

Cost of living: current awareness (sample bulletin, November 2022)

Databases searched: Proquest Public Health, Medline, CINAHL, Proquest Sociology Collection, Social Care Online, Social Policy and Practice, PsycInfo

Sample search strategy (Medline)

- 1 (cost* adj3 living).mp.
- 2 ((rising adj6 price* or (rise adj6 price*))).mp.
- 3 ((rising adj6 cost* or (rise adj6 cost*))).mp.
- 4 (wages or "universal credit*" or "tax credit*").mp.
- 5 ("food poverty" or "food bank*" or "food program*").mp.
- 6 (heat* adj3 eat).mp.
- 7 ("fuel poverty" or "energy poverty").mp.
- 8 ("warm bank*" or (heat* adj6 home*) or (cold adj3 home*))).mp.
- 9 "energy cap".mp. 1
- 10 ((child* adj4 poverty) or (famil* adj4 poverty)).mp.
- 11 Marmot.af.
- 12 or/1-11
- 13 limit 12 to english language
- 14 limit 13 to yr="2022"
- 15 remove duplicates from 14

Additional searches:

Google advanced search restricted to reports (.PDF files)

Keywords included: "cost of living", "fuel poverty", "energy poverty", "food banks", heating, "child poverty", "living standards", "cold homes"

Websites of relevant organisations

Scottish Government, Scottish Parliament

Scottish Government (2022) [The Cost of Living Crisis in Scotland: analytical report](#)

Edinburgh: Scottish Government

This report contains analysis from a range of sources describing some of the difficult decisions and trade-offs households are having to make due to the rising costs of essential goods. This situation is further compounded as many low income households have limited financial resilience. The crisis is also placing significant additional pressures on public and third sector services. It is already negatively affecting mental and physical health and driving up demand for health and social care services. Demand is increasing for third sector services such as food banks and advice services. The fact that demand is increasing at a time when the cost of delivering services is rapidly rising suggests that public and third sector services will come under sustained pressure this winter leading to difficult choices. The report also examines evidence on the types of households that are most affected by the cost of living crisis - particularly low incomes families comprising larger families; households in receipt of means-tested benefits (and those narrowly ineligible for means-tested benefits); households who rent their homes; disabled households; households with an unpaid carer; gypsy/travellers; rural and island households; single person households and single parent households. Certain groups are over-represented in these households, most notably minority ethnic groups and women. Minority ethnic households are more likely to have deeper levels of poverty and a greater proportion of their income is spent on essentials that are subject to inflation. Women are likely to experience indirect effects of cost pressures that are not always apparent in routine data. This can, for example, be due to formal or informal caring responsibilities and loss of income or career progression due to these caring responsibilities and divisions of domestic labour.

Scottish Government (2022). [Best start, bright futures: Tackling child poverty delivery plan 2022 to 2026](#). Edinburgh: Scottish Government.

Sets out the Scottish Government plans to tackle and reduce child poverty. Explains how the government intends to provide the opportunities and integrated support parents need to enter, sustain, and progress in work, through: a strengthened employment offer to parents; connectivity and childcare; and transformation of the economy. Discusses the maximisation of support available for families to live dignified lives and meet their basic needs, through the provision of: a transformational approach to people and place; social security; income maximisation measures;

and warm affordable homes. Addresses support to enable the next generation to thrive, by offering: policies to give the best start to life; support for children to learn and grow; and improvement of post school transitions. Concludes that, for the plan to have the intended impact on child poverty, all parts of the system must work together for the priority families and those who face the greatest disadvantage.

Scotland: reports by Scottish organisations or by other bodies about Scotland

Audit Scotland (2022). [Tackling child poverty](#). Edinburgh: Audit Scotland.

The briefing suggests that the Scottish Government has not yet demonstrated a clear shift to preventing child poverty. In 2019/20, over a quarter of children were living in poverty, affecting every aspect of their wellbeing and life chances and having wider implications for society. The current increases in the cost of living risk more children experiencing poverty.

(for Health Foundation) Miall, N; Fergie, G; Pearce, A. (November 2022) [Health Inequalities in Scotland: trends in deaths, health and wellbeing, health behaviours, and health services since 2000](#). Glasgow: **University of Glasgow**.

This report was produced as part of the Health Foundation's "Health Inequalities in Scotland: An independent review" ongoing programme of research. It shows the depth and breadth of health inequalities that affect the population of Scotland. These inequalities are seen across people's lives, in experiences of health and wellbeing, health-related behaviours, health and social care services, and in the timing and causes of deaths. In the first decade since 2000, there was a pattern of modest improvements in health and inequalities, particularly in mortality rates. However, many have stalled, and some have worsened in the decade since. Today, there are considerable inequalities in health and wellbeing, which are widest for the most severe outcomes, especially deaths that occur early in life and from causes linked to despair. The worsening picture over the past decade indicates the importance of action now, in the aftermath of the pandemic and facing a cost-of-living crisis, which will likely exacerbate inequalities further.

Joseph Rowntree Foundation (2022). [Poverty in Scotland 2022](#). York: Joseph Rowntree Foundation.

This report presents the findings of a poll of people in Scotland exploring their experiences of the current cost of living crisis. The research sought insight into: people's level of income, debt and savings; the things people have done to cut back as a result of the crisis; the things that people have done to try to increase their incomes to deal with the crisis; the impact that the crisis has had on health, family, social and work lives; households' ability to deal with unexpected costs and their general feelings of financial security; whether people thought that governments and businesses were doing enough to help in light of the crisis. The findings show that around one-third of all people have either no savings or under £250. This rises to nearly two-thirds for households who are unemployed and 70% for single parents. Going without essentials is endemic - nearly two in three (65%) have cut back on an essential, while one in four (26%) have cut back on three or more essentials. Even the basics are hard to come by, with three in four households having already cut back on the basics. The cost of living crisis is having a deleterious impact on people's mental health in particular. Some of the key household types that reported a negative impact on their mental health due to the cost of living crisis were: three in four families with a child where someone has a disability (74%); seven in ten single-parent families (69%); four in five families with a baby.

One Parent Families Scotland (2022) [Living without a lifeline](#). Edinburgh: OPFS.

This research sought to find out more about the experiences and priorities of single parent families in Scotland by asking single parents about any concerns or issues they were facing across various aspects of their lives. Almost all (97.9%) participants say they feel the impact of rising costs, either significantly or to some extent. Three in five (61.1%) participants say they are finding it either extremely difficult to afford or could no longer afford electricity, while 58.1% say the same about gas, and 43.7% say the same about food. More than one in five participants say they can no longer afford to buy clothes (21.2%), pay for travel (22.3%) or childcare (21.2%) at all. Over half (56.2%) of respondents say they feel anxious, stressed, or struggled with their mental health most of the time and over a quarter (29.6%) say they feel this way some of the time. Participants who are finding it extremely difficult to afford food or can no longer afford it are more than twice as likely as other participants to say they are struggling with their mental health 'most of the time', at 83.7% compared to 34.9%.

The Poverty Alliance (2022) [I don't live I survive: Women's experience of the cost of living crisis: briefing October 2022.](#) Poverty Alliance.

Interim findings from interviews conducted in August with 18 women affected by the cost-of-living crisis include: Rising energy prices were a key concern for women participating in the research, who were already struggling to manage costs in the summer. Rising costs of food and basic essentials were also a common concern. For women who participated in this research, deepening poverty was evident, with women claiming benefits and in low-paid work struggling to cope with rising costs. Falling into debt was a common experience for those interviewed including energy debt, bank overdrafts and rent arrears. Reliance on family and friends was frequent. Strong feelings of shame were reported particularly for mothers who felt guilty not being able to afford to leisure activities or to buy essential items for their children. Coping mechanisms such as eating less and cutting back on energy use were impacting on women's mental and physical health, particularly for those with pre-existing health conditions. Participants called for more support with energy prices as well as accessible advice and information on benefits and debt in local areas. They also called for local area improvements including in transport infrastructure, community food centres or local food pantries, free activities for families with provision of food and quicker access to mental health services.

Poverty and Inequality Commission (2022) [Poverty and Inequality Commission Cost of Living : Briefing : September 2022](#) Glasgow: Poverty and Inequality Commission.

This is the first in a series of quarterly briefings on the cost of living being prepared by the Poverty and Inequality Commission, based on its visits to community organisations and discussions with its Experts by Experience Panel. Debt and inability to buy food and pay bills is leaving people stressed and anxious, and increasing numbers of service users are experiencing mental health issues. One project spoke about asylum seeker families in particular and said that they were already isolated before the pandemic, but that this intensified during lockdown, with resulting mental health impacts. One organisation said that people who used their service were skipping meals and not using cooking facilities due to fear of the cost of them. One project reported seeing more hunger amongst children, while another said that it was having to divert a larger part of its budget into feeding people who came in for the groups it was running. Also includes comments on energy costs and food bank usage.

UK Government, Parliament, Office of National statistics

Office for National Statistics (2022) [Impact of increased cost of living on adults across Great Britain: June to September 2022](#)

Analysis of the proportion of the population that are affected by an increase in their cost of living, and of the characteristics associated with having difficulty affording or being behind on energy, mortgage or rental payments, using data from the Opinions and Lifestyle Survey. The proportion of all adults finding it difficult (very or somewhat) to afford their energy bills, rent or mortgage payments has increased through the year, almost half of adults (45%) who paid energy bills (40% in March to June 2022) and 30% paying rent or mortgages reported these being difficult to afford (26% March to June 2022). Over half (55%) of disabled adults reported finding it difficult to afford their energy bills, and around a third (36%) found it difficult to afford their rent or mortgage payments compared with 40% and 27% of non-disabled people, respectively. Around 4 in 10 (44%) White adults reported finding it difficult to afford their energy bills, compared with around two-thirds (69%) for Black or Black British adults and around 6 in 10 (59%) Asian or Asian British adults. Around 6 in 10 (60%) renters reported finding it difficult to afford their energy bills, and around 4 in 10 (39%) found it difficult to afford their rent payments compared with 43% and 23% of those with a mortgage, respectively. Around half of those with a personal income of less than £20,000 per year said they found it difficult to afford their energy bills; this proportion decreased as personal income increased, with around a quarter (23%) of those earning £50,000 or more reporting this. In the period 29 September to 9 October 2022, adults who paid their gas or electricity by prepayment (72%) more frequently reported difficulty affording energy than those who pay for gas and electricity using either direct debit or one-off payments (42%).

Office for National Statistics (2022) [Public opinions and social trends, Great Britain](#)

Regular bulletin which now includes questions on the rising cost of living.

House of Commons Library (2022). [Rising Cost of Living in the UK October 2022.](#) London: House of Commons Library.

The cost of living has been increasing across the UK since early 2021. The annual rate of inflation reached 10.1% in September 2022, a joint 40 year high, affecting the affordability of goods and services for households. This briefing gives an overview of rising prices, particularly food, energy and fuel prices, including the effect of the conflict in Ukraine. It outlines Government support as well as how rising prices, interest rates and other policies will affect household budgets.

House of Commons Library (2022). [**Food poverty: Households, food banks and free school meals.**](#) London: House of Commons Library

A YouGov survey by the Food Foundation found that in April 2022, 15.5% of all UK households were food insecure (ate less or went a day without eating because they couldn't access or afford food). There are no official statistics on food banks, but there are around 1,300 Trussell Trust food banks and 1,034 Independent Food Aid Network (IFAN) food banks in the UK. In January 2022, there were around 1.9 million pupils known to be eligible for FSM.

UK, England, Wales: reports by other organisations

Barnardos (2022) [**At what cost? The impact of the cost-of-living crisis on children and young people.**](#) London: Barnardos.

Examines the impact of the cost-of-living crisis on children and young people. Children in the most vulnerable and precarious circumstances will be among those most exposed to the cost-of-living crisis, as more pressure is piled on children, young people and families. Families with nothing left to cut back on are no longer having to choose between heating or eating – instead they're unable to afford either. Mental health challenges, which were already exacerbated by the Covid-19 pandemic, are likely to continue to grow as rising living costs create greater anxiety for children, young people and their families.

Carers UK (2022). [**Heading for crisis: Caught between caring and rising costs.**](#) London: Carers UK.

This report focuses on the impact of the cost of living crisis on unpaid carers. It is based on a survey of over 13,000 unpaid carers, who completed our State of Caring survey 2022 and finds that: carers are a particularly vulnerable group to the effects of the cost of living crisis, due to their limited ability to earn an income and the extra costs they incur as a result of caring; 1 in 6 (16%) unpaid carers are in debt as a result of their caring role and their financial situation, increasing to 2 in 5 (40%) for unpaid carers in receipt of Carer's Allowance; the proportion of carers unable to afford their utility bills has more than doubled since last year - from 6% in 2021 to 14% in 2022; 77% of carers said that the rising cost of living was one of the main challenges they would face over the coming year; more than a third of carers are spending a significant amount of their income on energy costs: 35% of carers said that over 20% of their income went towards their gas and electricity bills. 62% of carers agreed that the increase in the cost of living was having a negative impact on their physical and mental health. Nearly all carers who are struggling to make ends meet (93%) agreed that the increase in the cost of living was having a negative impact on their mental and physical health.

Child Poverty Action (2022). [**Benefit cap: Cost of living in a crisis.**](#) London: Child Poverty Action Group. London: Child Poverty Action Group.

This briefing assesses the impact of freezing the benefit cap on the poorest households. It has never been updated to reflect the rising cost of living. The cap currently affects 120,000 households - 113,000 of which (94 per cent) are capped because of a failure to update with inflation. If the benefit cap is not updated when benefits increase in April 2023, it will mean that 120,000 of the poorest households (and 300,000 children) across the country will receive no help with their higher costs. Also, an estimated 35,000 additional households will be subject to the cap. The benefit cap pushes households into deep poverty - an average capped couple with 2 children is £150 a week below the poverty line.

Health Foundation (2022). [**The cost of caring: Poverty and deprivation among residential care workers in the UK.**](#) London: Health Foundation

This briefing analyses national survey data from 2017/18 to 2019/20. It found over a quarter of the UK's residential care workers lived in, or were on the brink of, poverty. Nearly 1 in 10 experienced food insecurity. It also found that around 1 in 8 children of residential care workers were 'materially deprived', meaning they may not have access to essential resources such as fresh fruit and vegetables or adequate winter clothing. The prevalence of poverty and deprivation in residential care is similar to hospitality, retail and administration. But residential care workers experienced much higher rates than most workers, and were at least twice as likely to experience

poverty and food insecurity than health workers. Their dependent children were nearly four times as likely to experience material deprivation than children of health workers.

Institute of Health Equity (2022) [*Fuel poverty, cold homes and health inequalities in the UK*](#). London: Institute of Health Equity

The Institute of Health Equity is led by **Sir Michael Marmot**. This report reviews the evidence on both the direct and indirect impacts of fuel poverty and cold homes on health; the inequalities in who this affects the most, and the relation between health inequalities and climate change. It makes the case for prioritising reducing fuel poverty through policy suggestions at both the national and local level.

Joseph Rowntree Foundation (2022). [*UK poverty 2022: The essential guide to understanding poverty in the UK*](#). York: Joseph Rowntree Foundation.

The report provides evidence for trends in poverty in relation to overall poverty rates for children, working-age adults and pensioners; family composition, age and sex; depth and duration of poverty; geography and poverty; work and poverty; benefit receipt and poverty; housing and poverty; ethnicity and poverty; disability, carers, and poverty.

Joseph Rowntree Foundation (2022). [*From pandemic to cost of living crisis: Low-income families in challenging times*](#). York: Joseph Rowntree Foundation.

This report draws on a longitudinal study which followed a set of families on low incomes and their experiences of making ends meet over six years before and during the pandemic. It is based on interviews with parents in 13 families in November and December 2021, focusing on how families managed as the pandemic extended into a second year. The uncertainty and instability faced by families with unpredictable income from work and benefits is now being exacerbated by the cost of living crisis which is predicted to have severe consequences for families already struggling to make ends meet. To address this growing crisis, action is required on a wide range of fronts. Families need: a state safety net that provides adequate and reliable financial support, at least rising with inflation; employment laws supporting access to secure, adequately paid employment, allowing people control over hours to fit in with family life; statutory sick pay paid from the first day of sickness, rather than the fourth; public services, including the benefits system, mental health and other GP services that are easier to access with better information and easier channels of communication; measures to help families achieve full digital access; greater efforts by policymakers to connect and engage with people like those in this study who can feel overlooked, with further action to ensure people's concerns are heard and addressed. Retrieved from

Joseph Rowntree Foundation (2022). [*Going without: Deepening poverty in the UK*](#). York: Joseph Rowntree Foundation.

This report considers the changing face of very deep poverty and the risk of going without the essentials. It paints a picture of concentrated deprivation for some family types as the UK entered first the pandemic, then the cost of living crisis.

Libraries Connected (2022). [*Libraries and the cost of living crisis*](#). Libraries Connected.

Looks at how public libraries are responding to the current cost of living crisis. Increasing numbers of people are visiting libraries, particularly higher numbers of homeless people and those avoiding energy use at home, and libraries are being approached for help on the warmer homes initiatives, mental health support and scam awareness. Highlights the range of services being delivered by libraries to help people cope with the cost of living crisis, including: information and advice - particularly on budgeting, personal finance and debt; digital support - including help in using the internet to switch utility suppliers; equipping people with skills - such as reducing household bills, budget cooking workshops and support for rough sleepers looking for employment; hosting food, clothing and hygiene banks; and running clubs and cultural activities, including groups for older people and children. Highlights the importance of libraries as trusted, welcoming and accessible places, and argues that the large number of libraries across the UK means they are ideally placed to reach those most affected by the cost of living crisis. includes case studies.

King's Fund (2022) [*Poverty and the health and care system*](#). London: King's Fund.

The King's Fund and the Centre for Progressive Policy joined forces in spring 2022 to explore how the health and care system can better respond to the causes and impacts of poverty. The two organisations support local leaders in the health and care system and in the field of economic development respectively. While the two-way relationship between health and deprivation is relatively well documented, the development of health and care systems that take socio-economic circumstances into account in decision-making is made challenging by local institutional boundaries

and information gaps. To start addressing these problems, we have worked with health and local authority organisations to understand their perspectives on poverty and particularly the role of data in mitigating, reducing and preventing poverty and its effects on health. Changes to the health and care system, most notably the emergence of integrated care systems (ICSs), have created opportunities to systematically embed joint working between ICSs and their partners, including local and national government.

National Voices (2022) [Behind the headlines: The unequal impact of the cost of living crisis](#). (2022). London: National Voices.

National Voices is the leading coalition of health and social care charities in England with over 200 members. This report brings together data and case studies from members on what the cost of living crisis means for people living with ill health. Increasing numbers of people are unable to meet their basic living needs such as adequate heating for the home, appropriate clothing or adequate nutrition which will likely lead to increasing ill health. Topics covered include cancer, kidney conditions, older people and homelessness. The report is concluded by a set of recommendations.

Nuffield Foundation (2022). [Every day is a struggle: Life at the sharp end of the cost-of-living crisis](#). London: Nuffield Foundation

Reports on the experiences of parents and carers living on low incomes. Highlights the personal experiences of people having to choose between 'heating and eating', and of parents (particularly mothers) going without in order to provide for their children. Considers both the physical and emotional impact of going without food and/or heating. Discusses 'the labour of poverty', that is, the effort invested in just 'getting by' on a low income. Notes that people were struggling on low incomes prior to the cost of living crisis. Suggests that there is a need to both address the immediate and urgent crisis, but this should be accompanied by further measures to address the longer term problem of stagnant or falling incomes. Recommendations include: increasing the value of benefits in line with the rising cost of living double child benefit; bringing the minimum wage up to the real living wage; removing VAT from energy bills; reforming energy companies; subsidising bills via a windfall tax on energy companies; extending the Warm Homes Discount; and providing an emergency one-off payment of £200.

Nuffield Foundation (2022). [The relationship between poverty and child abuse and neglect \(CAN\) : New evidence: Final report](#). London: Nuffield Foundation.

Strong evidence shows that poverty, measured in multiple ways, is associated with increased levels of one or more forms of CAN. Changes in income alone, holding all other factors constant, have a major impact on the numbers of children being harmed. Reductions in income and other economic shocks increase the numbers of children being subject to neglect and abuse, while improvements in income reduce those figures. Numerous studies demonstrate that population level income increases for families in poverty, for example, from higher benefits, reduce the chances of child maltreatment. While economic shocks, such as a sudden loss of income or employment, are shown to have negative impacts on children. Welfare receipts are shown to mitigate the effects of family level economic shocks. Neighbourhood factors, including the concentration of poverty, social cohesion, and social control, can reduce or exacerbate the effects of individual family poverty in a number of ways which require further investigation. There tends to be a 'one size fits all' approach to service planning and delivery which does not pay sufficient attention to intersectionality or to inequalities of place. Evidence suggests insufficient attention is paid to the different roles played by mothers and fathers in relation to securing and spending.

NHS Providers (2022) [Rising Living Costs: The Impact on NHS, Staff and Patients](#). NHS Providers.

All NHS Providers are concerned about the mental, physical and financial wellbeing of staff as a result of cost of living pressures, and the majority (61%) report a rise in staff sickness absence due to mental health. Trusts report staff struggling to afford to come to work, with almost three quarters of respondents (71%) describing this as having a significant or severe impact on their trust. Trusts say the rising cost of living is causing staff to look for roles elsewhere: two thirds (68%) report a significant or severe impact from staff leaving the trust for other sectors. This increased turnover is costly for trusts and can disrupt their response to operational pressures. The vast majority of trust leaders (95%) said that the cost of living had either significantly or severely worsened health inequalities in their local area. As rising housing, energy and food costs put more people in the position of making difficult choices about heating or eating, trust leaders expect to see more people pushed into poverty and its health consequences. Trusts already report a rise in demand due to the rising cost of living. The majority (72%) say they have seen an increase in

mental health presentations due to stress, debt and poverty. Trusts are increasingly working in partnership and providing additional community outreach services to support staff and patients. Some are offering widened access to digital initiatives for remote services, or providing referrals to local foodbanks, debt advice services, and other services which support people in financial difficulty.

Runnymede Trust (2022). [**Falling faster amidst a cost-of-living crisis: Poverty, inequality and ethnicity in the UK.**](#) London: Runnymede Trust.

Black and minority ethnic households are disproportionately exposed to the current cost-of-living crisis. Just under a third (32%) of White people are likely to experience fuel poverty this winter compared to more than half (52%) of Black and minority ethnic people (rising to two thirds (66%) of Pakistani and Bangladeshi people).

YMCA (2022) [**Inside the Cost of Living Crisis**](#)

Young people who are on benefits are skipping meals, turning to food banks and making more unhealthy choices because of the lack of money they have. They are already making tough decisions to go without heating in order to save on increasing energy costs, long before winter sets in. Others who have their bills included in their personal service charge will go without Government interventions, such as the £400 energy rebate, as living in supported accommodation is not seen as a "household", even though they are required to make a personal contribution to the cost. Financial resilience amongst young people on benefits is low and many of them are already in high levels of debt. Young people's mental health declined as a result of the cost of living crisis: many of them could no longer afford to do anything social or even travel anywhere because all they could afford to do is survive. The worry alone also increased levels of depression and anxiety.

Articles (contact lyn.mair@nhs.scot for full-text)

Bates, J. (2022). **Helping others, but in the food bank queue – it's a national disgrace.** *Nursing Standard*, 37(7), 12-12. doi:10.7748/ns.37.7.12.s8

The author criticises the government of the United Kingdom for not doing enough to improve the plight of nurses, with some nurses forced to go to food banks to have something to eat.

Briggs, V. (2022). **Practical support for your mental health and well-being: With short-staffing, ongoing COVID-19 pressures and the cost-of-living crisis hitting home, here are ways that nursing staff and managers can help colleagues and themselves.** *Nursing Management - UK*, 29(5), 15-17. doi:10.7748/nm.29.5.15.s6

Mental health support for nurses and other healthcare workers will need to be extended for 'much, much longer' and beyond this pandemic, according to England's chief nurse. Ruth May made the comments earlier this year at The Wounded Healer – a conference on NHS practitioner health. She called for continued investment in health and well-being support for healthcare workers in view of the scale and severity of the COVID-19 pandemic.

Clair, A., & Baker, E. (2022). **Cold homes and mental health harm: Evidence from the UK Household Longitudinal Study.** *Social Science & Medicine*, 115461.

Cold homes are associated with a range of serious health conditions as well as excess winter mortality. Despite a comparatively mild climate cold homes are a significant problem in the UK, with a recent estimate finding that over one-quarter of low-income households had been unable to adequately heat their home in winter 2022. The magnitude of cold housing in a country that benefits from a mild climate indicates indifference towards, or acceptance of, a significant minority of people living in inadequate conditions on the part of policy makers. Cold homes are therefore a source of social harm. Recent changes to the household energy price cap, the rising cost of living, the ongoing effects of the benefit cap, and below inflation uprating to social security benefits is likely to greatly exacerbate this issue. In this research we use data from the UK Household Longitudinal Study to explore whether living in a cold home causes mental health harm. We control for mental distress and housing temperature on entry to the survey in order to account for the potentially bi-directional relationship. Multilevel discrete-time event history models show that the transition into living in a home that is not suitably warm is associated with nearly double the odds of experiencing severe mental distress for those who had no mental distress at the beginning of the survey; and over three times the odds of severe mental distress for those previously on the borderline of severe mental distress. These results show the significant costs of failing to ensure that people are able to live in homes in which they are able to live comfortably by even the most basic standards. These costs will be felt not just individually, but also more broadly in terms of increased health spending and reduced working.

Davillas, A., Burlinson, A., & Liu, H. H. (2022). **Getting warmer: fuel poverty, objective and subjective health and well-being.** *Energy Economics*, 106, 105794.

This paper uses data from *Understanding Society: the UK Household Longitudinal Study* to explore the association between fuel poverty and a set of wellbeing outcomes: life-satisfaction, self-reported health measures and more objectively measured biomarker data. Over and above the conventional income–fuel cost indicators, we also use more proximal heating deprivation indicators. We create and draw upon a set of composite indicators that concomitantly capture (the lack of) [affordability](#) and thermal comfort. Depending on which fuel deprivation indicator is used, we find heterogeneous associations between fuel poverty and our wellbeing outcomes. Employing combined fuel deprivation indicators, which takes into account the income–fuel cost balance and more proximal perceptions of heating adequacy, reveals the presence of more pronounced associations with life satisfaction and fibrinogen, one of our biological health measures. The presence of these strong associations would have been less pronounced or masked when using separately each of the components of our composite fuel deprivation indicators as well as in the case of self-reported generic measures of physical health. Lifestyle and chronic health conditions play a limited role in attenuating our results, while material deprivation partially, but not fully, attenuates our associations between fuel deprivation and wellbeing. These results remain robust when bounding analysis, IV and [panel data models](#) are employed to test the potential role of various sources of endogeneity biases. Our analysis suggests that composite fuel deprivation indicators may be useful energy policy instruments for uncovering the underlining mechanism via which fuel poverty may get “under the skin”.

Hill, K. N. (2022). **Fuel poverty: Not a new phenomenon.** *Practice Nursing*, 33(10), 397-397. doi:10.12968/pnur.2022.33.10.397

The author comments that the fuel poverty that is being experienced in the United Kingdom in 2022 is not a new phenomenon given that the estimated one in five households containing dependent children experienced fuel poverty in 2020.

Hinde, S., Howdon, D., Lomas, J., & Franklin, M. (2022). **Health inequalities: To what extent are decision-makers and economic evaluations on the same page? an english case study.** *Applied Health Economics and Health Policy*, 20(6), 793-802. doi:<https://doi.org/10.1007/s40258-022-00739-8>

Economic evaluations have increasingly sought to understand how funding decisions within care sectors impact health inequalities. However, there is a disconnect between the methods used by researchers (e.g., within universities) and analysts (e.g., within publicly funded commissioning agencies), compared to evidence needs of decision makers in regard to how health inequalities are accounted for and presented. Our objective is to explore how health inequality is defined and quantified in different contexts. We focus on how specific approaches have developed, what similarities and differences have emerged, and consider how disconnects can be bridged. We explore existing methodological research regarding the incorporation of inequality considerations into economic evaluation in order to understand current best practice. In parallel, we explore how localised decision makers incorporate inequality considerations into their commissioning processes. We use the English care setting as a case study, from which we make inference as how local commissioning has evolved internationally. We summarise the recent development of distributional cost-effectiveness analysis in the economic evaluation literature: a method that makes explicit the trade-off between efficiency and equity. In the parallel decision-making setting, while the alleviation of health inequality is regularly the focus of remits, few details have been formalised regarding its definition or quantification. While data development has facilitated the reporting and comparison of metrics of inequality to inform commissioning decisions, these tend to focus on measures of care utilisation and behaviour rather than measures of health. While both researchers and publicly funded commissioning agencies are increasingly putting the identification of health inequalities at the core of their actions, little consideration has been given to ensuring that they are approaching the problem in a consistent way. The extent to which researchers and commissioning agencies can collaborate on best practice has important implications for how successful policy is in addressing health inequalities.

Hughes, M. (2022). **We helped 5,404 residents with their energy costs.** *Local Government Chronicle*, (7775), 2.

Looks at an initiative led by Portsmouth City Council to support residents to increase energy efficiency and reduce carbon emissions in their homes. Outlines the extent of fuel poverty among Portsmouth households, and describes the role of the council's energy services team in providing technical expertise to social housing residents. Describes the development of the Switched On

Portsmouth initiative to support residents in saving energy and money in their homes, outlining the range of service offered including free advice, access to low cost loans for energy efficiency upgrades and the provision of apps and online learning materials. Looks at progress made since the launch of the initiative, including securing capital grant funding for Portsmouth residents for energy efficiency measures, the numbers of households supported and resulting carbon savings.

Mohan, G. (2022). **Impact of household energy poverty on the mental health of parents of young children.** *Journal of Public Health, 44*(1), 121-128. doi:10.1093/pubmed/fdaa260
Background Energy poverty, typified by cold homes and/or an inability to afford energy bills, presents risks to the mental health of occupants. Parents of young children may be especially susceptible to a mental health toll from energy poverty since they have a significant care obligation and spend much of their day at home. Methods Data from the Growing Up in Ireland study inform this longitudinal analysis. Results A 1.64 greater odds of maternal depression were estimated for households containing young children characterized by energy poverty $P = 0.000$; 95% confidence interval (CI): 1.31–2.05]. For energy poor households with older children (9 years and above), the odds of maternal depression were also higher odds ratio (OR) 1.74, $P = 0.001$; 95% CI: 1.27–2.39]. Fathers of young children had greater odds of depression in energy poor households (OR 1.59, $P = 0.002$; 95% CI: 1.19–2.12), though the deleterious effect on mental health was not statistically significant for fathers of older children. Conclusions Energy poverty increases the likelihood of depression in parents. These findings merit policy attention since a mental health burden is in itself important, and more widely, parental well-being can influence child development and outcomes.

Iacobucci, G. (2022). **Rising cost of living is damaging people's health, says royal college.** *BMJ*.

Over half of UK people in a survey commissioned by the Royal College of Physicians have reported that their health has been negatively affected by the rising cost of living. The poll by YouGov was conducted after members of the college reported the effects they were seeing of the squeeze in living standards on people's health, and the resulting impact on health inequalities.

Knight, J. K., & Fritz, Z. (2022). **Doctors have an ethical obligation to ask patients about food insecurity: what is stopping us?** *Journal of Medical Ethics, 48*(10), 707-711.
Inadequate diet is the leading risk factor for morbidity and mortality worldwide. However, approaches to identifying inadequate diets in clinical practice remain inconsistent, and dietary interventions (on both individual and public health policy levels) frequently focus on facilitating 'healthy choices', with limited emphasis on structural constraints. We examine the ethical implications of introducing a routine question in the medical history about ability to access food. Not collecting data on food security means that clinicians are unable to identify people who may benefit from support on an individual level, unable to consider relevant dietary risk factors for disease and disease progression and unable to monitor population trends and inequalities in dietary access in order to design effective policy interventions. We argue that the current lack of routine screening for food insecurity is inconsistent with our approach to other health behaviours (eg, smoking and alcohol use), as well as with doctors' frequent informal role as gatekeepers to the food aid system, and recent calls for governmental action on food insecurity and health inequalities from individual clinicians and professional bodies. Potential ethical barriers to asking patients about food security are addressed, including concerns about stigma, limiting autonomy, fair resource allocation, unclear professional remit and clinicians' ability to offer effective interventions. We suggest that there is an ethical imperative for doctors to ask patients about their ability to access healthy food. Gathering this data provides a valuable first step in re-framing the social determinants of health as modifiable risks, rather than inevitable inequities.

The Lancet. Public Health (2022). **The cost of living: an avoidable public health crisis.** *The Lancet. Public Health, 7*(6), e485.
Editorial.

McNee, R., & Williams, E. (2022). **Rising cost of living's effect on infant feeding.** *bmj, 377*.
Comment by charity.

Marmot, M. (2022). **There doesn't need to be a trade-off between sustainability and the cost-of-living crisis.** *bmj, 379*.
Sustainability, net zero carbon emissions, and advancing health equity can, and must, go together, writes Michael **Marmot**.

Ord, J., & Monks, A. (2022). **Food poverty and youth work – a community response**. *Critical Social Policy*, 42(1), 64-84. doi:10.1177/0261018321996534

This article discusses the findings of a small-scale study investigating the impact of food poverty on youth work in community based open access settings. It documents the growing impact of food poverty on the role of youth work in deprived communities and explores the role youth workers play in addressing it. Firstly this 'community response' addresses the issue of food poverty in localities where it arises. However, it not only meets basic needs, but it also helps build social capital by enacting important social relationships associated with food by 'eating together'. Such responses also have the potential to combat stigma and abjection through the creation of critical consciousness and political education. The research also highlights the need for greater coordination of this response and for youth centres to be less isolated from other services.

Pearce, L. (2022). **It's time to offset the hike in petrol prices: As the cost of living crisis deepens, we look at NHS mileage rates and explore the urgent need for measures to help nurses cope**. *Nursing Standard*, 37(6), 11-11. doi:10.7748/ns.37.6.11.s7

Nurses are calling on the NHS Staff Council to review its mileage allowance guidelines in light of soaring petrol prices.

Sawyer, A., Sherriff, N., Bishop, D., Darking, M., & Huber, J. W. (2022). **"It's changed my life not to have the continual worry of being warm" - health and wellbeing impacts of a local fuel poverty programme: A mixed-methods evaluation**. *BMC Public Health*, 22(1), 786-786. doi:10.1186/s12889-022-12994-4

Background: Living in a cold home and being fuel poor can contribute to adverse physical and mental health. Energy efficiency interventions are considered the simplest ways of tackling fuel poverty and preventing associated negative health, wellbeing, and socio-economic consequences. The overall aim of the current study was to provide a greater understanding of the impact of a locally administered programme, which funded the installation of major heating/insulation measures in areas of high fuel poverty, on the health and wellbeing of beneficiaries of the programme. Methods: A mixed-methods approach to explore the health and wellbeing impacts of a fuel poverty programme in East Sussex that took place between October 2016 and March 2018. Beneficiaries completed the Warwick-Edinburgh Mental Wellbeing Scale before and after any heating/insulation work had been completed in their home. Beneficiaries were also asked to retrospectively rate their health pre- and post-installation. Interviews with 23 beneficiaries of the programme were conducted to explore in-depth the impact of the programme on people's health and wellbeing and the wider social determinants of health. Results: A major heating/insulation measure was installed in 149 homes. The majority of measures installed were boilers (57.7%) and new central heating systems (32.2%). Self-rated health and wellbeing were significantly higher post-installation. Interviewees described clear examples of the positive impacts on physical health and wellbeing such as fewer chest infections, reduced pain, feeling less anxious and depressed, and generally feeling happier and more relaxed. Interviews also highlighted broader areas of impact such as reduced social isolation and increased use of domestic space. Many of the beneficiaries also reported a reduction in their energy bills since their new heating systems had been installed. Conclusions: The findings from the evaluation suggest that the installation of major heating or insulation measures such as new boilers have substantial benefits for the health and wellbeing of beneficiaries. The findings also suggest that the programme had a positive impact on wider determinants of health including reduction in stress and isolation that are likely to be part of the pathways between fuel poverty interventions and mental and physical health outcomes.

Stacey, A. (2022). **Student attrition: What's happening with the COVID-19 cohort?: A nursing standard investigation shows 33% of those who began degree courses in 2018 did not graduate in 2021, as the pandemic and cost of living added to pressures**. *Nursing Standard*, 37(10), 10-12. doi:10.7748/ns.37.10.10.s7

The article discusses a study by the journal which found that attrition on nursing degrees remains stubbornly high with a third of United Kingdom students leaving their course in 2021. Topics include problems with staff retention, an issue that has divided opinion on attrition, and comments from nursing workforce expert James Buchan.

Thomson, R. M., Igelström, E., Purba, A. K., Shimonovich, M., Thomson, H., McCartney, G., ... & Katikireddi, S. V. (2022). **How do income changes impact on mental health and wellbeing for working-age adults? A systematic review and meta-analysis**. *The Lancet Public Health*, 7(6), e515-e528.

Lower incomes are associated with poorer mental health and wellbeing, but the extent to which income has a causal effect is debated. We aimed to synthesise evidence from studies measuring the impact of changes in individual and household income on mental health and wellbeing outcomes in working-age adults (aged 16–64 years). For this systematic review and meta-analysis, we searched MEDLINE, Embase, Web of Science, PsycINFO, ASSIA, EconLit, and RePEc on Feb 5, 2020, for randomised controlled trials (RCTs) and quantitative non-randomised studies. We had no date limits for our search. We included English-language studies measuring effects of individual or household income change on any mental health or wellbeing outcome. We used Cochrane risk of bias (RoB) tools. We conducted three-level random-effects meta-analyses, and explored heterogeneity using meta-regression and stratified analyses. Synthesis without meta-analysis was based on effect direction. Critical RoB studies were excluded from primary analyses. Certainty of evidence was assessed using Grading of Recommendations Assessment, Development and Evaluation (GRADE). Findings: Of 16 521 citations screened, 136 were narratively synthesised (12.5% RCTs) and 86 meta-analysed. RoB was high: 30.1% were rated critical and 47.1% serious or high. A binary income increase lifting individuals out of poverty was associated with 0.13 SD improvement in mental health measures (95% CI 0.07 to 0.20; $n=42\ 128$; 18 studies), considerably larger than other income increases (0.01 SD improvement, 0.002 to 0.019; $n=216\ 509$, 14 studies). For wellbeing, increases out of poverty were associated with 0.38 SD improvement (0.09 to 0.66; $n=101\ 350$, 8 studies) versus 0.16 for other income increases (0.07 to 0.25; $n=62\ 619$, 11 studies). Income decreases from any source were associated with 0.21 SD worsening of mental health measures (-0.30 to -0.13 ; $n=227\ 804$, 11 studies). Effect sizes were larger in low-income and middle-income settings and in higher RoB studies. Heterogeneity was high ($I^2=79-87\%$). GRADE certainty was low or very low. Interpretation: Income changes probably impact mental health, particularly where they move individuals out of poverty, although effect sizes are modest and certainty low. Effects are larger for wellbeing outcomes, and potentially for income losses. To best support population mental health, welfare policies need to reach the most socioeconomically disadvantaged.

Tu, G., Morrissey, K., Sharpe, R. A., & Taylor, T. (2022). **Combining self-reported and sensor data to explore the relationship between fuel poverty and health well-being in UK social housing.** *Wellbeing, Space and Society*, 3, 100070.

Linking novel real-time sensor data with comprehensive individual baseline survey data, this study estimates the effect of fuel poverty on the physical and mental health of social housing tenants in the southwest of the UK. Structural equation modeling is applied to show that fuel poverty has a significant negative effect on mental health. Other socio-economic characteristics (such as age, household size) and house characteristics (e.g., energy-efficient rating, house type) are associated with fuel poverty. Fuel poverty is also related to poorer mobility. Our results suggest that special attention should be paid to tenants with disabilities and chronic diseases since they are more vulnerable to fuel poverty and health issues.

Turner, A. (2022). **Cost of living crisis 'severely' hitting people accessing children's and adults' services, social workers warn.** *Community Care*, Respondents to Community Care survey cite rising food and fuel poverty, debt and mental health crisis, with people receiving council-funded care cancelling essential services and many families seeking financial help.

Williams, S. N., & Dienes, K. (2022). **The 'Cost of Living Crisis' and its effects on health: A qualitative study from the UK.** ****PREPRINT****

OBJECTIVE The study explored the impacts of an economic crisis – the UK's 'cost of living crisis' – on mental and physical health from the perspectives of people themselves. It also explored how people coping with this crisis, and as a secondary objective, explored if, and if so how, the COVID-19 pandemic was shaping, their experiences or views of the cost of living crisis. **DESIGN** This qualitative study consisted of online focus groups carried out between September 14th- 29th 2022. Data were analysed using a thematic approach. **SETTING** Focus groups took place via (Zoom) videoconferencing. **PARTICIPANTS** Participants ($n= 28$) were all UK adults, recruited as part of the Public Views during the Covid Pandemic (PVCVID) study. **RESULTS** Most participants, and particularly those on low or insecure income or living in deprived communities, felt that the cost of living crisis was having negative impact on their mental and emotional health and wellbeing. Analysis generated five main themes, three related to why the cost of living crisis was affecting their health: (1) Anxiety over an uncertain future; (2) Worry about others; (3) A loss of control and two related to the ways in which people were coping, or trying to cope, with the crisis: (1) Resilience and Family and community support. **CONCLUSIONS.** This study found that the cost of living crisis is having significant impacts on health, particularly on the mental health of those on

low- or insecure-incomes or from deprived communities. Further research and policy investment is needed to explore ways to provide emotional as well as practical/financial support for those most vulnerable to economic crises.

Wood, E., Bevin, A., Loud, F., & Jenkins, K. (2022). **How will the cost-of-living crisis impact home haemodialysis?**. *Journal of Kidney Care*, 7(5), 236-239.

What is the current state of home haemodialysis in UK, and what might be the impacts of the cost-of-living crisis? In this two-part article, Eleri Wood and Amanda Bevin draw together opinions from patients and professionals about home haemodialysis in the summer of 2022, and Fiona Loud and Karen Jenkins explain the challenges presented by rising utility costs and why people dialysing at home should have their costs covered

Young, D., & Bates, G. (2022). **Maximising the health impacts of free advice services in the UK: A mixed methods systematic review.** *Health & Social Care in the Community*, 30(5), 1713-1725. doi:<https://doi.org/10.1111/hsc.13777>

After a decade of austerity spending cuts and welfare reform, the COVID-19 pandemic has posed further challenges to the finances, health and wellbeing of working-age, low-income people. While advice services have been widely seen (and funded) as an income maximisation intervention, their health and well-being impact is less clear. Previous systematic reviews investigating the link between advice services and health outcomes have found a weak evidence base and cover the period up until 2010. This mixed methods review examined up to date evidence to help understand the health impacts of free and independent welfare rights advice services. We included evaluations of free to access advice services on social welfare issues for members of the public that included health outcomes. Through comprehensive searches of two bibliographic databases and websites of relevant organisations we identified 15 articles based on a mixture of study designs. The advice interventions evaluated were based in a range of settings and only limited information was available on the delivery and nature of advice offered. We undertook a convergent synthesis to analyse data on the effectiveness of advice services on health outcomes and to explain variation in these outcomes. Our synthesis suggested that improvements in mental health and well-being measures are commonly attributed to advice service interventions. However, there is little insight to explain these impacts or to inform the delivery of services that maximise health benefits. Co-locating services in health settings appears promising and embracing models of delivery that promote collaboration between organisations tackling the social determinants of health may help to address the inherent complexities in the delivery of advice services and client needs. We make recommendations to improve routine monitoring and reporting by advice services, and methods of evaluation that will better account for complexity and context.