

BY EMAIL RIIO3@ofgem.gov.uk

7th February 2025

Dear Ofgem,

RE: Call for Evidence on the Electricity Transmission, Gas Transmission and Gas Distribution Business Plans for RIIO-3

This submission is undertaken by the UK's largest dedicated bereavement support charity – Cruse Bereavement Support. Cruse Bereavement Support is the UK's leading bereavement support charity, having formed in 1959 Cruse annually supports around 100,000 people, across 83 local branches, our helpline and national services, and in community-based activities. Over 100,000 people engaged with us over social media last year, to understand how best to support themselves and others. We also have extensive web content, visited by over 1 million people per annum.

I am Andrew Phillip Langford, the author of this submission. I am national Clinical Director for Cruse Bereavement Support. I am a trained and practising British Association for Counselling and Psychotherapy psychotherapist and clinical supervisor, and have worked within the field of bereavement, suicide prevention and trauma for 22 years. I am also a researcher with the Open University, in the area of thanatology. I lead Cruse's external policy and engagement work with other bereavement organisations.

We are commenting on SGN's Vulnerability Strategy, specifically on Section D, entitled The vulnerability challenge, in which a vulnerability of definition is established, the extent to which vulnerability is present within SGN's customer group, and factors that impact on customer vulnerability. We have been consulted during the of the development of this strategy, having participated in SGN's stakeholder engagement programme.

From my review of the plan and strategy, I am supportive of the proposals and the plan put forward by SGN, and can endorse that bereavement, grief and mourning play a significant role in bringing about vulnerability in SGN's customer group and exacerbating existing vulnerabilities. SGN accesses 300,000 customer's homes each year and are therefore in a unique position to identify vulnerable members of our community, who require support and may be in such an isolated position, that disengagement from usual support services is extremely unlikely.

Please note that our response is not confidential. This includes the case study provided below, as consent has been provided to share the story. Names and specific details have been changed to retain anonymity and ensure extraction of personal data.

The impact of grief

At Cruse, we know that fuel poverty is more likely to be encountered following a bereavement particularly when the person bereaved is over 60 years old. This could be due to a reduction of household income, an increase in unplanned expenditure or changes to the quality of accommodation, such as due to a council house reallocation. Bereavement and fuel poverty also heighten the risk of social isolation. For instance, someone is less likely to invite people into their home if they cannot heat it or provide light. Similarly, these challenging environmental issues may be detrimental to physical health.

We have also witnessed a rise in the prevalence of child poverty following a death in the family. For example, the loss of a grandparent is intrinsically linked to the capacity of a household to bring in income, due to grandparents often providing childcare. These issues exacerbate any existing problems brought about by reduced income and the stress caused by not being able to meet rising fuel bills.

The experience of acute grief and stress resulting from fuel poverty, and the impact on physical health results in increased prevalence of depressive symptoms and anxiety. There is desperation generated by the caustic mix of a loved one dying, crushing financial issues, and severely reduced quality of life because heating and lighting the home is beyond reach, with no foreseeable way out of the situation. When faced with extreme hopelessness because of these factors, depression and anxiety can escalate to experiencing thoughts of suicide or acting to harm oneself.

Case study – the story of Jane

A single parent following the sudden death of her husband (told by a frontline Cruse staff member). Jane's story is increasingly common. It is an example of someone bereaved, and through no fault of their own, has found themselves extremely vulnerable, lacking the financial resilience to reduce this vulnerability. The negative ramifications are multi-generational if not promptly detected and Jane's family is not supported.

Jane contacted our national helpline in great distress. One of our trained volunteers spent some time listening to her until she stopped crying. Jane disclosed that her husband Robert had died suddenly, eight weeks previously whilst at work, of a heart attack. She was experiencing severe panic attacks and felt as though life was not worth living. Jane also disclosed that they had a three-year-old son and one year old daughter. Robert was the primary earner in the family, and also dropped off the children at nursery in the mornings so Jane could go to work. Robert's death meant that Jane was without her life partner, their children were without a father, and his death left Jane and her children in a financial crisis. Jane had been unable to sustain her work due to childcare needs and so had tried to claim benefits, but her application had not yet been processed. Furthermore, the need to sustain the family through a severe drop in income, and the cost of the funeral, had wiped out any savings the family had.

Upon being asked by our volunteer, Jane declared that she was calling from a neighbour's flat, as hers was not lit or heated. She no longer had the use of her own phone as she was unable to pay the bills. She was filled with shame and revealed that if it wasn't for the children, she would have killed herself, as she couldn't see a way out of her situation. Jane was worried for her children's health. It was winter, and without the heating on, the flat was starting to get damp, and mould was forming on

the inside of the bedroom and living room walls. Her young daughter had developed a severe cough, but Jane felt ashamed to take her to the doctor.

We spent some time with Jane, helping her to feel cared for and feel listened to. We provided her with information about when she could attend her local Citizens Advice drop-in service and how to access interim help from her energy provider, so that the utilities could be restored, and she could heat and light her flat again. In addition, we were able to provide details of the local food bank and the process to obtain supplies there. Finally, we were able to help her get in touch with a benefits case worker, who could support Jane's benefit application.

Two weeks later, Jane completed one of our online feedback forms, to state that our service literally saved her life. She had been able to get some stability around the family finances, which meant she could heat and light the flat, and obtain food for her and her children. This had given her confidence to contact her GP about her daughter's cough, and the landlord about the damp, which was being treated. She was extremely grateful to Cruse for helping her through this dark and distressing time.

What the research tells us

Several themes emerge from peer reviewed research, bereavement with fuel poverty:

- Many bereaved people experience considerable change in their financial situation following a close bereavement, and many perceive themselves to be worse off. Dealing with financial issues occupied a considerable amount of time and can take an immense emotional toll, adding to the distress of the bereavement. An important conclusion is that practical and emotional responses to economic changes following a death are closely intertwined (Corden et al., 2010).
- Changes in income streams following a bereavement can lead to chronic fuel poverty, which has a resounding negative impact on family members' emotional and psychological wellbeing. A combination of financial institutions, utility companies, the government, and bereavement support services, can mitigate against most of these negative impacts, through providing access to a coordinated approach to practical and emotional support (Corden and Hirst, 2013).
- People in poverty, brought about in part by the death of someone close, can become increasingly isolated and effectively invisible to society. This can lead into a spiral of poverty that results in further negative health and societal implications (Rowley et al., 2021).
- An inability to keep warm exacerbates other issues that increase vulnerability. Bereavement is one common factor, particularly amongst people over the age of 55. A combination of such factors can lead to vulnerability that is self-perpetuating, propelling the vulnerable person into a position of no longer being able to help themselves. This is preventable with the right combination and access to support (Tod et al., 2012).

References

Corden, A. and Hirst, M., (2013). Financial constituents of family bereavement. *Family Science*, 4(1), pp.59-65.

Corden, A., Hirst, M. and Nice, K., (2010). Death of a partner: Financial implications and experience of loss. *Bereavement Care*, 29(1), pp.23-28.

Rowley, J., Richards, N., Carduff, E. and Gott, M., (2021). The impact of poverty and deprivation at the end of life: a critical review. *Palliative Care and social practice*, 15, pp.1-19.

Tod, A.M., Lusambili, A., Homer, C., Abbott, J., Cooke, J.M., Stocks, A.J. and McDaid, K.A., (2012). Understanding factors influencing vulnerable older people keeping warm and well in winter: a qualitative study using social marketing techniques. *BMJ open*, 2(4), pp.1-13.

SGN in the context of bereavement

SGN has been able to help 403,717 households throughout GD2 period to date. This would not have been possible without the additional funding reallocated from the discontinued Fuel Poor Network Extension Scheme (FPNES) programme. It is evident there is a demand for this support, and it is our belief this will only continue to increase due to wider economic pressures currently faced by society. Any suggested reduction in funding will only hit those struggling the most the hardest.

In the interests of efficiency and value for money, SGN are seeking to support existing services rather than provide direct support. SGN have established a network of partnerships with charitable organisations who have benefited from skills, capacity building and funding, of which Cruse is one. If this was no longer available, fundamentally, bereaved individuals and families (like Jane and her young children) will suffer considerably. This would be a great injustice, considering this suffering can be averted.

Thank you for your consideration of my response. Should you wish to discuss anything included in more detail please contact me using the details below.

Kind Regards,



Andrew Langford
Clinical Director
Cruse Bereavement Support.