



Department of Public Health, Policy, and Systems, University of Liverpool, Liverpool, UK

Correspondence to: M Whitehead
mmw@liverpool.ac.uk

Cite this as: *BMJ* 2022;376:o606

<http://dx.doi.org/10.1136/bmj.o606>

Published: 10 March 2022

Fuel poverty is intimately linked to poor health

Urgent measures must be taken now to protect households at risk

Margaret Whitehead, David Taylor-Robinson, Ben Barr

People are said to be experiencing fuel poverty when they cannot afford to heat their home to a reasonable temperature. Before the pandemic, over 13% of all households in England (3.2 million households) were living in fuel poverty, according to government figures.¹ Rates in Wales and Northern Ireland were 12% and 18%, respectively, but Scotland's rates were even higher at 25%. Families with children made up nearly half of fuel poor households.

Evidence strongly suggests that growing up and living in cold homes and poor housing have a direct and detrimental effect on health.² For older people, living in cold temperatures increases the risk of strokes and heart attacks. Respiratory diseases, including flu, are more common, as are falls, injuries, and hypothermia.³ Children growing up in cold, damp, and mouldy homes with inadequate ventilation have higher than average rates of respiratory infections and asthma, chronic ill health, and disability. They are also more likely to experience depression, anxiety, and slower physical growth and cognitive development.^{4 5} It is challenging to wash and dry clothes adequately in a cold house, increasing children's risk of appearing unkempt and being bullied at school.

Indirect health effects of fuel poverty are also concerning: as households spend a greater share of their budgets to heat their homes they have less to spend on food and other necessities vital for health. Having to decide whether to heat or eat results in poorer nutrition, which weakens the immune defences against disease. Money worries lead to greater social isolation, and increasingly unsustainable debt causes mental health problems for both adults and children.³ Poverty and poor housing increase family stress and interpersonal conflict, the risk of child abuse and neglect, and the likelihood that children will be taken into care.⁶

The covid-19 pandemic exacerbated fuel poverty through widespread financial hardship and confining people in their homes.¹ School closures meant that children were at home during the day, pushing up household fuel and food bills. But the drivers of fuel poverty are set to get much worse in the coming months. Even before the war in Ukraine, household energy costs were set to jump by more than 50% on 1 April 2022 because of a rise in the government's price cap.

The Resolution Foundation, an independent think tank, has estimated that with no government intervention the number of households in "fuel stress" (spending more than 10% of their household budget on energy) will rise to 6.2 million overnight in England alone— 27% of all households. Older households and families with children living in

inefficient homes will be hit hardest.⁷ Measures announced by the government in February 2022 will help a million families, but that still leaves 20% of households in England, or five million, in fuel stress. Nearly half these households have children.⁸

Further falls in real incomes are also expected this year, with the Bank of England predicting large rises in inflation that will push up the general cost of living. At the same time, people receiving state income support through universal credit have just lost the temporary rise of £20 a week introduced during the pandemic, among other reductions in benefits.⁹

The list of descriptors for financial hardship—such as fuel poverty, food poverty, funeral poverty, furniture poverty, period poverty, and digital poverty—continues to grow. Ultimately these deprivations are the expression of a system failing to provide enough income to live healthily. The number of British households becoming destitute more than doubled during the pandemic. Child poverty was rising before the pandemic, and further substantial increases are expected when the government figures are released later this year.⁹ Solutions need to focus on the root causes of poverty overall, especially poverty affecting children. Providing adequate income support is a necessary first step.

What can we do?

Clinicians can play a key part in advocating for policies and practices that reduce poverty. Medical organisations could and should advocate for much more and better targeted support for households in fuel poverty, as proposed by organisations such as the Resolution Foundation, including a larger increase in benefits and broadening eligibility from April, as well as a greater expansion and uplift of the warm home than is currently planned.⁷ Interventions to improve housing quality, including improving insulation and heating, have been shown to be cost effective in reducing hospital admissions.¹⁰

Clinicians could help to reduce or prevent the health harms caused by fuel poverty by routinely asking about patients' social conditions, family income, and housing and providing signposting to welfare support services to help maximise family incomes.¹¹ Following guidance on excess winter deaths by the National Institute for Health and Care Excellence (NICE), clinicians working in primary care could make every contact count in assessing heating needs.¹²

The NHS has a key role as an anchor institution with a duty to reduce social inequalities in health. This role includes developing local area strategies to tackle root causes of poor health so that healthcare

professionals don't end up sending patients back into the conditions that made them ill in the first place.¹³

Competing interests: We have read and understood BMJ policy on declaration of interests and have no interests to declare.

Provenance and peer review: Commissioned; not externally peer reviewed.

- 1 Bolton P, Kennedy S, Hinson S. Research briefing. Fuel poverty in the UK. House of Commons Library, 2021.<https://commonslibrary.parliament.uk/research-briefings/cbp-8730/>
- 2 University College London, Marmot Review Team, Friends of the Earth. The health impacts of cold homes and fuel poverty. 2011. <http://www.instituteofhealthequity.org/projects/the-health-impacts-of-cold-homes-and-fuel-poverty>
- 3 Balfour R, Allen J. Local action on health inequalities: fuel poverty and cold home- related health problems. PHE/UCL, 2014. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/355790/Briefing7_Fuel_poverty_health_inequalities.pdf.
- 4 Harker L. Chance of a lifetime—the impact of bad housing on children's lives. Shelter, 2006.https://england.shelter.org.uk/professional_resources/policy_and_research/policy_library/chance_of_a_lifetime_-_the_impact_of_bad_housing_on_childrens_lives
- 5 Barrett C, Lee AR, Abrams EM, Mayell SJ, Hawcutt DB, Sinha IP. Eat or heat: fuel poverty and childhood respiratory health. *Lancet Respir Med* 2022;10:229. doi: 10.1016/S2213-2600(21)00584-1 pmid: 34953530
- 6 Mari-Dell'Olmo M, Novoa AM, Camprubí L, et al. Housing policies and health inequalities. *Int J Health Serv* 2017;47:207-32. doi: 10.1177/0020731416684292 pmid: 28030990
- 7 Corlett A, Judge L, Marshall J. Higher and higher. Resolution Foundation, 2022. <https://www.resolutionfoundation.org/publications/higher-and-higher/>
- 8 Brewer M, Corlett A, Handscomb K, Judge L, Smith J. The price is right? Resolution Foundation, 2022. <https://www.resolutionfoundation.org/publications/the-price-is-right/>
- 9 Pickett K, Taylor-Robinson D, et al. The Child of the north: building a fairer future after covid-19. Northern Health Science Alliance and N8 Research Partnership. 2021. <https://www.thenhsa.co.uk/app/uploads/2022/01/Child-of-the-North-Report-FINAL-1.pdf>
- 10 Rodgers SE, Bailey R, Johnson R, et al. Health impact, and economic value, of meeting housing quality standards: a retrospective longitudinal data linkage study. NIHR Journals Library, 2018. <https://www.ncbi.nlm.nih.gov/books/NBK508015/>
- 11 Moscrop A, Ziebland S, Bloch G, Iraola JR. If social determinants of health are so important, shouldn't we ask patients about them? *BMJ* 2020;371:m4150. doi: 10.1136/bmj.m4150 pmid: 33234506
- 12 NICE. *Excess winter deaths and illness and the health risks associated with cold homes. NICE guideline*. 2015 www.nice.org.uk/guidance/ng6
- 13 Fenney D, Buck D. The NHS's role in tackling poverty. Awareness, action and advocacy. King's Fund, 2021. <https://www.kingsfund.org.uk/sites/default/files/2021-03/nhss-role-tackling-poverty.pdf>