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Tackling fuel poverty through facilitating energy tariff switching: a participatory action research study in vulnerable groups

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Abstract

Objectives

A fifth of UK households live in fuel poverty, with significant health risks. Recent government strategy integrates public health with local government. This study examined the impact of an energy tariff switching 'intervention' on vulnerable peoples' likelihood to, success in, and barriers to switching energy tariffs.

Study design

Participatory Action Research (PAR), conducted in West London.

Methods

Community researchers from three voluntary/community organisations (VCOs) collaborated in recruitment, study design, data collection and analysis. VCOs recruited 150 participants from existing service users in three groups: Black and Minority Ethnic (BME) communities, older people (>75yrs) and families with young children. Researchers conducted two semi-structured interviews with each participant, a week apart. The first interview asked about demographics, current energy supplier, current financial situation, previous experience of tariff-switching and barriers to switching. Researchers then provided the 'intervention' - advice on tariff-switching, printed materials, access to websites. The second interview explored usefulness of the 'intervention', other information used, remaining barriers and information needs. Researchers kept case notes and a reflective log. Data was analysed thematically and collaboratively between the research coordinator and researchers. Quantitative data was analysed using SPSS, with descriptive statistics and chi-squared tests. London South Bank University Research Ethics Committee provided ethical approval, ref UREC 1222.

Results

A total of 151 people were interviewed: 47 older people over 75 years, 51 families with young children, 51 BME (2 were missing demographics). The majority were not White British or UK-born.

Average household weekly income was £230. Around half described ‘difficult’ financial situations, 94% were receiving state benefits and 62% were in debt. Less than a third had tried to find a better energy deal; knowledge was the main barrier. After the intervention 19 people tried to switch, 13 did. Young families were most likely to switch, older people least. The main reasons for not switching were apathy (“can’t be bothered”), lack of time, fear or scepticism and loyalty. Older people were particularly affected by apathy and scepticism. The personalised advice and help with websites was especially valued.

Conclusions

Low-income consumers appear to have considerable apathy to switching energy tariffs, despite potential savings and health benefits, in part due to their complex lives in which switching is not a priority. An independent, one-on-one, personalised ‘intervention’ encouraged switching, particularly for young families. However, older people still experience significant barriers to switching with specific interventions needed, which take account of their status quo bias, energy use habits and scepticism. The recent integration of public health and local government in the UK may provide the ideal environment for providing similar services which are desperately needed to reduce fuel poverty in these groups in line with the new Public Health Strategy.

Keywords

Fuel poverty; energy tariffs; vulnerable groups; older people; Black and Minority ethnic groups; families

Introduction

Fuel poverty, defined as spending more than 10% of disposable income on heating (1), affects 19% of UK households in 2010 (1). The situation is worsening due to increasing fuel prices(2) and the global economic downturn(3). Fuel poverty is more common in certain groups, including older people (4), low-income and larger households(5). The lowest income decile spend around 6% of income on energy; the richest spend less than 2%(1,6). Low-income households may also have poorly insulated homes, lower energy efficiency appliances, prepayment meters, and more family members(7). The Fuel Poverty Strategy aimed to eradicate fuel poverty for vulnerable groups by 2010, then 2016 - these targets have now been disregarded (8).

Fuel poverty is associated with significant health risks through cold and damp living conditions, including influenza, pneumonia, asthma and arthritis (9). The UK Chief Medical Officer highlights it as a preventable condition(10) which contributes towards the estimated 27,465 excess winter deaths per year in England (11). (Health and Social Care services and professionals have a role in tackling fuel poverty(12), including cold weather preparation, identifying and working with those at risk (13). Certain groups are more vulnerable: people over 60, people with disability or a long term condition and young families (9). Addressing fuel poverty is a key indicator of the recent UK Public Health Strategy as a wider determinants of health(14). The Health and Social Care Act 2012(14) requires local authorities and local Clinical Commissioning Groups (CCGs) to work together on a Joint Health and Wellbeing Strategy, integrating health and social care services (15). Fuel poverty is one issue to be addressed, exemplifying the need for integrated working in strategy and commissioning to deliver improved health and wellbeing outcomes. The Public Health Strategy aims to achieve this by integrating public health into local government, to sit alongside social care, planning and housing (16).

Between 1986 and 1989 the UK energy market was privatised. There are currently 26 licensed energy suppliers, although 5 dominate the market(6), and a total of nearly 400 tariffs (17), which can

vary by up to £252(18). Tariffs vary according to payment method, variable, fixed or capped prices and whether accounts are online. Although this increased choice in the market in theory led to savings, they were limited to higher earners and direct debit customers (6,19, 20) rather than vulnerable– so called 'sticky' - consumers (17). Energy suppliers are rated lowest on the Consumer Confidence Index (CCI), based on range, matching expectations, consumer rights, trustworthiness, and ease of comparison (21). Older and low-income consumers are less likely to make complaints(21). Ofgem's licensing standards for energy suppliers focussed on reducing discrimination, vulnerable customers, improving information and transparency(22), through including information to help customers compare tariffs, but some concerns remain(23).

Customers are expected to switch supplier and/or tariff in order to achieve cost savings. Which? estimates that UK consumers could have saved £16bn through switching tariff in the past four years (19); an average of £43.54 per person/year (24). Switching tariffs, which involves assessing energy usage, choosing the best payment method and other factors such as dual fuel, customer service, green tariffs or capped rates, is a complex process best achieved through websites such as UKPower.co.uk, uSwitch.com or MoneySupermarket.com.

Despite potential savings, people rarely switch tariff or supplier, particularly vulnerable people(25). Three-quarters of consumers use default tariffs (26), 60% are unaware of their tariff (18), and 1 in 5 do not realise they can switch supplier(23). Most consumers find bills confusing, especially the number of tariffs, and do not understand what tariffs are (27,28). Calculating potential savings is challenging, especially in lower social classes and over 65s (28). Factors affecting switching include inadequate information, lack of participation, hassle, and financial constraints such as arrears or prepayment meter(25,29). Only a minority of people are 'confident deal seekers' (25). The Government agrees that there is a need for consumer advice in complex markets such as energy, especially for vulnerable people. Social tariffs were introduced to help vulnerable or low income

households pay for fuel costs, but have largely disappeared(3,5), although the Warm Home Discount does help vulnerable groups with annual fuel bill rebates.

There have been some initiatives to simplify the tariff market or provide advice on switching, such as Ofgem's 2011 campaign to simplify tariffs (26), Which?'s similar campaign the The Big Switch(30), and "Energy Best Deal"(31) . "Energy best deal" is a public awareness campaign supported by Ofgem and the major energy companies with practical presentations on finding the best deals and reducing usage, aimed at low income consumers. It is thought to have helped a third of recipients to find a better energy deal(32).

This study aimed to examine the impact of an energy tariff switching 'intervention' on vulnerable peoples' likelihood to, success in, and barriers to switching energy tariffs to more suitable packages. It was conducted in West London; the rate of fuel poverty in London is estimated at between 12.6%(33) and 24% (34) and levels of child poverty are high (35).

Methods

Participatory Action Research (PAR) was used, where members of the community collaborate in the research process(36). PAR aims to create change through increasing understanding of the issue being both influenced and researched(37). Community researchers collaborated in recruitment, designing the interview questions, data collection and assisting with data analysis.

Researchers were volunteers from four local voluntary/community organisations (VCOs) – Nucleus Legal Advice Centre (who provide free legal advice, assistance and representation), A Moveable Feast (AMF; a social enterprise offering health and well-being services in particular to Arabic and Bangladeshi groups) and Age UK Kensington & Chelsea (a charity helping older people to remain independent) and Dadihiye Somali Development Organisation, a local organisation serving the Somali community.

Researchers were trained at three sessions on general debt advice, energy tariffs and Participatory Action Research. A project management group monitored progress and ensured standards were met.

Participants were recruited by the VCOs from existing and potential service users and snowballing (participants suggested contacts). Potential participants were contacted by phone, letter or face-to-face. Sampling aimed for 50 people from BME communities, 50 people aged 75 and over and 50 families with young children.

Exclusion criteria were:

- Under 16 years of age
- Unable to provide informed consent due to language or mental health problems
- Not resident in Westminster, Kensington & Chelsea or Hammersmith & Fulham.

In line with PAR principles, data collection (by interview) and the 'intervention' were concurrent, during 2 meetings between researchers and participants.

Participants gave informed consent and were assigned a unique code to identify data to maintain anonymity. Structured interview guides were developed collaboratively for the project. Interviews took between 30mins and 45mins although some were up to 2 hours. Translation to other languages was provided if part of the VCO's usual procedures. In some cases the second interview was conducted by telephone. Data was recorded in writing by researchers.

The initial interview asked about current energy supplier, current financial situation, previous experience of tariff-switching, and barriers to switching. The 'intervention' (advice on tariff-switching and printed materials, access to websites and details of services available) was then provided.

The second interview, conducted at least 1 week later, explored how useful participants found the 'intervention', other information accessed in the meantime, barriers to changing tariffs and remaining information needs.

On completion of the second interview, each participant received a £10 retail voucher.

Additional data was collected by:

- Researchers' case notes for each participant
- A demographic questionnaire completed by the participants at first interview.
- Researchers' reflections during the project, from their written logs and verbal feedback in meetings.

The researchers entered the data using an online database. Data was analysed thematically and collaboratively between the research coordinator Dr Lorenc and the researchers. The research coordinator also entered quantitative data into SPSS software and analysed it using descriptive statistics and chi-squared tests where appropriate.

Ethical approval was given by London South Bank University Research Ethics Committee, ref UREC 1222.

Results

Participants

One hundred and fifty one people were interviewed (49 from AMF, 50 from Age UK Kensington and Chelsea and 52 from Nucleus). Fourteen community researchers each interviewed between 3 and 25 participants (most interviewing between 10 and 12). Exact numbers approached and recruited are not available, but response rate is estimated at between 20% and 50% (different for the different VCOs).

Participants were allocated to one of three groups for analysis (although many fell into more than one group): 47 older people over 75 years, 51 young families, 51 BME groups (2 were missing demographics). Four researchers conducted one or more interviews in languages other than English. A total of 147 second interviews were conducted; four people declined due to scepticism of the benefits or were not contactable.

Table 1 provides sample demographics, indicating wide diversity. The majority were not White British or UK-born; older people were more likely to be White British, young families to be Bangladeshi and BME to be Black African ($p<0.001$) – see Figure 1. Across the whole sample there was a strong correlation between age and ethnic group as the majority of over 75s were White (reflecting the service user population at Age UK) and those under 39 Asian ($p<0.001$) (reflecting the service user population at AMF). The proportion of the sample from BME groups was higher than the general population, particularly more Black British African and Bangladeshi(37-39), and there were more women that men. Both of these characteristics reflect the service user population of the VCOs The high proportion educated up to age 18 or older is likely due to the education systems in participants' country of origin, many of which will include compulsory education up to age 18.

Current financial situation

Around a third of participants did not provide full financial data, especially older people. For the 131 who gave some data, weekly income per household ranged from £67 to £900, with a mean of £230.

Of those who did respond, around half described negative financial situations ("struggling", "difficult", "not good"), 16 described good situations, the remainder were 'ok' ("managing", "comfortable", "stable"). Poor finances were attributed to low incomes (including benefits or pension), cuts to benefits, difficulties budgeting, providing for children (including adult children living at home) and debts. 'Ok' situations were described as 'living within my means', 'balancing expenditure and income' and 'knowing my limits'. Good finances were mainly attributed to being good at budgeting, rather than high income. Extreme situations included "critical", "just existing", "lowest rank of the financial ladder", and one filing for bankruptcy. This data is however subject to bias from reluctance to admit financial hardship.

Those who were 'ok' were more likely to be older people (44%). Those in the 'good' category were more likely to be BME (47%).

Ninety-four percent were receiving state benefits, most commonly means tested benefits and child benefit, as well as pensions, tax credit and disability based benefits. 62% of participants had debts (see Table 2). Many struggled with repayments and some described debts causing worry and stress.

Energy

Older people were more likely to have been with their current provider for more than 15 years and BME groups for less than 1 ($p<0.001$).

Most had no problems contacting their provider (86 people) and were happy with the service, although 50% reported problems paying bills. Older people were less likely to have problems than young families or BME (33% compared to 56% and 61% respectively), $p=0.013$.

In order to pay bills, most people (72%) had tried to reduce energy usage and 16 people made savings elsewhere such as 'starving' or not going on holiday. Only 28% of participants had previously shopped around for a better energy deal, with no difference between the three groups. After being informed about potential savings 52% were more likely to consider switching.

Switching

As well as written information, in 27% of interventions researchers directed participants to price comparison websites and in 13% helped them compare tariffs online; around a fifth suggested participants contact the energy company directly or referred participants to an advice agency. A few were advised to speak to friends or family or were given personalised information based on their bills and usage.

Qualitative data on post-intervention activities is given in Table 3. Young families were most likely to have acted and older people least likely. In the second interviews a week later 91% of participants were still with the same energy provider and tariff; 13% (19 people) had tried to switch tariff or supplier.

Of the 19 who tried to switch, 13 actually did, with 6 more definitely planning to and, importantly, an additional 16 people booking appointments with VCO advisors to assist with switching. The 19 'switchers' were significantly more likely to be from AMF (11), with 6 from Nucleus and only 2 from Age UK Kensington and Chelsea ($p=0.027$), and more likely to be young families than older people or BME groups (23% compared to 7% and 6%, $p=0.015$). Anticipated savings were between £20 and £150 a year. Young families were most likely to cite the project information as affecting their decision.

Non-switchers

Prior to intervention, most had not switched supplier or tariff due to lack of knowledge (27 people). After the intervention (see table 4), the main reason was apathy ("couldn't be bothered"), based on:

the hassle of switching; being happy with the current situation; being tired and stressed; being too old to change. One participant said the thought of changing was “horrendous”.

Others felt a week was not long enough to switch. Fear and scepticism were the third most common reason, based on scepticism of energy companies or of savings. In particular, participants thought that after switching the new provider will raise their prices. One participant felt the government should monitor energy companies’ conduct. Provider trust, loyalty and preference was predominantly based on experiencing good customer service.

From qualitative responses, lack of time was a barrier for around a quarter of both young families and BME groups. Older people were more likely apathetic (22 out of 47 people) or sceptical (13 people), and less likely to cite lack of time or external factors. Provider loyalty or preference was most common for BME groups.

Twenty-five people cited that further personalised and one-to-one discussion would have helped their decision-making, and 20 people wanted easier to use websites and clearer information. Twenty-two ‘non-switchers’ stated being previously unaware of tariff switching but now considering it, with over half (69; 54%) intending to switch in the next 12 months.

Discussion

The study included 151 demographically diverse participants, of whom 97% completed the study. Most were financially disadvantaged, with average income below the UK average(41,42), many in debt and reliant on state benefits. Although the project purposively sampled for particular demographic groups, the findings are relevant to London which has almost a quarter of a million people aged over 80 and 360,000 children living in workless households (43,44). The deprivation

levels reflect pockets of deprivation in all three boroughs, for example six of Hammersmith and Fulham's 16 wards are among the most deprived in England and in Westminster, two wards are among the top 10% of deprived wards in the UK (38-40).

Few people were initially aware of tariff switching, mainly due to lack of knowledge or interest, a common problem, particularly among vulnerable groups(25). During the project 13% of people attempted switching, which is similar or higher than figures for switching supplier over 12 months, for both general public (17,23) and following a similar intervention (32). A local project providing face to face advice on fuel poverty reported that only 3 out of 475 vulnerable people switched tariff, illustrating the need for specialised comprehensive advice (45). The key to the project's success is likely the one-on-one personalised advice and follow up support.

This study's findings that energy tariff switching is too complex can be attributed to the high number of options (24). This overexpansion of consumer choice has so complicated the process that benefits for the consumer are outweighed(47). Consumers are unable to independently make an informed choice (47), especially among vulnerable groups(48). This work supports Ofgem's proposals to simplify the tariff structure(17) also supported by stakeholders including Age UK (49)

In the face of such complexity, people resort to existing strategies and give limited attention to the decision as a practical solution in a busy life(46). The energy tariff market is unique - failure to switch does not indicate a generic reluctance to shop around(47).This study found that all four themes highlighted by Ofgem were important for vulnerable consumers: limited consumer capacity (too many options), status quo bias (prefer current option), loss aversion (not worth it) and time inconsistency (emphasise immediate gains over future savings)(49). Many participants fit Ofgem's 'disengaged' subgroup (although comparison is restricted by Ofgem's limited definitions), characterised by "chaotic financial circumstances", which represents 7% of the UK population(28), although in our study this group were characterised by "complex" rather than "chaotic" financial situations, related to complex lives, including health problems (physical and mental), disabilities,

multiple financial issues and family commitments. This meant they had little time or ability to explore tariff switching (25), or they prioritised other issues (25,46).

Another significant barrier was the mistrust of energy suppliers, as previously found, related to poor customer service (27) and bad experiences of doorstep selling(46), especially for older people (48). This lack of trust may mean consumers doubt energy companies' impartiality or authority when encouraging switching(27) and perceive them as deliberately making things complicated(25,27), clouding consumer's ability to assess information (27). Conversely, a minority of consumers expressed loyalty to their existing provider, identified in Ofgem study as 'loyalists' (25% of their sample)(28).

Although saving money is the key motivation for switching (23;24,50), potential savings may have to be as high as £78, long-term and certain to initiate switching (25,51), even for those on a low income(25).

This study highlights many barriers to reducing fuel poverty, which incorporate situational or contextual factors, attitudes, values, and obstacles(52), especially for older people where barriers included:

- necessity of careful saving and budgeting (53)
- lack of interest in change - 'happy as they are' (25)
- loyalty to existing supplier(25)
- rarely being active consumers (18,21,54).
- scepticism, perhaps from previous negative experiences, especially those living alone or cognitive impaired(48)
- habits such as turning down the heating (4)
- prioritising reducing energy use over health and welfare – economizing as a virtue (4), for example going without food or clothing to pay for heating(53).

- difficulties using websites(54).

There is thus a need for specific interventions for older people, who are often a neglected segment in marketing strategies (48,54), as not seen as a 'rewarding' audience.

In contrast, families with young children were most likely to switch and may prefer to seek cheaper deals than cut down usage, prioritising keeping young children warm (55,56). Young families are more likely internet competent, less risk adverse, not brand loyal, and more accustomed to navigating complex markets. A previous local intervention found that families with young children were particularly receptive to advice about switching(45). Many appeared to belong to the 'overwhelmed' category - aware of potential savings but restricted by time or indecision(25).

The one-on-one and personalised nature of the 'intervention' was crucial to its success, as previously found(47), and distinguishes it from other schemes such as Energy Best Deal(31). Participants found the comparison websites very confusing and hard to use, particularly older people. Previous work has also identified internet access as a barrier to switching for older people and those on low incomes (23,27).

Implications

There is a clear need for independent, personalised, one-on-one advice for vulnerable people making choices in complex markets, supporting government recommendations (50). This should follow the "proportionate universalism" recommended by the Marmot Review whereby actions are proportionate to the degree of deprivation, rather than solely targeted at a single group(51,57). As in the new Public Health Strategy, local government, public health, Citizen's Advice Centres and VCOs have a role in identifying those at risk from fuel poverty, providing information and advocating for them(11,47,52,55,56). In addition joint Health and Wellbeing Strategies written by local authorities and CCGs should address fuel poverty, through integration of effort and the use of whole systems approaches, and included in commissioning decisions. Although these changes are largely

supported by stakeholders, there are reservations regarding funding available(48,58) and consumer access to services (27). Tailored interventions are particularly needed for older people to take into account their complex and deep-seated barriers to switching and influences on their behaviour(52,54)

This study identified a high level of disengagement and apathy regarding the energy tariff system, particularly for vulnerable people with complex lives, including health and financial problems. It is hoped that the integration of health and social care resulting from the new UK Public Health strategy will encourage provision of more holistic services(10).

Limitations

This study is one of the first of its kind, but is subject to some limitations. Due to the action research approach utilised, there was variability in what the 'intervention' consisted of. Generalisability of the findings is limited by the small sample and non-random sampling method, as reflected in the demographic profile of the sample, in particular the prevalence of women and single adult households. In particular reliance on specific VCOs means generalisability beyond the service users of that VCO are limited. We recommend further research using population-based samples.

Although the interviewers tried to use a sensitive approach, the personal nature of some of the financial issues discussed and participants' mistrust of energy suppliers may have limited participants' disclosure during interviews.

With no 'control' group, changes in behaviour after the project cannot be definitively attributed to the intervention. More empirical evaluation is needed to study the effect of different interventions.

Conclusion

This study identified a high level of disengagement and apathy regarding the energy tariff system, particularly for vulnerable people with complex lives, including health and financial problems. Even

with a tailored intervention, few switched tariffs, despite potential financial and health benefits. Scepticism regarding the benefits, provider mistrust or loyalty and lack of knowledge remain significant barriers. Providing independent, one-on-one tariff advice appear to improve tariff switching rates substantially, although evidence is inconclusive and further studies are needed. It is imperative that government recommendations on the provision of consumer advice, representation and advocacy to help vulnerable consumers make choices in complex markets are implemented for the energy market. It is hoped the integration of public health and local government can begin to reduce fuel poverty by addressing tariff switching within the related fields of health, finance, housing and family.

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Competing interests

None to declare

Role of funders

A representative from the funding organisation was a member of the project management group.

Ethical approval

Ethical approval was given by London South Bank University Research Ethics Committee, ref UREC 1222.

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Table 1: **Demographics of sample**	
Gender	
Male	35 (24%)
Female	113 (76%)
Missing	2
Age	
19 – 29	11 (7%)
30 – 39	34 (23%)
40 - 49	30 (20%)
50 – 59	14 (9%)
60 – 69	5
70 – 74	4
75 or over	47 (32%)
Prefer not to say	4
Missing	2
Ethnic group	
White British	31 (25%)
Asian, Bangladeshi	23 (19%)
Black/Black British: African	14 (9%)
White Irish/Other White	11
Black/Black British: Caribbean	7
Mixed	7
Asian British	5
Other	23 (19%)
Prefer not to say	1
Missing	29
Born in the UK	41 (28%)
Missing	6
English first language	56 (39%)
Missing	6
Marital status	
Single	46 (31%)
Married or live as a couple	45 (30%)
Separated/divorced	33 (22%)
Widowed	20 (13%)
Other	2
Missing/ Prefer not to say	5
Children under 18 in household	
Yes	62 (41%)
No	79 (52%)
Missing	10 (7%)
Age finished education	
Not yet finished	10 (7%)
Never went to school	10 (7%)
14 or under	19 (13%)
15 to 17	36 (24%)
18 or over	72 (48%)
Missing	4
Employment	
Currently in education	21 (14%)
In full or part-time employment	25 (17%)
Not working at present	46 (31%)
Retired	57 (38%)

Table 2: Debts		
Debts	**n**	**%**
Credit/store cards	45	29.8
Bank overdraft	27	17.9
Bank loan	18	11.9
Personal loan (from friends/family)	17	11.3
Mortgage/rent arrears	16	10.6
Council tax arrears	13	8.6
Other (fines, payday loans, hire purchase, child maintenance)	6	4.1
Any debt	93	61.5%

Table 3: Actions taken	Spoke to advisor	Waiting to speak to advisor	Searched myself	Called provider directly	Written project information helped	**Total reporting some action taken***
Older people	15%	17%**	0%	4%	4%	**38%**
BME	17%	11%	4%	13%	9%	**42%**
Young families	22%	10%	8%	12%	6%	**46%**
*Participants could report more than one action **The majority were at Age UK						

Table 4: After the intervention, non-switchers' reasons for not switching	
Reasons for not switching	**Number of participants***
Not bothered/interested	39
Need longer than a week	29
Fear regarding changing or scepticism that savings would be made	27
Provider loyalty, trust or preference	27
Lack of knowledge	18
Saving money is not a priority in life compared to health or family	17
Previously switched or advised not to	14
External factors (mainly being in arrears with current provider)	12
Too busy generally	11
*Participants could give more than one reason	

Figure 1: Ethnicity for the three subgroups