

# **Dying in Poverty**

## **Briefing for Local Government**

### **Summary**

- Research published by Marie Curie in November 2025 highlights the significant scale of poverty at the end of life.
- The last months, weeks and days of life should be a time to focus on what really matters:
  making memories with family and friends and living well for as long as one can. But too
  often financial pressures add further worry and strain to an already difficult time.
- Our report found that over 100,000 people die each year in poverty in the UK. And being
  diagnosed with a terminal illness can significantly increase a person's risk of falling below
  the poverty line, as they may face reduced income and increased costs because of their
  diagnosis.
- Working-age people are at a much greater risk of dying in poverty: being in the last year of life is associated with a 32% greater risk for working-age people, and a 23% greater risk for pension-age people.
- This is largely due to the continuing gap between the working-age and pension-age benefit systems. A working-age couple including someone with a terminal illness can receive nearly £500 a month less in benefits than a pension-age couple.
- Poverty also affects some groups more than others, including women and minoritised ethnic groups, and there are significant geographical variations in the proportion of people dying in poverty.
- We also know that energy costs can increase dramatically for someone living with a terminal illness. Over 120,000 people die in fuel poverty each year, struggling to heat their homes or run vital medical equipment.
- Whilst much of the action needed to address poverty at the end of life sits at a UK Government level through changes to the social security system, local authorities also have powers to improve the financial situation of people dying in poverty.

## Marie Curie is encouraging councils to:

- 1. Review their council tax support schemes to ensure that households including someone living with a terminal illness are recognised and supported.
- **2.** Ensure that this group are prioritised for other discretionary support schemes, including the forthcoming Crisis and Resilience Fund.
- **3.** Ensure they have a cold homes strategy in place.

### The impact of terminal illness on financial security

Terminal illness can cause a significant reduction to a household's income (for example, if the person living with a terminal illness or another household member needs to reduce or stop working due to ill-health or caring responsibilities). At the same time, it can also have significant impacts on expenditure, with costs like energy, transport and childcare often increasing dramatically.

We also know that poverty at the end of life doesn't only affect the dying person – it affects unpaid carers as well. Marie Curie <u>research</u> into the financial and employment impacts of caring for someone at the end of their life found that up to three quarters of a million people across the UK provide unpaid care to terminally ill loved ones every year, with up to 15% living in poverty. This number more than doubles to 32% in the year following bereavement.

### Who dies in poverty?

The combination of loss of income and higher costs that often accompany a terminal illness increases the risk of poverty for people at the end of their life, even for families who were previously financially comfortable. Across every demographic breakdown – age, ethnicity, sex or geographic location – people in the last year of life are at higher risk of poverty than the people not in their last year of life.

One especially stark dividing line is age. A key reason for this is that financial support and benefits for working-age people are paid at a significantly lower rate than pension-age benefits like the State Pension. This means that people of working age are less protected in the event of being diagnosed with a terminal illness.

There are also alarming differences between other demographic groups. People from minoritised ethnic groups are more likely to die in poverty: 25% of working-age white people died in poverty, compared to 46% of Black people, 45% of Asian people and 37% of people who are mixed race or another ethnicity. Women also are at greater risk of dying in poverty than men.

And there are stark differences between local authorities and regions, with people in some local authorities being almost three times as likely to die in poverty as in others. A third of working-age people who die in the North East of England die in poverty – the highest rate of any nation or region. That is 50% higher than the East of England, which had the lowest rate of working-age deaths in poverty. We hold data for each local authority area – get in touch at local@mariecurie.org.uk for your local statistics.

## Council tax and other discretionary support

There are actions that councils can take to improve the financial situation of people dying in poverty. Council Tax Support provides a reduction in someone's council tax bill depending on their income. Since 2013, local authorities in England have had the discretion to set their own rates of Council Tax Support for working-age people. Since then, most councils have reduced the support available, increasing the amount that low-income residents are required to contribute towards council tax. In 2024/25, around two-thirds of local authorities in England have a minimum payment that is owed by someone with no income, with some requiring a minimum payment of half of the original bill.

We are calling for all councils across England to review their Council Tax support scheme to better support and protect low-income households where someone is living with a terminal illness. Several councils are already in the process of implementing exemption policies, with many more actively considering how they can best support terminally ill people. There are a number of approaches councils could take to implement these policies, each one demonstrating compassionate local governance and the possibility of practical and relatively low-cost policy change.

It should also be noted that supporting this cohort would represent a time limited cost for the period that somebody is expected to be in their final months of life, rather than an ongoing, permanent cost. Most councils have chosen to use the <u>SR1 form</u> to inform their approach, which is a form that gives terminally ill people a fast track to certain benefits under the <u>Special Rules</u> for End of Life. The form must be signed by a clinician, confirming that a person is likely to die within the next 12 months. The national social security system already utilises SR1 forms and the Special Rules to help prioritise this group for government benefits.

### Case Study: Council Tax Exemptions for terminally ill residents

In 2025, both <u>Manchester City Council</u> and <u>Barnsley Council</u> have amended their respective Discretionary Council Tax Policies to ensure terminally ill residents receive a full council tax exemption. Any household in these local authority areas qualify for the support if anyone in the household is likely to die in the next 12 months, upon receipt of an <u>SR1 form</u>. The Council Tax Support will then cover the full council tax for the property. These schemes in Manchester and Barnsley will ensure that people are supported financially throughout the last year of life.

A number of other local authorities, such as Bristol, Salford, Preston and Newcastle are in the process of preparing to implement their own similar schemes, all of which are designed to financially support those most vulnerable households through a terminal diagnosis. Many other local authorities have made a commitment to explore the change through passing supportive motions, including Wakefield, Wirral, Pendle, Newark and Sherwood, South Gloucestershire, Milton Keynes, Blackburn with Darwen, Liverpool, Burnley and Sheffield. For more detail on implementing a support scheme, get in touch at local@mariecurie.org.uk.

We consider the blanket exemption for all terminally ill households (as implemented in Manchester and Barnsley) to be the preferred route, but we know that some councils may prefer to implement schemes that are more targeted at those on low incomes or already in receipt of some kind of council tax reduction. For example, <u>Salford City Council</u> have implemented a scheme available for terminally ill who are already in receipt of council tax reduction.

Local authorities should also prioritise people living with a terminal illness for support through their future Crisis and Resilience Fund (which will combine the Household Support Fund and Discretionary Housing Payments) schemes. The recent Spending Review committed £1 billion funding, committed over multiple years and available from April 2026, which is designed to enable councils to provide a more stable, longer-term approach to supporting those most in need in their local area. This is intended to "provide preventative support to households as well as assist them when in crisis". A terminal diagnosis can be a trigger for such a crisis, so it is vital that the fund's design and operation is suitable for people living with terminal conditions. We would suggest that support for terminally ill residents should be designed into these schemes from the outset.

### Fuel poverty and cold homes

Energy costs are one of the biggest costs that can increase when someone is at the end of their life. This can be due to the need to run medical devices, regulate body temperature or simply spend more time at home due to terminal illness. Being unable to afford energy causes financial stress and the discomfort of living in a cold or dark home, but it can also directly affect health, including causing or worsening respiratory problems, mental health outcomes, and increasing the risk of heart attack. Over 120,000 people die in fuel poverty in each year.

The National Institute for Clinical Excellence (NICE) has issued <u>guidance</u> which makes a number of recommendations to Health and Wellbeing Boards in England. However, our <u>research</u> has shown implementation of the NICE NG6 guideline is patchy, with 40% of councils in England not having a cold homes strategy in place and nearly half lacking a single-point-of-contact referral service. People living with a terminal illness and those nearing the end of life are particularly vulnerable to fuel poverty. As energy prices rise, many more terminally ill people are at risk of falling below the poverty line as a result of spiralling energy costs and the health impacts of living in cold homes. Improving compliance with NICE's NG6 guidelines will ensure local authorities are doing all they can to support people living with a terminal illness who are at risk of fuel poverty.

### Policy recommendations for local authorities:

- Review your Council Tax Support scheme and ensure that households on a low income that include someone living with a terminal illness are adequately supported.
- Ensure your council prioritises households that include someone living with a terminal illness within the Crisis and Resilience Fund.
- Use your leadership role on the Health and Wellbeing Board to ensure the Joint Strategic Needs Assessments and Health and Wellbeing Strategies outline solutions to minimise winter deaths in line with NICE's NG6 guidelines.

### Take further action

- You could put forward a council motion supported by us email us to request a template.
- You could take our report and your local data on deaths in poverty to your council, or ask a question to full council, to encourage council-wide action.
- You could arrange a meeting with our team to discuss options for financially supporting terminally ill residents in your local area.

#### **About Marie Curie**

Marie Curie is the UK's leading end of life charity. We are here for anyone with an illness they're likely to die from, and those close to them. We bring 75 years of experience and leading research to the care we give at home, in our hospices and over the phone. And we push for a better end of life for all by campaigning and sharing research to change the system.

For more information or to arrange a meeting to discuss the contents of this briefing, please contact: **local@mariecurie.org.uk**