



**EAS Response to Scottish Government  
Consultation on the Enhanced Heating  
Regimes within the new definition of  
Fuel Poverty**

**August 2019**

Energy Action Scotland (EAS) is the Scottish charity with the remit of ending fuel poverty. EAS has been working with this remit since its inception in 1983 and has campaigned on the issue of fuel poverty and delivered many practical and research projects to tackle the problems of cold, damp homes. EAS works with both the Scottish and the UK Governments on energy efficiency programme design and implementation.

EAS welcomes the opportunity to respond to this consultation.

## Consultation Questions

### Enhanced Heating Regime 1 (EHR1):

Requisite temperature: 23 degrees Celsius for the living room and 20 degrees Celsius for any other room

Requisite number of hours: 16 hours a day

Do you agree or disagree that the Enhanced Heating Regime 1 (higher temperature 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

Disagree

If you disagree, please give your reasons below

Whilst it would be easier administratively to conflate all illness states as being equal with regards to temperature sensitivity, there is no basis in medical science that would support such a position. It would therefore be helpful to differentiate temperature sensitive conditions including those where higher temperature<sup>1</sup> is not in fact desirable for management of the condition of the occupant. It would also be helpful to have a list of broad categories of illnesses and conditions that would be sensitive to colder temperatures<sup>2</sup> and for this to be reflected in the survey questions<sup>3</sup>.

Use of the wording “illness” may not resonate with the people responding to the survey and thus these may be falsely-reported. We suggest adding the word “condition” here, so it becomes “long-term mental or physical illness or condition”.

Will the Scottish House Condition Survey (SHCS) require medical evidence to confirm diagnoses of people or will self-reporting be accepted as part of this validation? If self-reporting, then a list of physical and mental conditions/illnesses accepted as qualifying for this heating regime may be necessary. We suggest consulting with the NHS as to the contents of that list (e.g. cardiovascular conditions, respiratory diseases etc) and support the proposal of the Scottish Government in the draft Fuel Poverty Strategy that it will “undertake some additional work to determine whether it is possible to refine EHR1 in order to better capture those who are most likely to be affected by the adverse outcomes of living in a colder home” (page 38, Fuel Poverty Strategy for Scotland 2018).

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<sup>1</sup> This could be a reason for moving someone from EHR1 to EHR3

<sup>2</sup> <https://www.nrscotland.gov.uk/files/statistics/winter-mortality/iwm-background-2013-14.pdf>

<sup>3</sup> The Scottish Fuel Poverty Advisory Panel also advised Scottish Ministers on this in their recent Annual Report

It is important to note that in no enhanced heating regime category are we asking respondents to qualify their habits or behaviour for the assumption of a 16-hour heating period over the weekend. Therefore, when enquiring about the hours occupied per day the SHCS assessor should be clear that these questions about the “regularity” of occupation are applied to weekdays only.

Regularly spending “more” time at home in the winter is perhaps not the correct way of asking this question. The qualification is really trying to differentiate the groups of people that have an illness and that illness makes them more likely to be housebound or sedentary. Thus, in the “winter” they would require a longer heating period and if the condition demands it, a higher demand temperature. We have to be clear that some conditions be they physical or mental will result in occupants spending the same amount of time at home irrespective of the time of year or season. Even from a very generalist point of view, most of the population spends more time at home in the winter than in the summer, so this is probably correct for the entire population irrespective of their health status? This qualifier needs to be re-worded to mean that the person(s) are occupying the home during the daytime and the evening in the winter period, it is too easy to misinterpret this to be a question of comparison between dwelling occupation in the winter and other periods of the year which we don’t believe is the intention, i.e. the question is trying to ascertain the groups of people who only need 9 hours rather than 16 hours?

The words, “regularly *spend more time at home during winter*” are non-specific and give the impression that the heating regimes do not apply all year (opposite from Scottish Government intent) we suggest could be changed to “regularly *at home during the day and evening when it is not summer*”. The reason for the use of the words “summer” over “winter” is that “winter” is somewhat subjective and highly location dependent e.g. locations 300m above sea level in Scotland can still experience “winter” like conditions in September and April/May.

The BREDEM model defines the “heating season” for the UK as any month in the year which is not June – Sept (incl.) i.e. in 4 months of the year there is zero space heating requirement. This is derived from the “heating degree day” analysis of the UK climate. There have long been arguments that this UK position does not serve Scotland well and that the climate in September should not be assumed to be non-winter like. To better reflect the Scottish climate, it would be a better question to qualify with the term “summer” as most people’s subjective view of the summer is likely to fall between June to September giving that 3-4 month non-heating period. This approach may also take into account fluctuating seasons due to climate change.

Do you agree or disagree that the Enhanced Heating Regime 1 (higher temperature 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

Disagree

If you disagree, please give your reasons below

We agree with the point about households with a member is in receipt of benefits received for a care need or disability however these benefits may need to be defined in the regulations as well as in the Act itself. Cognisance also needs to be made of those who don't claim these benefits but do have a care need or disability. We are also concerned about carers (especially members of a family who care for another member of the family), but this may be better addressed through EHR3. The other point related to carers is that persons in receipt of a "Carers Allowance" do not need to live with the person who they care for. Perhaps need to be clear that the occupation hours need to be within the context of the home of the person with the disability?

Do you agree or disagree that the Enhanced Heating Regime 1 (higher temperature 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

Disagree

If you disagree, please give your reasons below

This more than any other category may need to be careful or is a more sensitive issue about who in the household is at home "all-day". In multiple age category families where both occupants are fit and active and this is only category to potentially apply, there could be situations where the person "at home" is in fact the person(s) in the household who are not 75 or over. In addition, it may be helpful to consider the appropriate response to those that spend much of their daytime in the non-summer months tending to a garden or allotment which is technically not in the home? We reiterate the points made in the other sections with regards to the wording of "*they regularly spend more time in the home during winter*".

The term is also too subjective, it would be reasonable to respond positively to this if the person who was aged over 75 spent more than half their time at home (daytime/evenings) during the non-summer months. This could however appear overtly technical and raise questions about how to account for regular evening engagements outside of the home. Perhaps this whole question would be better served with a less technical approach e.g. that the occupant in question (over 75, with disability and/or long-term illness) spends at least 3 days (out of 5 days) a week at home "ALL DAY", meaning breakfast to bedtime whenever that is. A more qualitative approach to this question is probably going to exclude the nuanced arguments about the number of hours actually occupied and other matters not yet envisaged around whether visiting a social club or going to the shops meant that you were not technically in the home long enough that day to count it as needing heated for 16 hours.

Are there other households that you think we should consider and why?

No

**Enhanced Heating Regime 2 (EHR2):**

Requisite temperature: 23 degrees Celsius for the living room and 20 degrees Celsius for any other room

Requisite number of hours: 9 hours a day on a weekday and 16 hours a day during the weekend.

Do you agree or disagree that the EHR2 (higher temperature with 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 weekdays, during the winter.

Disagree

If you disagree, please give your reasons below

See answers under EHR1.

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

Disagree

If you disagree, please give your reasons below

See answers under EHR1.

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:

- 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.

Disagree

If you disagree, please give your reasons below

See answers under EHR1.

Are there other households that you think we should consider and why? Please provide details and evidence supporting your view below:-

We consider that EHR2 is mainly intended to capture those households with a member with a qualifying condition who answer in the survey that they don't regularly spend more time at home during winter. We would reiterate here that the wording of the survey question "regularly spend more time at home during winter" is clunky and will confuse householders.

Much of EHR2 is going to apply where persons have not met the extended time requirements of EHR1 as such many of the comments regarding the who and the conditions for qualification of the higher temperature will apply to this category. So, it is not needed to consider EHR1 and EHR2 differently, they are the same, just that EHR2 is applied by default where the EHR1 occupant frequency conditions are not fully met.

### **Enhanced Heating Regime 3 (EHR3):**

Requisite temperature: 21 degrees Celsius for the living room and 18 degrees Celsius for any other room

Requisite number of hours: 16 hours a day

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 at home during the winter

Disagree

If you disagree, please give your reasons below

EHR3 is in effect the converse of the EHR2 in that this is where a personal circumstance or underlying condition requires a greater level of occupancy at home, but not a higher temperature.

This needs to consider the application of EHR3 for all households where there is at least one child under 5. This is about establishing the reality of weekday occupation for households with pre-school age children.

We must caution the assumption that children over the age of 3, who will automatically qualify from 2020 for the 30 hours per week term-time Early Learning and Childcare (ELC) opportunities may not all realise those hours away from the home. There is no evidence that this can be fully achieved across Scotland, and some significant concerns in rural areas of Scotland that this will be particularly challenging to deliver. There may not be enough capacity in all local authorities to be able to offer every child a nursery place, also the assumption that every household will be able to take up a placement for all of this time, is not taking into account people's individual lives. We believe that in the absence of reflective evidence that the most sensible route in the short term until robust evidence can be provided is that EHR3 should be applied to all households with a child under the age 5 unless a specific qualitative question could be added to the SHCS to establish the status of weekday occupation?

There is no evidence at this point that the entitlement to around 30 hours per week for Early Learning and Childcare (ELC) can actually be delivered across all areas of Scotland and in a way which results in children under 5 being away from the family home during weekdays. A recent Audit Scotland report<sup>4</sup> cautioned that:

*"Parents in our research said funded ELC had a limited impact on their ability to work due to the hours available and the way in which those hours were provided."*

We should not conflate the aims of enriching educational attainment and the provision of childcare with the idea that this also achieves significantly less time spent at home in the weekdays over the non-summer months.

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<sup>4</sup> Audit Scotland, Early learning and childcare, June 2018

The report also said that it may take some time to fully realise the provision of 30 hours per week:

*“There are significant risks that councils will not be able to expand funded ELC to 1,140 hours by 2020. In particular it will be difficult to increase the infrastructure and workforce to the levels required, in the limited time available.”*

It is therefore not robust to assuming going forward that the part-time nature of ELC presently can be fully expanded to the 30 hours. Once this has been achieved for most Councils, it then would have to be established that this had actually had the effect of reducing to less than half, the daytime hours of children under 5 needing to be spent at home. There may also be geographic differences between rural and urban Scotland in terms of the capacity to deliver the full weekday term time ELC support.

Until there has been enough time to review the results of the Early learning and childcare: follow-up audit<sup>5</sup> due early 2020, it would probably be more prudent to expand the questions in the SHCS to determine from a qualitative perspective as to whether children under 5 were at home all-day (with parents/childminders) at least 3 out of the 5 days a week.

In the Scottish Government’s own publication<sup>6</sup>, children under 5 were identified as potentially experiencing negative impacts from the proposed new definition if there is no enhanced heating regime for households with children under 5. Respondents in that report suggested that although the fuel poverty strategy consultation noted there is a lack of evidence on the need for a higher temperature for bedrooms of children under the age of 5, no allowance is made for households needing to heat their home for longer periods of time, as they might spend more time at home.

Are there other households that you think we should consider within this regime? Please provide details and evidence for your views below:-

We believe that there are a number of other health conditions, including shorter-term conditions including cancer which may not be included as a broad category in the long-term illnesses and conditions under EHR1, which would still benefit from qualifying for one of heating regimes. Other shorter-term conditions, such as pregnancy, may also qualify for this heating regime. The Scottish Government in its Equalities Impact Assessment notes that:

“The absence of an impact assessment relating to pregnant women was noted and it was suggested that this is an issue that needs to be addressed urgently. Reasons given included; health issues and the need for early intervention in tackling inequality as it was suggested that children born into poverty are more likely to continue in poverty and experience additional inequalities”.

The Scottish Public Health Network<sup>7</sup> also identifies those vulnerable to health damage from poor housing. The key groups are pre-school children, older people, those with long term illness, pregnant women and disabled people, many of whom spend more time at home.

In addition, the National Institute for Health and Care Excellence (NICE) guidance<sup>8</sup> has a list of groups vulnerable to the cold:

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<sup>5</sup> <https://www.audit-scotland.gov.uk/report/early-learning-and-childcare-follow-up-audit>

<sup>6</sup> Scottish Government, Equality Impact Assessment – Results : Fuel Poverty (Target, Definition and Strategy) (Scotland) Bill and Fuel Poverty Strategy, June 2018

<sup>7</sup> Scottish Public Health Network, Addressing Fuel Poverty, Guidance for Directors of Public Health on taking action in support of: A Scotland without fuel poverty is a fairer Scotland: Four steps to achieving sustainable, affordable and attainable warmth and energy use for all. (Report of the Scottish Fuel Poverty Strategic Working Group to the Cabinet Secretary for Communities, Social Security and Equalities, October 2016)

- people with cardiovascular conditions
- people with respiratory conditions (in particular, chronic obstructive pulmonary disease and childhood asthma)
- people with mental health conditions
- people with disabilities
- older people (65 and older)
- households with young children (from new-born to school age)
- pregnant women
- people on a low income.

As referenced under EHR1 part 2, we believe that 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. It is not the carer who is the focus here however; it is the person being cared for. Carers should be included in this category as they would be useful in order to determine the occupancy status of the person needing care. This is easier if the carer is a live-in assistant, less clear where they are a visiting carer.

Need to consider the impact of homeworking and the “gig economy” on the assumption that working means that you are not at home. Recent research<sup>9</sup> estimated 4.4 per cent or 2.8 million people of the population in Great Britain had worked in the gig economy in the last 12 months. Other figures show that self-employment accounts for 12.3 per cent of all employment in Scotland in 2017<sup>10</sup>. It is not a safe assumption to conflate these two realities. In particular employers are more frequently incorporating flexible working into their employee contracts, for which home working is a feature. Added to this is the issue of zero hours contract workers/seasonal workers who may spend long periods of time in the non-summer months at home, in particular see seasonal workers in rural hotels where they may close over the winter. Thus the SHCS will need to expand its questioning over the employment data to determine the nature of the workplace and if this is indicated as being the home, then it would be prudent to then assume EHR3 for this household.

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

If you answered yes, please set out which enhanced heating regime should be applied and provide evidence to support your views.

EAS has no further comment on additional households qualifying for an enhanced heating regime.

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<sup>8</sup> National Institute for Health and Care Excellence. Excess Winter Deaths and Illness and the Health Risks Associated with Cold Homes. Guideline NG6.

<sup>9</sup> BEIS, The Characteristics of Those in the Gig Economy: Final Report, February 2018

<sup>10</sup> Scottish Government, Regional employment patterns in Scotland: statistics from the Annual Population Survey 2017, May 2018



To summarise, we've put together a list of recommendations from the above response:

1. We recommend adding the word "*condition*" so the term becomes "*long-term mental or physical illness or condition*";
2. We recommend consulting with the NHS to create a list of broad categories and conditions under EHR1;
3. We suggest that the SHCS assessor should be clear that questions about regularity of occupation are applied to weekdays only;
4. We recommend the wording in the survey question is changed from "*regularly spend more time at home during winter*" to "*regularly at home during the day and evening when it is not summer*";
5. We suggest that if using Carer's Allowance as one of the benefits used to decide a care need or disability, then occupation hours need to be within the context of the home of the disabled person;
6. We recommend for EHR1 part 3 that the term used is "*spends at least 3 days (out of 5 days) at home ALL DAY*";
7. We recommend that EHR3 should be applied to all households with a child under the age of 5 unless a specific question could be added to the SHCS to establish the status of weekday occupation, or robust evidence exists that supports the link between ELC and occupation status at home;
8. We suggest that the Scottish Government takes account of the fact that there may be geographic differences between rural and urban Scotland in terms of the capacity to deliver the full weekday termtime ELC support;
9. We recommend the inclusion of shorter term conditions, such as pregnancy, in EHR3;
10. We recommend the inclusion of groups including carers and people working from home in EHR3.