the years
- Regular donations stopped when Carillion took over Eaga in 2012
- Eaga CT uses funds to support work that:
  - Improves understanding of fuel poverty: who is affected, trends, causes, impact
  - Encourages effective action to tackle fuel poverty
  - Makes the case for fair access to energy services
  - Reduces health inequalities arising from cold homes & unaffordable fuel

Eaga CT projects typology

1. **Grants**: practical applied research, implementation studies, pilots
2. **Dissemination** of results: accessible to policy community
3. **Seminars & conferences**, e.g. health, rural fuel poverty, disability
4. **Bursaries** for Masters and PhD students
5. **Early career researchers**: bursaries to attend symposiums & NEA conferences

Eaga CT grant themes

- Early years: mapping, measuring & updating fuel poverty information
- Late 1990s: impact of liberalised energy markets
- Early 2000s: fuel poverty & health; continues to be a key theme
- Also research on hard to treat homes & rural fuel poverty
- From 2005: vulnerable consumers; fuel poverty & wider deprivation, fuel poverty and disabled people, fuel poverty in Europe
- From 2010: distributional impact of policies paid through fuel bills
- From 2012: renewed emphasis on fuel poverty & health

Some examples of projects

- Competition Monitor: fed into parliamentary debates
- Fuel poverty & health toolkit for PCTs, strategic health authorities
- Impact of policies on disabled fuel poor and how to mitigate
- Demonstration project on improving historic buildings
- Small area fuel poverty indicator
- Aberdeen RCT of impact of EE improvements on beneficiaries COPD
- Evaluation of effectiveness of local fuel poverty schemes
- Students' experience of fuel poverty & impact on health & well-being
- Local LIHC fuel poverty assessment tool & improving the LIHC indicator

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Fuel Poverty and Health
Setting the Scene through 25 years of Eaga Charitable Trust

Graeme Sherriff
University of Salford

Archive and Legacy Project

Activities

- Summarising and categorizing all Eaga CT projects
- Survey of researchers who have been supported by Eaga CT
- Literature review of fuel poverty and Delphi study

Outputs

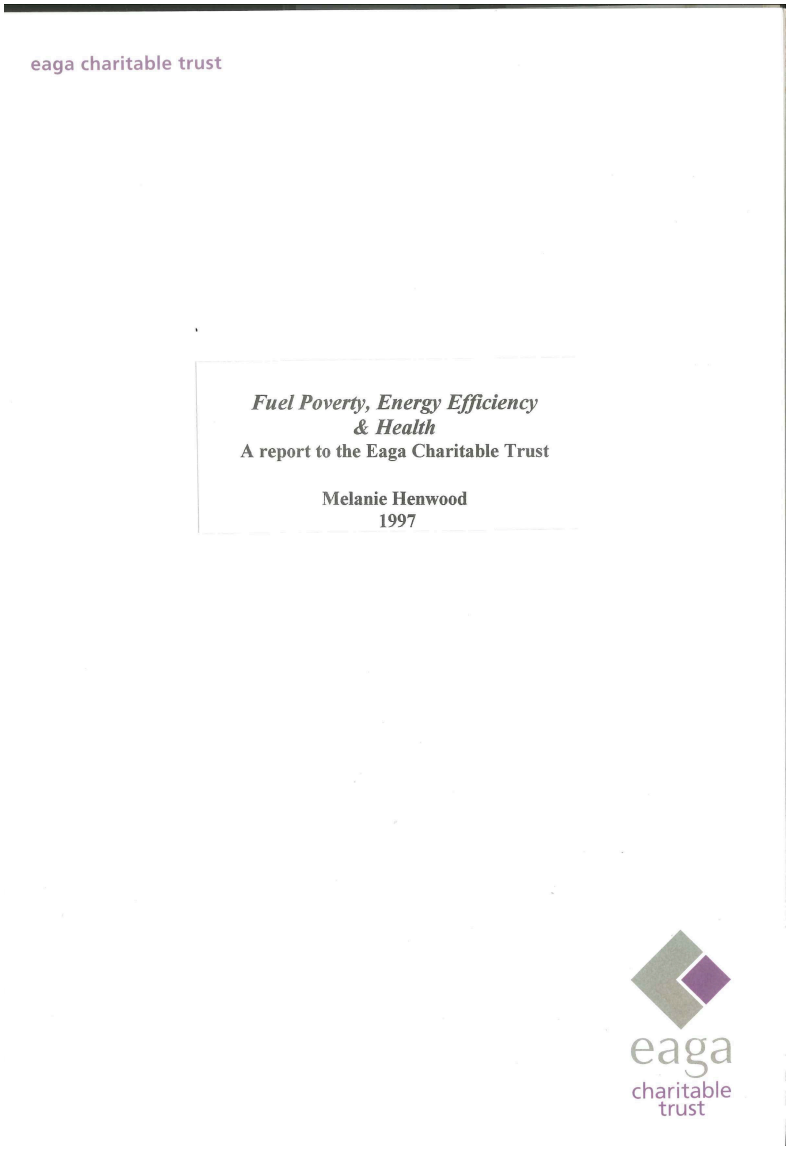
- New website:
  Fuel Poverty Library: 25 Years of the Eaga Charitable Trust
- Summary publication
- Academic article
- Summaries for Policy Makers
- Animations and Communication

Fuel Poverty Library:
25 Years of the Eaga Charitable Trust

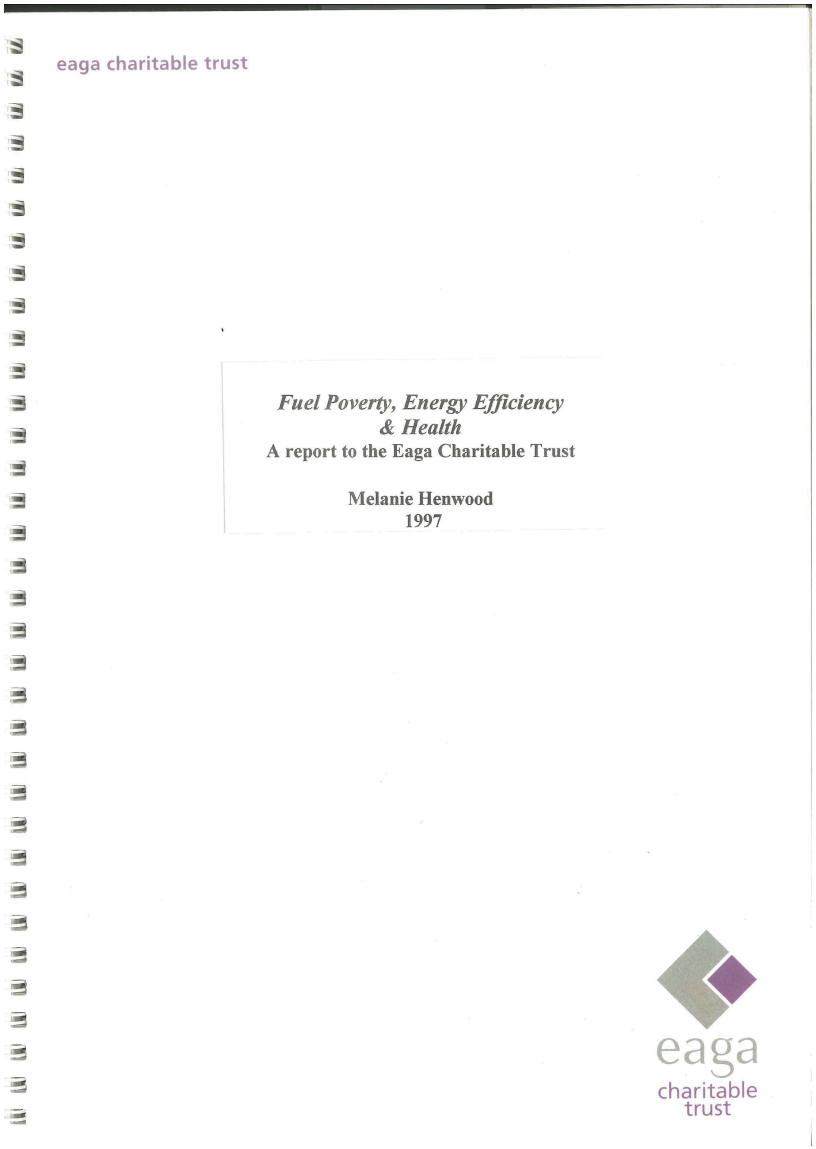
- Homes — Where is fuel poverty experienced?
- People — Who experiences fuel poverty and how?
- Impacts — What are the effects of fuel poverty?
- Approaches — How can fuel poverty be addressed?
- Concepts — How can fuel poverty be understood?

Fuel Poverty Library:
25 Years of the Eaga Charitable Trust

- Impacts
  - Health and wellbeing
  - Social inclusion
  - Sustainability and climate change



‘The relationship between poor housing and poor health status has long been recognized, and indeed the origins of Public Health measures can be traced back to nineteenth century concerns over insanitary housing. There is a considerable literature examining the links between both cold homes and ill health, and damp homes and ill health. However, there are difficulties in isolating the causative factors in the relationships which reflect the complex interplay of a number of variables including low income, employment, diet, and other ‘lifestyle’ elements.’

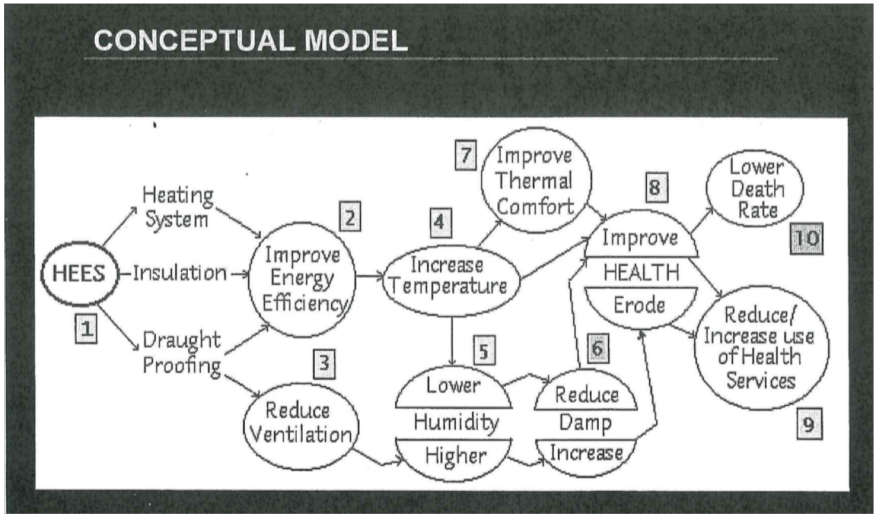


Research Agenda Proposed

- Further research in the area of health effects of indoor pollutants.
- Effects of poor housing on mental health.
- International data on fuel poverty.
- Negative or unintended consequences of specific improvements to housing fabric.
- Evidence linking mortality and morbidity with poor housing needs to be more widely understood by commentators and policy makers and both central and local levels.

Health and Fuel Poverty Seminar

Eaga CT, organized by NEA
June 2001



Proceedings of seminar

- Housing and excess winter deaths: The potential health impact of housing initiatives
- From local concern to randomized trial: the Watcombe Housing Project
- The Health Impact of HEES – lessons from the Pilot Study
- A Commitment to Share (Health through Warmth project)

Produced by the **National Heart Forum**, the **Eaga Partnership Charitable Trust**, the **Faculty of Public Health Medicine**, **Help the Aged** and the **Met Office**

Table 3 **The effect of cold homes on health risk**

Health risk	Effect
Increased respiratory illness **Worsening asthma and COPD (chronic obstructive pulmonary disease)**	People with asthma are two to three times more likely than the general population to live in damp homes.[18] Temperatures below 16ºC are thought to lower resistance to respiratory infection. Damp leads to growth of moulds and fungi which can cause allergies and respiratory infections. Fifteen per cent of homes report mould.[19] The cold impairs lung function and is an important trigger of broncho-constriction in asthma and COPD.[20]
Increased blood pressure and risk of heart attacks and strokes	Blood pressure rises in older people with exposure to temperatures below 12ºC.[21] The risk of heart attacks and strokes increases with increasing blood pressure. In those aged 65-74 years, a 1ºC decrease in living room temperature is associated with a rise of 1.3mmHg systolic blood pressure and a rise of 0.6 mmHg diastolic blood pressure.[22]
Worsening arthritis	Symptoms of arthritis, particularly pain, become worse among people who live in cold, damp homes.[19]
Increased accidents at home	Having a cold home increases the risk of falls in the elderly, and the risk of accidents due to loss of strength and dexterity in the hands and due to open or free-standing heating. Finger strength and manual dexterity fall progressively in temperatures from 24ºC to 6ºC.[23]
Increased social isolation	People may become more socially isolated due to economising and reluctance to invite friends into a cold home. Increased social isolation is a risk factor for depression and coronary heart disease.
Impaired mental health	Damp housing is associated with increased mental health problems.[24]
Adverse effects on children's education	Home energy improvements have led to an 80% decrease in the rate of sickness absence from school for children with asthma and recurrent respiratory infections.[25] In many cold homes, only one room is heated, which causes difficulties for children doing homework. Loss of education can lead to loss of job opportunities for life, itself a risk of early mortality.[26]
Adverse effects on nutrition	Homes in fuel poverty have a choice between keeping warm and spending money on other essentials. Poor diet can be the result, with increased long-term health risks of cancer and coronary heart disease.

Impacts on health and wellbeing:

Excess winter deaths
Pulmonary
Respiratory
Circulation

Mental Health & Wellbeing
Disability and long-term illness

Social and family life
Diet
Education

Impacts on (and of) physical health

- Brown (1998), Herring (1998), Hague (1998) - poor housing effect older people with Chronic Obstructive Pulmonary (COPD) living in east London.
- Goodwin, Fenby, and Howe (2005) - relationship between internal and external temperatures on older people -> colder home, higher risk of 'cold stress'.
- Revie (1999) – strong association between poor housing conditions and general health in Glasgow especially among children.
- Revie (1998) – positive impacts of rising indoor temperatures on excess winter deaths and asthma.
- Harris, Hall and others (2010) – heating requirements of disabled people increases vulnerability.
- Royston, Royston and Guertler (2014) – people with chronic health more likely to be out of work, be indoors and under financial pressure.

Impacts on (and of) mental health

- Harris, Hall et. al. (2010) - individuals with a Common Mental Disorder (CMD) were at higher risk of fuel poverty. Cold homes and fuel poverty are risk factors for such forms of mental health.
- National Union of Students (NUS, 2018) – cold homes in the private rented sector. Student focus groups.
- George, Graham and Lennard (2013) - Young people in fuel poverty identified as higher risk of mental ill health in adolescence.
- Sullivan, Somerville et al. (2003) – mental health and wellbeing could be the best indicator for measuring the impact of interventions

Impacts on health and wellbeing:

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Diet
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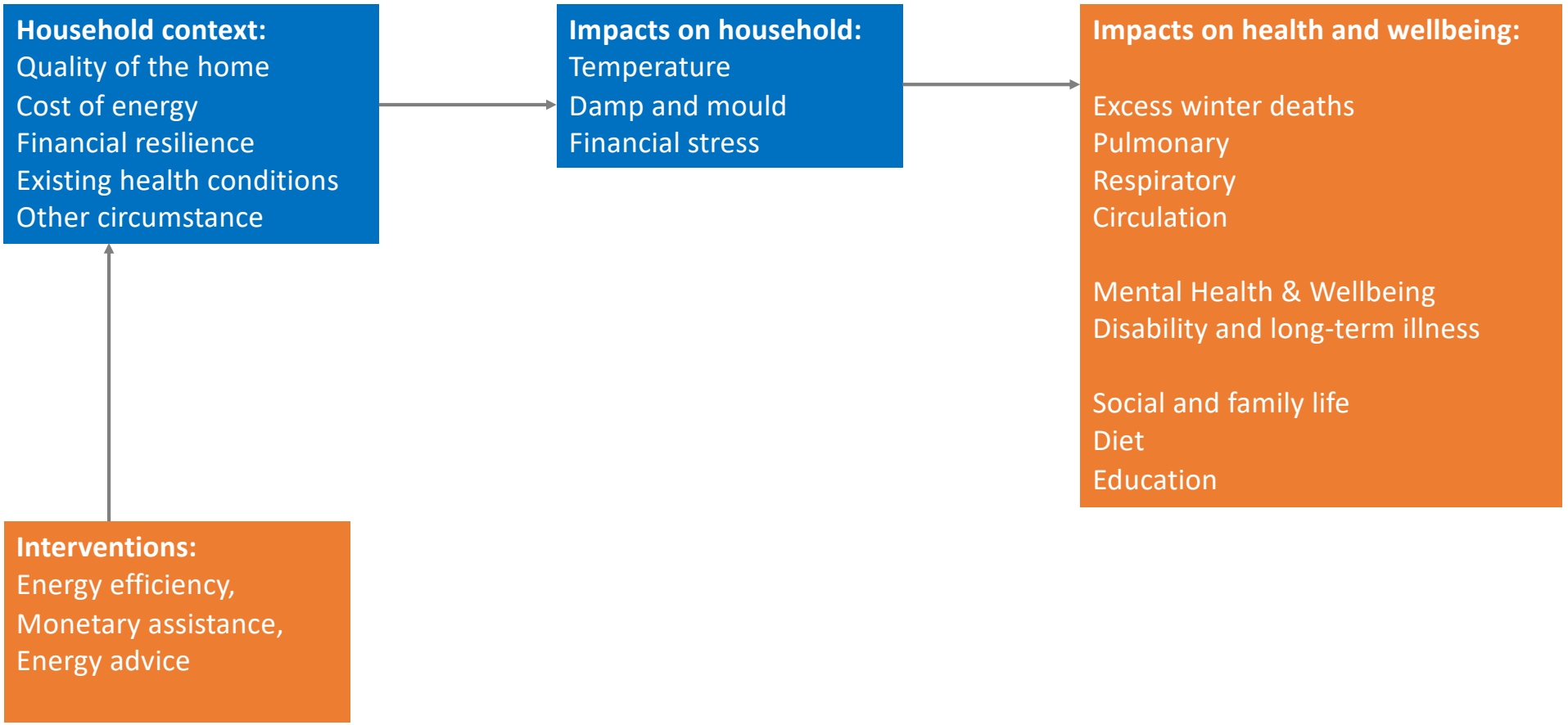
Interventions:
Energy efficiency,
Monetary assistance,
Energy advice


Household context:
Quality of the home
Cost of energy
Financial resilience
Existing health conditions
Other circumstance
Impacts on household:
Temperature
Damp and mould
Financial stress
Impacts on health and wellbeing:
Excess winter deaths
Pulmonary
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Mental Health & Wellbeing
Disability and long-term illness
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Interventions:
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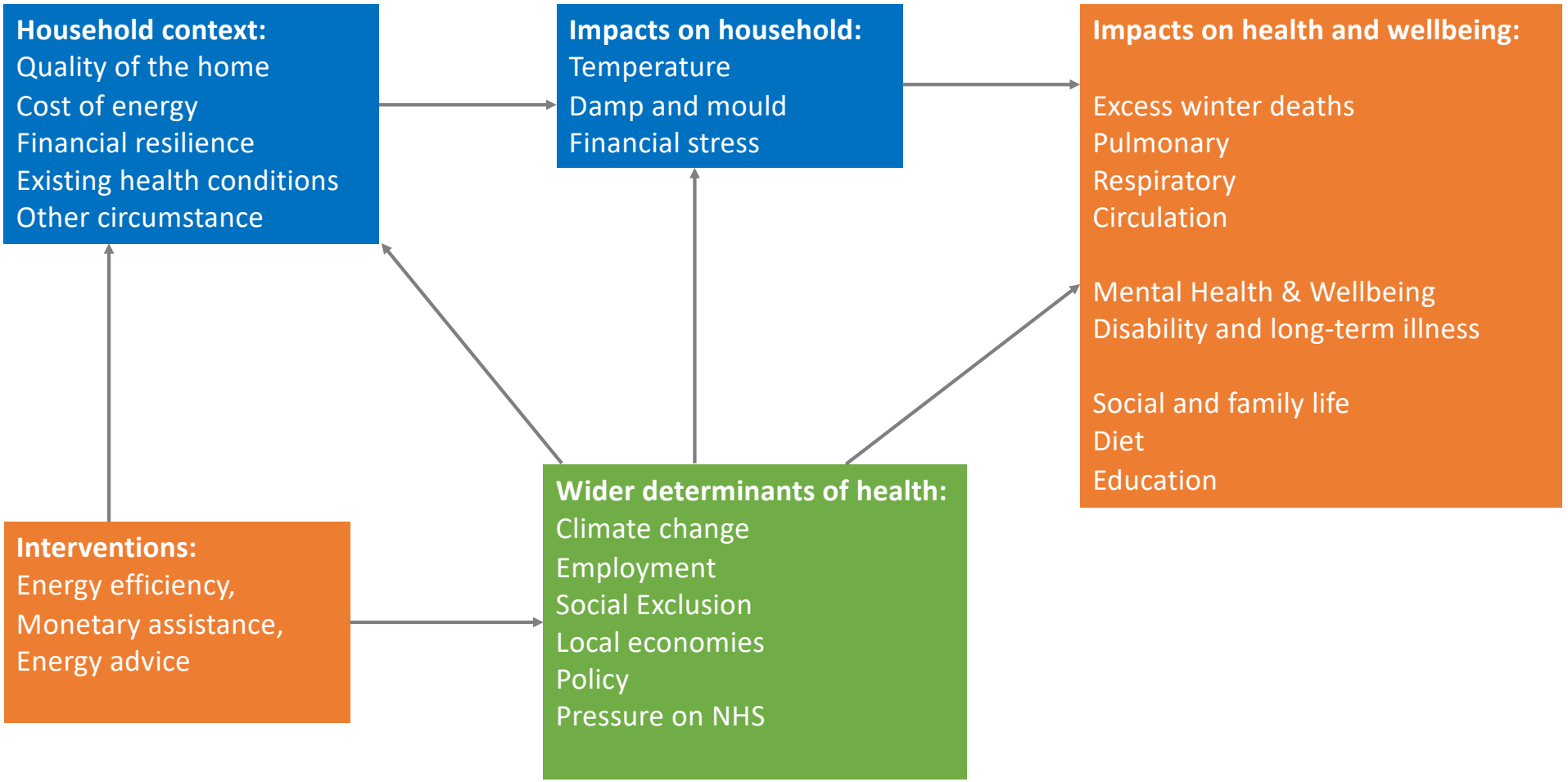
Impacts of interventions

- Ridge (2001) – epidemiological technique to assess impact of energy efficiency measures
- Critchley et al (c.2002) – home improvements affect on asthma
- Sommerville (2000) – childhood asthma
- Basham, Shaw and Barton's work (2004) - notable improvements in self-reported health following installation of home heating
- Wheeler and Sharpe (2018) – despite this accumulated evidence, policies continue to be devised without evaluating health impact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Interventions:
Energy efficiency,
Monetary assistance,
Energy advice
Wider determinants of health:
Climate change
Employment
Social Exclusion
Local economies
Policy
Pressure on NHS

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