

Health, Disability and the Energy Crisis

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With thanks to the following organisations for the provision of case study evidence:

ENABLE Scotland

Euan's Guide

Inclusion Scotland

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Summary of key findings

Overview

Consumer Scotland has conducted an initial assessment of the ongoing implications of the energy crisis for disabled people. Our assessment draws on evidence from two sources, the Consumer Scotland Energy Tracker Survey, and a call for evidence to the Scottish Energy Insights Coordination Group.

We reported in our previous Consumer Spotlight that women, disabled people, those with a health condition, low income households and prepayment meter consumers are struggling more in the energy crisis¹.

We have chosen to focus on disability and health conditions in this report in recognition of the specific context that disabled consumers face, related to energy affordability.

Firstly, disabled people are over-represented in the lowest income percentiles.

Secondly, they are also likely to face additional costs as a result of having a disability both generally and specific energy needs. In the case of energy, the inability to charge medical equipment, maintain sufficient heating for individual needs or undertake basic essential tasks such as washing, laundry or cooking is likely to result in consequences for health, and in some cases these can be severe. The interaction between higher likelihood of low income and increased possibility of higher energy needs can create greater risks for fuel poverty for disabled households.

Our assessment of the evidence reviewed for this report shows that:

- **Disabled people and those with a health condition are more likely to report that they struggle to manage well financially compared to those with no condition** with 47% of disabled people reporting they were not managing well financially compared with 26% of non-disabled people
- **Disabled people and those with a self-reported health condition are more likely to report that they are struggling to keep up with their energy bills compared with non-disabled consumers** with 47% of disabled people reporting they were finding it difficult to keep up with their energy bills compared with 29% of non-disabled people
- **Disabled people or people with a self-reported health condition are more likely to be rationing their energy use with impacts on ability to use essential-for-life medical equipment** with 73% of disabled people reporting they are rationing energy use due to financial concerns compared with 65% of non-disabled people
- **Disabled people or people with a self-reported health condition are more likely to report that there were unable to heat homes to a comfortable temperature** with 52% of disabled people reporting they were unable to heat their home to a comfortable level compared with 36% of non-disabled people

- **Disabled people were more likely to report cutting back on essential spending** with 47% of disabled people reporting that they had cut back on food compared with 32% of non-disabled people
- **Disabled people and those with a health condition are much more likely to report an impact on their physical and mental health** with 54% of disabled people reporting the energy crisis had an 'a lot or a fair amount' of impact on their mental health compared with 31% of non-disabled people. 45% also the energy crisis was 'having 'a lot of a fair amount' of impact on their physical health compared with 18% of non-disabled people

These disproportionate impacts experienced by disabled people and those with a self-reported health condition can make it difficult for these consumers to meet essential needs, such as charging medical equipment, maintaining a safe body temperature, or storing medication. Case studies from disabled people's organisations also highlight the specific issues this causes for disabled people such as cutting back on charging mobility or even breathing equipment, increased risks of medical complications due to inability to heat their home and increases in depression and reduction in quality of life due to affordability challenges.

One of the factors which can contribute to the detriment experienced by disabled consumers is that some face higher energy costs than non-disabled consumers such as increased power requirements for medical equipment (such as power lifts, hoists, mobility and breathing equipment) and enhanced heating requirements to keep a safe body temperature (due to specific medical conditions or limited mobility). At the same time, our assessment also found that there is also a significant gap in understanding of the extent to which additional energy costs contribute to energy affordability challenges experienced by disabled people. Particularly, this includes a lack of quantitative figures on the costs of different items of energy equipment or likely aggregated costs of energy equipment. As a result, disabled people and those with certain health conditions may not have support that is well-designed for their needs.

We describe in the report the existing policy, regulatory and financial interventions aimed at supporting disabled consumers, including some specific interventions during the current crisis. However, given the context described above, our initial assessment is that there is a risk that existing energy crisis support is not sufficient for the additional costs experienced by some disabled people. Along with the removal of the Warm Home Discount and Energy Company Obligation for those on Personal Independence Payment (now Adult Disability Payment) (PIP/ADP), the level of current support means that disabled people are facing affordability challenges because they are disabled.

There are also likely to be intersectional effects for disabled people and those with a health condition – for example, a household including a disabled person who is also on a low income and on a prepayment meter is likely to face greater risk and affordability challenges. Intersectionality is a term which recognises that there are multiple dimensions of inequality or disadvantage which may interact to compound inequality or detriment.

Next steps

Short-term policy priorities

Energy affordability policy should reflect the reality that disabled people and those with a health condition are likely to face additional costs, including energy. Survey evidence suggests these may not be sufficiently covered by current social support or energy crisis support. At the same time, there is a higher likelihood that disabled people and those with a health condition are in the lowest income percentiles. Coupled together, this could create specific energy affordability² challenges for disabled people.

Our initial evidence suggests that the current financial support for disabled people beyond means-tested, non-disability specific funding, has been insufficient to prevent acute affordability challenges.

In the longer term, future affordability interventions should consider disabled people and those with a health condition and that some disabled people and those with a health condition face increased essential costs. The findings from this wave of research have highlighted the need for the government and the energy sector to identify where there may be future opportunities to provide support for disabled people, and those living with health conditions, which is commensurate to the increased energy costs they face. Accurate and modelled different energy costs of medical equipment and heating may highlight the differences in costs that disabled people face and support better targeting of funding.

Improving the data on increased costs for disabled people

There is a data gap in understanding additional costs that disabled people and those with health conditions face. During the desk-based research, we found that there is little clarity on the individual and aggregate energy demands and costs of specific medical equipment. Disabled people are often represented as a homogenous group within fuel poverty policy³. However, disabled people and people with health conditions may face different risks depending on energy needs, which are not well quantified. Therefore, there is an analytical gap which creates challenges for targeting interventions effectively and providing adequate support. This could lead to challenges in both targeting and adequacy of support for energy costs of fuel poverty within households which include a disabled person.

Consumer Scotland intends to conduct further work to identify some of these costs and potential mechanisms to provide support. Beyond our own analysis, there is a general need for relevant organisations (such as the Scottish Government) to gather improved data and analysis on the extent of the fuel poverty and affordability gap in Scotland, which considers increased energy costs that disabled people face. This may include further information regarding the enhanced power and heating needs of disabled people and those with certain health conditions. There are multiple routes for improving the knowledge gap that currently exists. This could include a 'living lab' approach may be able to consider the efficacy of different policy interventions for disabled people in Scotland. This would enable an evidence-led approach to design and delivery of any financial or non-financial support.

Medical equipment and enhanced heating needs

In specific cases, there is clear existing evidence that the costs associated with medical equipment for disabled people impact on their energy costs. Specific items requiring power to operate include home dialysis machines, artificial ventilators, stairlifts, feeding pumps, electric wheelchairs, bath hoists and adjustable beds⁴. In addition, the Fuel Poverty Act (2019) identifies groups in need of increased temperature in the home⁵.

On these specific areas, in which the extra costs are clear, there are a number of steps policymakers could explore to mitigate these impacts:

- undertake work to better understand costs of running individual items of medical equipment and modelled aggregate costs. This also needs to be understood in relation to changes in energy pricing and available energy support.
- learn from and replicate solutions from current work in NHS Grampian on home dialysis costs. This could include drawing lessons which could inform the wider policy response to account for energy costs of medical equipment. This will enable effective targeting to ensure power needs are met for those with increased power requirements due to medical equipment dependency.
- as part of the work to deliver the Scottish Fuel Poverty strategy, under the Fuel Poverty Act 2019, review the implications of the Enhanced Heating Regime by developing a better understanding of the range of heating costs that different eligible households experience.
- consider what other policy mechanisms interact with these issues and where particular attention might be given to consumers that may have enhanced power needs due to medical equipment dependency.

1. Who we are

Consumer Scotland is the statutory body for consumers in Scotland. Established by the Consumer Scotland Act 2020, it is accountable to the Scottish Parliament. Consumer Scotland's purpose is to improve outcomes for current and future consumers and its strategic objectives are:

- to enhance understanding and awareness of consumer issues by strengthening the evidence base
- to serve the needs and aspirations of current and future consumers by inspiring and influencing the public, private and third sectors
- to enable the active participation of consumers in a fairer economy by improving access to information and support

2. Methodology

This report provides an initial assessment by Consumer Scotland of the implications of the energy crisis for disabled people. It draws on evidence from two sources, the Consumer Scotland Energy Tracker Survey, and a call for evidence to the Scottish Energy Insights Coordination Group. The detail of these evidence streams is described below.

Following publication of this report, Consumer Scotland intends to undertake further analysis work to more fully understand the impact of the crisis for energy disabled consumers in Scotland and to develop policy options to improve consumer outcomes in the retail energy market.

2.1 Consumer Scotland tracker survey

In 2022-2023 Consumer Scotland commissioned research to monitor over time the impact of the cost of living crisis on energy consumers in Scotland, using an online tracker survey that could be repeated at regular intervals. The online, quantitative survey was undertaken by YouGov Plc on behalf of Consumer Scotland. The survey was administered in three waves, to an existing research panel of members resident in Scotland. This approach was taken because it would allow us to be responsive to a rapidly changing landscape by providing insight into current consumer experience including seasonal variation. This also allows us to understand how consumers are managing with the high cost of energy and what support and other policy responses they might need now and in the future.

This report focuses on the second wave undertaken in winter 2022. In the winter wave (wave 2) of the survey, additional questions were added in, regarding changes to physical and mental health because of high energy bills. YouGov also collected and reported demographic data on self-reported disability and health conditions.

The total sample size in the winter 2022 wave was 1,621 adults (aged 16+). Fieldwork was undertaken 28th November – 13th December 2022. The results were weighted to be representative of all Scottish adults and by age, gender, region, occupational classification, and urban vs rural geographic location. Of this sample, 544 reported a disability with 346

reporting they were 'limited a little' by their disability and 198 'limited a lot'. 827 reported having any health condition. The questions on disability and health conditions are separate questions and, therefore, people may be represented in both.

The survey is reliant on self-disclosure and the question about disability asked: 'Are your day-to-day activities limited because of a health condition or disability which has lasted, or expected to last, at least 12 months?'

Therefore, the scope of self-reported disability may not align fully with the definition of disability under the Equality Act 2010⁶.

The survey reporting has captured the perspectives of a large number of disabled people and those with a health condition but it is important to note that we do not differentiate between different disabilities in this analysis so we are not able to look at the impact of specific disabilities or health conditions. However, the question on 'health conditions' asks whether people have been diagnosed with any listed health conditions which include neurodegenerative diseases (such as Alzheimer's), developmental disabilities and specific learning difficulties (such as autism and dyslexia), respiratory conditions (such as asthma) or mental health or visual impairments.

The data represents a broad spectrum of health condition and disability which can represent many different needs and associated costs. Notably, not all conditions will be eligible for government benefits such as Adult Disability Payment/Personal Independence Payment (ADP/PIP).

2.2 Scottish Energy Insights Coordination group call for evidence

Consumer Scotland convened the Scottish Energy Insights Coordination (SEIC) group (consisting of frontline advice bodies) to monitor the ongoing impact of the energy crisis in Scotland and sought evidence from its members of the impact on disabled people. Inclusion Scotland provided a further report containing case studies.⁷ In addition, Consumer Scotland also collected further case studies from organisations either signposted by group members (Euan's Guide disabled access charity) or separate engagement (ENABLE Scotland). All quoted qualitative evidence and case studies are cited with the approval of the contributing organisation.

3. Policy context

3.1 Policy and legal landscape

There are multiple policies which shape the GB energy market, in terms of supporting disabled people and those with health conditions and recognising any additional needs:

- **Legal obligations (Great Britain):** Energy suppliers are required to meet certain legal obligations under their Standard License Conditions. There are further protections for disabled people to prevent the installation of prepayment meters, where it is not safe or reasonably practicable. There are also legal requirements for suppliers to take a disability into account under the Equality Act 2010, so that consumers are not disadvantaged by their disability⁸.

- **Voluntary industry commitments:** Energy UK’s Vulnerability Commitment⁹ is signed by twelve suppliers (80% of the market) and commits suppliers to take a proactive, collaborative, and transparent approach to meeting the needs of consumers in vulnerable circumstances and ensure that they get the right support. This commitment also outlines principles and commitments relating to accessibility – with specific commitments as part of this. More recently Energy UK have put together a good practice guide under the Vulnerability Commitment.
- **Regulatory:** Ofgem’s Vulnerability Strategy 2025, published in 2019, sets out a vision of enabling ‘an energy market that delivers positive and fair outcomes for all consumers including those in vulnerable situations’. Ofgem have a statutory duty to consider the needs of disabled people, who are chronically sick, of pensionable age, on low income or living in rural areas.
- **Scottish Government legislation:** Enhanced heating regimes¹⁰ are recognised under Scotland’s fuel poverty legislation as being required by households with mental or physical disabilities, as well as other characteristics. The three different regimes consist of varying enhanced heating hours and temperatures that are required by householders, and which rooms in the home are required to be heated, dependent on a household’s circumstances and the amount of time the householders typically spend within the home. This information is used to improve the accuracy of fuel poverty reporting in Scotland, by better reflecting the energy consumption levels of vulnerable households.
- **Priority Services Register:** The Priority Services Register is a free UK-wide service to provide support when there is an interruption to energy supplies, including power cuts¹¹. Ofgem’s broad eligibility for the Priority Services Register (PSR) includes those who¹²:
 - Use medical equipment reliant on electricity or water
 - Are blind or partially sighted
 - Are deaf or hard of hearing
 - Have a chronic illness
 - Have anxiety depression or any other mental health condition
 - Have a disability
 - Are over 60
 - Live with children under five
 - Temporarily need extra support
 - Need documents translated into another format or language
- **Prepayment meter Code of Practice¹³:** Ofgem’s Code of Practice for involuntary prepayment meters outlines specific ‘high’ risk groups for whom prepayment meters are not considered appropriate, along with medium risk groups subject to further assessment by the supplier. High risk groups include those requiring dependency on any powered medical equipment or refrigerated medication or a medical dependency on a cold home. This also includes severe or terminal health conditions.

Some further conditions, such as neurological or respiratory conditions or mobility issues or mental illness, are included under medium risk.

Ofgem (2019) highlight that risk factors can stem from individual circumstances or from external circumstances, such as characteristics of the market – and an interaction between these¹⁴. This means that vulnerability can be multi-dimensional, transient, or prolonged, and may be related to the circumstances in which consumers find themselves.

Therefore, industry, regulator, government, and wider markets need to work to ensure vulnerability is a holistic and encompassing term which moves beyond a focus on the PSR and into the intersection between the consumer and various aspects of the market and broader circumstances. This can include greater consideration of how the energy sector can translate the identification of consumers in vulnerable circumstances under the PSR into broader policy and practice – as well as how to build in flexibility to assess vulnerability outwith PSR categories (for example, those with young children over the age of 5 or consumers experiencing financial vulnerability).

Inclusive language

This report uses ‘identity first’ language which is in-keeping with the Social Model of Disability¹⁵. This model implies using ‘disabled people,’ which places the onus on society to remove barriers that may disable people, as opposed to ‘people with disabilities.’ This approach follows best practice, as adopted by organisations such as Inclusion Scotland and Scope¹⁶¹⁷. This may not reflect individual preferences.

The exception to this approach is the reporting of ‘limited a little’ and ‘limited a lot’ and ‘no disability’ which reflect YouGov demographic categories. To ensure accurate reporting, Consumer Scotland have reported these categories using the terms reflected in data collection.

3.2 Background to the energy crisis and disabled people or those with a health condition

Disability income gap

Recent research by the Resolution Foundation (2023) has found that the median income gap between a disabled and non-disabled household is 44% (£8,686), if disability benefits are excluded on the basis that they are compensating for additional costs of having a disability¹⁸. Disabled people are also over-represented in the lowest income percentiles. The Resolution Foundation’s analysis found that the proportion of disabled people who report material deprivation is 34% compared with 13% of the non-disabled population. Estimates by Scope (2019) suggest that disabled people faced extra costs of £583 a month before the energy and wider cost of living crises. Scope’s (2023) more recent estimates have identified that disabled households now face an average extra cost of £975 per month¹⁹.

Differing needs

Heterogeneity within disabled people's needs and circumstances, and people having multiple medical and health conditions and disabilities, mean it is not straightforward to report the impacts of the energy crisis across all disabled people.

Disabled people and people with health conditions will face different needs, costs, and impacts. For example, around 1 in 5 people with asthma reported that cost of living challenges had caused life threatening asthma attacks as they cut back on medicines, heating, and food²⁰.

Similarly, a recent survey by Kidney Care UK showed that 98% of people with chronic kidney disease were worried about the rising cost of living with high proportions having turned down the heating or skipped meals²¹. This was particularly true for those who are reliant on home dialysis, which costs £1,000 a year to run on top of usual bills, as well as a potentially increased need for heating²².

Survey research by Maggie's cancer charity found two thirds of people with cancer thought they would struggle to pay heating bills when many treatments require enhanced heating to stay well²³.

There is limited information about the costs of individual pieces of medical equipment to run, due to differences in usage. Some people may run multiple pieces of equipment which will result in compounded costs for those households. These may include lifts and hoists, electric wheelchairs and mobility scooters, oxygen concentrators (energy costs currently rebated²⁴), continuous positive airway pressure (CPAP) machines but also increased needs for heating, hot water and washing machines.

Health impacts

Public Health Scotland (2022) has found that there are multiple pathways for poor health outcomes resulting from the increases in cost of living, including through cold or poor quality homes and fuel poverty but also due to the wider contexts of rapidly rising costs²⁵. These impacts include higher mortality, morbidity and increases in mental health issues. There are also issues of cardio-respiratory disease in adults and children, as well as impacts on child education and health. The PHS health impact assessment predicted that, even with the Energy Price Guarantee and Cost of Living Support payment, there could still be a 6.4% increase in premature mortality, as well as a 0.9% decrease in life expectancy.

3.3 Existing support for disabled people and those with a health condition

The UK Government announced a package of support in April 2022 for almost all households in Great Britain²⁶. Support for most households in Great Britain included the Energy Bills Support Scheme of £400 and the Energy Price Guarantee which fixed a maximum unit price to £2,500 for a typical bill²⁷.

Specific crisis support for disabled consumers has been notably lower in comparison to other support, despite often facing higher heating costs. Specific payments which were

targeted to disabled people through Personal Independence Payment/Adult Disability Payment were two payments of £150.

For those on a low income, there was further access to low income support of £900 which was targeted based on income. Pensioners received a cost of living payment if they were entitled to Winter Fuel Payment of £600 over the winter months of 2022/2023. The £600 payment was not linked to income or to disability.

Specific support and pilots

As described above, disabled people may face specific, and in many cases, very high costs as a result of having a disability. There have been interventions to mitigate some of these specific circumstances:

Oxygen concentrators: There are energy reimbursements from NHS Scotland in place for those using oxygen concentrators which are calculated by hours used x concentrator power (KW) x electricity rate²⁸.

Home dialysis: NHS England have recently agreed to reimbursement for additional costs for patients who receive home dialysis²⁹ although there is not currently provision in Scotland apart from the NHS Grampian health board.

Heat on prescription: Energy Systems Catapult and the NHS England are piloting a service for heat on prescription with the rationale of keeping vulnerable people with cold sensitive health conditions and low incomes to be safely warm, well and out of hospital. The aim of the study is to determine whether it is more cost-effective to fund heating costs rather than pay for their healthcare resulting from living in cold homes. So far, there have been pilots in Gloucestershire which have been expanded to Tees Valley and Aberdeenshire^{30,31}.

Devolved support for disabled people

Child Winter Heating Assistance: This Scottish Government benefit is a payment to help disabled children and young people and their families with increased heating costs over the winter with a value of £214.10.

Eligibility changes for Warm Home Discount and Energy Company Obligation

Warm Home Discount was previously available, but eligibility for the current scheme was changed to only apply to those who are also in receipt of low-income benefits³². However, this decision did not consider the likelihood of disabled people having higher energy costs which may create affordability challenges beyond being on a low income. Disabled people may also not be in receipt of passport benefits but be on a low income.

Gaps in support

The significant differences between disabled people's needs and circumstances creates challenges for both monitoring and reporting the impacts of energy affordability issues and identifying those who may benefit from support. Targeted disability-specific support has

been notably lower in comparison to other support – and often does not account for the needs of different groups.

4. Our initial evidence: disabled people and the energy crisis

To help us understand how the energy crisis is affecting consumers in Scotland, Consumer Scotland commissioned YouGov to undertake survey research throughout 2022-2023 that would reveal the experiences of consumers in Scotland and their views of the regulated energy retail market.

There are several existing studies on the impact of the energy crisis for disabled people which have focussed on specific disabilities, or smaller numbers. In winter 2022 Consumer Scotland's energy tracker survey had a sample size of 1,621 consumers, with an unweighted base of 544 people who declared a disability and 827 (unweighted) self-reporting an existing health condition.

Our survey provides value in capturing the perspectives of a large number of disabled people and those with a health condition. However, we do not differentiate between different disabilities in this analysis so the overall data will not represent the challenges specific groups face, or whether there are certain sub-groups who are managing better than others.

This report presents initial analysis of the data but, at this stage, does not control for other factors that could lead to financial distress such as higher likelihood of being on a low income. Further analysis would be beneficial to explore the relationships between disability and health conditions and other factors which may explain higher rates of difficulty.

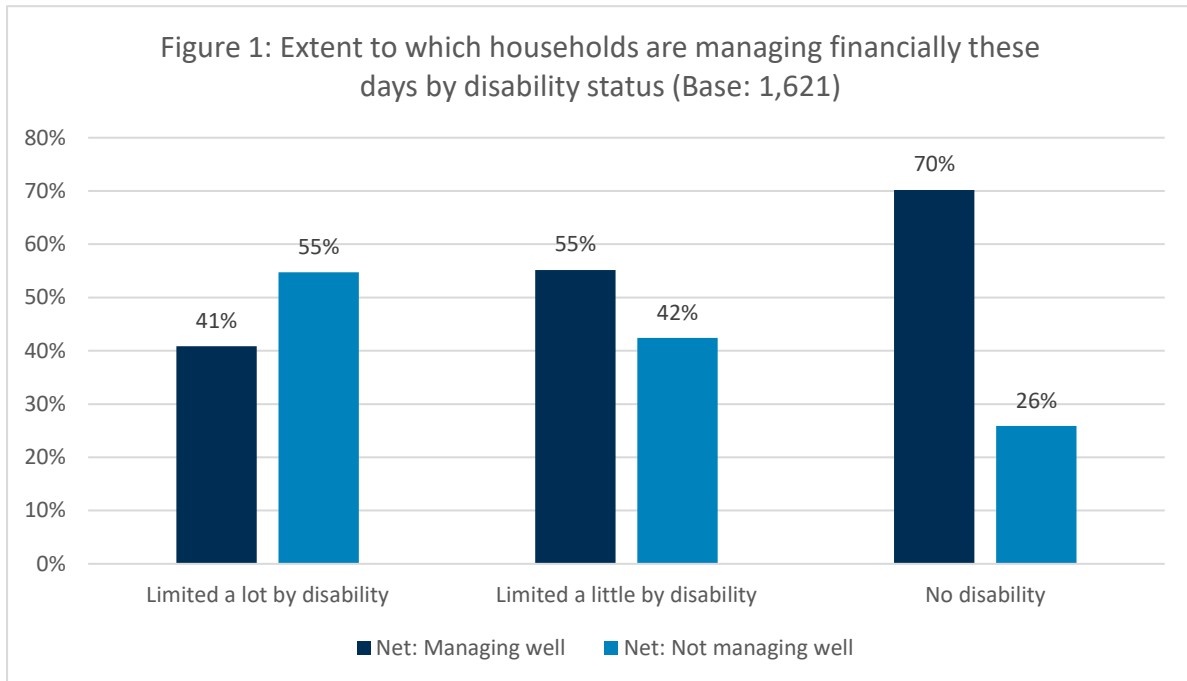
In this section, we summarise key findings from our energy tracker, alongside case studies provided through our call for evidence with SEIC members:

- The extent to which disabled people and those with a self-reported health condition feel they are managing financially now
- How easy or difficult disabled people and those with a self-reported health are finding it to keep up with their energy bills
- The extent disabled people and those with a self-reported health condition are rationing energy and cutting back on other areas of spending to pay for energy bills
- The impact of the crisis on disabled people's physical and mental health

4.1 Disabled people and those with a health condition are more likely to report that they struggling to manage financially compared to those with no condition

Our tracker survey asked a question about how well people were managing financially in winter 2022. Disabled people were more likely to say that they were not managing well financially with:

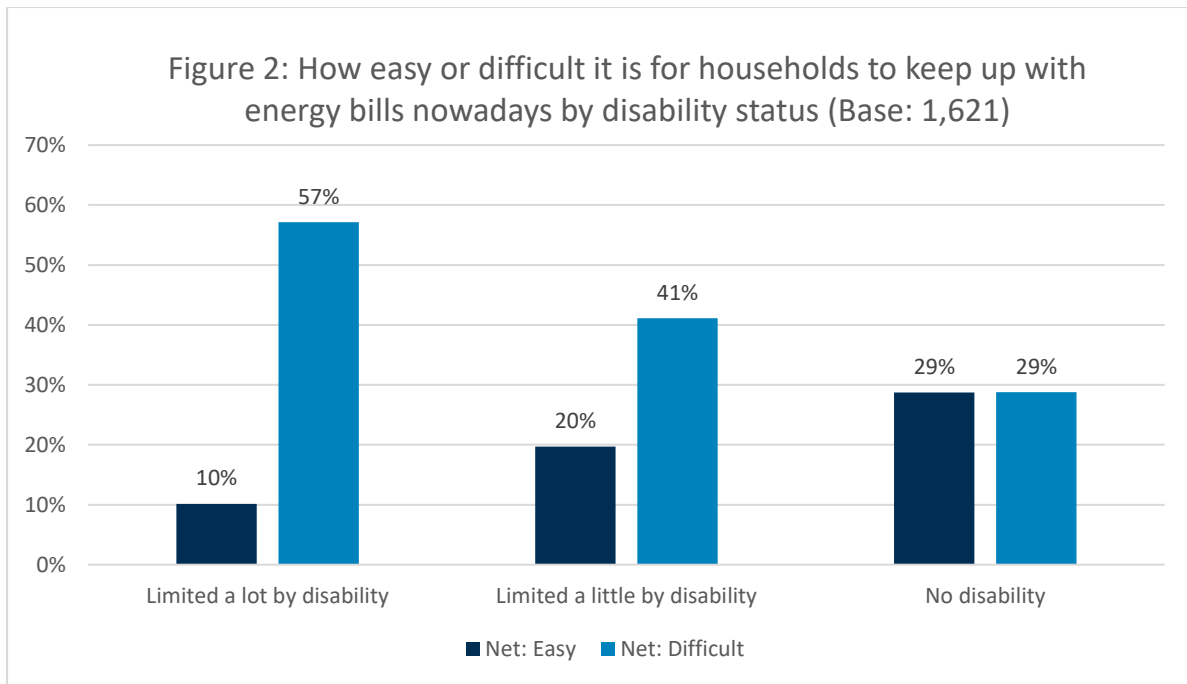
- Forty-seven per cent of all disabled people reporting that they were not managing well financially compared with 26% of non-disabled people
- This rose to 55% of those who were limited a lot by their disability and 42% of those limited a little.
- Twenty-one per cent of those limited a lot by their disability reporting they were not managing well at all. This compared with 12% of those limited a little by their disability and 5% of non-disabled people.



4.2 Disabled people and those with a self-reported health condition are more likely to report that they are struggling to keep up with their energy bills compared with non-disabled consumers

Disabled people were more likely to say they were struggling with energy compared to non-disabled people, particularly those who say that they have disabilities that affect their lives a lot. The tracker survey revealed that:

- Forty-seven per cent of disabled people said they are finding it more difficult to keep up with energy bills compared with 29% of non-disabled people
- This rises to 57% for those who are limited a lot by disability – with 41% of those who are limited a lot reporting they are finding it a lot more difficult



Of those with a self-reported health condition:

- Forty-two per cent reported they were finding it more difficult to keep up with their energy bills compared to 27% of those without a health condition

Case studies

Case studies from both our SEIC group and through wider engagement have demonstrated the affordability concerns that disabled people and those with health conditions face. Disabled people reported worries about affording essential-for-life equipment, such as breathing machines. They also report the impact of financial pressures on their physical and mental health which included concerns about maintaining life-saving supplies:

“I use a CPAP (continuous positive airway pressure) machine, every night. How am I going to afford it. My gas and electric account debit order was £54 per month. It’s now £163. Without the pump, I could stop breathing. Die.” – Inclusion Scotland

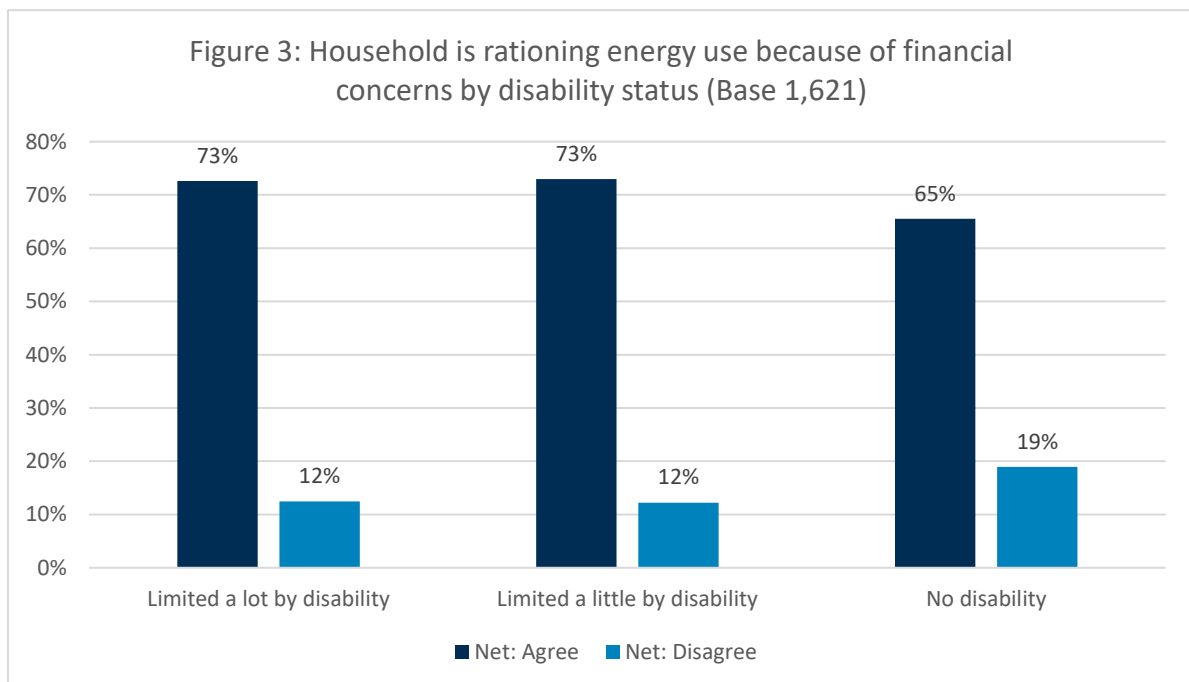
“Oxygen concentrator costs no longer covered since electricity cost went up. Feel like I’m paying to keep my daughter alive.” – Euan’s Guide

4.3 Disabled people or people with a self-reported health condition are more likely to be rationing their energy use with impacts on ability to use essential-for-life medical equipment

Rationing energy use

Although most people in the survey reported they were rationing energy use due to financial concerns, disabled people were more likely to report that they were rationing to afford their energy bills:

- Seventy-three per cent of disabled people report they are rationing energy use due to financial concerns compared with 65% of non-disabled people
- While an equal number agreed they were rationing energy across both the 'limited a lot' and 'limited a little' disabled groups, those who are 'limited a lot' were more likely to report strongly agreeing
- Of those with a health condition, 72% of those with a health condition agreed that they were rationing their energy use compared with 64% without a health condition



Case studies

There is potentially a high impact for disabled people, because of rationing energy use, which is not reflected in the tracker survey. Case studies received from SEIC and wider engagement showed that there have been increases in costs for multiple pieces of medical equipment. These costs resulted in making difficult decisions on what to cut back on:

Everything has gone up; every part of my life is affected. I use a power chair, stair lift, bath lift, CPAP machine. At times, I feel like I have to choose between eating and breathing because my bill a year ago was £60, it's now nearly £150.” – Euan’s Guide

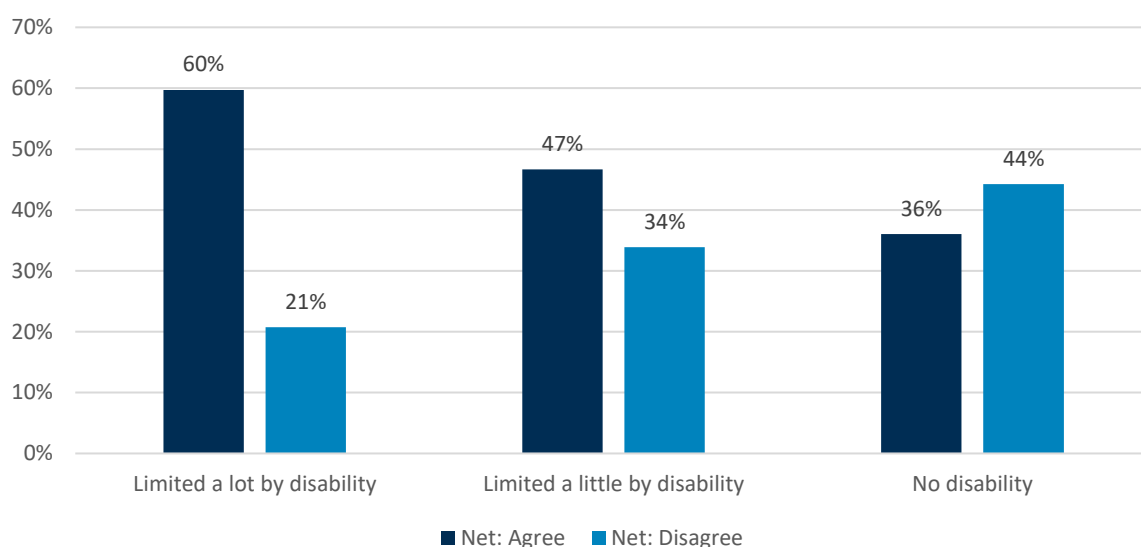
Inclusion Scotland recent research¹ highlighted that disabled people were cutting back on:

- *“Wheelchair charging, feeding pump charging,”*
- *“Cut down on charging feeding pump and communication device”*
- *“Supplementary Oxygen usage I use for respiratory failure, only using four days out of seven as I can't afford the costs. Although we do get an allowance, this has not increased with inflation, and I get the same per kilowatt rate today as I got five years ago. I am using cylinders of oxygen instead of the actual machine. It's not sustainable in the long term, I expect eventually I will have to use the electrical machine or die.”*

4.4 Disabled people or people with a self-reported health condition are more likely to report that there were unable to heat homes to a comfortable temperature

- Disabled people were much more likely to report that they were unable to heat their home to a comfortable level with:
- Fifty-two per cent of disabled people reporting that they cannot heat their home to a comfortable level compared with 36% of non-disabled people
- This figure rose to 60% of those limited a lot by disability agreeing that they were unable to heat their home to a comfortable level and more likely to report that they strongly agreed (34%) compared with those limited a little (21%) and non-disabled people (13%)
- Forty-six per cent of those with a health condition reported that they could not heat their home to a comfortable level compared with 36% of those without a health condition

Figure 4: We can't afford to heat our home to a comfortable level because of financial concerns by disability status (Base 1,621)



Case studies

Evidence received from the call for case studies highlighted some examples of the implications of disabled people being unable to heat their home to a comfortable level. This evidence includes people reporting of struggling to manage pain due to being unable to keep warm or even increased risk of serious health problems:

“Trying to figure out ways to keep my non-mobile disabled daughter warm without having the heating on.” Euan’s Guide

“As someone with a disability, having the heating on more helps to keep our joints free. Having to cut back on the usage of heating means we are in pain more because of the cold.” Euan’s Guide

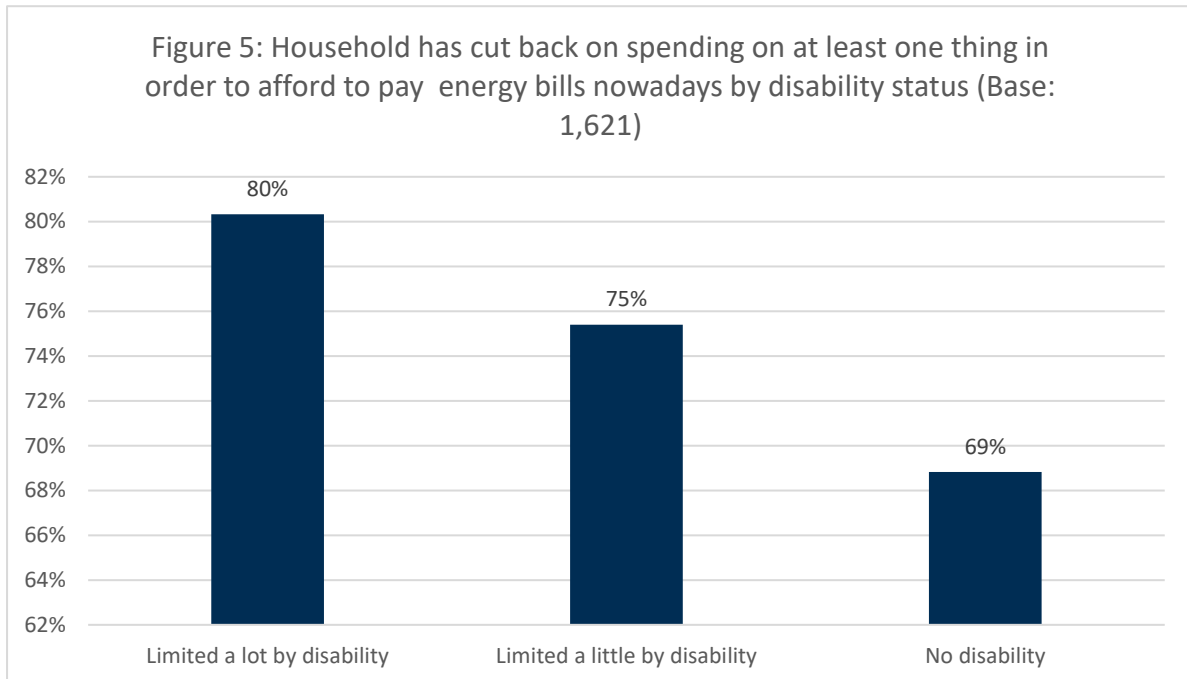
“I have medical condition [that] requires I stay warm or risk losing toes, fingers, heart attack.” Euan’s Guide

“Not having heating on and not using electric blanket or hot water bottles, all of which I would normally use to manage pain.” Inclusion Scotland

“We won’t be able to heat the house, the children will be cold. My autistic son will be severely affected by this, and we won’t be able to drive in the car to take him out of the home to visit his favourite places.” Inclusion Scotland

4.5 Disabled people were more likely to report cutting back on essential spending

Disabled people were much more likely to report cutting back on other spending to afford their energy bills. Disabled people and those with a health condition were more likely to cut back on essential spending than non-disabled people. For spending that may be less essential, the gap was sometimes smaller although those limited a lot by disability were much more likely to report cutting back.



For essential spending:

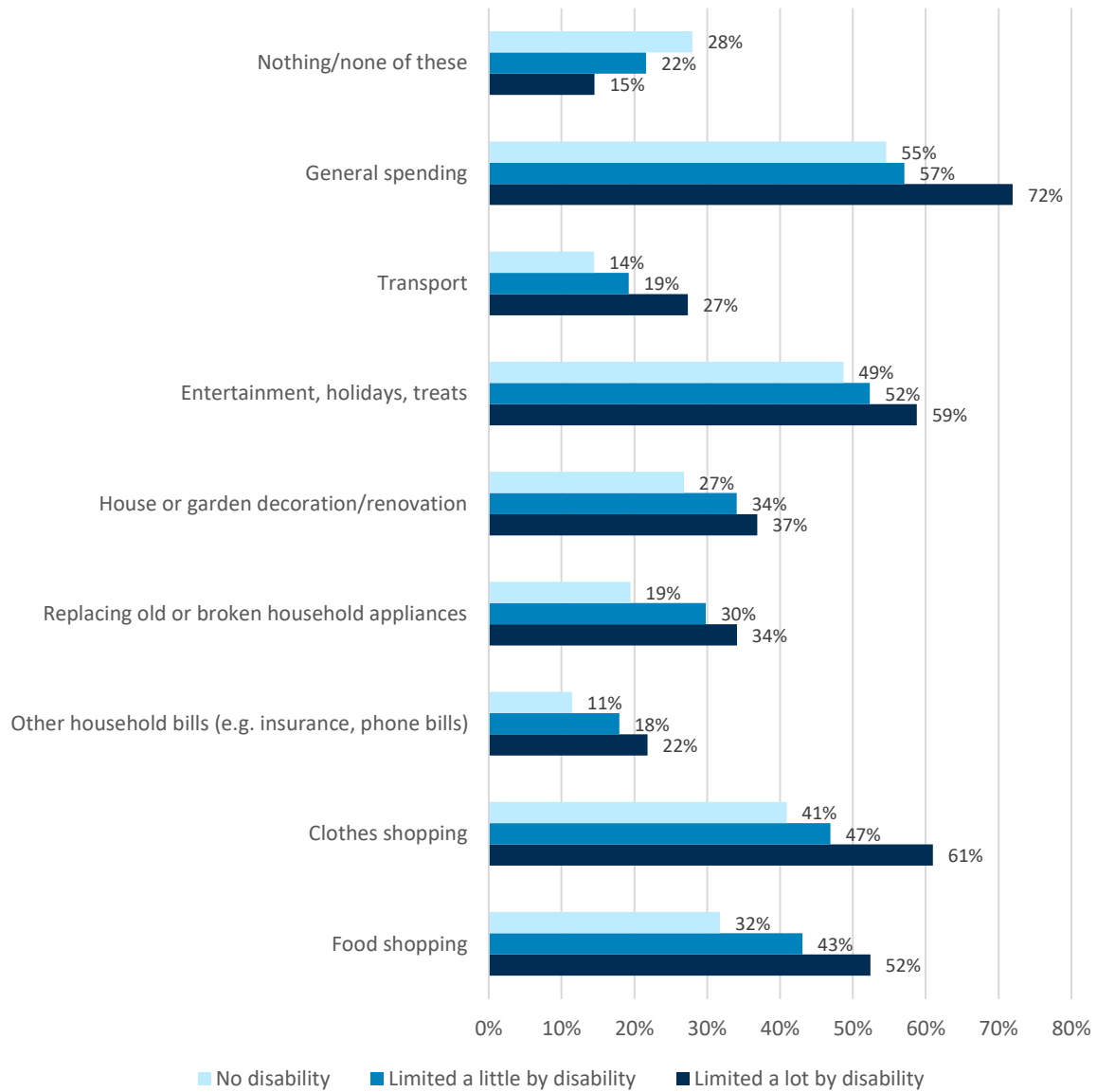
- Forty-seven per cent of those disabled people reported cutting back on food to afford their energy bills. The analysis also showed:
 - Fifty-two per cent of those who are limited a lot by their disability reporting that they were cutting back on food
 - These figures compared with 32% of non-disabled people
 - Among those with a health condition, 41% reported cutting back compared with 31% without a health condition
- Nineteen per cent of disabled people reported cutting back on other household bills such as insurance and phone bills:
 - This compared with 11% of non-disabled people
 - This was higher for those limited a lot – with 22% of those limited a lot by their disability reporting they were cutting back

- Seventeen per cent of those with a health condition reported cutting back on other household bills to afford their energy compared with 11% without
- Twenty-two per cent of disabled people had cut back on transport compared to 14% of non-disabled people. This figure rose to 27% for those who are limited a lot by their disability. A similar picture is present for those with a health condition – with 21% having cut back on transport compared with 12% of those without
- Sixty-three per cent of those disabled people report cutting back on general spending compared with 55% of non-disabled people. This rose to 72% for those limited a lot by their disability. For those with a health condition, 62% had cut back on general spending compared with 52% of non-disabled people

For non-essential spending:

- Fifty-five per cent of disabled people had cut back on entertainment, holidays and treats compared with 49% of non-disabled people. This rose to 59% of those who are limited a lot by their disability. Among those with a health condition, 54% reported cutting back compared with 46% without a health condition

Figure 6: Things households have cut spending back on in order to afford to pay energy bills nowadays by disability status (Base: 1,621)



Case studies

Organisations had reported that people were cutting back on food and other essential activities to afford essential medical equipment and safe levels of heating. This also had impacts for being able to take part in social activities due to the costs of charging mobility equipment or transport.

"Using electrical equipment means we can only have one meal a day." – Euan's Guide

"Due to disability, I am having to make choices about how I manage each day. Some days it's heating other days it's eating." Euan's Guide

"I have an assistance dog, his food has gone up, which is so unfair as he is not a pet, but an aid so needed by me." Euan's Guide

Sitting in the dark. Limiting heating. Not washing as often despite having a greater need to wash clothing. Not going out in my Motability car as much as can't afford fuel. Struggling to afford to charge batteries for my scooter. Not eating as much. No spare money for hobbies or socialising." – Euan's Guide

"I only eat once a day and cannot afford to buy some food products that I should be eating." Inclusion Scotland

"In December I sat cold for the full month because I was worried to put my gas on. This month I have had to make a choice between paying my care charges and paying my heating because I just can't sit cold for another month. Some nights I will just eat a cold meal for dinner, so I am not using my cooker etc as well as my heating. I just end up turning everything off." – ENABLE Scotland

"It's absolutely draining. My energy costs have doubled along with diesel for my Motability car. There are now choices between eating, heating and going out as my disability don't allow me to walk far". – ENABLE Scotland

4.6 Disabled people and those with a health condition are much more likely to report an impact on their physical and mental health

Mental health impacts

- Overall, 72% of disabled people said that the energy crisis was impacting their mental health compared with 64% of non-disabled people.

- Disabled people were much more likely to say the energy crisis was affecting them a lot or a fair amount. 54% of disabled people reported that the energy crisis was impacting their mental health a lot or a fair amount, compared with 31% of non-disabled people
- Seventy-one per cent of those who are 'limited a lot by disability' say their mental health is limited a lot/fair amount and 44% of those limited a little
- Forty-seven per cent of those reporting any health condition (see breakdown for details) reported a lot or fair amount of impact on mental health compared with 30% who reported none

Case studies

Disabled people and those with a health condition reported that their mental health had been impacted by rising energy costs. This included impacts on the quality of life of those with degenerative conditions, decreased social interaction and isolation. As a direct result, people reported that they had an increase in poor mental health.

"The cost of living is causing depression with the inability to go out and do the extra little things that cause happiness. Like having a coffee with a friend going for a haircut or buying makeup... it's money for the bare essentials only." Euan's Guide

"It is impacting my life because I have Motor Neurone Disease and have been told to do things while I still can. With everything costing more it is difficult." Euan's Guide

"I rarely go out now and have been turned into (sic) housebound due to fear of electricity bills to recharge wheelchair, let alone not being able to afford to travel or get a coffee while out so realistically you could say I've been forced to become a recluse and disappear from society which is maybe what they wish all disabled to become" – Inclusion Scotland

One member whose bills have gone from around £50 a month to £196 told us they were "sick with worry as it's not right for someone that's on their own to pay £196 a month. I don't use much energy and I'm a single person on benefits" ENABLE Scotland

Physical health impacts

- Sixty-eight per cent of disabled people said that the energy crisis was impacting their physical health compared with 54% of non-disabled people.
- Disabled people were much more likely to report that it was impacting their physical health a lot or a fair amount. 45% of disabled people reported that the energy crisis was impacting their physical health either a lot or a fair amount compared with 18% of non-disabled people

- Sixty-two per cent of those who are limited a lot by disability report impact of high bills – with 27% reporting a high impact
- Thirty-five per cent of those limited a little reported impacts on physical health compared with 18% of non-disabled people
- Thirty-five per cent of those with a health condition reported that there were impacts on their physical health compared with 18% without

Case studies

Disabled people and those with a health condition also reported an impact on their physical health – often reporting in relation to stress. Case studies reported above also highlight that people are struggling with pain or at increased risk of serious health conditions because of cutting back on energy bills or other essential expenditure.

“Can’t afford carers to attend disability sports which helps prevent my muscle disease getting worse.” Inclusion Scotland

“I am in a constant state of stress and that impacts my disability” – Inclusion Scotland

“The stress of worrying about increasing costs is affecting my mental health, blood pressure and lack of sleep.” – Inclusion Scotland

Conclusion

Our preliminary research has highlighted that disabled people or people with a health condition are more likely to report energy affordability challenges on average than people without any conditions. Our desk-based research has found evidence that people with a disability or in ill-health can face a combination of higher energy costs and lower incomes, which in combination contribute to their greater likelihood of experiencing energy affordability challenges.

Our findings generally suggest that disabled people and those with a health condition are more likely to face challenges related to:

- struggling financially
- affordability of energy bills
- rationing energy

- difficulties keeping their house to a comfortable temperature
- difficulties meeting essential costs
- related impacts on their health as a result of energy affordability challenges

This preliminary research – which identifies an association between self-reported illness/disability status and energy affordability – suggests a number of avenues for further research which would be relevant in informing policy responses.

These include:

- examining the extent to which energy affordability challenges among this group are driven by higher energy costs or lower incomes;
- understanding more about how the association between energy affordability and disability varies by different type of illness/disability;
- and exploring further the extent to which ill-health affects income or vice versa.

In addition, there is clear existing evidence that the costs associated with medical equipment for some disabled people are having an impact on energy costs. Specific items requiring power to operate include home dialysis machines, artificial ventilators, stairlifts, feeding pumps, electric wheelchairs, bath hoists and adjustable beds³³.

In addition, the Fuel Poverty Act 2019 already outlines eligibility for Enhanced Heating Regimes for certain groups who have higher heating needs.

On these specific areas, in which the extra costs are clear, there are a number of steps policymakers could explore to mitigate these impacts:

- undertake work to better understand costs of running individual items of medical equipment and modelled aggregate costs. This also needs to be understood in relation to changes in energy pricing and available energy support.
- learn from and replicate solutions from current work in NHS Grampian on home dialysis costs. This could include drawing lessons which could inform the wider policy response to account for energy costs of medical equipment. This will enable effective targeting to ensure power needs are met for those with increased power requirements due to medical equipment dependency.
- as part of the work to deliver the Scottish Fuel Poverty strategy, under the Fuel Poverty Act 2019, review the implications of the Enhanced Heating Regime by developing a better understanding of the range of heating costs that different eligible households experience.
- consider what other policy mechanisms interact with these issues and where particular attention might be given to consumers that may have enhanced power needs due to medical equipment dependency.

Annex – unweighted bases in categories

Category	Unweighted base
Disability or illness	
Disabled – no	1056
Disabled – yes	544
<i>Of which, disability limits activity a little</i>	346
<i>Of which, disability limits activity a lot</i>	198
Total respondents	1600
Health condition	
Has a health condition	827
Does not have a health condition	688
Total respondents	1515

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