Marie Curie

# Dying in Poverty 2026

## Deaths in poverty and fuel poverty – and what needs to change



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# Executive summary

Since 2023, a total of 310,000 people in the UK have died in poverty and 394,000 in fuel poverty. On average, that means that over the past three years, one person has died in poverty every five minutes and fuel poverty every four minutes.

In 2025 alone, 93,000 people died in poverty and 141,000 in fuel poverty in the UK – representing 15% and 23% respectively of all people who died. The end of life should be a time to focus on what really matters: making memories with friends and family, and living your final months, weeks, and days as well as possible. Yet for more than one in seven people who died in the UK in 2025, the last period of life was marked by financial difficulty. And for almost one in four, fuel poverty.

This is not just an abstract concept: in reality, it means additional stress and worry, cold homes, or social isolation at the worst possible time. Fuel poverty is a particularly pernicious form of poverty at the end of life, given the way the need for heating or mains powered medical devices at home can rocket after a terminal diagnosis. And while risk of being in fuel poverty for those not in the last year of life shows little change since last year, for those at the end of life, there has been an increased prevalence of fuel poverty.

Poverty and fuel poverty at the end of life affects all groups in society – but some more than others. People from minoritised ethnic groups are far more likely to die in poverty and fuel poverty than white people; and working age households have a much higher rate of poverty and fuel poverty than pensioners.

Deaths in poverty and fuel poverty are not inevitable. The benefits system is society's last backstop against poverty and, ultimately, destitution. Yet as the figures in this report show, it is failing to protect people at the end of life. Especially for those who are working age, who can receive hundreds of pounds less per month from the social security system than those who are pension age. Working age terminally ill people should be provided with a State Pension level of income to ensure there is parity between these two cohorts of terminally ill people. Universal Credit's (UC) capital rules limits need to be reformed so when working age terminally ill people's draw down on their private pension early, or receive life insurance or critical illness cover payouts, they aren't given support with one hand while having it retracted with the other. And action must be taken to improve terminally ill people access to the Special Rules so they can get quicker access to benefits when they need it.

The major changes needed to address fuel poverty at the end of life, meanwhile, are a social tariff for energy, and a comprehensive scheme to provide upfront support with the cost of running at-home medical devices.

There is no single fix to poverty and fuel poverty at the end of life, but there is a need for urgent action. People with a terminal illness are counting on it.

# Key facts

For **more than one in seven** people who died in the UK in 2025, the last period of life was marked by financial difficulty,



and for **almost one in four, fuel poverty.**



**Since 2023, a total of 310,000** people in the UK have died in poverty and **394,000** in fuel poverty.



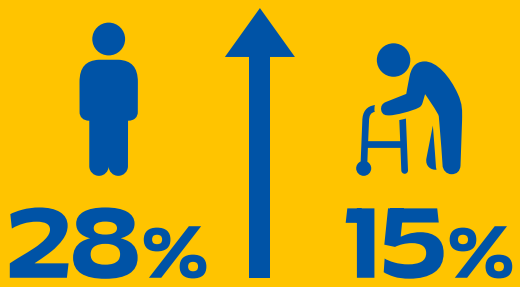


**310,000** **394,000**

This means that, on average, over the past three years one person has died in poverty every **five minutes** and fuel poverty every **four minutes.**



Someone of working age is almost twice as likely to die in poverty **(28%)** than someone of pension age **(15%).**



**28%** **15%**

**36%**

of working age Black people die in poverty

**compared to**

**14%**

of white people.

A working age couple including someone with a terminal illness can receive over **£500** a month less in benefits than a pension age couple.



**-£500**

**a month**




# Introduction

At any time of life, poverty causes challenges. But at the end of life, it represents an additional strain alongside the emotional, physical, and psychological challenges of dying.

Definitions of poverty are based on financial resources yet have an inextricable link to health. Having a disability or a long-term health condition (including terminal illnesses) is a significant 'risk factor' for poverty.[1] This is partly because someone with such a condition is less likely to be in work[2] – and if they are in work, they are likely to be paid less.[3]

In the other direction, poverty also affects health. People in poverty are more likely to experience health inequalities throughout their lives: they are more likely to have long term health conditions, face barriers to accessing healthcare services, and have lower overall life expectancy as well as lower healthy life expectancy.[4] People struggling to heat their home are not just uncomfortable but run a greater risk of developing or worsening serious health conditions.[5]

This relationship between poverty and health persists even at the end of life. A terminal diagnosis can lead to significant financial pressures, alongside the medical, emotional and psychological impacts.[6] Many costs can increase after a terminal diagnosis – including energy costs, which can soar by thousands of pounds, care costs, and transport to and from appointments. And of course, 'regular' costs like housing and other household bills remain. If finances are tight, meeting the additional costs associated with a terminal illness may be difficult. People may have to 'do without' essentials such as heating, food, or transport, potentially having a negative impact on both their physical and mental health at the end of life.[7]

Particularly for working people, these higher costs can come at a time when household income significantly drops. The person diagnosed with a terminal condition may need (or choose) to reduce or stop working due to their health, as might a partner to care for them.

Financial security is a vital component of a good death. That's why Marie Curie has again partnered with the Centre for Research in Social Policy at Loughborough University to understand the prevalence of deaths in poverty, and what changes are needed to ensure a future in which no one dies in poverty. This report is the fourth produced by the Centre for Research in Social Policy at Loughborough University.[8]

# Terminology and methodology

## Poverty

There is no single universal definition of poverty, and consequently no single way to measure it. The Department for Work and Pensions (DWP), in its official poverty estimates for the United Kingdom, uses definitions of both 'relative' and 'absolute' poverty:

- A person is in relative poverty, or relative low income, if they live in a household with income below 60% of median household income in that year.
- A person is in absolute poverty, or absolute low income, if they live in a household with income below 60% of the median income from a fixed base year, adjusted for inflation. Because 2024/25 is the new reference year, the absolute poverty and relative poverty levels are identical for 2024/25.

However, these measures only consider income and family size, meaning that they miss important costs that reduce the real resources available to a household. An alternative approach has been developed by the Social Metrics Commission, which aims to consider how well someone's resources meet their needs after housing costs.

Some of the main ways this measure differs from the main measures used by the DWP include:

- It estimates and deducts 'inescapable' costs, like those relating to childcare and disability, from a household's available resources.
- It considers all financial resources a household has, like savings, rather than just income.
- It includes some groups previously omitted from poverty statistics, such as people living on the streets, or those who are just above the low-income threshold but living in overcrowded housing.

The findings in this report use the Social Metrics Commission's definition of poverty. There are still some limitations to this definition. However, it is the most comprehensive definition currently available, and the most evidence-based way to account for the additional costs of disability and ill-health on a person's financial situation, and therefore their risk of experiencing poverty.

Our estimates of the number of people dying in poverty are produced using data from the Government's Family Resources Survey, which is also used to produce official poverty rates for the UK by the DWP. In 2024/25, DWP introduced a new methodology to calculate household incomes in the Survey. In addition to information collected directly from households during the survey, administrative data on the benefits received by these households has been added. This is designed to correct known under-reporting of benefit receipt in the survey. As this correction mainly affects households on low incomes, this means that overall poverty rates have been revised down. While improvements to the data are welcome, it also means that monitoring change over time becomes more challenging, and it is very likely why the estimated number and proportion of people dying in poverty has decreased since last year's analysis. Our analysis of trends is therefore limited, and we advise caution in interpreting this year's statistics on poverty at the end of life in comparison with previous years.

The fuel poverty estimates, which do not rely on the Family Resources Survey data, are unaffected.

## Material Deprivation

Material deprivation is defined as lacking four or more (children and pensioners) or five or more (working-age adults) essential items of activities from a defined list due to financial constraints. Items include being able to pay bills without cutting back on essentials, keeping their home adequately warm, eating three meals a day, and having a small amount of money for oneself.

## Minimum Income Standard

The Minimum Income Standard provides an indication of the weekly cost of meeting a minimum socially acceptable standard of living, agreed by members of the public based on a basket of goods and services. It includes the items that households need to be able to afford to meet material needs such as food, clothing and shelter, as well as to have the opportunities and choices required to participate in society. Having an income below the Minimum Income Standard threshold for a particular household type is therefore an indicator of a household being unable to meet their minimum needs.

## Fuel poverty

As with poverty, there is no single definition of fuel poverty. Nations within the UK use different measures. These are summarised below:

- England: Lives in an energy-inefficient property and is in poverty after housing and energy costs.
- Scotland: Fuel costs to maintain a satisfactory heating regime are over 10% of the household's income after housing costs. And after housing, fuel, disability and childcare costs, the remaining income is less than 90% of the Minimum Income Standard.
- Wales and Northern Ireland: Fuel costs to maintain a satisfactory heating regime are more than 10% of their full household income.

In this report, we use a definition based on that used in Scotland. This is because:

- It does not require someone to live in an energy-inefficient household to be in fuel poverty.
- By considering the post-energy income, it avoids classifying high-use, high-income households as being in fuel poverty.

The definition used in this analysis differs from the technical definition used in Scotland in two ways. Firstly, it considers all energy usage, not just heating costs, which provides a more rounded view of someone's situation – which is particularly important in reflecting the spend on mains-powered medical devices. Secondly, it looks at actual spending, rather than modelling costs needed to reach a certain temperature. That means this measure of fuel poverty does not identify people who should be spending more than this but go without – either by simply not turning the heating on or 'self-disconnecting' by not topping up their prepayment meter. So, figures in this section are the lower bounds for the numbers of people who die in fuel poverty.

## Age

Due to some of the datasets used, the age breakdown used by the Centre for Research in Social Policy divides between 20-64 and 65+. In this report, although the State Pension Age rose to 66 in the years of analysis, we use the terms 'working age' and 'pension age' to describe these groups. The Centre for Research in Social Policy has conducted further analysis that confirms that including a small number of people under State Pension Age in 'pension age' figures makes a negligible impact on the overall results.

## Ethnicity

While there is no ‘one size fits all’ approach, the overarching term we use in this report when talking about those whose ethnicity is not white British is minoritised ethnic group. While we intend to be as specific as possible when talking about particular ethnic groups, limitations concerning the representation of people from minoritised ethnic groups in national datasets mean we haven’t been able to achieve this level of specificity. We’ve therefore had to use broader categories that aggregate ethnic groups together.

# Who dies in poverty

In 2025, 93,000 people died in poverty in the UK – representing 15% of all people who died. This means that for more than one in seven people who died in the UK in 2025, the last period of life was marked by financial difficulty.

For the first time, our research also shows that, since 2023, a total of 310,000 people have died in poverty. On average, that means there have been 283 deaths in poverty each day for the past three years. That's equivalent to 12 deaths per hour, and one person dying in poverty every five minutes for the last three years.

An alternative way of looking at financial difficulty at the end of life is to look at whether people at the end of life experience material deprivation and reach the Minimum Income Standard. In 2025, 192,000 people died with an income below the Minimum Income Standard – representing 31% of all people who died. And 97,000 people died in material deprivation – representing 16% of all people who died.

These figures are deeply concerning and demonstrate the precarity of people's lives and the stress and fear of something going wrong. Financial insecurity at the end of life doesn't just cause unacceptable living conditions. It robs someone of peace of mind that if something did go wrong, they would be able to manage.

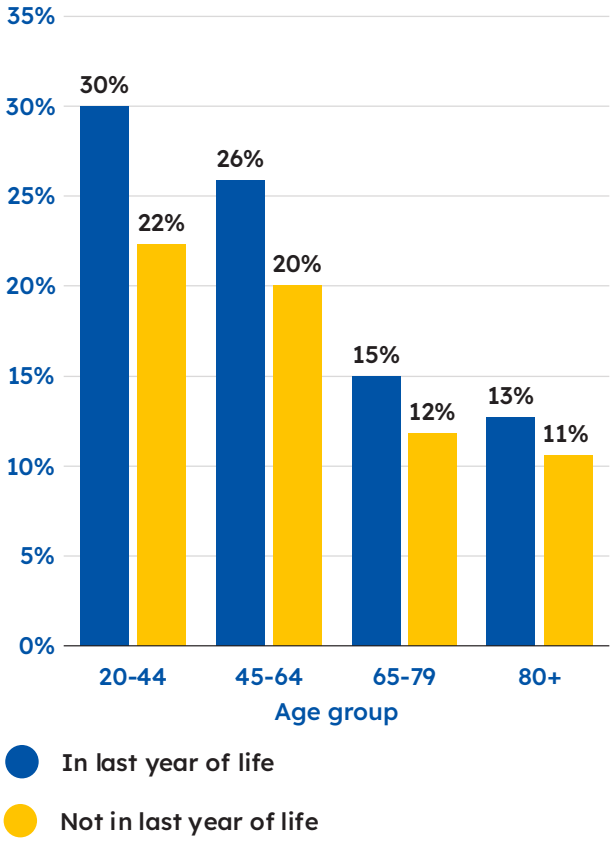
## Not everyone experiences poverty at the end of life equally

The poverty rate in the last year of life remains substantially higher for those of working age than for pensioners, those from minoritised ethnic groups, and those from certain parts of the UK.

## Age

Our previous reports found particularly high levels of deaths in poverty among working age people – and this analysis is no different. Someone of working age is almost twice as likely to die in poverty (28%) than someone of pension age (15%). While both working age and pension age people are more likely to be in poverty in the last year of life compared to those not in the last year of life, as Figure 1 shows, this increase in risk is greater for working age people, and in particular for those aged 45 and under.

**Figure 1: Estimated proportion of people in poverty in the UK in 2025, by mortality status and age group**



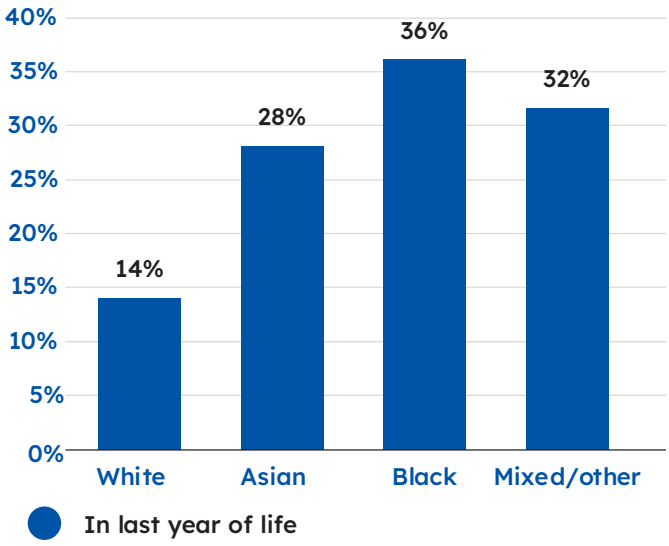
This difference is due to several factors. A key element is likely to be the relative amounts provided under the different state benefit systems, which is explored later in this report. People over pension age are, of course, older, and so more likely to be able to draw on larger private pension pots as well (and are more likely to have access to more generous Defined Benefit pensions). And the differences in the increased risk of poverty associated with being in the last year of life may well be due to the income drop that comes from stopping working, which is more likely to affect people of working than pension age.

## Ethnicity

People from minoritised ethnic groups are more likely to be in poverty throughout their lives.[9] This reflects disadvantages in wider society, particularly relating to earnings and employment.[10] Given this starting point, it's unsurprising that people from minoritised ethnic groups are more likely to die in poverty than white people.

Due to data limitations, the analysis conducted by Loughborough University was not able to provide a full breakdown of estimates of dying in poverty by ethnicity, but even based on broad categories, there is a clearly disproportionate impact. 14% of white people who died did so in poverty, compared to a shocking 36% of Black people, 28% of Asian people and 32% of people who have another ethnicity.

**Figure 2: Estimated proportion of people aged 20+ in poverty in the UK in 2025, by mortality status and ethnicity**

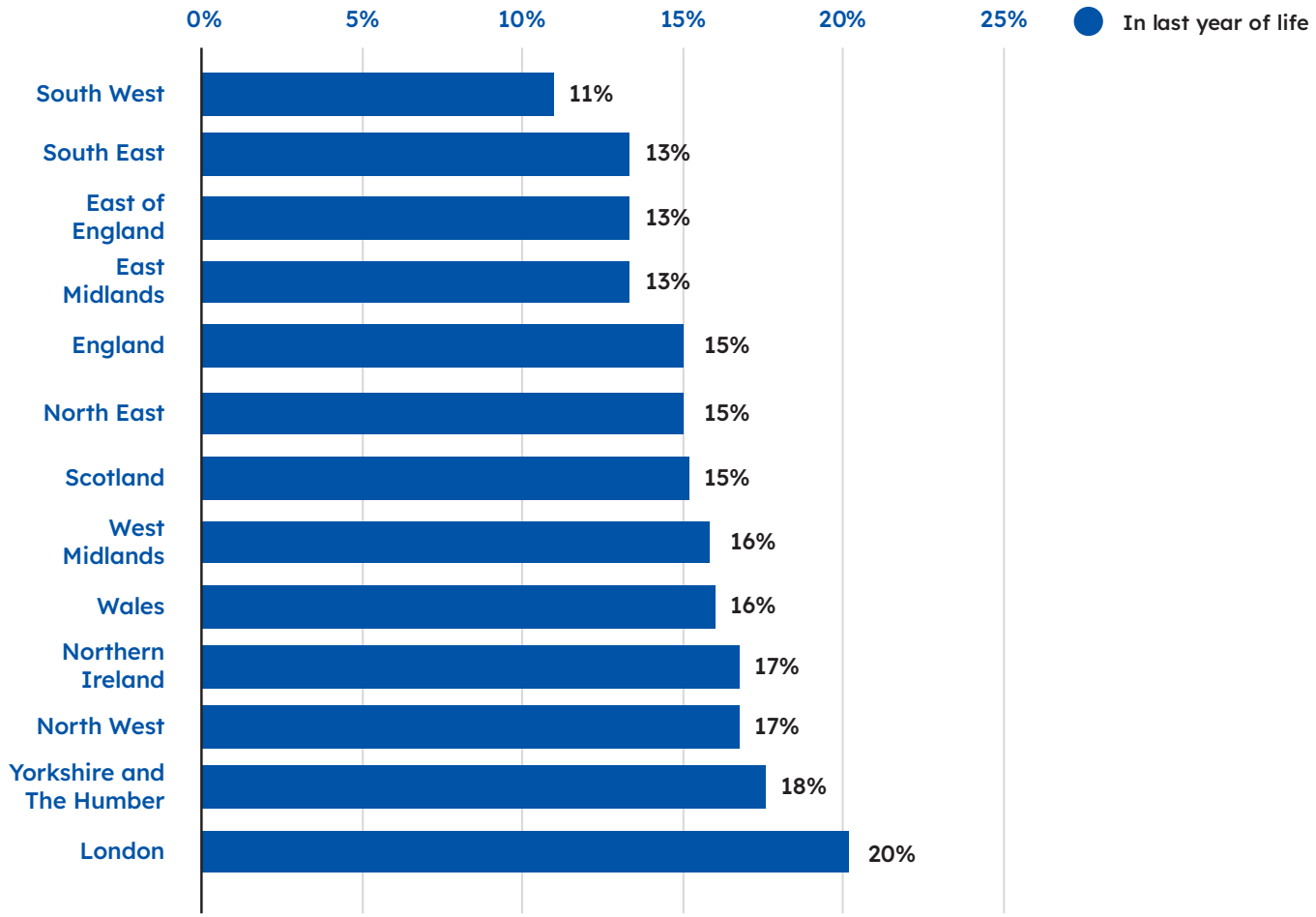



From what we know about poverty rates among different minoritised ethnic groups in the general population, it is almost certain that similar and similar-sized disparities exist among particular minoritised ethnic groups dying in poverty.

## Differences by geography

Poverty rates are not the same across the UK. Unsurprisingly, rates of poverty at the end of life are not equal either. 20% of people who die in London die in poverty, and the figure is 18% for those in Yorkshire and The Humber – the highest rates of any nation or region. At the other end of the spectrum, 11% of people who died in the Southwest did so in poverty, the area with the lowest rate of deaths in poverty.

## Figure 3: Estimated proportion of people age 20+ in poverty in countries/regions of the UK in 2025, by mortality status




There is also a large amount of variation among the proportion of people dying in poverty across local authorities.

Table 1 shows the twenty local authorities with the highest percentages of people dying in poverty.

## Table 1: Top 20 local authorities with the highest percentage of people age 20+ dying who were in poverty

| Local Authority | Region | % in poverty among those who died |
|---|---|---|
| Tower Hamlets | London | 30% |
| Newham | London | 28% |
| Hackney | London | 26% |
| Manchester | North West | 26% |
| Leicester | East Midlands | 25% |
| Barking and Dagenham | London | 25% |
| Brent | London | 25% |
| Nottingham | East Midlands | 25% |
| Haringey | London | 24% |
| Westminster | London | 24% |
| Kingston upon Hull, City of | Yorkshire and The Humber | 24% |
| Luton | East of England | 24% |
| Bradford | Yorkshire and The Humber | 24% |
| Birmingham | West Midlands | 24% |
| Blackburn with Darwen | North West | 24% |
| Islington | London | 23% |
| Ealing | London | 23% |
| Southwark | London | 23% |
| Hounslow | London | 23% |
| Enfield | London | 23% |

# Audrey and Eddie's story

In October 2020, Eddie was diagnosed with pancreatic cancer. Audrey – his wife – had to go down from working full-time to part-time to look after him. About a month before Eddie died, Audrey had to declare herself bankrupt.



After becoming ill, Eddie had to stop work completely. He got some money from cashing in on his private pension. He also received Personal Independence Payment (PIP) and Employment and Support Allowance, and both he and Audrey applied for UC. However, because Audrey was working, they took her wages off what Eddie was getting, so he only received £39 a month.

Audrey increasingly struggled to pay all the bills. They always needed the heating on because Eddie felt the cold more. They were having to pay for a lot with credit cards, especially when things around the house like their washing machine broke. They also bought a toilet raise, a step up to get in the bath, a wheelchair and a bath seat. These were expensive, but necessary for Eddie's quality of life.

One morning Audrey said to him, "Eddie, I need to talk to you. We're having problems with money, and I'm going to have to declare myself bankrupt." As Audrey says, "he got really upset and cried. Both of us cried together. You know, you're worried about the person that you love dying, and then you're having to worry about money on top of that."

Eddie was 64 when he died so he hadn't reached retirement age. As Audrey explains, "to me, if you're diagnosed with a terminal illness then you should have your pension. You've paid into it long enough, and at least it would help. It might not go all the way, but it would help."

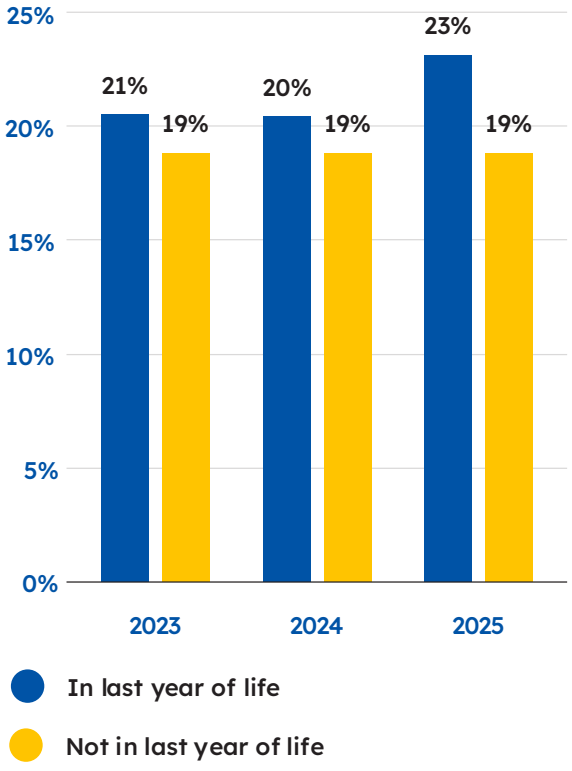
# Who dies in fuel poverty

In 2025, more than 141,000 people died in fuel poverty in the UK – representing 23% of all people who died. This means that for almost one in four people who died in the UK in 2025, the last period of life was marked by fuel poverty.

For the first time, our research also shows that, since 2023, a total of 394,000 people have died in fuel poverty. On average, that means there have been 360 deaths in fuel poverty each day for the past three years. That's equivalent to 15 deaths per hour, and one person dying in fuel poverty every four minutes for the last three years.

While the risk of being in fuel poverty for those not in the last year of life shows little change since last year; for those at the end of life, there has been an increased prevalence of fuel poverty.

**Figure 4: Estimated proportion of people aged 20+ in fuel poverty in the UK in 2023, 2024 and 2025, by mortality status**




## Not everyone experiences fuel poverty at the end of life equally

The fuel poverty rate in the last year of life remains significantly higher for those from certain parts of the UK, and those from minoritised ethnic groups.

## Age

In contrast to the findings for poverty, there is much less difference between rates of fuel poverty among working age and pension age households. This could be explained by various factors, particularly energy usage. Older people typically use more energy than younger households,[11] which might offset their typically higher income.

However, it is worth noting that working age people in the last year of their life are still more likely to be in fuel poverty (26%) than those of state pension age (23%). This is likely driven by the fact that drivers of fuel poverty - reduced incomes, combined with increased housing costs[12] - have an increased impact on working age people in the last year of life, who often experience a loss of income due to the impact on their ability to work.

## Ethnicity

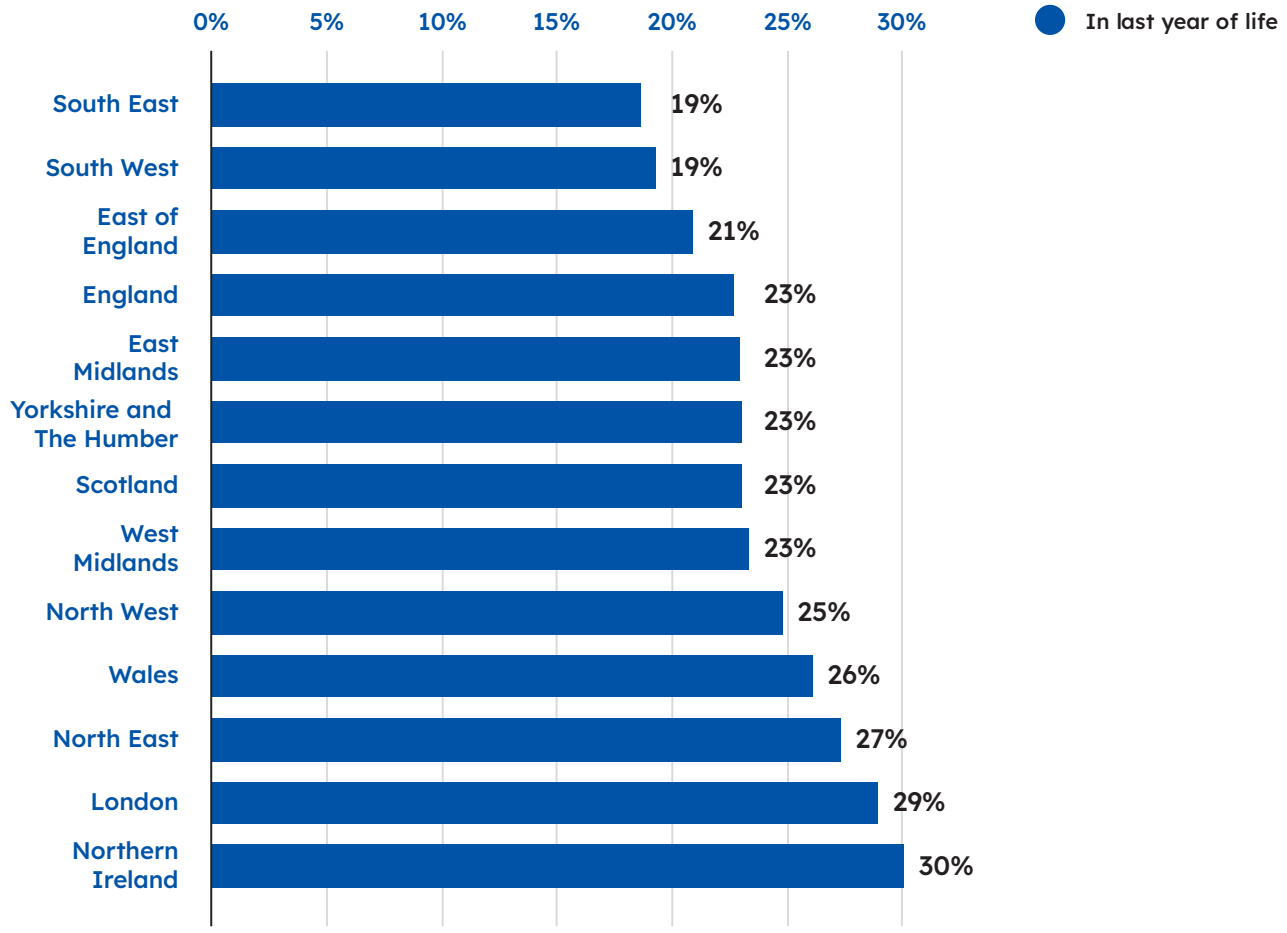
Fuel poverty rates are persistently much higher overall among minoritised ethnic groups than in the white population,[13] and this inequality continues at the end of life. 25% of people from a minoritised ethnic group are estimated to be living in fuel poverty in the last year of life, compared to 19% of white people. Sample size constraints mean that we cannot break down ethnicity in detail and are limited to analysis of the categories of white and minoritised ethnic groups.

# Differences by geography

Rates of fuel poverty at the end of life are not the same across the UK. 30% of people who die in Northern Ireland die in fuel poverty, and the figure is 29% for those in London – the highest rates of any nation or region. At the other end of the spectrum, 19% of people who died in the Southwest and the Southeast did so in fuel poverty, the areas with the lowest rates of deaths in fuel poverty.

There is also a large amount of variation among the proportion of people dying in fuel poverty across local authorities. Table 2 show the twenty local authorities with the highest percentages of people dying in fuel poverty.

**Figure 5: Estimated proportion of people age 20+ in fuel poverty in countries/regions of the UK in 2025, by mortality status**



## Table 2: Top 20 local authorities of people age 20+ in fuel poverty

| Local Authority | Region | % in fuel poverty among those who died |
|---|---|---|
| Hackney | London | 35% |
| Tower Hamlets | London | 35% |
| Belfast | Northern Ireland | 34% |
| Islington | London | 33% |
| Westminster | London | 32% |
| Derry City and Strabane | Northern Ireland | 32% |
| Camden | London | 32% |
| Newham | London | 31% |
| Southwark | London | 31% |
| Haringey | London | 31% |
| Lambeth | London | 31% |
| Brent | London | 30% |
| Hammersmith and Fulham | London | 30% |
| Kensington and Chelsea | London | 30% |
| Causeway Coast and Glens | Northern Ireland | 30% |
| Manchester | North West | 29% |
| Lewisham | London | 28% |
| Barking and Dagenham | London | 28% |
| Fermanagh and Omagh | Northern Ireland | 28% |
| Mid and East Antrim | Northern Ireland | 28% |

# Simona and David's story

Simona's husband, David, died in June 2024 from a stage four glioblastoma, six months after he was diagnosed.

All the medical equipment he needed was electric. It really raised the cost of their energy bills.

David was running his own business before he was diagnosed. He had to stop working straight away, because he couldn't walk or move. And both him and Simona had to claim social security support, as Simona stopped working to be David's full-time carer. The amount of money had through state benefits was barely enough to get them to the end of the month. There was no allowance for any extras.

In the two months after David's diagnosis, he was still able to sit on a chair, so they considered getting a stair lift. This was going to consume a massive amount of electricity, though, so they decided not to go ahead because it was going to cost too much to run. Instead, they converted their living room into David's bedroom.

His condition meant that he was constantly cold, so they had to keep the heating on all the time. They discussed this with their energy companies, and the only things they provided was an electric blanket and a discount of £200 – it wasn't enough.

When David was on oxygen towards the end of his life, Simona spoke to the provider as the oxygen machine needed to be on all the time. They told her they would refund the cost of running the equipment, and later she had a cheque through the post from them for just £13.




The most expensive piece of equipment was David's hospital mattress that had a pump to change his position and help to avoid bed sores. This needed to be on all the time so used a lot of energy. The mattress was supplied by the hospital, but the cost of running it came directly out of their pockets.

Simona says: "Families shouldn't have to worry about whether they can afford to power a stairlift or not. There should be an allowance for electricity for families affected by terminal illness.

David has been paying his taxes his whole life. It makes me really sad and frustrated to think that all this money will get wasted. He could have been more financially supported if he'd been able to access his state pension early. It would have made a big difference to us."

# Gaps in financial support for people at the end of life

Deaths in poverty and fuel poverty are not inevitable. In this section, we set out the key gaps that contribute to the stark poverty and fuel poverty figures, and the steps that need to be taken to address them.

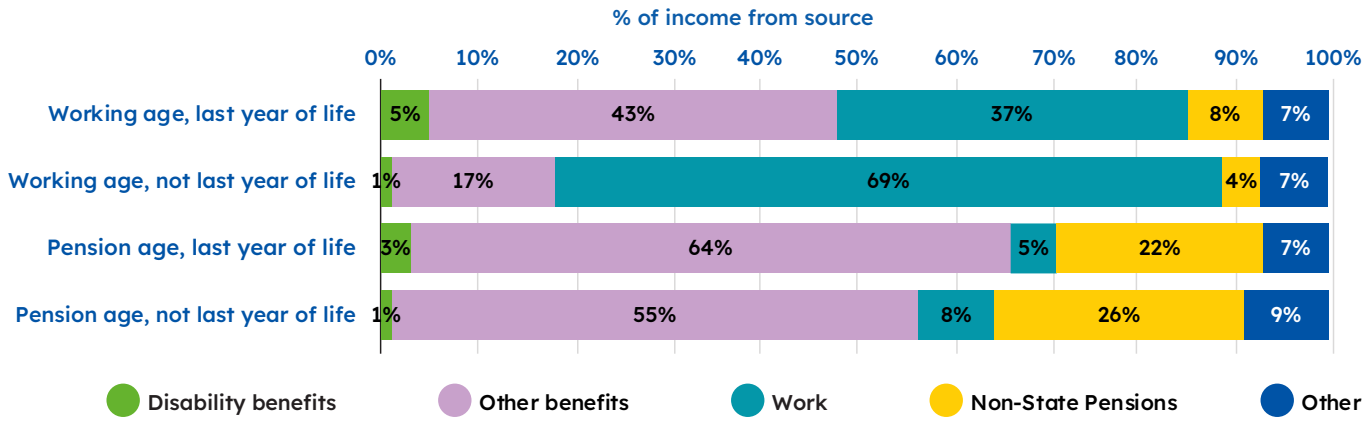
## An inadequate national benefits system

The benefits system is society's last backstop against poverty and, ultimately, destitution. Yet as the figures in this report show, it is failing to protect people at the end of life.

The importance of the benefits system is demonstrated by analysis breaking down income sources for people in the last year of life. For working age people, the benefits system provides around half (48%) of their household income in the last year of life, compared with just 18% for those not at the end of life. Unsurprisingly, the proportion of household income from employment is substantially lower for working age people at the end of life compared to those not at the end of life (37% versus 69%), reflecting the importance of loss of earnings as a key driver of poverty at the end of life for people of working age.

For pension age people in the last year of life, the reliance on benefits is even greater, at 67% of household income, but around a third of this (22% of total income) is from the State Pension. This is lower for those not at the end of life, at 56% (26% from the State Pension), but the difference between these two cohorts is less pronounced than for those of working age. The balance of income sources is more similar for the two groups of pensioners than for those of working age, primarily because their main source of income is from the State Pension, or private pensions, regardless of whether they are at the end of life or not. This also means that, unlike those of working age, they are not affected substantially by loss of earnings due to ill health, and their income therefore remain more stable.

**Figure 6: Estimated percentage of household income from different sources by mortality status and age**




These figures show the huge significance of improving the benefits system for people in the last year of life.

# Quick access to support

There is an important mechanism within our social security system – the Special Rules for End of Life – which allows terminally ill people to quickly access social security support through a streamlined process. This is critical when someone's time is limited. However, this mechanism is failing to support as many terminally ill people as it should.

New research shows that one in three people who die from a chronic illness (approximately 120,000 each year) in England and Wales do not claim the benefits they are entitled to under the Special Rules.[14]

In a recent Marie Curie briefing, we've set out the key practice and policy changes that are needed to ensure the Special Rules for End of Life mechanism fulfils its potential and reaches all the people it's intended to.[15]

Key to this, is meaningful consideration of the challenges healthcare professionals can face prognosticating whether or not someone is eligible for the Special Rules. In England, Wales and Northern Ireland, the definition of terminal illness used for Special Rules requires a healthcare professional to not be surprised if a patient died within 12 months. However, it can be very difficult for healthcare professionals to prognose whether someone is likely to die within 12 months,[16] and some terminally ill people are expected to live for longer than this – for example, 18 months or two years.[17] **That is why we are calling on the DWP to consider introducing a more flexible definition of terminal illness that removes the 12-month prognosis requirement.** We would encourage the Government to review the impact of the approach taken by Social Security Scotland, where a person is considered to be terminally ill if they have a progressive disease from which death may reasonably be expected, with no time requirement.[18]

The Special Rules apply to 'extra costs' disability benefits, as well as UC. However, they do not apply to other benefits, such as Carer's Allowance, the Carer Element of UC, or the Additional Amount for Disability within Pension Credit. These benefits can take several weeks to process. This can cause financial hardship while waiting for the claim to be processed, and in some cases can be time that the dying person does not have.

No one with a terminal illness should be having to wait unnecessarily to access the vital support they need, especially when time is so limited. **That is why we are calling for fast-track access to be provided for all benefits likely to be claimed by households including someone living with terminal illness, including carer benefits.**

Finally, while the Special Rules provide expedited access to the Health Element of UC so you can bypass the three month health assessment wait, someone making a new claim under the Special Rules still faces the standard five-week wait for their first actual UC bank payment. This can cause financial hardship at the very moment someone is dealing with a recent terminal diagnosis. It could also cause potential debt, with someone taking out an advanced payment to help meet costs in that time. **People living with a terminal illness and making a new application for UC should not have to wait five weeks for the first payment. Government should provide a non-repayable grant, not a loan, for households in this situation.**

# Levels of support

As well as terminally ill people needing social security support quickly, it's also important that the level of support provided matches the depth of income shock many experience following a terminal diagnosis. The scale of terminally ill people dying in poverty, however, despite being in receipt of social security support, demonstrates the extent to which our safety net is failing to adequately support people.

While the UC Standard Allowance was increased in April 2026, alongside this there have been substantial cuts to the health element of UC. Most notably, through the introduction of a two-tier system dividing new and existing claimants. Those entitled to the UC Health Element higher rate of £429.80 a month, include: existing Limited Capability for Work and Work Related Activity (LCWRA) recipients before 6 April 2026, and those with severe, lifelong, or terminal conditions – either through the Special Rules or Severe Conditions Criteria. This protected group will see their health element uprated with inflation through to 2029/30. Anyone filing a claim on or after April 6 2026 will receive a nearly halved payment compared to the previous rate, of £217.26 a month which will be frozen for four years with no inflation increases.

While terminally ill people who qualify for Special Rules will be able to receive the higher rate of UC health element, as outlined above; with one in three people with a terminal illness not receiving the benefits they are entitled to under the Special Rules,[19] many are missing out on this mechanism, and as a result, the higher level of UC it can provide access to.

The other way people can access the higher rate of UC, is through the Severe Conditions Criteria. To qualify for this criteria, at least one of the LCWRA descriptors must apply to you in all these ways: at all times, or whenever you try to do the activity described by the descriptor; permanently, for the rest of your life; and because of a medical condition or disability diagnosed by the NHS. For someone of working age in the early stages of a terminal condition such as dementia (who may be currently functioning relatively well), they may not yet meet the threshold of a LCWRA descriptor applying to them at all times. However, their condition is only going to worsen, and despite experiencing fluctuations to their capacity as it stands, this is likely to become more constant with time. What's more, many of them will still be dealing with the acute income shocks associated with a terminal illness.

The Severe Conditions Criteria is also not expected to capture that many people – 170,000 in 2026/27.[20] With approximately 650,000 people dying in the UK each year,[21] and many missing out on the Special Rules, it's clear that the Severe Conditions Criteria mechanism as it stands isn't set up to adequately capture all the terminally ill people who are missing out on Special Rules.

To support more terminally ill people to qualify for the Severe Conditions Criteria, and with it the elevated UC health element, **the DWP should expand eligibility for the Severe Conditions Criteria in UC to include someone with a life-limiting, progressive condition who currently meets the criteria for Limited Capability for Work.**

When it comes to level of benefits support, a key discrepancy also relates to terminally ill people who are working age, vs. pension age. A major contributor to this is the working age benefits system, which provides hundreds of pounds a month less to someone aged 64 compared to someone aged 66.

**Figure 7: Expected weekly income from benefits at the end of life in 2025/6, for people above and below State Pension age**

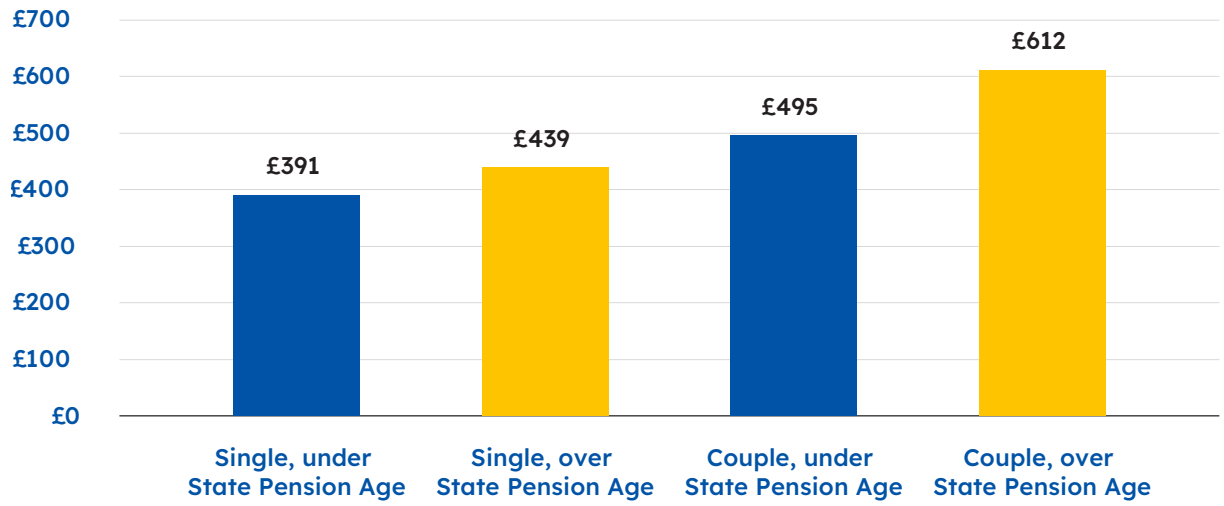



Figure 7 shows the approximate weekly household income that people at the end of life could expect to receive in benefits each week in 2025/26, if above or below state pension age. The calculations assume that people are receiving all of the benefits to which they are entitled, including higher rate PIP or Attendance Allowance, and that in couples the person without a terminal illness is providing care. Housing costs are excluded.

Overall, people of pension are better off than working-age people relying on out-of-work benefits and disability benefits. Single working-age people are £47 a week (£206 per month) worse off than pensioners, while for couples, there is a difference of £117 per week (£508 per month). This again emphasises the inequality between the financial support provided for people of working age and for pensioners at the end of life.

This is a deeply unjust situation. People unfortunate enough to be diagnosed with a terminal illness before they reach pension age have the same additional costs and financial concerns as pensioners. They are, generally, closer than average to pension age, and are likely to have paid National Insurance Contributions for many years. New analysis by the Centre for Research in Social Policy at Loughborough University shows that over 90% of working age people in the last year of their life have made National Insurance Contributions, with over a quarter having made the 35 years of contributions required to receive the full state pension[22] – yet will die before they benefit from them. They are also a group who should not, for obvious reasons, be considered likely to return to work and therefore eligible for early retirement.

The policy rationale behind the State Pension and Pension Credit is to provide a guaranteed minimum level of income for people not expected to work again as a result of their age. Working age people living with a terminal illness are similarly not expected to work again (due to their health) yet receive far less support.

Without urgent reform, this situation will only worsen. With the triple lock remaining unchanged until April 2030, the gap between working age and pension age incomes will continue to widen.

What's more, in April 2026, the State Pension age started to rise from 66 to 67. This will see thousands more terminally ill people miss out on the State Pension and face poverty as a result. Analysis by Marie Curie suggests that further increases to 68 will result in 15,800 more people dying before reaching pension age.[23] With the current rates of working age deaths in poverty, this would mean an additional 4,400 working age people dying in poverty. The Pensions Commission, due to report to government in 2027, may well lead to further increases in future.

With every rise in the State Pension age pulling more people into poverty at the end of their life, **the UK Government should guarantee a State Pension level of income to people of working age living with a terminal illness.**

New analysis shows that topping up the income of working age people in the last 12 months of life, so they receive the same amount of state support that their pension-age counterparts do, could lift over 9,000 people out of poverty. What's more, the estimated cost to the state using a means-tested approach would be £2.7 million per week, which is a mere fraction of the more than £2 billion weekly expenditure on the State Pension.[24]

One way the UK government could do this, is by increasing the amount of UC paid to claimants with a terminal illness, so it is equal to the Pension Credit Guarantee amount. This could be done by introducing a 'Pension Credit Element' in UC.



# Capital limits

Finally, when it comes to the national social security system, it's vital that if terminally ill people draw down on other sources of financial support that might be available to them – be that a life or critical illness insurance policy, or an ill-health lump sum of their private pension – that they aren't penalised and having support drawn from other parts of the social security system for doing so.

Within means-tested benefits such as UC and Housing Benefit, there are strict limits on the capital someone can have. In most circumstances the first £6,000 is disregarded. A taper is applied between £6-£16,000 which reduces the award by £4.35 for every £250 (or part of £250) over the £6,000. If someone has over £16,000 of capital, they cannot claim these benefits and are expected to draw on their savings instead.

The treatment of capital in Pension Credit, however, is much more lenient. The first £10,000 is disregarded, then every additional full or part £500 in savings is treated as £1 of income a week. The table below shows the impact of this.

**Table 3: Comparison of impact of capital on means-tested benefits for single claimants**

| Amount of capital | UC Standard Allowance and Health Element - £854.70 a month (single, over 25, higher rate of health element) | | Pension Credit Guarantee Element and Additional Amount for Disability - £1,404.21 a month[25] (single) | | Extra amount received by Pension Credit claimant |
|---|---|---|---|---|---|
| | Impact | Amount remaining | Impact | Amount remaining | |
| £5,000 | No impact | £854.70 | No impact | £1,404.21 | £549.51 |
| £10,000 | -£69.60 | £785.10 | No impact | £1,404.21 | £619.11 |
| £15,000 | -£156.60 | £698.10 | -£43.33 | £1,360.88 | £662.78 |
| £20,000 | Ineligible for any UC | £0 | -£86.67 | £1,317.54 | £1,317.54 |
| £50,000 | Ineligible for any UC | £0 | -£346.67 | £1,057.54 | £1,057.54 |

This significant difference exacerbates the disparity in initial amounts someone is eligible for. Someone aged 64 with a terminal illness and £50,000 of savings would receive no UC at all. Yet if that same person was two years older, they would still be entitled to hundreds of pounds a month in Pension Credit.

**The DWP should align the capital rules within UC for households containing someone with a terminal illness to those applying to Pension Credit.**

Aside from the general treatment of capital, there is also no exemption for payments received from a life or critical illness insurance policy, or early retirement ill-health lump sum. This means that someone with a policy that pays out after a terminal diagnosis may have to use this money for basic living costs due to their UC being cut or stopped, rather than to help meet extra costs. These could be funeral costs, paying for meaningful experiences at the end of life, or simply supporting their family after they've died.

The Universal Credit Regulations 2013 set out circumstances when capital can be disregarded for a period. These circumstances do not include a payment in relation to a terminal illness under a critical illness or life insurance policy. That means that if someone makes a claim under a life insurance policy and receives more than £6,000 (or the payout takes their capital to over that amount), their UC would be reduced. If the payout meant they had over £16,000 in capital, they would be entitled to no UC at all. That not only means someone's terminal illness denies them means-tested support from the government, but also that money would not be available for the dying person to pass on to their family after their death, or to help with funeral costs.

There is a precedent for disregarding payments made because of a health-related payment. Section 75 of the regulations disregards sums awarded or agreed in relation to personal injury for 12 months. Extending this disregard to critical illness or life insurance payouts, or early retirement ill-health lump sums, would provide much-needed comfort to people living with terminal illness and their families.

**The DWP should disregard life insurance or critical illness cover payouts received due a terminal diagnosis from calculations of a household's capital for UC, for a period of at least 12 months.**

# Localised support

The majority of financial support in the UK comes from national bodies like the DWP or equivalents in the devolved nations. However, there are still important roles to play for more localised support schemes.

One key area in which local councils can take action is with council tax for working age households. Council tax is one of the larger household bills and enforcement can often escalate very quickly to bailiff action if arrears build up. In Scotland, Wales, and Northern Ireland these schemes are set centrally by devolved administrations. In England, they have been the responsibility of individual councils for over a decade. Council Tax Support provides a reduction in someone's council tax bill depending on their income, and since 2013, local authorities in England have had the discretion to set their own rates of Council Tax Support for working-age people. Yet, most councils have reduced the support available, increasing the amount that low-income residents are required to contribute towards council tax. For low-income residents who are faced with a terminal diagnosis, this lack of local support could be what pushes them into financial hardship in their last 12 months of life.

Households in which someone has a terminal illness already face significant financial pressures and should be prioritised for support with council tax bills.

**This is why we are calling for the UK government, as well as devolved administrations, to ensure that people living with terminal illness are guaranteed support for council tax or equivalent. Until that point, individual councils in England should consider how they can provide similar support in their area.** As of April 2026, 28 councils in England have already implemented exemption policies, with many more actively considering how they can best support terminally ill people.[26] There are a number of approaches councils are taking to implement these policies, each one demonstrating compassionate local governance and the possibility of practical and relatively low-cost policy change.

Action by individual councils is welcomed and important. But ultimately, there is no reason for someone's financial security at the end of life being subject to where they live. We want to see national governments amend relevant legislation to guarantee support for households including someone with a terminal illness.

Across the UK, local and devolved governments also provide emergency crisis support schemes. In Scotland, the Scottish Welfare Fund guidance references terminally ill people as a cohort whose applications should be given higher priority.[27] And in England, the newly released Crisis and Resilience Fund guidance[28] recognises that a diagnosis of a terminal illness is a trigger for financial hardship and makes several specific references to people with a terminal illness. However, an initial review of a number of council's Crisis and Resilience Fund policies suggest many are failing to adhere to this DWP guidance and are not explicitly prioritising people with a terminal illness for Crisis and Resilience Fund support. **Local and devolved governments should make sure households that include someone living with a terminal illness are prioritised for crisis support schemes, and that any guidance prioritising this cohort is adhered to.**

# A lack of support for energy costs

Measures to improve the general financial situation of people living with a terminal illness will also contribute to reducing fuel poverty. If people have more money available, they can more easily afford the energy that they need. However, it is also clear that there is a particular need for specific support to bring down energy bills at the end of life.

In 2026 the UK Government have introduced a range of incremental policies to address the rising cost of living. In the context of fuel poverty, dropping the 5% VAT from domestic electricity bills is an important gesture - saving around £45 from the average annual household bill. However, whilst this reduction is welcome, it came into force at the same time that Ofgem increased the energy price cap by £60 a year on the typical bill - more than wiping out any benefit. And while the October 2026 budget saw the removal of standing charges on gas bills, and the announcement of the Household Energy Payment - an £100 payment to households in council tax bands A-D - this does little to meet the scale of energy costs that terminally ill people with high energy usage face. Especially when ongoing spikes in wholesale costs mean bills are likely to increase further from 1 January.

Improving energy efficiency of the UK's housing stock is also where a lot of the policy attention lies. We support such measures and in the longer term they will help to reduce energy costs for people across the UK, including those at the end of life. However, for people living with a terminal illness today, energy efficiency upgrades are often inappropriate. They can take time to install, and/or for the financial benefits to be felt. That's time that people with a terminal illness do not have. Such measures can also be disruptive, which is not what someone resting at home needs. And energy efficiency measures also only help with heating and potentially cooling costs. While heating costs can increase after a terminal diagnosis, for example due to some types of treatment, a need to maintain a certain body temperature, or simply spending more time at home and sedentary, it is electricity costs that often see the most significant rise.[29]

So far, fuel poverty policy in the UK has been geared towards reducing winter heating bills because heating forms a major part of energy bills. However, the succession of heatwaves in 2026 may be indicative of a future climate and with that comes the increased risk of summer fuel poverty. For those who are terminally ill this is especially challenging because temperature regulation issues are a symptom of some terminal conditions, hence they have an increased need for cooling.[30]

There is an unavoidable need for direct bill support to ensure people living with terminal illness can do so in comfort. Current support across the UK is fragmented and limited, even with the welcome widening of the Warm Homes Discount from winter 2025-26 which meant every household receiving qualifying means-tested benefits (such as UC, Income Support, or Housing Benefit) automatically qualified for the £150 energy rebate, without needing to live in a hard-to-heat or low-energy-efficiency property.

**Table 4: Summary of direct support for energy costs**

| Scheme | Summary of criteria | Support | Nations covered |
|---|---|---|---|
| Warm Home Discount | Receive Pension Credit or certain means-tested benefits | £150 off energy bill | England, Scotland and Wales |
| Winter Fuel Payment | State Pension age and household income | One-off payment between £100 and £300 | England, Wales and Northern Ireland |
| Cold Weather Payment | Qualifying benefits | A £25 payment if the temperature in your area is 0°C or below for seven days in a row | England, Wales and Northern Ireland |
| Household Energy Payment | Households in council tax bands A to D | One-off £100 payment | England |
| Winter Heating Payment | Qualifying benefits | One-off payment of £62.00 | Scotland |
| Pension Age Winter Heating Payment | State Pension age and household income | One-off payment between £105.55 and £316.70 | Scotland |
| Child Winter Heating Payment | Have a child or young person in receipt of a qualifying disability benefit | One-off payment of £265.50 | Scotland |
| Home heating oil support | Use home heating oil as your main heating source and get certain benefits | One-off £100 voucher | Northern Ireland |

None of these schemes are specifically targeted at people living with terminal illness, and the most valuable form of support, the Winter Fuel Payment, is restricted to people over pension age. What's more, all of this support is provided at a fixed rate instead of being proportional to someone's bills, which risks not being able to meet the scale of energy consumption terminally ill people can face.

If an eligible household receives the maximum possible support from the Warm Home Discount, Winter Fuel Payment and Household Energy Payment the combined total is £550. Against the current October cap (£1,723),[31] £550 amounts to only around a third of the energy price cap for an average household. While this support does help, it is therefore clearly insufficient to make significant inroads into fuel poverty. And with the total value of electricity and gas debt arrears having risen from around £2 billion three years ago to more than £5 billion at the end of quarter 1, 2026,[32] it's clear that a far more comprehensive approach is needed.

Modelling shows that a 50% social tariff for energy could lift as many as 54,000 (45%) dying people out of fuel poverty.[33] We are therefore calling on **the Department for Energy Security and Net Zero to introduce a social tariff for energy for**

**people living with terminal illness, or equivalent direct bill** support providing at least a 50% reduction on bills to help them meet the extra costs at a time when their income is likely to have fallen. The Energy Independence Bill is the opportunity to do that, and the UK Government should bring forward this Bill as soon as possible. A comparable scheme should also be developed for households relying on alternative fuels if they cannot be included in the 'main' support scheme.

Identifying health conditions to target energy bill support can be difficult, but a clear solution already exists for terminally ill patients: the Special Rules mechanism. This established system allows energy providers and government agencies to bypass complex data barriers and immediately deliver targeted support to those who need it most.

At least until a social tariff is introduced, **UK and national governments should ensure that people with a terminal illness are able to access existing schemes to help with the cost of energy. This should include exploring ways to provide people in Northern Ireland with an equivalent to the Warm Home Discount, and making the Winter Fuel Payment and equivalents available to anyone with a terminal illness, regardless of age.**

Another significant gap in the support relates to the running costs of medical devices used at home. These devices are essential for the safety of the patient, or their ability to maintain some independence and dignity. Yet while the patient may be provided with the device itself by the NHS, they are often left to pay for the running costs themselves.

These costs can be substantial. Previous Marie Curie research has found that a household that includes a person with a terminal illness may spend equivalent to 6.9% over an average household if they have an electric bed, 15.8% if they are receiving at-home dialysis, 20.6% if they are on a ventilator and as much as an extra 37.8% more than the average household if they are receiving oxygen concentration. People needing multiple devices will see these extra costs stack up.[34]

Struggling to pay these costs can have a significant impact. In some cases, people living with terminal illness could go into debt, causing further distress at the prospect of leaving their loved ones with unpaid bills. They might instead have to receive treatment or care in hospital rather than at home, adding costs to the NHS, and perhaps going against their care preferences simply due to cost. People might avoid using the devices to the extent they should, risking their safety, comfort, or dignity.

In Scotland, the government has committed to explore how best to deliver financial support for people with electricity costs relating to life-saving equipment in their homes and further support with energy costs of those with a terminal illness.[35] We encourage the **UK and national governments to ensure that there is a single, simple and comprehensive, scheme providing upfront support with the running costs of all medical devices provided by the NHS.**




# Conclusion and recommendations

This latest update to our research on poverty at the end of life shows little real improvement in the risk of financial insecurity for people with a terminal illness. While the number of and percentage of people who are in poverty in the last year of life has gone down slightly since 2024, this is (at least in part) due to methodological improvements in collecting information on household incomes, rather than any direct positive change in poverty rates.

More than one in seven people died in poverty in 2025, and almost one in four in fuel poverty. With a total of 310,000 people in the UK having died in poverty and 394,000 in fuel poverty since 2023, financial insecurity at the end of life remains a critical issue.

There is no single solution to ending deaths in poverty or fuel poverty. In many cases, deaths in poverty are a continuation of lives in poverty; in others, that poverty stems from a financial crisis caused by the impact of a terminal diagnosis.

However, there are key areas that matter, and practical steps governments across the UK can take to reduce the prevalence of poverty and fuel poverty at the end of life.

Taken together, the recommendations in this report set out a blueprint for a UK in which people with a terminal illness can live their final months, weeks, and days in financial security, focused on making memories, not on making ends meet. We look forward to working with national and local governments and decisionmakers to put an end to deaths in poverty and fuel poverty.

# Recommendations in this report

## Speeding up access to social security support

- The DWP should consider introducing a more flexible definition of terminal illness that removes the 12-month prognosis requirement.
- The DWP should provide fast-track access for all benefits likely to be claimed by households including someone living with terminal illness, including carer benefits.
- The DWP should provide a non-repayable grant, not a loan, for terminally ill people making a new application for UC.

## Providing adequate levels of social security support

- The DWP should expand eligibility for the Severe Conditions Criteria in UC to include someone with a life-limiting, progressive condition who currently meets the criteria for Limited Capability for Work.
- The UK Government should guarantee a State Pension level of income to people of working age living with a terminal illness.
- The DWP should align the capital rules within UC for households containing someone with a terminal illness to those applying to Pension Credit.
- The DWP should disregard life insurance or critical illness cover payouts received due a terminal diagnosis from calculations of a household's capital for UC, for a period of at least 12 months.
- The UK government, as well as devolved administrations, should ensure that people living with terminal illness are guaranteed support for council tax or equivalent. Until that point, individual councils in England should consider how they can provide similar support in their area.
- Local and devolved governments should make sure households that include someone living with a terminal illness are prioritised for crisis support schemes, and that any guidance prioritising this cohort is adhered to.

## Supporting with energy costs

- The Department for Energy Security and Net Zero should introduce a social tariff for energy for people living with terminal illness, or equivalent direct bill support providing at least a 50% reduction on bills.
- UK and national governments should ensure that people with a terminal illness are able to access existing schemes to help with the cost of energy. This should include exploring ways to provide people in Northern Ireland with an equivalent to the Warm Home Discount, and making the Winter Fuel Payment and equivalents should be available to anyone with a terminal illness, regardless of age.
- UK and national governments should ensure that there is a single, simple and comprehensive, scheme providing upfront support with the running costs of all medical devices provided by the NHS.

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