

Enhanced Heating Regimes within the new definition of Fuel Poverty

**Analysis of responses to
the public consultation exercise**

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Introduction

Background

This summary sets out key findings from in-house analysis of responses to the Consultation on the Enhanced Heating Regimes within the new definition of Fuel Poverty¹. The consultation opened on 24 June 2019 and closed on 16 August 2019.

Responses

A total of 21 responses were received: 8 from local authorities; 7 from groups or organisations, and 6 from individuals.

The consultation posed 11 questions in total, each of which had an Agree/Disagree or Yes/No element that has been analysed quantitatively, and an option to enter comments to explain reasons for disagreeing with the proposal. However, some respondents who agreed with the proposal, or agreed in part, also left comments. The comments have been analysed qualitatively.

The policy intention is to apply the regimes in terms of calculating fuel poverty only. However, some respondents appear to have the understanding that enhanced heating regimes will be implemented in eligible households, and refer to related issues such as ways of categorising health conditions, eligibility criteria and proxies, the potential difficulty of increased fuel costs, and monitoring of temperatures and heating hours in homes. Responses should therefore be interpreted in light of this. The prevalence of this apparent misunderstanding amongst respondents indicates that there is a need for greater clarity when discussing the purpose of enhanced heating regimes in future.

¹ <https://www.gov.scot/publications/consultation-enhanced-heating-regimes-within-new-definition-fuel-poverty/>

Enhanced Heating Regime 1: higher temperatures for longer hours

Q1a) Long term illness AND more time in the home

Question 1a)

Do you agree or disagree that the Enhanced Heating Regime 1 (higher temperatures for longer hours) should be applied to those households where a member has a long-term mental or physical illness lasting or expected to last 12 months or more AND they regularly spend more time in the home during winter.

13 respondents(62%) agreed with our proposal with 4 (19%) disagreeing.

Of the remaining respondents, 3 partially agreed or agreed in principle suggesting some modifications. One made no comment.

Comments related to two main themes:

- phrasing of the question
- type of health condition included and the definition of “long term”.

Around half of those that agreed with the proposal also made comments on these themes.

Phrasing of the question

Several respondents commented on both “more time” and “winter”, noting the subjective nature of these terms. It was generally assumed that “more time in the home in winter” was relative to summer, but one respondent queried whether in fact it was meant to be relative to other types of households.

Some suggestions were made including, replacing winter with ‘heating season’, or ‘any season other than summer’.

Several responses noted that people who spend more time at home in the winter are also likely to spend more time in the home all year round, with one response noting that probably everyone spent more time in the home in the winter.

There were also a few comments related to occupancy of the home, and whether the question referred to weekdays or throughout the week. One response noted that the main room for some people with a health condition may be a bedroom, with the implication that the temperature regime for the living room and bedroom would need to be reversed.

Illness

There were some concerns expressed about the time period of 12 months. Comments included that Enhanced Heating Regime 1 (EH1) should also be applied to those who had a fluctuating condition, and that 12 months was too long and a

period of 6 months should be used instead as this would include those who, for example, had been discharged from hospital and had shorter term enhanced heating needs. The suggestion was that the question should be changed to 'do you or a household member have a long-term mental or physical illness lasting or expected to last 6 months or more, or have recently been discharged from hospital in the last month after an extended stay of 7 days or more'.

A few respondents suggested that in order to identify which households should have EH1 applied, it would be helpful to specify, guided by health professionals, the broad categories of illnesses that are sensitive to cold temperatures. One respondent also recommended identifying those conditions where higher temperatures are not beneficial.

The above responses are perhaps indicative of a misunderstanding about the purpose of the enhanced heating regimes, as noted earlier.

A further comment was that the question should include the term “condition”, as well as “illness²”.

Q1b) Receipt of benefits AND more time in the home

Question 1b)

Do you agree or disagree that the Enhanced Heating Regime 1 (higher temperatures for longer hours) should be applied to those households where a member is in receipt of benefits received for a care need or disability AND they regularly spend more time in the home during winter.

13 respondents(62%) agreed with our proposal with 4 (19%) disagreeing. Of the remaining respondents 3 partially agreed or agreed in principle. One response made no comment.

Comments related to two main themes :

- phrasing of the question
- type of benefit, and how benefits are used as a proxy

Phrasing of the question

A few respondents repeated the points they had raised under Question 1a) relating to the fact that people who spent more time at home in the winter probably spent more time at home all year round, as well as throughout the week, and that the heating season is longer than the winter months.

Benefits

There was general support for the use of benefits for a care need or disability being a 'fair proxy' for those individuals who would be more likely to need higher temperatures for longer hours.

² This suggestion is in line with the Scottish Government Core and Harmonised Questions, which refers to “physical or mental health condition or illness lasting or expecting to last 12 months or more” <https://www2.gov.scot/Resource/0051/00514576.pdf>

Several respondents voiced concerns about receipt of benefits being used as the sole criteria, and recommended that those who are or would be eligible for these benefits but do not claim them should also be included. However, one respondent noted that these households would be included through other criteria, namely long term illness or aged over 75.

Two respondents suggested that the benefits would need to be specified in the regulations.

It was noted that for care benefits such as Carers Allowance it should be the household with the person receiving care that has the enhanced heating applied when calculating fuel poverty. It was also suggested that carers, especially a person who cares for someone in their family, could be included under Enhanced Heating Regime 3.

Q1c) Aged over 75 AND more time in the home

Question 1c)

Do you agree or disagree that the Enhanced Heating Regime 1 (higher temperatures for longer hours) should be applied to those households where a member of the household is age 75 and over AND they regularly spend more time in the home during winter?

13 respondents (62%) agreed with our proposal with 7 (33%) disagreeing. The remaining respondent did not respond to the question.

Comments related to two main themes:

- phrasing of the question
- choice of age group

Phrasing of the question

As with Question 1a) and b), concerns were raised about potential confusion and ambiguity of the wording. One respondent noted that would be important to be clear who was spending more time in the home in multi-generational households.

Age

Of those disagreeing with the proposal, only 3 disagreed with the proposed age of 75 and over. Two respondents suggested alternative ages: one 70 years and over, and the other 60 years and over. Both these responses were concerned with taking into account socio-geographical conditions, with one noting that climate, demographics and house types in the islands were a factor and the other noting lower life expectancy in Glasgow as a factor.

One respondent who agreed with the proposal noted that the option to amend the age criteria needed to be retained if medical evidence suggested another age.

Q1d) Other households to be considered

Question 1d)

Are there other households that we should consider for the Enhanced Heating Regime 1 (higher temperatures for longer hours) and why?

8 respondents (38%) stated “yes” to the question and suggested that households with the following characteristics should be considered:

Health and disability

- health conditions with temporary vulnerability
- recently discharged from prolonged stay in hospital where enhanced heating is required for recuperation
- respiratory problems and related conditions e.g. COPD
- physical disability e.g. stroke
- any debilitating condition that may be short to medium term e.g. cancer that has the potential to become a more complex illness or condition.
- members with ill health and babies
- all health conditions which have temperature vulnerability, including terminally ill
- learning disabilities e.g. autism
- premature baby in the household over winter

Age

- 65 and retired

Economic

- households vulnerable to fuel poverty
- low income families

Enhanced Heating Regime 2: higher temperature for standard hours

Q2a) Long term illness BUT NOT more time in the home

Question 2a)

Do you agree or disagree that the Enhanced Heating Regime 2 (higher temperatures for standard hours) should be applied to those households where a member has a long term mental or physical illness lasting or expected to last 12 months or more but they DO NOT regularly spend more time in the home, on weekday, during the winter?

13 respondents (62%) agreed with the proposal with another 2 (10%) agreeing in part. 5 respondents (24%) disagreed and 1 did not answer the question.

Comments related to two main themes:

- phrasing of the question
- type of health condition included

Phrasing of the question

Several respondents who made comments at Question 1a) about the potentially confusing or ambiguous use of the word 'winter' and the subjective nature of the term "more time", repeated these views here.

Illness

As with Question 1a), a few respondents suggested that there should be a list of categories of illness that are susceptible to the cold and that these should be reflected in SHCS questions. Comments relating to the period of time (6 months instead of 12 months) and addition of "health condition" to the question were also repeated.

One respondent noted that symptoms are not uniform or straightforward, and queried how an assessor would prove that the household member does not regularly spend more time in the home, on weekdays, in the winter. Another commented that people that fit this criteria should not be penalised when assessed for support to tackle fuel poverty. These comments perhaps reflect a misunderstanding about the purpose of enhanced heating regimes and how they will be used to calculate fuel poverty rates.

Q2b) Receipt of benefits BUT NOT more time in the home

Question 2b)

Do you agree or disagree that the Enhanced Heating Regime 2 (higher temperature with standard hours) should be applied to those households where a member is in receipt of benefits received for a care need or disability but they DO NOT regularly spend more time in the home, on weekdays, during the winter?

13 respondents (62%) agreed with our proposal with a further 2 responses agreeing in part. 4 respondents (19%) disagreed with our proposal and 2 respondents did not answer the question.

Comments were similar to those given at Questions 1b), and related to two main themes:

- phrasing of the question
- type of benefit, and how benefits are used as a proxy

Phrasing of the question

Respondents noted that there could be some improvement made to the wording of the question to make it clearer. For example, to make it clear that it was time spent in the home on weekday. There were some suggestions around the use of the word winter, with one suggestion that this should be stated at the start of the question, another that it should not be used at all. As with earlier questions, it was also noted that people who spend more time in the home due to a disability spend more time at home all year round – not just in winter.

Benefits

As with Question 1b) there was general support for the use of benefits for a care need or disability as a proxy for those individuals who would be more likely to need higher temperatures for longer hours. However, a few respondents noted that for care benefits it was important that it was the household with the person receiving care that should have the enhanced heating applied when calculating fuel poverty. Again, a few respondents mentioned that there should be consideration of those that are or would be eligible for these benefits but do not claim them. Two respondents noted that the type of benefit should be specified in the regulations.

Q2c) Aged over 75 BUT NOT more time in the home

Question 2c)

Do you agree or disagree that the Enhanced Heating Regime 2 (higher temperatures with standard hours) should be applied to those households where a member of the household is age 75 and over but they DO NOT regularly spend more of their time in the home, on weekdays, during the winter?

13 respondents (62%) agreed with our proposal with 7 respondents (33%) disagreeing. One respondent did not answer the question.

Comments were made only by those who disagreed with the proposal. Most referred back to their comments at Question 1c), and related to the same two themes:

- phrasing of the question
- choice of age group

Phrasing of the question

Issues raised were the same as detailed at Q1c). No new issues were identified.

Age

Issues raised were the same as detailed at Q1c). No new issues were identified.

Q2d) Other households to be considered

Question 2d)

Are there other households that we should consider for the Enhanced Heating Regime 2 (higher temperatures for standard hours) and why?

Seven respondents made further suggestions, which are listed below. Some of these are the same as those suggested at Question 1d).

Health and disability

- fluctuating health condition, that would require an enhanced heating regime, but who does not regularly spend more time at home, on weekdays, during the winter.
- learning disabilities e.g. autism
- respiratory problems and related conditions e.g. COPD
- physical disability e.g. stroke and any debilitating condition that may be short to medium term e.g. cancer that has the potential to become a more complex illness or condition
- all health conditions which have temperature vulnerability, including terminally ill
- disability that would require an enhanced heating regime, but who does not regularly spend more time at home, on weekdays, during the winter.

Household characteristics

- low income families with children and disability
- households with young children and unemployed parents

Enhanced Heating Regime 3: standard temperature for longer hours

Q3a) Child under 3 AND more time in the home

Question 3a)

Do you agree or disagree that the Enhanced Heating Regime 3 (standard temperature with longer hours) should be applied to those households with a child under the age of 3 AND who regularly spend more time in the home during the winter?

11 respondents (52%) agreed with our proposal with 8 respondents (38%) disagreeing. Two respondents did not answer the question.

The key theme in the comments of those who disagreed related to choice of age group.

Age

The majority of those who disagreed with the proposal stated that EHR3 should be applied to households with a child age 5 or under (or who were not yet in Primary 1). The remaining respondent proposed that it should relate to the age that the youngest child becomes eligible for 2.5 days of childcare.

Comments included:

- it may take time to fully realise the offer of 30 hours per week funded childcare across Scotland
- there may be geographical variations in the uptake or provision funded childcare places
- not all households would take up a funded childcare place, for a variety of reasons including other family caring commitments
- age 5 is appropriate until the results of the Early Learning and Childcare follow up audit can be reviewed - this is due in early 2020
- until there is evidence that there is widespread uptake of funded childcare for children between age 3-5 it is more appropriate to apply EHR3 to households with a child under 5.

Q3b) Other households to be considered

Question 3b)

Are there other households that we should consider for the Enhanced Heating Regime 3 (standard temperature for longer hours) and why?

11 respondents replied yes to this question. The following comments were made by one or two respondents:

- Those in remote areas who work from home. A related comment referred to the increase of the gig economy and increased home working, and that the SHCS will need to expand its questions regarding employment to determine the nature of the workplace and if this is indicated as being the home, then it would be prudent to apply EHR3 to these households.
- Those with a shorter term health condition including cancer. These conditions would not be included within the category for long-term illness.
- Pregnant women. A reference was made to the Equality Impact Assessment published alongside the draft Fuel Poverty Strategy, which noted a lack of impact assessment relating to pregnant women. The respondent also noted that the Scottish Public Health Network includes pregnant women as being vulnerable to health damage from poor housing, and that the National Institute for Health and Care Excellence (NICE) guidance includes pregnant women in their list of groups vulnerable to the cold.
- Carers. Such as members of the family including children and grandparents who care for others in the family and who would be more likely to be spending longer hours at home, should be included in this category. The point was made that it is not the carer who is the focus but the person being cared for. The advantage of including carers in this category is that they would be useful in determining the occupancy status of the person needing care. It was acknowledged that this is easier if the carer is a live-in assistant, and less so if they are a visiting carer.
- Children of school age. It was noted that they require a warm and comfortable environment to grow and develop in.
- Those with mental health illness
- Households with a member of pension age who is not working

One respondent noted that the Expert Panel should be reconvened to identify all appropriate households.

Other households for an enhanced heating regime

Q4 Other households to be considered

Question 4

Are there other households not mentioned in this consultation that should have an enhanced heating regime applied?

Respondents were asked to note the households and which enhanced heating regime should be applied and provide evidence to support their views.

6 respondents (29%) replied yes to this question, with 9 respondents (43%) answering no. 6 respondents did not answer this question.

There were several general comments made in this section, as well as suggestions for households, which are listed below. Some of these suggestions are a repeat of comments made to earlier questions.

- Premature and low birth weight babies. It was noted that they are less likely to maintain their body temperature, and that EHR1 should be considered for a premature baby (up to a specified age) residing within the home during winter.
- Out of work or in low paid part-time or irregular work (without specific health or care issues). It was suggested that these groups are likely to be in their homes more than others who are working full time, and will have additional heating costs. A similar regime to EH3 was suggested as appropriate.
- Care experienced young people under the age of 25 in their own tenancy. This group were considered to be disproportionately likely to be unemployed and face a range of other barriers.
- Homeless persons who have recently moved into their own property, for a period of six months.
- Households with school age children.



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