

# WARNINGS FROM WINTER 2022-23

## Support measures against energy poverty need to deliver more health benefits



In the winter of 2022-23, the **WELLBASED team** surveyed **356 households** across **5 nations**, about their experience of energy poverty and their health status. In the sample of 356 respondents, **59% of whom earn less than €750 per month** and only attended lower secondary education, the incidence of energy poverty was considerably higher than that reported in the **EU energy poverty statistics for 2021**



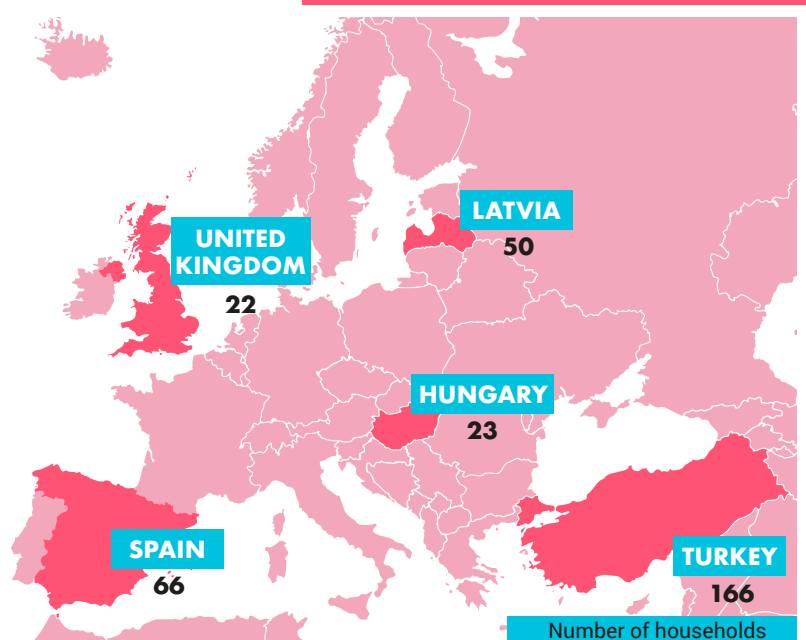
### HERE'S WHY

A majority of respondents were not comfortably warm (71%), could not pay energy bills (58%), and suffered from leaks, damp or rot (64%).

Many households routinely went without daily basic needs such as warmth or light.

Nearly 65% of participants reported poor mental health, while 30% had a lung condition.

Energy policies should make households' health and wellbeing a central priority.

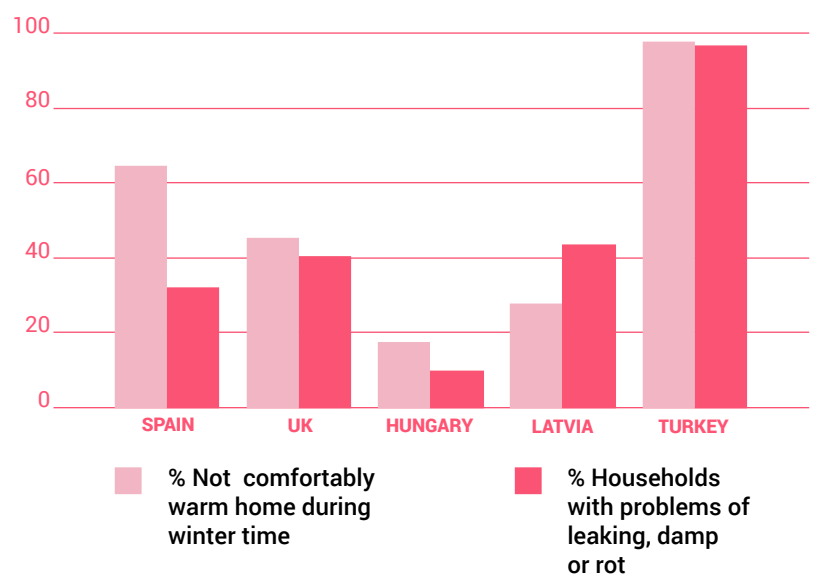


## RESEARCH TAKE-AWAYS

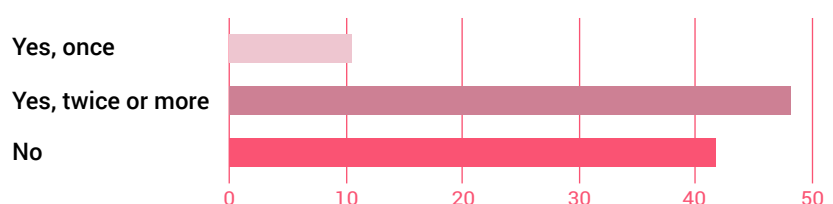
### The majority of households were unable to meet energy needs

Experiences varied across the five nations under study, but some headline findings from our sample include:

- 71% reported that their homes are “**not comfortably warm during winter time**”
- 64% reported a **leaking roof, damp walls / floors / foundations or rot** in window frames or floors in their homes
- 58% reported that, over the past 12 months, their household **was unable to pay the utility bills** (heating, electricity, gas, water, etc.) on time due to financial difficulties
- People commonly wore **extra clothes (84%)**, and **reduced lighting (68%)** and heat (**heating one room, 62%**, or **turning heating off, 57%**) to save money. **29% avoided healthcare** due to its costs.



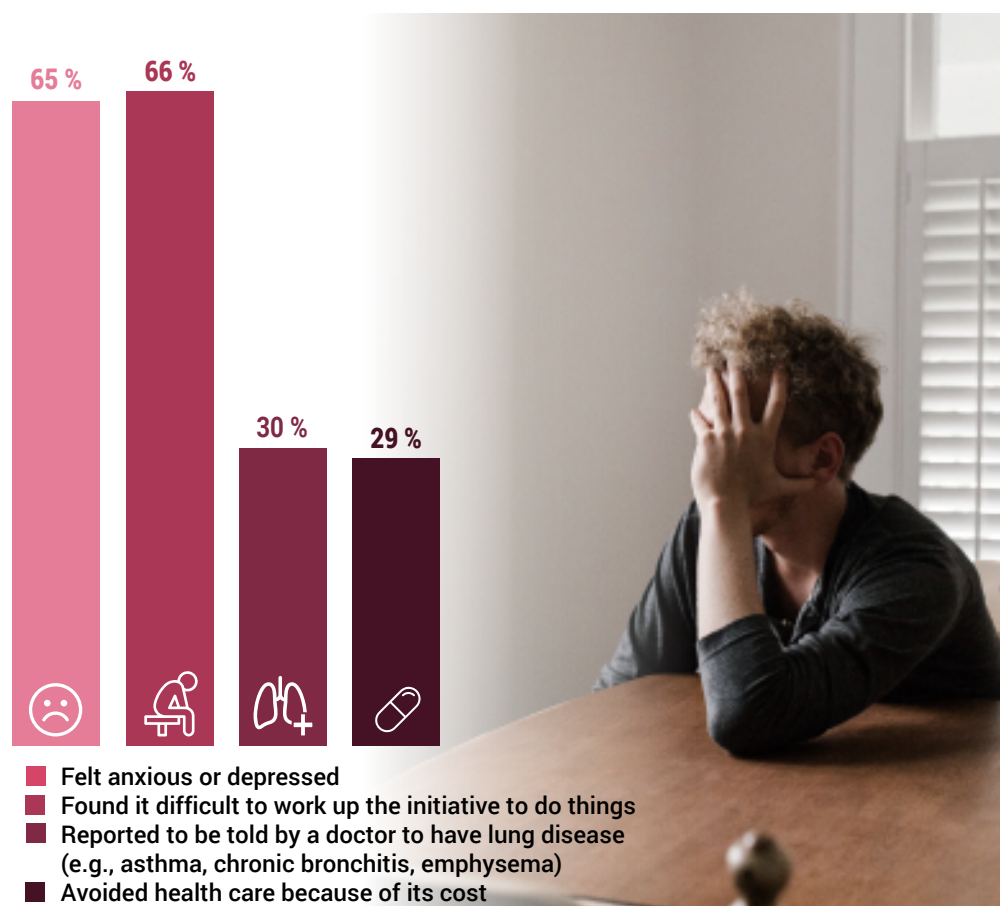
In the past 12 months, was your household unable to pay its utility bills due to financial difficulties?



The **WELLBASED** study takes a comprehensive approach, gathering a wide range of data on the energy and health experiences of households in six European cities (Budapest, Edirne, Heerlen, Jelgava, Leeds and Valencia). Two key sources of data are used in this briefing: questionnaires with 356 participants in the five cities where we have data (all except Heerlen) and qualitative interviews with 47 participants.

While our goal is to establish the effects of interventions (home improvement measures etc.) on the health and wellbeing of people experiencing energy poverty over the whole duration of **WELLBASED**, the data we gathered over the winter of 2022-23 is of particular concern. **It paints a picture of the experiences of energy poverty and ill-health in five of these European nations during a period of high energy prices and despite emergency measures taken by most national governments.**

## Findings on mental and physical health experiences



There was considerable variation within the sample, including some national variation. For instance, in Turkey (75,9%), Hungary (65,2%) and UK (68,2%) most people were anxious or depressed, unlike in Spain and Latvia. As for the physical health indicator, our respondents from Turkey and Spain show higher percentages of lung diseases compared to the other three countries of the sample.

## Findings on coping practices adopted by participants



Our evidence on the coping practices people adopted in the past year is revealing of a population using a range of techniques in response to the energy crisis. The most common coping practices were wearing extra clothes and reducing light and heat (heating one room or turning heating off to save money). A substantial minority avoided accessing healthcare due to its costs (29%). On the other hand, most people did not stop taking hot showers, or cooking. Among our respondents 13% went to public buildings and 21% went to a neighbor/friend to keep warm.

### THE LIVED EXPERIENCE



**Ilze** lives with her five-year-old daughter in a two-room apartment in an unrenovated apartment building in Jelgava (Latvia). Since Ilze works from home, she needs comfortable conditions in the apartment. Ilze tries to provide them as much as possible, but she feels powerless when it comes to the public areas of the building and other residents. Last winter, the apartment was warm enough, but there have been times when she has had to turn on the oven to heat the rooms. There is some mould in the bathroom and near the windowsills, which indicates a poorly functioning ventilation system in the apartment. For this reason, the apartment also often smells of cigarettes from other apartments, which forces her to ventilate the rooms regularly. Ilze has taken into account the rising cost of energy and plans her monthly budget carefully. To cope with heating and electricity bills and food prices, which have risen considerably due to inflation, the family saves money on various entertainment activities.



## Policy implications

Energy poverty is widespread among the participants, and winter 22-23 was tough for them. The fact that most were not comfortably warm, and that many are coping by rationing light and heat is evidence **that support measures put in place were not adequate for these people**. People also showed a high level of anxiety and depression: which is likely related to these challenging circumstances. While public policy is attempting to address these issues, the scale of the problem seems to be bigger than the solutions offered. **Policy should use health problems as a means of identifying people with additional energy needs and making sure programmes are in place to address these.**

Experiences varied across and within the five cities. Some of the respondents experience multiple social disadvantages: for example, being from an ethnic minority, or being disabled or ill as well as being on a low-income with low education.

These social characteristics can exacerbate both energy poverty and ill health.

Experiences are also shaped by the presence of state-provided heat (Latvia or Hungary), the lack of a heat infrastructure (Turkey, Spain), and the energy efficiency of homes.

Poor housing conditions reported by our respondents emphasise **the urgent need to tackle energy poverty and ill-health by better addressing housing standards and energy efficiency in public policy.**

**1**

**Policy should seek to address the links between public health and energy access: health problems can be symptoms revealing energy poverty.**

**2**

**Health strategies must address social and environmental determinants of health associated with energy poverty.**

**3**

**Poor housing conditions reported by our respondents emphasise the urgent need to improve the homes of the most vulnerable through retrofit programs on a 'worst-first' basis.**

### THE LIVED EXPERIENCE



**Hans** (German) and **Maica** (South American) live together in a rented flat near the beach in Valencia (Spain). Javier's 8-year-old son lives with them for half of the time. Their house is cold and humid during winter, they do not have a heating system in the flat and must use electric radiators that they move from one room to another and electric blankets to keep warm, which use a lot of energy.



The flat is also very hot in summer as it is badly insulated and has many draughts. They are afraid that the rent will go up if any renovation of the building is carried out. As Maica gets old, she suffers more from joint pain during winter due to the humidity and cold. They have not yet applied for a social tariff but would like to do so. They try to save as much energy as they can to spend as little as possible and because they are very aware of climate change.

## THE LIVED EXPERIENCE



**Samantha**, a nurse, lives with her 3 children (including one who is disabled) in a three-bedroom flat in Leeds (England). She has persistent damp and mould in her house which has a major effect on her wellbeing and health: she is unable to sleep in her damp bedroom, and she experiences breathing difficulties associated with long COVID which are exacerbated by the mould.

This year has been particularly hard for her and her family, with the additional cost of food and energy, and they have had to spend only on real necessities. Any savings she had are being used up on everyday living. Samantha was frustrated that she had to spend the disability benefits she receives for her youngest child on everyday items including energy, and that as a result she can no longer take him to martial arts lessons.

The European WELLBASED research and communication team is composed of:

UNIVERSITY OF LEEDS (UK)

ERASMUS UNIVERSITY  
MEDICAL CENTER (NL)

ENERGY CITIES (EU)

ENTE OSPEDALIERO GALLIERA  
(IT)

KVELOCE I+D+I (ES)

FUNDACIÓN LAS NAVES (ES)

and it received support from all other WELLBASED partners.



## Future research

**WELLBASED** is a research project funded by the EU Horizon 2020 programme that started in 2021 and will finish in 2025. Future **WELLBASED** research will complement these results with data from summer 2023, and data after the interventions have been undertaken.

This will allow us to monitor the impact of different interventions for Energy Poverty on physical and mental health and wellbeing of participants. Future research will also include cost-effectiveness analysis of the different interventions for energy poverty implemented on pilot cities.

 [www.wellbased.eu](http://www.wellbased.eu)

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## The WELLBASED study: Methods, data and sample

Two key sources of data are used in this briefing: questionnaires with 356 participants in five cities where we have data and qualitative interviews with 47 participants (from 4 cities, excluding Edirne and Heerlen). Quantitative data are presented descriptively, in order to give an impression of people's energy poverty situation, how they have coped in winter 2022-23 and their experiences of physical and mental health. Commentary on the qualitative results and vignettes of participant experience represent a first impression from the qualitative research team of the situation in the five nations.

Some of the results use common self-report indicators associated with experiences of energy poverty and health, based on existing EU indicators (as determined by EPOV/EPAH) or commonly used health measures. Any comparisons with overall EU data need to take into account that this sample has been deliberately recruited in the expectation that participants are experiencing energy poverty. The question on coping practices associated with energy poverty was designed specifically for this project and shows how people have coped during the winter energy crisis.