

# Large-scale multiactor training and mentorship programme to ASSist people with physical impairments in energy povERTy

## D4.1 Report on knowledge gap for policy actors and decision makers



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## ABOUT ASSERT

The ASSERT project is a European initiative under the LIFE23-CET-ENERPOV framework, which will address the critical issue of energy poverty, particularly among physically disabled persons.

The project goal is three-fold:

1. Ensure that policy makers at all levels of administrations, as well as energy practitioners and advisors are trained on energy matters, including on topics related to energy poverty, taking into consideration the multidimensional aspects of energy poverty and context of clean energy transition.
2. Roll-out programmes to train front line workers in energy poverty and green energy solutions. Front-line workers addressed in those programmes should include health and social care workers or other professionals who can help identify households affected and provide them with advice and information on solutions to reduce energy consumption and access more affordable and innovative sources.
3. Offer targeted training courses for energy-poor households affected by energy poverty, including those with low digital skills. Such courses should enhance the energy and digital literacy awareness of households affected by energy poverty, enable them to better control their energy bills and participate actively in the clean and just energy transition.

ASSERT will focus on persons with physical disabilities who have higher energy needs and lower income, and therefore are more susceptible to energy poverty and its effects. Addressing their needs can interrupt the vicious circle of aggravating health conditions as a consequence of unhealthy household conditions due to energy poverty.

The project will deliver an integrated target-specific training and mentorship programme for local policymakers and intermediaries, and will equip them with essential skills and knowledge and support to implement sustainable energy solutions, while integrating energy poverty considerations into broader policy frameworks.

## ASSERT consortium

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## Glossary

| Acronym | Definition                                                                                                       |
|---------|------------------------------------------------------------------------------------------------------------------|
| ARPA    | Agenzia Regionale per la Protezione Ambientale - Regional Environmental Protection Agency                        |
| DPOs    | Disabled People's Organization                                                                                   |
| ASPID   | Lleida Association for Paraplegics and People with Physical Disabilities                                         |
| UNCRPD  | UN Convention on the Rights of Persons with Disabilities                                                         |
| INPS    | Istituto Nazionale della Previdenza Sociale), translated in English as "National Institute for National Security |
| ASL     | Azienda Sanitaria Locale) translated in English as "Local Health Authority                                       |
| SLIME   | Service Local d'Intervention pour la Maîtrise de l'Énergie                                                       |
| SOLIHA  | Solidaires pour l'habitat                                                                                        |
| MDPH    | Maison Départementale des Personnes Handicapées                                                                  |
| CCAS    | Municipal Social Action Centers/Intermunicipal Social Action Centre                                              |
| KEPA    | Centre for the Certification of Disability                                                                       |

## Executive Summary

This report presents the findings of **Task 4.1 – Bottom-up Analysis of Knowledge and Competency Gaps and Training Needs of Policy Actors**, conducted in the first year of the project. The objective of this task is to identify the knowledge gaps among policy actors in developing effective measures to tackle **energy poverty for people with disabilities**.

To achieve this, piloting partners in Cyprus, France, Greece, Italy, and Spain engaged **10 to 20 municipalities** in their respective regions through **interviews, surveys, and personal meetings**. This initial assessment aimed to understand:

- How municipalities currently address energy poverty and physical disability.
- Whether they have internalized the necessary knowledge or rely on external expertise.
- Their perceived need for further capacity building.

An **in-depth analysis** was conducted with the **five selected municipalities per piloting country**, with additional municipalities invited to participate. This approach ensures that the **training package and mentorship program** directly respond to policy actors' needs.

This analysis focuses on:

- **Identifying knowledge gaps** at the local and regional levels through direct engagement with policymakers.
- **Understanding the needs and priorities** of policy actors across different departments (e.g. social, housing, health, climate, education) and their interconnected roles in tackling energy poverty.
- **Defining training needs** in a structured and comprehensive manner to guide future capacity-building efforts.

By addressing these gaps, this task lays the foundation for **effective training and mentorship**, equipping municipalities with the necessary knowledge and competencies to develop impactful policies that support people with disabilities facing energy poverty.

## 1. Introduction

The work of ASSERT is aligned with the broader European commitment to protecting the rights of persons with disabilities and fostering inclusive, just societies. At the heart of this commitment is **Principle 17** of the European Pillar of Social Rights (EPSR), which affirms that people with disabilities have the right to “income support that ensures living in dignity” and access to “services that enable them to participate in the labour market and in society.” This principle highlights the importance of inclusive welfare systems that support autonomy, social participation, and well-being—including, implicitly, access to affordable and adequate energy as a necessary condition for health, comfort, and inclusion. Building on this foundation, the European Commission launched the 2021–2030 [Strategy for the Rights of Persons with Disabilities in March 2021](#). The strategy aims to ensure that persons with disabilities can participate fully in society on an equal basis with others, both within the EU and globally. Grounded in the United Nations Convention on the Rights of Persons with Disabilities, which has been signed and ratified by all EU Member States. The strategy emphasizes removing barriers to equal participation and highlights the importance of accessible environments, inclusive education, social protection, and independent living.

Yet, as this report highlights, **energy poverty remains an overlooked barrier to these rights**. Without reliable access to affordable energy, persons with disabilities may be excluded from full participation in society, face aggravated health risks, and encounter additional challenges to independent living. ASSERT’s mission is to address these gaps through targeted training and capacity-building for policy actors and practitioners, ensuring that energy justice and disability inclusion are embedded in local policy frameworks and social support systems.

## 1.1. Importance of addressing energy poverty for people with disabilities

According to Eurostat data from 2023, approximately 27% of the EU population over the age of 16 — an estimated 101 million people— live with some form of disability (Consilium, 2023).<sup>1</sup> Among them, the European Disability Forum reports that 24% are at risk of energy poverty, a rate significantly higher than that of the general population.

Energy poverty is a multidimensional issue, influenced by a combination of socioeconomic, geographical, and health-related factors. Within this landscape, persons with disabilities are disproportionately affected. For example, in 2023, 39.4% of people with disabilities in the EU were unable to cover unexpected financial expenses, and they were more likely than others to struggle with making ends meet (in 2023).<sup>2</sup> Despite these realities, their specific needs remain largely overlooked in policy design and service delivery.

People with physical disabilities frequently have higher-than-average energy needs due to multiple, overlapping reasons:

- The need for assistive or medical electrical equipment.
- Spending more time at home, leading to continuous energy usage.
- Specific thermal comfort requirements, such as the need for stable and elevated indoor temperatures.
- Reduced mobility, which may increase reliance on private transportation or increase vulnerability during energy outages.

Energy outages or rising costs are not just discomforts for these households, they can pose serious health risks or life-threatening consequences. Nevertheless, most energy systems and social protection mechanisms do not account for these elevated dependencies, rendering people with disabilities disproportionately vulnerable during energy crises or periods of price volatility.

This situation is further exacerbated by **intersectional factors**. Disability often coexists with other structural disadvantages such as:

- Older age and chronic illness
- Low-income or part-time employment
- Living in rural or poorly served areas
- Single-parent or multi-generational households

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<sup>1</sup> <https://www.consilium.europa.eu/en/infographics/disability-eu-facts-figures/>

<sup>2</sup> Being unable to meet unexpected financial expenses means that a household would be unable to cover an unexpected essential expense from its own resources, that is, without asking for help: for example, borrowing money from friends or family, overdrawing on a bank account, or worsening its

---

situation with regard to potential debts. Examples of essential expenses are having surgery, paying for a funeral, having major repairs carried out in the house or replacing durable goods (such as a washing machine or a car) [https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Disability\\_statistics\\_-\\_financial\\_situation](https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Disability_statistics_-_financial_situation)

These overlapping disadvantages intensify the risk and impact of energy poverty. Individuals with disabilities often face compounded barriers — from limited income and employment opportunities to poor housing and restricted access to support schemes. These challenges reduce their ability to cope with rising energy costs or invest in energy-efficient solutions, reinforcing a cycle of poor health, financial insecurity, and inadequate living conditions.

Addressing this reality requires an intersectional approach that responds to the specific needs and vulnerabilities of people with disabilities. Yet despite well-documented evidence, they remain underrepresented—or entirely absent—from the data that drives energy poverty policy. The lack of disaggregated data undermines both diagnosis and intervention, while most municipalities lack indicators or mechanisms that reflect disability-specific energy vulnerability.

In addition to data gaps, participation is limited. Few local or regional energy strategies include people with disabilities in consultations, pilot programs, or design processes, despite their lived experience being critical for effective solutions.

The intersection of disability and energy poverty demands tailored, multi-sectoral responses. Policy efforts must go beyond financial and technical fixes to address the full spectrum of physical, social, and systemic barriers. This is not only a question of equity and social justice — it is also an opportunity to:

- Prevent health deterioration due to poor housing conditions.
- Support independent living and full societal participation.
- Create more resilient and inclusive energy systems.
- Enhance cross-sector cooperation across social care, energy, housing, and health departments.

Achieving this requires closing persistent knowledge and capacity gaps among policy actors and practitioners. Key needs include:

- Understanding the specific energy-related needs of people with disabilities.
- Identifying energy-poor households through inclusive assessment mechanisms.
- Coordinating across departments to develop integrated support pathways.
- Designing accessible communication and digital literacy initiatives.
- Implementing sustainable funding mechanisms tailored to vulnerable groups.

As highlighted by ASSERT, the challenge is not merely technical but socio-political. Policy actors must be equipped with adequate knowledge, tools, and collaborative frameworks to address these overlapping vulnerabilities.

To respond to this need, ASSERT will build on the work of the Energy Poverty Advisory Hub (EPAH) and develop structured, formal training courses — supported by informal resources — to empower local policymakers. The training will be complemented by a hands-on mentorship programme, facilitating real-world exchanges through roundtable discussions, workshops, and participatory policy design sessions with the goal of supporting a more inclusive and just energy transition.

## 1.2. Welfare State Regimes, Disability, and Energy Poverty: A Structural Lens

The way welfare states conceptualize and deliver social protection profoundly shapes how disability and energy poverty are understood, measured, and addressed. These issues intersect across sectors — including housing, health, energy, and social inclusion — and expose the strengths and limitations of different welfare models in tackling overlapping vulnerabilities.

This chapter draws on welfare regime theory, disability rights scholarship, eco-social policy, and policy integration literature to frame the institutional landscape in which local governments operate. Welfare state regimes, as originally conceptualized by Esping-Andersen (1990), offer a useful lens for understanding the varying ways European countries approach social risks such as poverty, health, and disability. These regime types influence not only the availability and design of public services, but also how energy poverty is framed — as an individual hardship, a technical infrastructure issue, or a structural injustice.

### ***Welfare Regimes in Practice***

**Liberal regimes** (e.g. UK, Ireland) emphasize means-tested and market-driven welfare with limited state intervention. Energy poverty responses tend to be targeted and residual, often excluding non-working disabled people. Social services are often outsourced or privatized.

**Conservative/Corporatist regimes** (e.g. France, Germany) emphasize insurance-based welfare, with benefits linked to employment status. While social safety nets exist, they often reflect traditional family roles, and support for non-working disabled people may be fragmented.

**Social Democratic regimes** (e.g. Sweden, Denmark) feature universalist welfare systems that prioritize de-commodification and equal access. These regimes often provide stronger, more integrated support for energy needs, health, and disability.

**Post-socialist or hybrid regimes** (e.g. in Eastern Europe) are characterized by institutional transition, decentralization, and underfunding. There are significant gaps in disability inclusion and energy assistance mechanisms (Fenger 2007, Cerami and Vanhuysse 2009).

**Southern European (Mediterranean) regimes** (e.g. Italy, Greece, Spain, Cyprus) display fragmented and familialist welfare with significant reliance on informal care and inconsistent coverage. State capacity to address overlapping vulnerabilities like, disability and energy poverty, is often limited (Ferrera 1996).

These regime characteristics are not merely theoretical — they shape the institutional capabilities and constraints that determine how energy poverty is addressed on the ground, particularly for persons with disabilities.

### **Investment Patterns and Structural Inequality**

Welfare regime differences are evident in public spending patterns. Eurostat data reveals stark disparities in disability-related investment across the ASSERT pilot countries:

- Cyprus (0.71%) and Greece (0.92%) allocate the smallest share of GDP to disability-related benefits in the EU. Unsurprisingly, they also report the highest energy poverty rates among disabled persons — 29.7% in Cyprus and 30.6% in Greece — pointing to chronic underinvestment in inclusive welfare systems.
- Italy (1.53%) and Spain (1.60%) spend slightly more but still fall below the EU average, indicating limited capacity to support energy-poor disabled persons — especially in areas with poor housing and overstretched public services.
- France (2.02%), in line with its corporatist model, invests more and reports a comparatively smaller energy poverty gap (6.6 percentage points). However, benefits remain partly tied to employment, excluding some of the most vulnerable.

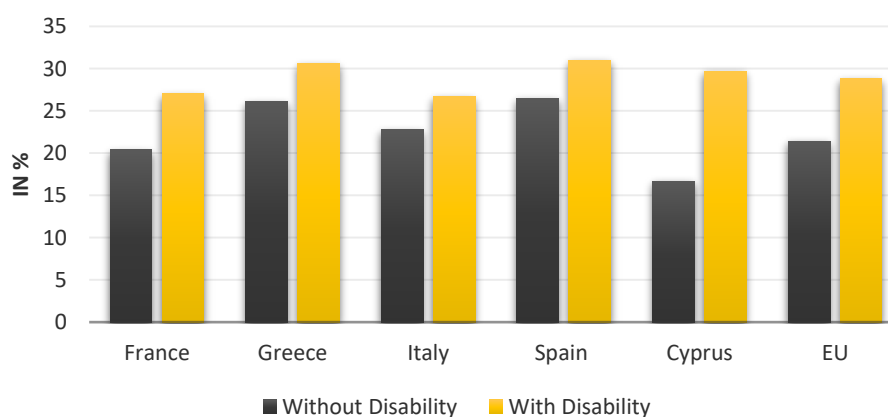
## Fragmentation and the Role of Local Government

Municipalities are often at the frontline of addressing energy poverty — yet their capacity to act is shaped by national regime structures. In many ASSERT pilot regions, welfare support remains siloed, with disability treated primarily as a medical or administrative issue. No single actor is fully responsible for identifying or addressing energy poverty among disabled people. Fragmentation occurs both vertically (across governance levels) and horizontally (across departments). For instance, social services may hold data on household vulnerability but lack the mandate or tools to address energy needs. Conversely, energy offices may overlook how disability impacts consumption patterns or thermal comfort.

These coordination failures are further constrained by fiscal austerity, understaffed departments, and institutional inertia. According to Ranci et al. (2014), Southern urban welfare regimes often rely on NGO-based or informal solutions to address housing exclusion and environmental risks — but these are rarely sustainable or inclusive.

As highlighted by Kazepov (2010), the territorial re-scaling of welfare provision has shifted many responsibilities to local actors, often without adequate resources or coordination, thereby exacerbating inequalities between municipalities. This perspective helps explain why local governments in Southern and post-socialist Europe frequently struggle to integrate disability and energy poverty into cohesive strategies.

### Persons at risk of poverty by level of disability (2023)



[Persons at risk of poverty by level of disability \(activity limitation\) hlth\\_dpe020.<sup>3</sup>](#)

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<sup>3</sup>[https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Disability\\_statistics\\_-\\_housing\\_conditions#SE\\_MAIN\\_TT](https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Disability_statistics_-_housing_conditions#SE_MAIN_TT)

## Policy Integration and Disability-Inclusive Governance

To understand and address these institutional silos, ASSERT draws on the concept of **policy integration** (Candel & Biesbroek, 2016), which assesses how different policy domains — such as health, energy, housing, and disability — are aligned and mutually reinforcing. Across many municipalities, energy poverty strategies remain poorly integrated, and disability is rarely treated as a cross-cutting social and environmental concern.

This analysis is deepened by insights from **disability rights scholarship** (Shakespeare 2006; Yeandle & Roulstone 2009), which highlights how support systems tend to be fragmented and reactive, often failing to engage with the lived realities of disabled individuals. **Eco-social welfare theory** (Gough 2017) adds that just welfare systems must not only protect social rights but also address environmental risks — such as energy poverty — in an inclusive way.

Disability is a critical but often overlooked axis of social protection. Across Europe, support for disabled people tends to be routed through medical or employment-related channels, leaving household needs — such as access to affordable energy or adapted housing — inadequately addressed. This is especially problematic for ASSERT's target group, who often require:

- Continuous indoor thermal comfort for physical health and mobility
- Uninterrupted access to energy-dependent medical equipment
- Adapted housing or assistive technologies that increase baseline energy use

When energy is treated as a neutral commodity or infrastructure issue, rather than a social determinant of health, disabled individuals are placed at disproportionate risk. In liberal and Southern regimes with low de-commodification, this risk is particularly severe for those outside the workforce or living in rural or poorly insulated homes.

## Empirical Evidence: Housing, Ownership, and Thermal Comfort

Structural barriers are compounded by poor housing quality. According to Eurostat:

- The majority of persons with disabilities in ASSERT pilot countries live in **owner-occupied homes**: Greece (81%), Italy (80.7%), Spain (78.9%), Cyprus (66.3%), France (61.9%). However, ownership often masks poor housing conditions and limited renovation capacity.
- **15.0%** of persons with disabilities report exposure to pollution or environmental hazards, compared to **11.2%** of non-disabled people.
- **18.9%** of disabled people report housing problems like leaking roofs or damp walls, compared to **13.8%** of the general population. The issue is particularly acute in Spain (28.7%), Cyprus (38.6%), Italy (21.6%), and France (22.6%).

- In terms of thermal comfort, **15.1%** of disabled people across the EU report being unable to keep their homes warm, versus **9.0%** of non-disabled people. Rates are even higher in ASSERT pilot countries: Spain (28.1%), Greece (25.3%), Cyprus (23.4%), France (17.3%), and Italy (13%).

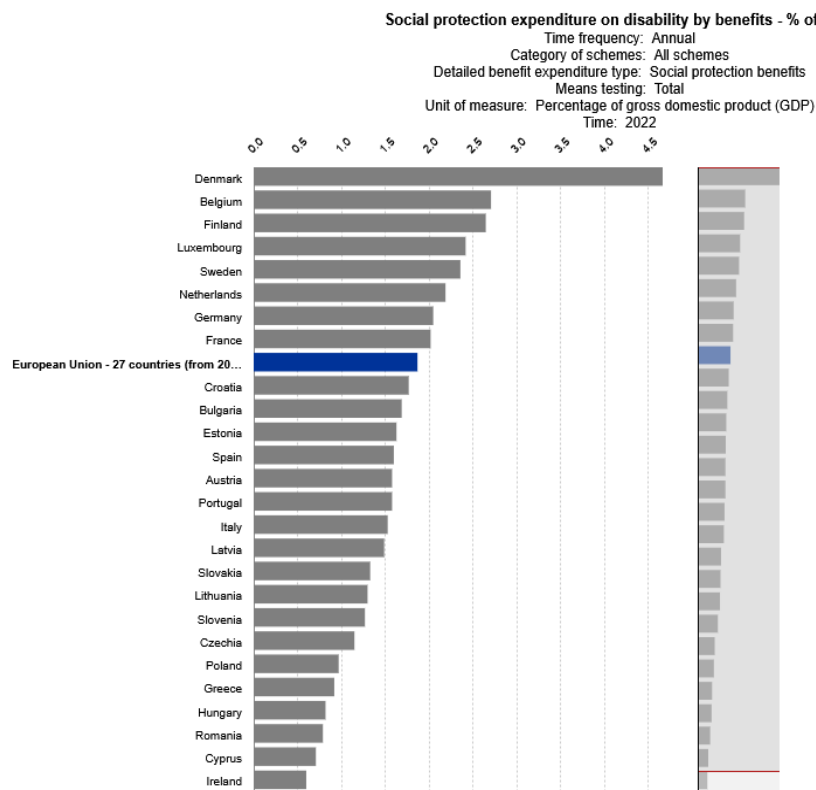
These inequalities are not incidental — they are embedded in welfare systems that fail to integrate disability, housing, and energy as interconnected domains. The result is a structural exclusion from the basic conditions of health, safety, and dignity.

### **Toward Inclusive and Integrated Responses**

Addressing energy poverty among persons with disabilities requires more than one-off subsidies or benefits. It calls for a structural transformation in how welfare states conceptualise and deliver social protection. This means:

- Viewing energy as a **social good**, not just a commodity
- Embedding **disability inclusion** into energy, housing, and climate planning
- Designing **cross-sectoral policies** that address overlapping vulnerabilities
- Investing in **data collection** and **governance capacity** at the local level

As ASSERT highlights, these are not just technical questions — they are socio-political challenges that require coordinated institutional responses, inclusive policy frameworks, and empowered local actors.



Social protection expenditure on disability by benefits - % of GDP [dsb\_sprex01]

Source of data: Eurostat - Last updated date: 14/03/2025 23:00

Disclaimer This graph has been created automatically by ESTAT/EC software according to external user specifications for which ESTAT/E

General disclaimer of the EC website: [https://ec.europa.eu/info/legal-notice\\_en](https://ec.europa.eu/info/legal-notice_en)

eurostat

## 2. Research Design

This study employs a qualitative research design using semi-structured expert interviews to investigate the complex and under-explored intersection between energy poverty and disability. The qualitative approach is particularly suited for capturing contextual nuances, institutional dynamics, and local understandings that are not easy to quantify.

The use of a semi-structured format allows interviewers to adapt to each municipality's specific context and include new questions while maintaining a level of comparability across cases. This flexibility ensures that relevant themes can be explored in depth, including unexpected insights, while still adhering to a shared set of guiding questions.

The interview questions were intentionally formulated to be open-ended, allowing respondents the space to elaborate freely and reflect on both formal mandates and informal practices. Rather than presupposing specific answers, the phrasing encouraged personal perspectives, institutional critiques, and contextual examples. Interviewers were also free to adapt the sequence of questions depending on the flow of conversation and the interviewee's expertise, creating a more natural, dialogical exchange that preserved the depth and authenticity of the responses.

### 2.1. Municipal Selection Criteria

**The selection of municipalities was guided by several considerations to capture a wide range of institutional experiences and perspectives:**

- **Geographic Diversity:** A deliberate effort was made to include both urban and rural areas and to balance representation across different regions (e.g., north/south, islands/continental areas).
- **Administrative Variation:** The sample includes different levels of governance, ranging from small local municipalities to intermunicipal structures and specialized departments.
- **Variation in Institutional Awareness and Activity:** Municipalities were included to reflect a spectrum of engagement—from those with no prior activity or awareness on both topics to those already running targeted programs.

- **Sampling Strategy:** A combination of purposive sampling and snowball sampling was used to identify relevant departments and staff. This approach allowed for the identification of both formal actors (e.g., housing, social services, environment departments) and informal influencers or mediators within municipal structures.

## 2.2. Data collection and interview implementation

Interviews were conducted between November 2024 and May 2025. Each participating country implemented the interview campaign independently through local partner organisations familiar with the national context and administrative landscape.

Interviews were carried out in the local language to ensure clarity, comfort, and cultural relevance for the municipal representatives involved. Depending on feasibility and availability, interviews were conducted either online via video conferencing platforms or in person, particularly in regions where on-site visits were logistically appropriate. Each interview lasted between 30 and 75 minutes, allowing sufficient time to explore both the predefined questions and emerging themes that surfaced during the conversations.

## 3. Data Analysis

The interview transcripts formed the basis of a loosely structured thematic analysis, with a primary focus on content rather than formal coding techniques. The aim was to remain close to the language and framing used by interviewees, allowing their perspectives to shape the understanding of local practices and challenges. Instead of applying a rigid analytical framework, the research team read through the transcripts to identify recurring ideas, concerns, and institutional references. From this process, a number of core topics gradually emerged—such as definitions of disability, existing programmes, departmental coordination, and perceived training needs. This flexible, content-driven approach reflects the exploratory and participatory nature of the research.

### 3.1. Anonymization and Data Privacy

In line with GDPR-compliant data protection standards, all steps were taken to ensure participant confidentiality and ethical handling of sensitive information gathered during the interview process.

All municipal names and identifiers were anonymized in the final reporting unless explicit consent for disclosure was provided by the interviewee or relevant authority. Where anonymization was applied, quotes and examples were attributed using pseudonyms or generic descriptors (e.g., “medium-sized southern municipality” or “urban municipality with active disability services”) to preserve context without compromising identity.

Interview recordings and transcripts were securely stored on encrypted drives accessible only to national coordinators and the central ASSERT WP4 team. Summaries and analytical tables shared across partners used fully de-identified data, and anonymized quotes were selected for illustrative purposes in cross-country synthesis and publication materials.

These measures were essential to foster trust and openness during interviews, particularly when discussing institutional gaps, sensitive populations, or critiques of existing systems.

### 3.2. Municipal Outreach and Response Rates

To support the outreach process and track engagement systematically, each national pilot team prepared an Excel-based stakeholder mapping tool. This file captured key information about each targeted municipality, including: population size, rural or urban classification, number of staff, departments involved, contact

details of reference persons, working languages, relevant websites, previous personal contact, and any existing legal or policy mandates related to energy poverty (e.g., SECAPs, COMO plans). The spreadsheet served both as a coordination and documentation tool, enabling teams to prioritise outreach, identify gaps in representation, and record any relevant notes during the recruitment and interview process.

National pilot teams initiated contact with municipalities through a combination of formal letters of introduction, follow-up phone calls, and outreach via existing professional or project-based networks. In several cases, prior relationships from other EU-funded initiatives or local policy collaborations helped facilitate access and reduce initial barriers to engagement.

To foster transparency and encourage participation, the interview guide was shared in advance with some local governments and prospective interviewees. While this approach helped establish trust and provided clarity on the interview's scope, it also introduced potential bias, particularly in cases where responses were overly prepared or framed to align with assumed expectations. In some instances, selective or polished responses limited the spontaneity and depth of discussion.

A clear participation bias was observed: municipalities already engaged in social policy, energy poverty, or disability-related projects were more likely to accept the interview request. Conversely, several local authorities declined participation, citing limited relevance, time constraints, or internal restructuring.

Notably, some municipalities expressed reluctance to speak about disability or energy poverty, either due to a perceived lack of expertise or jurisdiction on the topic, or out of concern over reputational risk and scrutiny. This hesitancy points to an underlying need for increased institutional confidence and training around inclusive policy design and the rights of persons with disabilities.

The number of outreach attempts and final interview participants varied by country, reflecting differing levels of institutional capacity, prior engagement on energy poverty, and availability of relevant staff.

Non-response was most commonly attributed to:

- **Limited staffing or internal workload**, especially in smaller municipalities.
- **Unclear jurisdiction or mandate**, with some departments uncertain whether energy poverty or disability issues fell under their competence.

- **Discomfort or lack of confidence discussing disability**, including reluctance to speak on record or concern about reputational risk.
- **Ongoing administrative changes** or election cycles that resulted in lower prioritization of participation.

This variability underscores the challenges of engaging local governments on intersecting issues that may not yet be embedded in institutional routines.

Across the five pilot countries, varying levels of engagement were observed when contacting municipalities for interviews.

- **Spain:** Out of 136 municipalities contacted by email, 12 responded and 10 were interviewed. Common reasons for non-response included lack of staff, operations focused at the provincial/regional level, or existing disability support departments reducing perceived relevance. This corresponds to a response rate of around 9%.
- **Greece:** Over 40 municipalities were contacted, with 14 responding (mostly after follow-up calls), and 10 ultimately agreed to be interviewed. This corresponds to a response rate of around 30–35%.
- **Cyprus:** 13 local authorities were contacted, either via email or via phone. From the 7 who have responded, 10 were interviewed, while one was interviewed as an expert together with their DPO. Response rate = 75%
- **France:** 49 municipalities contacted via email, 19 responded and 12 interviews were conducted. Response rate = 39%. We contacted municipalities that were involved in programmes to tackle energy poverty in order to obtain a good response rate.
- **Italy:** 21 municipalities contacted via email, 16 responded and 10 interviews were conducted. Responses rate 76.19%.

The main reasons for non-response included lack of staff and limited availability, disagreement with being recorded, a sense of inability to meaningfully contribute to the discussion, lack of interest in participating in the interview, and the belief that the issue was beyond their capacity or authority to influence. In some cases, the message was passed on internally, but no action was taken due to hierarchical constraints. In total: **52 structured interviews with municipalities and local authorities** were carried out between November 2024 and May 2025.

Table 1 Overview of Interviews with Municipalities

| Country | Municipality name |                     |
|---------|-------------------|---------------------|
| Italy   | Parma<br>Milano   | Leverano<br>Bolzano |

|        |                                                                                                                                                                     |                                                                                                                                                                                                                            |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|        | Arezzo<br>Padova<br>Firenze                                                                                                                                         | Bergamo<br>Verona<br>Serrenti                                                                                                                                                                                              |
| France | Ville de Besançon<br>CCAS Grenoble<br>CCAS Les Sables d'Olonne<br>Communauté de Communes<br>Crestois et Pays de Saillans<br>Ville de Grenoble<br>Ville de Marseille | CCAS Montpellier<br>Département du Lot-et-Garonne<br>Département du Lot<br>Département de la Gironde<br>Département des Alpes de<br>Haute Provence<br>Département de la Vienne<br>Ville de La Roche-sur-Yon                |
| Cyprus | Yialia, Pafos<br>Ayia Marina Chrysochous, Pafos<br>Pyrga, Larnaca<br>Strovolos, Nicosia<br>Agios Theodoros, Larnaca                                                 | Choirokitia, Larnaca<br>Kalavastos, Larnaca<br>Maroni, Larnaca<br>Tochni, Larnaca<br>Zygi, Larnaca                                                                                                                         |
| Spain  | Catalan Assoc iation of<br>Municipalities<br>Barcelona<br>Mollet del Vallès<br>Rubí<br>Esplugues                                                                    | Social Action Consortium of the<br>Garrotxa (Regional Council)<br>Igualada<br>Social Action Consortium of the<br>Ripollès (Regional Council)<br>Terrassa<br>Dependency Care Service at the<br>Barcelona Provincial Council |
| Greece | Municipality of Athens<br>Municipality of Drama<br>Municipality of Naoussa<br>Municipality of Veroia<br>Municipality of Halki                                       | Municipality of Komotini<br>Municipality of Thermaikos<br>Municipality of Xanthi<br>Municipality of Kifisia<br>Municipality of Volvi                                                                                       |

## 4. Territorial and Institutional Profiles of ASSERT Pilot Regions

The ASSERT pilot countries span diverse territorial, climatic, and institutional contexts that shape how energy poverty and disability are experienced and addressed. Differences in climate zones influence heating and cooling needs, while variations in governance structures determine the extent of municipal responsibility for social welfare and energy policy. The table below provides a comparative overview of key contextual dimensions across the five pilot countries, serving as a reference point for interpreting local interview findings and training needs.

Table 2 Overview of pilot countries

| Dimension                 | France                                                 | Spain                                                   | Italy                                              | Greece                                                | Cyprus                                            |
|---------------------------|--------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------|---------------------------------------------------|
| Climate Zones             | Temperate, some Mediterranean                          | Mediterranean, oceanic, continental                     | Continental, Mediterranean, Alpine                 | Mediterranean                                         | Mediterranean                                     |
| Common Heating Systems    | Gas, district heating, electric in rural areas         | Gas, electricity, wood (rural)                          | Gas, pellets, wood, district in N. cities          | Electricity, oil, wood (rural), heat pumps (new)      | Electricity (mainly), some LPG                    |
| Energy Poverty Governance | ONPE (national observatory), SLIME at local level      | Regional variation, energy offices in some cities       | No central observatory, project-driven responses   | Project-based, ad hoc municipal initiatives           | No national strategy, limited local initiatives   |
| Disability Governance     | Departmental MDPH offices, separate from energy actors | Regional social services, limited cross-sector links    | Fragmented municipal vs. ASL structures            | Municipal-based, often isolated from energy planning  | Centralized disability services, weak local links |
| Civil Society Role        | Strong NGO ecosystem (e.g. SOLIHA), uneven coverage    | Regional NGOs, some EU project-based work               | Local associations fill public gaps                | Heavily reliant on NGOs and informal networks         | DPOs active, but often isolated                   |
| Local Data Availability   | Exists via ONPE, but rarely disability-disaggregated   | Patchy, energy-poverty mostly tracked at regional level | Very limited, often no integration with disability | Minimal data, no indicators on disability-energy link | Very limited, no local disaggregated data         |

| Governance Structure                                                       | Strong municipal/dept split; national SLIME support | Decentralized; strong regional autonomy | Fragmented municipal/regional with central guidance | Centralised but devolved to municipalities post-crisis | Centralized; some local pilot engagement |
|----------------------------------------------------------------------------|-----------------------------------------------------|-----------------------------------------|-----------------------------------------------------|--------------------------------------------------------|------------------------------------------|
| <a href="#">Disability Benefit Spending (% of GDP) (2022)</a>              | 2.0%                                                | 1.60%                                   | 1.60%                                               | 0.92%                                                  | 0.71%                                    |
| Integration of Disability in EP Policies                                   | Low                                                 | Very low                                | Low                                                 | Very low                                               | Absent                                   |
| Arrears on utility bills (2023)                                            | 7.5%                                                | 9.6%                                    | 4.5%                                                | 32.9%                                                  | 7.8%                                     |
| Inability to keep home adequately warm (2023)                              | 12.1%                                               | 20.8%                                   | 9.5%                                                | 19.2%                                                  | 16.9%                                    |
| Pop. Liv. dwelling with presence of leak, damp and rot (2023)              | 21.1%                                               | 23.0%                                   | 17.1%                                               | 13.5%                                                  | 31.6%                                    |
| Level of disability (activity limitation)                                  | 8                                                   | 8.2                                     | 4.1                                                 | 2.3                                                    | 4                                        |
| <a href="#">People having a long-standing health problem or disability</a> |                                                     |                                         |                                                     |                                                        |                                          |
| <a href="#">Ageing population</a>                                          | 22%                                                 | 19.80%                                  | 24.00%                                              | 22.90%                                                 | 15.80%                                   |

|                                                       |  |  |  |  |  |
|-------------------------------------------------------|--|--|--|--|--|
| <a href="#">(% over 65)</a><br><a href="#">(2023)</a> |  |  |  |  |  |
|-------------------------------------------------------|--|--|--|--|--|

## Introduction: Why Local Context Matters

Local governments are the frontline actors for implementing energy and disability-related interventions. Yet their capacities vary widely depending on geography, governance structures, housing conditions, and existing social support systems. This chapter presents the territorial and institutional profiles of the five ASSERT pilot countries and their respective local contexts, highlighting both constraints and opportunities for action.

### Cyprus

**Geography & Climate:** Small municipalities along the southern coast and inland. Hot summers and mild winters. Water and energy conservation are ongoing concerns.

**Demographics:** Small populations; many are aging or economically precarious. Emigration has affected rural cohesion. Refugees and new residents are also present.

**Energy Profile:** Heavy reliance on non-renewable electricity, with high costs due to fuel imports and curtailment of renewables. Households struggle with both cooling and heating costs.

**Energy Poverty Status:** Limited local data; national social protection schemes apply. Some municipalities report high needs based on anecdotal evidence. Vulnerable tariff (08) users make up about 5% of the population, with some areas exceeding 10%.

**Governance:** Municipalities handle local services but depend on national programs for energy and disability-related interventions. Coordination is limited.

**Housing & Building Stock:** Many older, uninsulated homes. Energy efficiency law introduced in 2007; most housing predates this. Renovation programs exist but are not widely accessible to vulnerable groups.

**Civil Society & Support Ecosystem:** Some municipal cooperation with civil society; few disability-focused organizations and little energy-specific partnership.

Regional Policy Context: Participation in EU initiatives (e.g., smart villages), but most areas are at early stages. There is room to build integrated strategies from the ground up.

## **Pilot: Greece**

### **Geography**

The Greek pilot includes municipalities from both mainland and island regions, ranging from coastal urban areas to rural mountainous zones. Climatic diversity results in both summer cooling and winter heating challenges, with some areas facing extreme temperatures during seasonal peaks.

### **Demographics**

Municipalities often report high aging populations and significant rates of disability, particularly physical impairments linked to aging. Youth migration from rural areas toward cities or abroad has intensified demographic imbalances, weakening local social support structures.

### **Energy Profile**

Electricity is the dominant energy source, supplemented by heating oil or wood in colder regions. Energy poverty is a recognised problem, but often addressed indirectly through social welfare schemes. Awareness of the specific implications for persons with disabilities is generally low.

### **Energy Poverty Statistics**

Municipalities do not systematically track energy poverty, and even less so its intersection with disability. National-level indicators exist (e.g., for eligibility to vulnerable tariffs), but are not disaggregated or shared with local authorities in usable formats. Greece ranks 5th among EU countries, with 17.1% of households in 2020 unable to keep their homes adequately warm—nearly double the EU average (8.2%). Additionally, 28.2% reported difficulties in paying utility bills on time, and 12.5% lived in homes with serious structural issues (e.g., dampness, leaks, or rot), indicating a strong link between energy poverty, material deprivation, and income poverty.

### **Governance**

Municipalities in Greece maintain social services departments that serve primarily an informational and intermediary role. While they support residents in accessing available welfare schemes and assist with applications, the design, funding, and administration of social benefits — including those related to disability — are centralized at the national level (e.g., through KEPA). This division of responsibilities

contributes to limited local control, poor data integration, and fragmented support responses.

### **Housing and Building Stock**

Many residential buildings in Greece are old, energy-inefficient, and lack both thermal insulation and accessibility features — particularly in lower-income and rural areas. Public housing stock is minimal, and while various national retrofitting schemes exist, they often fail to reach households facing intersecting vulnerabilities such as disability and energy poverty.

One of the most prominent programmes, “[Energy Saving at Home](#)”, has upgraded over 128,500 homes since 2011, yet remains largely inaccessible to low-income or disabled households due to high co-financing requirements, complex bureaucracy, and unequal regional distribution. A 2015 study found that funding was disproportionately allocated to middle and upper-middle-class areas, highlighting persistent equity gaps in energy renovation efforts.

As a result, people with disabilities - who often require stable indoor temperatures, adapted spaces, and uninterrupted energy access - are left in substandard housing without targeted support or inclusive renovation options.

### **Civil Society & Support Ecosystem**

Some local NGOs and disability advocacy groups are active, but cooperation with municipalities is often informal or dependent on individual initiative. Broader support ecosystems remain underdeveloped, particularly outside urban centers.

### **Regional Policy Context**

Greece has engaged in various EU-supported initiatives (e.g., Energy Poverty Advisory Hub technical assistance), but local energy and disability strategies remain largely siloed. National social protection policies exist (e.g., energy allowance, vulnerable user tariffs), yet municipal-level implementation is inconsistent and lacks disability targeting as implementation of these policies doesn't rely on municipal authority. Some municipalities offer additional support, like reduced municipal fees, but this is not consistent across all areas.

## **Pilot: France**

### **Geography**

The French pilot regions span both urban centers (e.g., large municipalities and departmental administrations) and rural or semi-rural areas. The climate varies from temperate in the north to Mediterranean in the south, affecting heating and cooling needs.

## **Demographics**

Populations range from medium-sized towns to large cities. Many areas report aging populations and high proportions of people living alone, especially in rural departments. Socioeconomic diversity is marked, with some departments facing entrenched poverty and housing exclusion.

## **Energy Profile**

Electric heating is common in rural areas, while urban zones rely more on district heating or gas networks. Rising energy prices have disproportionately affected low-income households in older, poorly insulated buildings.

## **Energy Poverty Statistics**

France has national indicators through ONPE (National Energy Poverty Observatory), but local-level disaggregated data is often lacking. Municipalities acknowledge difficulty in quantifying affected households, especially those with hidden vulnerabilities like disability.

3.2 million French households spent more than 8% of their income on energy bills for their home in 2022, and belong to the top three income deciles, i.e. 10.8% of the population according to the Ministry of Energy Transition. In 2022, 4.8 million households (i.e. 82.6% of voucher recipients) used their energy vouchers (excluding exceptional campaigns). In 2023, 5.6 million households received an annual energy check.

## **Governance**

Energy poverty actions are split between municipal social services, departmental-level actors (for disability), and national programs like SLIME ((Local intervention service for energy control). Coordination is inconsistent. Some regions have voluntarily used the tool to tackle energy poverty locally, others have not.

## **Housing and Building Stock**

Older, energy-inefficient buildings are common. Social housing plays a key role, especially in urban areas, but many at-risk groups live in private rental or self-owned but degraded housing.

## **Civil Society & Support Ecosystem**

Associations like SOLIHA (National NGO with local delegations working on solidarity in housing), MDPH (Departmental Homes for People with Disabilities), or local CCAS (Municipal Social Action Center) offer some support, but tailored programs for people with disabilities are rare. Engagement depends heavily on local leadership and funding.

## Regional Policy Context

Some regions participate in EU projects (e.g., SLIME, EPAH). However, dedicated disability-energy poverty strategies are almost nonexistent. Climate adaptation plans exist but lack systematic disability inclusion.

## Pilot: Italy

### Geography

The Italian pilot spans regions from northern alpine zones to central and southern rural towns. Climate conditions range from cold winters in the north to hot summers in the south, influencing seasonal energy needs.

### Demographics

Population density varies widely. Many towns report high rates of aging and disability, with younger people migrating out of rural areas. Socioeconomic challenges persist, particularly in southern regions.

### Energy Profile

Electricity and gas are prevalent. Energy poverty often stems from inefficient appliances, low income, and old housing stock. Some municipalities engage in energy advice or support projects, but disability is rarely a criterion.

### Energy Poverty Statistics

Few municipalities collect energy poverty data systematically. Disability-specific data on energy needs is practically nonexistent.

### Governance

Responsibilities are decentralised. Social services and housing are managed at the local level by municipalities and regions, while disability assessments and data are handled regionally through both INPS (National Institute for Social Security)<sup>4</sup> and ASL (Local Health Authority)<sup>5</sup>. Coordination between health, social, and housing departments remains limited and varies significantly across regions.

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<sup>4</sup> INPS (Istituto Nazionale della Previdenza Sociale), translated in English as “National Institute for National Security” is Italy’s primary social security institution, responsible for collecting contributions and administering pensions, unemployment benefits, family allowances, and other welfare programs on behalf of the state.

<sup>5</sup> ASL (Azienda Sanitaria Locale) translated in English as “Local Health Authority” is Italy’s local health authority, responsible for delivering public healthcare services, including prevention, diagnostics, treatment, and health promotion, within a specific geographic area.

### **Housing and Building Stock**

Much of Italy's housing stock is old and energy-inefficient, particularly in historical city centers, with over two-thirds of buildings constructed before 1980 and many falling into the lowest energy efficiency classes. Access to public housing is limited, with demand far exceeding supply in most urban areas. Renovation initiatives like the Superbonus 110% have generated significant economic activity but have had mixed success in reaching low-income and vulnerable groups, largely benefiting owners of single-family homes and facing implementation challenges such as bureaucratic delays and limited contractor availability.

### **Civil Society & Support Ecosystem**

Partnerships with disability associations vary. Some areas report good engagement, others lack formalized cooperation. Energy poverty actions often rely on temporary funding or project-based efforts.

### **Regional Policy Context**

Participation in EU programs (e.g., Covenant of Mayors, Green City) exists. However, integrated energy-disability strategies remain aspirational.

## **Pilot: Spain (Catalonia)**

### **Geography**

The Spanish pilot covers multiple municipalities in Catalonia, including urban centers and big towns in inland zones. The Mediterranean climate brings heat waves and energy cooling challenges.

### **Demographics**

Populations in metropolitan zones go from medium-large towns to big cities such as Barcelona. In these areas migrant communities are present and language often poses a significant challenge.

### **Energy Profile**

Electricity dominates, with substantial use of gas for heating in some areas. Energy poverty is recognized as a multi-dimensional issue but inconsistently tracked across municipalities.

### **Energy Poverty Statistics**

Data is scattered. The region has developed tools such as legal protection measures, social energy tariffs through agreements with energy companies and

PAEs (Energy Advice Points), but there is no systematic monitoring of how disability intersects with energy poverty.

### **Governance**

Strong role of municipalities in social services, but health and disability certification remain regional competences. This limits local data access and program design.

### **Housing and Building Stock**

Aging residential buildings with poor insulation dominate, especially in low-income neighborhoods. Social housing is limited; many vulnerable families live in private rental or family-owned homes in poor condition.

### **Civil Society & Support Ecosystem**

NGOs like ASPID (Lleida Association for Paraplegics and People with Physical Disabilities) or local disability groups are active in some areas. Municipalities report stronger collaboration in urban areas than in rural settings.

### **Regional Policy Context**

Catalonia has led initiatives like the Catalan Energy Poverty Strategy and the new Accessibility Code. Participation in EU programs (e.g., Energy Advice Points, green cities) has provided some momentum, though integration with disability remains weak.

### **Conclusion: Patterns and Divergences**

These territorial profiles reveal stark differences in institutional capacity, governance arrangements, and support ecosystems across ASSERT pilot regions. While some areas benefit from EU program participation and local innovation, others face systemic constraints such as fragmented governance, poor data, or limited civil society engagement. Across the board, the integration of disability into energy poverty strategies remains weak or absent.

Understanding these local contexts is critical for tailoring ASSERT's training, mentorship, and policy support to real-world institutional conditions, ensuring interventions are grounded in both capacity and need.

## 5. Results: Municipal Engagement and Knowledge Gaps

### 5.1. Cyprus

#### 5.1.1. Definitions and Awareness

Across the Cypriot pilot local authorities, the understanding of disability is generally limited and often narrowly framed around physical impairments, particularly those affecting mobility in older populations. Municipal staff typically associate disability with visible or age-related conditions and are less familiar with cognitive, sensory, or intellectual disabilities. Formal classifications are rarely used, and national legislation or frameworks such as the UN Convention on the Rights of Persons with Disabilities are not widely referenced in local practice.

Awareness of energy poverty as a policy concept is similarly limited. Most municipalities interpret it through a general lens of economic hardship, without recognising how disability may intensify energy vulnerability—for example, through the need for medical devices, prolonged home occupancy, or sensitivity to temperature fluctuations. Only one municipality (Strovolos), which previously participated in the EPAH Technical Assistance programme, demonstrated a more nuanced understanding.

This limited awareness reflects both a lack of exposure to inclusive energy policy and a broader institutional context in which local authorities in Cyprus have minimal competencies in the energy domain. As a result, local authorities rarely consider disability and energy poverty together, and do not proactively plan or coordinate services with these needs in mind.

In this context, municipal staff often struggle with unclear mandates, limited information access, and bureaucratic barriers. Several interviewees noted the absence of shared terminology and basic training tools as a persistent obstacle. As one local official stated, “We want to do more, but we don’t have a common language or the tools to start with.” This echoes findings across ASSERT pilot countries that policy actors lack foundational competencies to identify and act on overlapping vulnerabilities.

While willingness to learn was widely expressed, a **policy integration gap** remains. The treatment of energy poverty as a purely economic issue and of disability as a static medical status contributes to siloed practices. Without a unifying framework

or shared operational definitions, most Cypriot municipalities do not proactively plan or coordinate services that address both energy and disability-related needs.

### 5.1.2. Identification and Data Gaps

In the Cypriot pilot local authorities, there are currently no formal mechanisms to identify or monitor people with disabilities who may also experience energy poverty. Most local administrations rely on informal networks, word of mouth, or reactive contact from residents themselves to become aware of specific vulnerabilities. Even in cases where residents are known to live with a disability, local authorities do not track their energy needs or link them to potential energy-related risks.

Disability status is officially certified through national-level procedures, but municipal administrations lack access to this information, often citing data protection rules or administrative silos as barriers. As one interviewee noted, *“We don’t even know how many people with disabilities live in our area—only those who come to us asking for help.”* This lack of visibility makes it nearly impossible to design or evaluate targeted interventions.

Local authorities also do not collect any kind of data related to household energy consumption, medical device usage, or housing conditions that could help identify energy vulnerability. Where support is offered—such as help applying for national energy subsidies—it is done on a case-by-case basis, without any database or system to flag recurring needs or patterns.

In rural municipalities, capacity constraints are even more pronounced. With minimal staffing and limited digital infrastructure, recordkeeping is often restricted to basic social aid files. Some staff expressed interest in developing more structured approaches but emphasized the need for **training, technical tools, and institutional mandates** to do so. This situation exemplifies a broader **policy integration failure**: without interlinked data on health, disability, and energy use, municipalities are unable to design inclusive policies or allocate resources effectively. The absence of such data is not merely a technical issue—it reflects and reinforces the marginal position of disability within local energy poverty planning.

### 5.1.3. Existing Programmes and Collaborations

Across the Cypriot pilot regions, there are currently **no structured programmes** specifically designed to address the intersection of disability and energy poverty. Existing support tends to be general in scope and primarily income-based, with little consideration for the differentiated needs of persons with disabilities.

Municipal staff may assist residents in applying for national energy subsidies or refer them to other services, but these efforts are **reactive and fragmented**, lacking connection to any broader, coordinated strategy.

In a small number of locations, promising collaborative efforts are beginning to emerge. Some local authorities are engaged in pilot activities with national energy agencies or ministries, focusing on general energy poverty and strengthening local social services. While these efforts do not yet explicitly address disability, they provide a useful foundation for more inclusive practices moving forward.

Elsewhere, cooperation is informal and largely dependent on personal networks—such as ties with health professionals, local associations, or individual volunteers. This case-based support may involve assistance with minor home modifications, mobility aids, or help navigating bureaucracy. However, such efforts are episodic and unstandardized, with no formal procedures to ensure continuity or accountability.

Interviewees frequently voiced the need for **closer collaboration** between municipal departments and national actors such as social welfare authorities, energy regulators, or disability certification bodies. Yet, this ambition is often undercut by limited staff capacity, **unclear mandates**, and a lack of coordination protocols—challenges particularly acute in rural or under-resourced municipalities.

These dynamics mirror patterns found across Southern European welfare regimes, where service provision is often fragmented, reliant on informal care networks, and constrained by fiscal and institutional limitations. In this context, the lack of integrated programmes reflects more than a resource gap—it highlights a structural misalignment between energy policy, disability support, and local governance.

#### 5.1.4. Crisis Response Mechanisms

Crisis preparedness across the Cypriot pilot areas is generally limited in scope, with few local authorities having formal emergency response protocols that specifically address the needs of persons with disabilities or energy-dependent households. Responses to climate-related events, such as heatwaves, are typically reactive and depend on informal arrangements or general infrastructure.

Some local authorities make use of public buildings—such as town halls, cultural centres, or schools—as informal cooling spaces during periods of extreme heat. However, these facilities are not consistently advertised, adapted, or staffed to accommodate residents with mobility, sensory, or cognitive impairments.

Accessibility features such as ramps or air-conditioned waiting areas may exist in some locations but are not systematically evaluated or upgraded for emergency use.

None of the local authorities reported having disability-inclusive civil protection protocols, evacuation plans, or early warning systems. While some municipal officials expressed awareness of increasing climate risks, including hotter summers and power outages, they lacked both mandate and capacity to proactively identify and support high-risk individuals, such as residents reliant on electric medical equipment.

Information dissemination during emergencies also appears inconsistent. Local authorities primarily rely on social media or verbal word-of-mouth communication, which may not be accessible to older residents or people with certain disabilities. Coordination with health services or NGOs in times of crisis is rare and not institutionalized.

In sum, Cyprus's local emergency response mechanisms currently lack the resources, procedures, and inclusive planning needed to protect persons with disabilities during energy-related or climate emergencies. Introducing low-cost planning templates, accessible communication strategies, and coordination drills with relevant stakeholders could significantly enhance preparedness and resilience in this area.

#### 5.1.5. Training Needs

Across the Cypriot local authorities interviewed, significant gaps were noted in the awareness, institutional capacity, and technical preparedness needed to address the intersection of disability and energy poverty.

##### **Conceptual and Terminological Gaps:**

Many municipal actors displayed limited familiarity with contemporary definitions of disability. Disability was most often equated with visible physical impairments, particularly mobility-related conditions among the elderly. Cognitive, sensory, and psychosocial disabilities were rarely mentioned, indicating a narrow conceptual scope that does not reflect the range of needs experienced by residents. Likewise, the term “energy poverty” was unfamiliar to several interviewees, or only associated with economic hardship, without recognition of its multidimensional character.

##### **Limited Awareness of Overlapping Vulnerabilities:**

There was little awareness of how disability status may exacerbate energy-related

vulnerability. For example, officials did not spontaneously consider the implications of energy-dependent medical devices, temperature sensitivity, or increased time spent indoors among persons with disabilities. When prompted, some acknowledged these as plausible concerns but admitted they had not been previously discussed at the local level.

### **Institutional Role Uncertainty:**

Most local authorities do not perceive themselves as playing an active role in addressing energy poverty or disability-related needs beyond basic administrative or infrastructure tasks. Local authorities often lack the mandate or confidence to develop interventions, deferring instead to national institutions. This limited sense of agency was compounded by very small staff numbers, frequent reliance on volunteers, and lack of designated social workers in rural areas.

### **Knowledge Fragmentation Across Sectors:**

There is a clear disconnect between municipal services and other relevant sectors such as health, energy, and disability support. Without mechanisms for information sharing or collaboration, opportunities to identify and assist residents at risk of energy poverty remain isolated or missed entirely. In some cases, supportive actions occurred informally (e.g. helping fill out applications), but were not part of an established workflow.

### **Barriers to Programme Uptake and Emergency Readiness:**

Even where national energy support schemes exist (such as the reduced 08 tariff<sup>6</sup> for vulnerable users), awareness of these programmes among municipal actors was extremely limited. This reduces the likelihood that persons with disabilities are informed or assisted in applying. Similarly, emergency preparedness plans — for example, during extreme heat — do not systematically incorporate a disability perspective or consider high energy dependency.

In short, Cypriot local authorities interviewed for this study generally lack the conceptual frameworks, institutional confidence, and operational structures required to proactively address the intersection of disability and energy poverty.

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<sup>6</sup> The Special Tariff 08 is a reduced tariff for households with vulnerable consumers. Vulnerable consumers are those who fall within the 20 categories of vulnerability which include people with heavy physical disability, paraplegics, blind people and others. To have this Tariff apply, one has to complete an application form, therefore not all who are eligible receive the Special Tariff. More information: <https://eac.com.cy/EL/regulatedactivities/supply/tariffs/Pages/Beneficiaries-of-tariff-code-08.aspx>

These gaps underscore the importance of tailored capacity-building measures that start from a low baseline and focus on foundational skills and awareness.

The findings clearly demonstrate that most Cypriot municipalities are operating from a low baseline of understanding and capacity. Therefore, training must focus on basic awareness-building, practical tools, and cross-sector collaboration.

#### Key Areas for Training and Capacity Building

##### **1. Conceptual and Terminological Awareness**

- Introduction to contemporary disability frameworks, including the diversity of disability types (physical, sensory, cognitive, psychosocial).
- Clarification of energy poverty as a multidimensional issue encompassing health, housing, access, and consumption patterns.

##### **2. Understanding Overlapping Vulnerabilities**

- Guidance on how disability may heighten vulnerability to energy poverty.
- Case examples of households reliant on medical devices or with limited control over indoor climate conditions.

##### **3. Defining Municipal Roles and Building Confidence**

- Encouraging local actors to recognize their potential role in identifying needs, supporting residents, and liaising with national agencies.
- Clarification of competences and possibilities for local-level engagement even in a centralized governance system.

##### **4. Cross-Sector Coordination**

- Training in how to coordinate between health, energy, social services, and disability organizations.
- Creation of simple communication and referral pathways.

##### **5. Programme Awareness and Uptake**

- Guidance on the national support landscape (e.g., the 08 reduced electricity tariff).
- Practical instruction on how to assist residents in accessing available schemes.

##### **6. Emergency Preparedness with Inclusion**

- Templates for developing low-cost, low-capacity emergency plans that integrate disability considerations.
- Guidance on using existing infrastructure (e.g., municipal buildings) inclusively during extreme weather events.

## Recommended Training Tools

- Introductory training modules (disability and energy poverty intersections).
- Practical household vulnerability mapping tools.
- Guides for navigating national energy support systems.
- Communication templates to inform residents of their rights and options.
- Checklists and protocols for inclusive emergency response.

Table 3 Cypriot Summary

| Gap Area           | Description                                                                       |
|--------------------|-----------------------------------------------------------------------------------|
| Awareness          | Most actors are unaware of energy poverty or disability-energy link.              |
| Definitions        | Vague or absent understanding of disability classifications.                      |
| Data & Monitoring  | No tools or processes to identify or track vulnerable residents.                  |
| Institutional Role | Many believe energy support is only a national responsibility.                    |
| Outreach           | Lack of communication channels to share support schemes (e.g. 08 rate).           |
| Programmes         | No structured initiatives to reduce energy burdens or improve efficiency for PwD. |
| Emergency Response | Lacks inclusive protocols tailored to disability or energy dependency.            |

### 5.1.6. Conclusions and Recommendations

The Cyprus pilot reveals a strikingly low baseline of awareness and institutional readiness regarding the intersection of disability and energy poverty. Most municipalities do not see energy vulnerability as part of their core responsibilities and lack the mandates, resources, and data systems to act systematically. Disability, when considered, is generally understood in narrow terms — mainly visible physical impairments — and is not integrated into local planning or energy-related interventions.

While examples of promising collaboration exist — such as in more urbanized or centrally connected municipalities — the overall ecosystem remains highly fragmented. There is limited access to national statistics, and no local authority has a registry or screening mechanism to proactively identify high-risk households with

disabilities. Support mechanisms for people with disabilities tend to be informal, reactive, and focused on individual material needs (e.g. ramps, mobility aids), rather than addressing structural barriers or energy-related vulnerabilities.

Despite these gaps, municipal actors expressed openness to learning and acknowledged the importance of better coordination and training. Therefore, ASSERT should prioritize the following:

- Build institutional knowledge from the ground up with tailored, accessible training modules adapted to small and rural municipalities.
- Use willing municipalities as local testbeds to scale up promising practices already in place (e.g. social worker pilots, inter-agency coordination).
- Develop basic tools and templates for municipalities to begin mapping local needs, coordinating across departments, and integrating accessibility into emergency and energy-related planning.
- Create introductory resources (e.g. checklists, quick guides) that explain how disability and energy poverty intersect, including examples of invisible needs such as reliance on medical devices or difficulty managing household energy use.
- Strengthen communication and outreach strategies to raise awareness of existing national schemes (e.g. the vulnerable “08” electricity rate), especially among residents who may be eligible but uninformed.
- Advocate for decentralised but guided responsibilities, encouraging national institutions to empower local authorities with clearer mandates, access to data, and basic funding for inclusive energy support.

Cyprus has the opportunity to move from fragmented, ad hoc efforts toward more structured and inclusive local responses. This transition will require coordinated efforts at both local and national levels — and ASSERT can play a catalytic role in facilitating this shift.

## 5.2. France

### 5.2.1. Definitions and Awareness

Across the French municipalities and departments interviewed, the concept of disability is generally aligned with national legal definitions, particularly those articulated in the “Code de l’action sociale et des familles” and related disability rights legislation. Respondents consistently referred to categorizations such as *handicap moteur* (physical disability), *handicap sensoriel* (sensory disability), *handicap mental ou psychique* (mental or psychiatric disability), and *handicap intellectuel* (intellectual disability). However, some interviewees expressed concern that these categories may be too rigid and not fully reflect the diversity of lived

experiences or the social model of disability promoted by the UN Convention on the Rights of Persons with Disabilities.

Several interviewees emphasized a growing sensitivity toward person-centered language and a desire to move away from purely administrative classifications. As one professional put it, *"It's not just a question of the disability percentage, but of quality of life"*. Despite this, official services continue to rely heavily on the Maison Départementale des Personnes Handicapées -MDPH system for eligibility assessments and service access, which focuses on legal recognition and formalized categories.

The use of alternative terms such as *fragilité* or *vulnérabilité* was noted in multiple interviews, particularly among actors working in broader social inclusion or poverty-related contexts. These terms are used to capture a wider spectrum of needs, including aging populations, people with chronic illness, or those experiencing temporary functional impairments. Yet, without standardized definitions or protocols, these terms are inconsistently applied across departments, potentially creating disparities in access and support.

The connection between disability and energy poverty remains weakly conceptualized across most territories. While respondents were aware that people with disabilities may face elevated energy needs this intersection is rarely integrated into formal policy frameworks. One interviewee noted, *"There's a real lack of knowledge about the specific energy needs of people with disabilities"*. Energy poverty is typically addressed through economic vulnerability indicators or general social support pathways, with disability treated as a parallel but unconnected issue.

A few territories recognized this fragmentation explicitly. One local actor shared that while their team works regularly with persons with disabilities and supports residents in energy precarity, *"we don't cross the two datasets"*. Others admitted that disability status is not a standard factor in energy assistance decisions unless directly disclosed or flagged through crisis intervention. In one case, an interviewee referred to the occasional identification of high energy consumers due to medical equipment but confirmed that there was *"no formal strategy to address it systematically"*.

Despite this limited operational integration, there is growing awareness — particularly in urban areas — of the need to better align energy support mechanisms with disability-inclusive planning. A few respondents linked this emerging awareness to European climate adaptation projects, consultations with disability advocacy groups, or recent extreme weather events that disproportionately impacted vulnerable populations. Still, concrete actions remain nascent.

In summary, French municipalities demonstrate a solid grounding in legal definitions of disability, accompanied by an increasing—if uneven—openness to broader, person-centered approaches. However, this evolving conceptual awareness has yet to be operationalized in a way that links disability and energy poverty. The continued separation of these domains—both administratively and in practice—represents a major barrier to developing integrated, inclusive local responses.

### 5.2.2. Identification and Data Gaps

Across the French municipalities and departments interviewed, the identification of individuals who simultaneously face disability and energy poverty remains unsystematic and largely reactive. While there are formal mechanisms to recognize disability status — primarily through the Maison Départementale des Personnes Handicapées — there is no routine integration of this data with energy consumption records, housing vulnerability indicators, or utility support programs. Disability data is typically accessed for the purpose of service eligibility rather than for cross-sectoral analysis. Several interviewees described the MDPH certification process as lengthy and administratively burdensome, with complex documentation requirements that can act as a barrier for both residents and frontline workers. One professional remarked, *“The person has to come forward, and even then, we don’t always get the information we need”*.

Most municipalities and departments rely on social services caseworkers to identify complex or overlapping needs during intake assessments or home visits. These frontline actors may observe that a person with a disability is also facing difficulty heating their home, or that a high utility bill is linked to medical equipment use, but this is rarely captured in a structured way. As one respondent put it, *“We act on a case-by-case basis, but we can’t quantify the phenomenon”*.

There is a general absence of integrated registries or data platforms that combine disability and energy vulnerability profiles. Information on energy hardship tends to be collected through separate channels — such as requests for utility arrears support, referrals from the energy mediator (médiateur de l’énergie), or applications to national programs like the energy check (chèque énergie). These datasets do not include disability status unless it is manually flagged, and privacy regulations limit automatic data sharing between services.

Several interviewees expressed a desire for better tools to map and anticipate combined risks, especially in the context of extreme weather events. A few departments noted their participation in broader observatories or social diagnostics related to poverty or housing quality, but these efforts rarely include disaggregated disability data.

Smaller municipalities in rural areas face even greater challenges, often lacking digitalized data systems or dedicated staff for data analysis. In these contexts,

community knowledge and informal referrals play a significant role, but without documentation, patterns cannot be tracked or used for strategic planning.

Finally, even when disability is documented, the type of disability (e.g., sensory, physical, cognitive) is not always recorded in ways that inform energy-related interventions. This makes it difficult to assess whether residents are particularly vulnerable to heat, cold, or indoor air quality due to specific functional limitations.

In sum, the absence of joined-up data collection and limited cross-referencing between disability and energy needs hinder proactive identification and targeted support. Several respondents stressed the need for shared protocols, digital interoperability, and training on how to record and use intersectional data effectively. Without these advances, municipalities will continue to rely on reactive, individualized approaches that risk missing structurally vulnerable households.

### 5.2.3. Institutional Roles and Capacities

Across the French municipalities and departments interviewed, existing programs that address energy poverty and disability do exist, but they are generally implemented in parallel rather than as part of an integrated strategy. Social assistance schemes typically offer support for either energy hardship or disability, but rarely consider the compounding effects of both.

In most cases, energy poverty interventions fall under the responsibility of Municipal Social Action Centers/Intermunicipal Social Action Centre (CCAS) or departmental solidarity services, which provide financial support, guidance on the *chèque énergie*, and mediation with utility providers. These services may include referrals to home energy renovation programs, workshops on energy efficiency, or emergency aid for unpaid energy bills. However, they do not systematically incorporate disability criteria into their eligibility frameworks unless flagged by social workers.

A common theme across interviews was that **interdepartmental collaboration** is limited and tends to depend on individual initiative rather than formalized protocols. While staff in energy, social, housing, and disability departments may work under the same umbrella or territorial authority, communication between units remains inconsistent. As one respondent explained, *"We're all in the same building, but not necessarily working in sync"*.

Some promising exceptions were noted. In a few larger urban settings, project-based coordination between energy advisors and disability offices was beginning to emerge — for instance, through initiatives linked to climate plans or inclusive housing strategies. In these cases, shared case management or pilot projects helped bridge knowledge and service gaps. However, such efforts are not yet widespread.

Municipal and departmental staff also highlighted reliance on external partnerships with local NGOs, DPOs, or associations managing home care and autonomy services. These entities often play a bridging role between the municipality and households with complex needs, especially in rural or low-capacity territories. Still, formal cooperation agreements or data-sharing mechanisms remain rare.

On the disability side, dedicated services or units often exist to support autonomy, inclusive transport, or specialized housing (e.g. *logement accompagné*), but they do not usually assess or address energy-related vulnerability. For example, a departmental official described a robust disability housing program but admitted that insulation, heating systems, or energy usage patterns were not monitored unless the resident raised specific concerns.

When asked about cross-cutting initiatives, interviewees frequently mentioned the energy renovation programs under the national *MaPrimeRénov'* scheme or regional efforts led by *Espaces Conseil France Rénov'*. While potentially relevant, these programs do not target persons with disabilities directly, and several respondents noted that accessibility and communication barriers prevent full uptake by vulnerable groups.

In summary, while most local actors acknowledge the importance of both energy poverty and disability, there is limited structural collaboration between the two domains. Actions remain fragmented, siloed, and often dependent on local champions or pilot projects. For greater impact, municipalities and departments would benefit from integrated planning approaches, shared tools, and a disability-inclusive perspective on energy vulnerability.

#### **5.2.4. Existing Programmes and Interdepartmental Collaborations**

Across the French municipalities and departments interviewed, existing programmes addressing energy poverty are largely generalized and rarely include specific adaptations for persons with disabilities. The most frequently cited mechanism is the *SLIME* (Service Local d'Intervention pour la Maîtrise de l'Énergie), a nationally supported programme that facilitates energy audits and minor home efficiency improvements for households in difficulty. While SLIME occasionally reaches people with disabilities — particularly those known to social services — it does not systematically integrate a disability lens into its assessments or interventions.

Cross-departmental collaboration on energy and social vulnerability exists in some territories, often on an informal or case-by-case basis. For instance, coordination may occur between housing services, CCAS units, and associations supporting disabled persons. However, these efforts are typically driven by local relationships rather than formal protocols or integrated policy frameworks.

In several cases, municipalities or departments mentioned working with external stakeholders such as SOLIHA (Solidaires pour l'habitat) or the MDPH (Maison Départementale des Personnes Handicapées). These collaborations may involve co-referrals, awareness-raising, or joint participation in housing adaptation projects. However, these partnerships remain limited in scope and do not extend to strategic planning or programme design focused on the intersection of energy and disability.

Most social services departments provide general assistance to vulnerable households, such as support for rent arrears, access to social energy tariffs, or help navigating administrative procedures. While people with disabilities may benefit from these interventions, there are no programmes designed specifically for their needs, particularly regarding high energy use linked to medical equipment, temperature regulation needs, or challenges in understanding complex energy bills.

Some interviewees highlighted local projects that could serve as entry points for more inclusive collaboration — such as housing renovation programmes for elderly or dependent populations, or participatory processes on environmental planning. However, the link between these initiatives and energy poverty remains underdeveloped.

Overall, interdepartmental collaboration is often fragmented, and existing programmes tend to address energy poverty and disability in parallel rather than in an integrated fashion. There is strong potential to build on existing mechanisms like SLIME, deepen cooperation with health and disability stakeholders, and create tailored responses for disabled residents living in energy hardship — but this will require clearer mandates, better data sharing, and inclusive programme design from the outset.

### 5.2.5. Crisis Response Mechanisms

Most of the French municipalities and departments interviewed have some form of crisis response in place, especially regarding climate-related risks like extreme cold or heatwaves. However, these measures **rarely account for disability-specific needs**, either in their design or in their operational rollout.

Civil protection and social action services are often responsible for organizing “plan canicule” (heatwave plans) and “plan grand froid” (cold weather protocols). These include the activation of cooling or warming centers, emergency outreach to vulnerable populations, and coordination with local health and social care providers. Yet, disability status is not consistently used as a criterion for prioritizing assistance, unless residents are already registered for home care or social services. In some cases, disability may be indirectly considered through existing vulnerability registries, especially if a person receives home care or is known to social services. However, these registries are often fragmented and maintained separately by

different departments (e.g., autonomy services vs. energy support units), with no unified system to flag individuals who may be at heightened risk due to both disability and energy poverty.

Municipalities with larger populations or more resources (including those operating dedicated CCAS structures) tend to have more robust protocols. For instance, some reported sending municipal workers or volunteers to check on elderly or isolated residents during heatwaves — a practice that can include persons with disabilities if they are already known to the system. In rural areas or smaller municipalities, however, such outreach is far more limited and often relies on informal community knowledge or NGO intervention.

A few departments mentioned climate adaptation plans or inclusive resilience strategies under development, particularly in relation to territorial climate-energy plans (PCAET). In these frameworks, there is a growing awareness of the need to include accessibility and disability inclusion in emergency planning, but concrete measures are still at the planning or advocacy stage.

A recurring issue raised in interviews was the inaccessibility of communication during crises. Emergency alerts are often issued in formats unsuitable for persons with cognitive, intellectual, or sensory impairments. As several respondents emphasized, *"We need accessible communication—pictograms, simple language, mobile formats. Right now, it's not standard practice."* **This lack of inclusive preparedness is emblematic of the broader institutional compartmentalization** observed in conservative-corporatist welfare systems: where energy, disability, and housing are addressed through siloed mechanisms, rather than coordinated planning.

**In summary**, although emergency protocols exist, they are not yet disability-inclusive. Current responses are reactive, fragmented, and overly dependent on residents being pre-identified as vulnerable. There is a pressing need for **cross-sectoral preparedness strategies** that explicitly incorporate the risks faced by energy-dependent or mobility-restricted individuals—especially in the face of intensifying climate events.

### 5.2.6. Capacity and Knowledge Gaps Identified

Across the French municipalities and departments interviewed, there is a widespread lack of structured knowledge about the intersection of disability and energy poverty. While professionals in social services often have a strong intuitive understanding of individual vulnerability, this is not supported by dedicated tools, formal training, or interdepartmental coordination mechanisms that could help identify and address overlapping challenges.

A key limitation is the absence of **integrated data systems**. Disability status (e.g., via MDPH certification) is held in one administrative silo, while energy hardship is

tracked separately—if at all—through utility arrears, social aid requests, or national schemes like SLIME and the *chèque énergie*. As a result, many households with compounded vulnerabilities remain invisible to public support systems unless they actively request assistance through multiple channels.

Some respondents reported that even when disability data is available, it is not routinely linked to energy concerns. As one official put it, *"Unless someone tells us they use an oxygen machine, we wouldn't know. And there's no process to ask."*

creening mechanisms and shared protocols remain underdeveloped. Frontline staff largely rely on **ad hoc interactions or personal judgment** to detect overlapping vulnerabilities. While a few municipalities are piloting new indicators, most acknowledged that they are *"at an early stage of thinking about this."*

Legal and policy awareness is also uneven. Some interviewees were unaware that existing frameworks (e.g., EU directives on vulnerable consumers or France's "protected customer" status) could apply to persons with disabilities. This disconnect weakens advocacy efforts and limits inclusive policy implementation.

Resource constraints exacerbate these issues. In rural or low-capacity departments, small teams juggle multiple responsibilities without digital tools or training to support intersectional service delivery. As one staff member noted, *"We do what we can, but there's no time to coordinate with other departments—everyone's overwhelmed."*

In summary, the institutional knowledge needed to identify and support people with disabilities experiencing energy poverty is limited, fragmented, and reactive. Addressing this will require improved interdepartmental communication, better use of existing data (e.g., MDPH certifications), training on disability-inclusive practices, and the development of shared indicators that reflect complex household realities.

### 5.2.7. Training Needs

The interviews conducted across French municipalities and departments revealed a clear and recurring need for training—both in terms of understanding energy poverty and disability individually, and especially at their intersection.

Professionals involved in social services, energy advising, housing, and territorial planning consistently highlighted the lack of formal training on how to detect and support households facing both energy and disability-related vulnerabilities. In particular, there is little guidance on how to assess the specific energy needs of people with disabilities, such as increased energy consumption linked to medical equipment, limited mobility, or the need for constant indoor temperature regulation.

Some interviewees noted that SLIME program operators could benefit from additional instruction on how to approach households where communication or mobility is impaired. For example, adapted home visits or communication materials in simplified formats were rarely part of current procedures. In one case, it was mentioned that field staff were unsure how to adapt recommendations for people with cognitive disabilities or non-verbal individuals, resulting in less effective support.

Departments and municipalities also stressed the lack of awareness among general staff of available rights and mechanisms, such as the status of “clients protégés” or the energy ombudsman. This includes uncertainty about how disability certifications (e.g. via MDPH) can influence access to protections from disconnection or eligibility for energy subsidies.

Training was also mentioned as a necessary bridge between departments. In many locations, professionals in energy, housing, and social services do not share a common understanding of each other’s work or vocabulary. This makes it difficult to coordinate actions or refer cases that require multidisciplinary responses.

Smaller municipalities, in particular, expressed a desire for practical and flexible learning formats, such as short video capsules, case studies, or shared checklists. These would be easier to integrate into tight schedules and could help raise baseline awareness across different professional roles.

In rural departments, there was also a call for training on how to reach isolated populations, where digital literacy and transport barriers further complicate support efforts. In one interview, the idea of mobile workshops or cross-functional field teams was floated as a potential future solution.

In short, training needs span from technical knowledge and legal awareness to communication skills and interdepartmental cooperation.

Table 4 French Summary

| Gap Area           | Description                                                                                          |
|--------------------|------------------------------------------------------------------------------------------------------|
| Awareness          | Disability-energy links are often implicit or overlooked entirely.                                   |
| Definitions        | Varying understanding of disability types; chronic illness and invisible impairments often excluded. |
| Data & Monitoring  | No integrated systems for cross-referencing disability and energy data; GDPR seen as a barrier.      |
| Institutional Role | Larger municipalities show initiative; smaller ones defer to departments and lack mandate or staff.  |
| Outreach           | Limited or inaccessible communication of support schemes; responsibilities often unclear.            |

|                                |                                                                                                   |
|--------------------------------|---------------------------------------------------------------------------------------------------|
| Programmes                     | SLIME and cheque énergie dominate; disability needs rarely considered in targeting or follow-up.  |
| Emergency Response             | Heatwave/cold plans exist but lack accessibility, staff training, or disability-focused outreach. |
| Interdepartmental Coordination | Collaboration across housing, energy, and social services is informal and inconsistent.           |

## 5.2.8. Conclusions and Recommendations

Across the French territories interviewed, there is a shared recognition that energy poverty and disability are both complex, overlapping issues, but they are rarely addressed in an integrated manner at the local level. While many professionals are aware of the increased vulnerability that disability can bring in the context of energy deprivation, systematic mechanisms, data integration, and tailored programmes are largely absent.

Disability remains predominantly addressed through administrative channels (e.g. MDPH certification) that are disconnected from local energy support systems like SLIME. Social and energy services operate in parallel, with limited coordination or shared language. Even when field staff from SLIME or social housing programmes encounter households with disabilities, there are no consistent protocols or training in place to respond appropriately.

Key barriers include:

- Fragmented data and siloed systems: Municipalities rarely cross-reference disability status with energy needs, and there are no shared databases.
- Lack of awareness and guidance: Many frontline workers are unfamiliar with how disability may impact energy consumption or how to support specific needs.
- Weak institutional linkages: Partnerships with healthcare or disability organizations are often informal and not part of structured response systems.
- Minimal disability-specific adaptation in existing programs: Whether in emergency planning, renovation schemes, or energy advice, disability is seldom accounted for.

At the same time, opportunities exist to build on existing frameworks—particularly through the SLIME program, which could serve as a valuable entry point for integrating disability-related considerations into home energy visits and follow-up

actions. Several actors also expressed openness to capacity-building initiatives, interdisciplinary collaboration, and co-design with disability advocacy groups.

#### *Recommendations:*

To improve the inclusivity and effectiveness of local responses to energy poverty among persons with disabilities, municipalities and departments should consider the following actions:

- Integrate disability-sensitive indicators into SLIME and other home visit schemes, including screening for assistive devices or temperature sensitivity.
- Develop training modules for social and energy professionals on how to identify and support energy-dependent disability needs, including accessible communication techniques.
- Encourage formal collaboration agreements with MDPHs, disability associations, and healthcare providers to enable cross-referrals and knowledge sharing.
- Map and promote “clients protégés” mechanisms to ensure households with critical medical equipment or functional limitations are protected from disconnection.
- Adapt crisis planning and climate response protocols to explicitly include disability-related risks and accessible services.
- Use departmental coordination structures (e.g. territorial contracts or shared platforms) to pilot inclusive practices and scale successful models.

By adopting a preventive, person-centered approach and investing in cross-sectoral coordination, French municipalities and departments can better protect some of their most vulnerable residents—those facing compounded risks at the intersection of disability and energy deprivation.

## **5.3. Greece**

### **5.3.1. Definitions and Awareness**

Across the Greek municipalities interviewed, disability is generally understood as a spectrum that includes physical, sensory, and cognitive impairments affecting autonomy and participation in daily life. Interviewees often referred to barriers in mobility and urban accessibility, reflecting a strong association with visible impairments. Still, there is a growing recognition of less visible forms of disability, such as psychosocial or sensory limitations, particularly in municipalities that have invested in inclusive infrastructure.

In contrast, the concept of energy poverty is less consistently understood. While some respondents from larger municipalities were able to define it in institutional terms—linking it to low income, inefficient housing, and high energy costs—others, particularly in rural areas, understood it more in practical terms, as a resident's inability to maintain adequate indoor temperatures. As one rural officer put it, "We know someone is struggling when they ask for a heater or can't pay the electricity bill."

Importantly, the link between disability and energy poverty was a new topic for nearly all participants. Several explicitly stated that the ASSERT project was their first encounter with this intersection. "Honestly, I'd never thought of it that way before," admitted one municipal advisor. There is currently no national or local framework that treats disability as a driver of energy vulnerability, and most staff lacked reference points for discussing the topic beyond general hardship.

### 5.3.2. Identification and Data Gaps

No Greek municipality interviewed had structured mechanisms for identifying or monitoring people who face both disability and energy poverty. Official disability certification through KEPA (Centre for the Certification of Disability) remains disconnected from energy-related services or data systems. Local authorities do not have access to central disability registries, and energy consumption patterns are not tracked or analyzed in relation to health or functional status.

Even municipalities with relatively advanced experience in tackling energy poverty—such as those that had participated in prior national or EU initiatives—admitted that indicators or tools specifically linking disability to energy vulnerability were lacking. As one social affairs officer explained, "*We see people with disabilities, but unless they ask for something directly, there's no way we know their energy needs differ.*"

In both urban and rural areas, support mechanisms tend to rely on citizen self-reporting or ad hoc referrals from social workers. In smaller municipalities, social counselors described significant challenges in reaching isolated residents or those reluctant to disclose invisible disabilities. One rural staff member noted, "*We don't have a system. It's when someone brings it up, or when we hear from a neighbor.*"

Frontline staff in multiple regions expressed uncertainty about how to evaluate energy-related needs tied to disability in the absence of specific guidance, training, or national protocols. Several noted that this was the first time the issue had been

discussed in a structured way. Frontline workers frequently expressed uncertainty about how to assess the energy implications of disability, especially in the absence of guidance or interdepartmental protocols. A recurring reflection was that the ASSERT interviews marked the first structured opportunity to reflect on this intersection. *“Honestly, it’s the first time I’ve been asked to think about disability and energy in the same sentence,”* said one respondent.

### 5.3.3. Existing Programmes and Interdepartmental Collaborations

Few municipalities in Greece operate structured programmes that jointly address disability and energy poverty. While some energy poverty support exists—such as help with electricity tariffs or emergency aid—it is typically designed around economic hardship and administered independently from disability services.

A handful of urban municipalities have developed one-stop-shop models or municipal offices dedicated to energy poverty. However, these tend to focus on eligibility for general aid (e.g. fee waivers or electricity subsidies) rather than designing services that address the unique needs of disabled residents. One energy office representative admitted, *“We might help with social tariffs, but we don’t have anything targeted. Disability doesn’t change how we treat the case.”*

Coordination between departments is often informal and dependent on individual relationships. In rural municipalities, limited staff capacity and unclear mandates further hinder collaboration. *“If I know someone in another department, I call them. There’s no system,”* remarked one municipal official. This mirrors patterns found in other Southern European countries, where familialist welfare regimes and institutional fragmentation (Ferrera, 1996; Ranci et al., 2014) impede integrated responses.

Existing social services often carry the weight of responding to vulnerable populations but lack the technical knowledge to assess or advise on energy issues. Conversely, staff working on energy initiatives often lack awareness of the lived realities or specific vulnerabilities faced by people with disabilities.

In some municipalities, small-scale collaborations have emerged — for example, between social services and local associations of persons with disabilities — typically to respond to specific needs or during emergency periods. However, such efforts are rarely institutionalized or embedded in broader planning frameworks.

The findings suggest that while some elements of support exist, they remain fragmented. Systematic collaboration between departments, especially those

responsible for social inclusion, energy planning, and accessibility, is essential but still underdeveloped.

#### **5.3.4. Crisis Response Mechanisms**

Emergency preparedness varies widely. Larger municipalities may implement basic heatwave response measures—such as designated cooling centers—but these rarely account for the needs of persons with disabilities. Accessibility and targeted outreach are inconsistent, and staff are often untrained in supporting residents with mobility or sensory limitations.

In smaller or rural areas, crisis response is more limited, often relying on informal social networks or volunteer action. Public announcements might advise residents to seek cooler spaces during extreme heat, but the lack of structured shelters, accessible transport, or outreach strategies effectively excludes many people with disabilities.

No municipality reported having protocols to identify or support residents dependent on energy for medical equipment or climate-sensitive health conditions. Nor are there registries to guide emergency response toward these high-risk groups.

Where crisis plans exist, they remain generic and reactive. The ASSERT project was widely recognized as the first initiative to raise awareness of the specific risks faced by persons with disabilities in energy-related emergencies. This highlights the urgent need to embed disability considerations into local civil protection strategies and develop low-cost, inclusive planning templates.

#### **5.3.5. Capacity and Knowledge Gaps Identified**

Across nearly all municipalities, significant gaps were observed in both institutional capacity and knowledge regarding the intersection of disability and energy poverty. Most local authorities have limited familiarity with how disability-specific needs translate into heightened energy vulnerability — especially in rural or less resource-rich municipalities. Even in larger urban areas with some experience managing energy poverty, disability is rarely considered as a distinct or compounding factor.

Municipal staff often rely on general social welfare frameworks, without tools or guidelines that account for differentiated energy needs. As a result, even where assistance programmes exist, they tend to be geared toward the general population or framed solely around income thresholds, overlooking the specificities of disability-related consumption patterns, such as the need for uninterrupted heating, cooling, or medical device operation. One urban energy officer candidly

stated, *“We don’t ask why someone has high energy bills—just if they meet the income threshold. But that misses the point for many people.”*

A major barrier cited was the fragmentation of institutional responsibilities. Departments responsible for energy, social welfare, health, and accessibility often work in parallel rather than collaboratively. As a municipal official explained, *“The energy team doesn’t talk to the accessibility advisor — we each do our part, but no one connects the dots.”* This siloed approach hinders the creation of holistic support strategies and perpetuates gaps in service delivery.

In smaller municipalities, staff turnover, understaffing, and lack of dedicated energy officers exacerbate these challenges. Respondents expressed uncertainty around existing policy tools, available data sources, and eligibility criteria for national or regional energy support schemes.

A few more engaged municipalities—typically those involved in past EU projects—have begun to acknowledge and map these institutional blind spots. Yet even in these cases, responses are ad hoc rather than systemic. *“We now realize we need to build up our own knowledge first. You can’t address what you don’t understand,”* concluded one pilot municipality’s representative.

### 5.3.6. Training Needs

Interviewees consistently highlighted the urgent need for tailored training programmes aimed at municipal staff, with a particular emphasis on the interrelation between disability, social vulnerability, and energy poverty. While most local administrations had engaged in general training around social inclusion or sustainable energy, there was a noticeable absence of specialised content that combines both domains with a disability-sensitive lens.

#### **Priority training areas identified include:**

- 1. Understanding Energy Poverty in the Context of Disability:**

Municipal officers, particularly in rural or mixed urban-rural areas, requested foundational modules that define energy poverty in a way that integrates disability-specific factors — such as higher energy consumption for medical devices, restricted mobility that limits access to cooling or heating spaces, or sensory impairments that make energy-saving behaviours more difficult to implement.

**2. Identification and Assessment Tools:**

Training is needed to help municipalities systematically identify households experiencing both disability and energy poverty — for instance through vulnerability mapping tools, eligibility checklists, or adapting local surveys where centralized data is unavailable. This includes understanding how to interpret documents such as the KEPA certificate (disability assessment) in relation to energy support eligibility, and how to design local surveys to capture missing information.

**3. Coordination and Referral Pathways:**

Many respondents pointed to weak interdepartmental coordination. Training should therefore cover how to build efficient referral pathways between social services, accessibility offices, and technical/energy departments. One urban municipality suggested scenario-based workshops that simulate cooperation between departments, especially during seasonal crises (e.g., heatwaves or cold spells).

**4. Legal and Policy Awareness:**

In all locations, interviewees noted a lack of clarity on existing national and EU frameworks addressing disability rights, energy poverty alleviation, and local government mandates. Training is needed to raise awareness of relevant national legislation, EU obligations (such as the European Pillar of Social Rights), and tools like the National Climate and Energy Plans (NECPs), which municipalities could potentially use to leverage funding or justify interventions. This is particularly important in a Southern European welfare context where, as noted in ASSERT's theoretical framing, fragmented institutional mandates and vertical governance structures impede local action on intersecting vulnerabilities

**5. Inclusive Communication and Outreach Strategies:**

Local staff highlighted the need for better training in how to reach residents with different types of disabilities — including those with visual, auditory, and cognitive impairments. Municipalities in both urban and remote areas requested modules on designing inclusive materials (e.g., large print, audio formats, plain language), using assistive technologies, and engaging community mediators or disability advocacy groups.

**6. Programme Design and Evaluation:**

A few municipalities involved in EU pilot projects stressed the need for practical training on designing and evaluating disability-inclusive energy

interventions. This includes guidance on setting inclusive eligibility criteria, estimating disability-related energy needs, and documenting impact in a way that supports policy continuity or external funding.

#### **Training format preferences included:**

- Short, recurring sessions rather than one-off seminars.
- Peer exchange with other municipalities, particularly successful case studies.
- Hybrid delivery (online + in-person) with materials adapted for diverse literacy and accessibility needs.
- Onboarding modules for newly hired staff and elected officials.

In summary, municipalities see training not just as a knowledge transfer exercise, but as a means to professionalise their approach, enhance interdepartmental coherence, and ultimately embed disability considerations into the operational fabric of energy poverty policy.

#### **5.3.7. Conclusions and Recommendations**

The findings from the ten Greek municipal interviews reveal a consistent and wide-reaching gap in how disability is considered within local energy poverty strategies. While general awareness of social vulnerability and economic hardship is present, municipalities — regardless of size or capacity — largely lack the frameworks, tools, and interdepartmental mechanisms necessary to identify and support persons with disabilities who are at heightened risk of energy poverty.

Even where experience with energy poverty exists, disability is seldom factored into the design or implementation of programmes. Most municipal actors rely on general national certification (KEPA) for eligibility decisions, but no structured method exists for integrating this information into energy-related planning, crisis response, or outreach. Consequently, needs that arise from mobility restrictions, assistive device use, or extreme home-bound lifestyles are overlooked.

The study also highlights that existing supports — such as municipal fee exemptions or access to social tariffs — do not account for the additional energy burden associated with disability. Where measures do exist, they are reactive and fragmented, relying on the dedication of individual staff or on pilot programmes without long-term sustainability.

Training and knowledge gaps cut across all levels of municipal operations. From frontline social workers to strategic decision-makers, the lack of shared understanding and interdepartmental collaboration significantly limits local effectiveness. Still, several municipalities expressed strong interest in addressing these shortcomings, and the ASSERT project itself served as a catalyst for reflection and internal dialogue.

**Key recommendations include:**

1. **Develop integrated local registries and data systems** that allow municipalities to identify residents with disabilities who may face elevated energy risks, ideally through collaboration with national bodies and disability associations.
2. **Embed disability-sensitive criteria into vulnerability assessments** and local energy poverty diagnostics. This includes recognizing energy-intensive medical needs and barriers to mobility as legitimate dimensions of energy poverty.
3. **Provide comprehensive, modular training** for all municipal departments — social, technical, planning, and administrative — with shared content on disability rights, energy poverty definitions, and response protocols.
4. **Establish formal collaboration frameworks** between social services, energy officers, accessibility focal points, and civil society organizations representing persons with disabilities.
5. **Ensure all energy poverty crisis response mechanisms** (e.g., during heatwaves or energy price spikes) are accessible, inclusive, and pre-emptively planned with disability in mind.
6. **Design inclusive communication materials and outreach campaigns** that consider sensory and cognitive disabilities and empower individuals to seek help confidently.
7. **Leverage EU and national funding mechanisms** to pilot inclusive approaches, with a view to institutionalizing best practices in local plans and budgets.
8. **Monitor and evaluate local interventions** not only by the number of beneficiaries reached but by the relevance and adequacy of the support

offered to those with complex needs.

These recommendations offer a starting point for municipalities seeking to bridge the gap between social inclusion, accessibility, and sustainable energy planning. A proactive, coordinated, and rights-based approach is essential to ensure that persons with disabilities are no longer invisible in local energy poverty responses.

Table 5 Greek Summary

| Dimension                             | Key Insights                                                                                                                                             |
|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Definitions &amp; Awareness</b>    | Disability mainly linked to mobility; energy poverty seen as economic hardship. Disability–energy link largely unrecognized before ASSERT.               |
| <b>Identification &amp; Data</b>      | No systematic tools or registries. KEPA certification not shared with municipalities; reliance on self-reporting and ad hoc referrals.                   |
| <b>Programmes &amp; Collaboration</b> | General energy/social support exists but not disability-specific. Coordination between departments is informal and fragmented.                           |
| <b>Crisis Response</b>                | Larger cities have heatwave plans but lack disability inclusion. Rural areas often have no formal crisis protocols.                                      |
| <b>Capacity &amp; Training Needs</b>  | Staff lack tools, knowledge, and cross-sector protocols. Demand for training on disability–energy links, inclusive communication, and referral pathways. |

Several Greek municipalities identified promising avenues for innovation, particularly in leveraging existing social infrastructure to address the intersection of disability and energy poverty. While formal mechanisms remain underdeveloped, local actors suggested that community-based services — such as social pharmacies, municipal solidarity networks, and the Koinoniko Pantopoleio (municipal food banks) — could serve as entry points for broader, integrated support schemes. Notably, a few municipalities proposed piloting registries of vulnerable energy users with disabilities to better coordinate crisis responses, though such initiatives remain at an early conceptual stage. Opportunities were also noted in the area of digital outreach and inclusive communication, particularly in ensuring that platforms used to disseminate energy-related information are accessible to users with sensory or cognitive impairments. Finally, interest was expressed in exploring collaborations with local disability associations and energy cooperatives to co-design tailored interventions, including subsidies for assistive technology or enhanced thermal comfort.

## 5.4. Italy

### 5.4.1. Definitions and Awareness

In Italy, the term *disabilità* (disability) is widely accepted and used across local administrations. However, interviews reveal a growing sensitivity toward inclusive, person-centered language that reflects evolving societal values. Several respondents emphasized a shift from medicalized or deficit-based views toward a rights-based approach, in line with the UN Convention on the Rights of Persons with Disabilities (CRPD). Nevertheless, the dominant operational frameworks continue to rely on legal classifications defined by Law 104/1992<sup>7</sup> and Law 68/1999<sup>8</sup>, which determine access to services and benefits but may not fully capture the lived realities of individuals with disabilities.

Newer discourses and labels, such as “fragile families” or references to chronic illness and aging, signal an emerging awareness of vulnerability as multidimensional. Yet, without shared definitions or metrics, cross-sector coordination remains difficult. These evolving interpretations show potential for a broader eco-social framing of disability, but currently lack institutional translation into planning tools or indicators.

While awareness of disability rights is generally high, its intersection with energy poverty remains underdeveloped. Interviewees consistently framed energy vulnerability in economic terms, while disability was discussed through separate domains such as health, education, or social inclusion. As in other ASSERT countries, disability-specific energy needs — such as reliance on medical equipment, restricted mobility, or sensitivity to temperature — are not factored into energy poverty diagnostics or planning. This siloed approach underscores a structural disconnect between welfare and energy governance.

Other insights highlighted the need for a more relational and contextual understanding of disability, going beyond administrative categories. Some interviewees stressed the importance of multidisciplinary assessments and personalized support, which recognize the complex dynamics of autonomy, family roles, and daily routines in shaping needs.

Energy poverty itself is gaining visibility in municipal discourse, though clear definitions and consistent indicators are still lacking. Some municipalities have engaged in European or national pilot projects on energy vulnerability, which have informed internal strategies. In other cases, economic energy support is offered as

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<sup>7</sup> **Gazzetta Ufficiale**, 1992. *Legge 5 febbraio 1992, n. 91. Nuove norme sulla cittadinanza*. [online] Available at: <https://www.gazzettaufficiale.it/eli/id/1992/02/17/092G0108/s> [Accessed 30 Jun. 2025]

<sup>8</sup> **Gazzetta Ufficiale**, 1999. *Legge 6 marzo 1998, n. 40. Disciplina dell'immigrazione e norme sulla condizione dello straniero*. [online] Available at: <https://www.gazzettaufficiale.it/eli/id/1999/03/23/099G0123/s> [Accessed 30 Jun. 2025]

part of comprehensive social welfare measures, encompassing housing, employment, and utility subsidies — even if not explicitly framed as energy poverty.

In Italian municipalities with limited resources, innovation often focuses on infrastructure projects such as smart street lighting or renewable energy systems. While beneficial for energy efficiency, these efforts often lack a disability lens and may inadvertently reproduce accessibility barriers if universal design is not applied. These initiatives aim to enhance energy efficiency and reduce public spending. However, they are not consistently integrated with inclusive design principles and may overlook the specific accessibility needs of persons with disabilities.

Governance models also differ widely. Some municipalities feature dedicated welfare department offices and established interdepartmental coordination, while others rely on regional-level services or small social work teams. Where specialized frameworks exist, they tend to adopt a lifecycle approach, supporting individuals from early childhood through old age—often with co-financing from national or EU sources. In many cases, targeted support is activated only after the recognition of disability status as defined under Law 104/1992, which formally certifies the individual's need for specific protections and assistance.

Data collection practices are inconsistent. Although disability is officially assessed using national criteria established by the National Institute for Social Security (INPS), few local administrations distinguish between types or degrees of disability in a way that effectively informs service planning or prioritization. In practice, service access and support levels often depend on the percentage of disability recognized under Law 104/1992, which is determined through a standardized national evaluation process. Only a handful of areas reported efforts to improve data integration, and even in these cases, disability-related data is rarely linked with information on energy use or vulnerability.

One notable example in the Italian context is the introduction of the **"Bonus elettrico per disagio fisico"** (Electricity Bonus for Physical Discomfort), which provides energy bill discounts for individuals who rely on life-saving medical devices at home. This benefit is not income-based but is granted upon certification of medical need, offering a targeted and equitable response to hidden energy-related vulnerabilities. Such practices demonstrate how welfare and energy policies can be more effectively aligned to address specific health-related energy needs.

In summary, while conceptions of disability are evolving toward more inclusive and person-centered frameworks, their intersection with energy poverty remains underexplored. Most strategies addressing energy poverty are not linked to disability policies, leaving critical gaps in support. Greater alignment of definitions,

awareness-raising across departments, and the development of shared indicators could help address the compounded risks faced by energy-poor households that include persons with disabilities.

#### 5.4.2. Identification and Data Gaps

In Italian local administrations, the identification of individuals with disabilities who also experience energy poverty remains fragmented and largely informal. While some support mechanisms exist—such as social energy bonuses and disability certifications under Law 104/1992—there are no standardized procedures to systematically cross-reference disability status with energy-related needs. Municipal data systems are generally not configured to enable this kind of intersectional analysis. In most cases, relevant information is only collected when households come into contact with social services, often in situations of crisis such as arrears on utility bills, housing instability, or requests for health-related home assistance.

Disability status in Italy is typically established by national or regional bodies, primarily through the INPS in coordination with local health authorities (ASL), based on criteria set out in Law 104/1992 and related legislation. Some municipalities and regions have partial access to this information through integrated social databases or regional information systems, but coverage and interoperability remain uneven. Despite this, such data is rarely linked to indicators of energy hardship—such as unpaid bills, reliance on energy-intensive medical devices, or abnormal consumption patterns that could signal vulnerability.

In certain areas, pilot initiatives have been launched to create more comprehensive resident profiles by integrating data on housing, income, and social support needs. These efforts are intended to inform more responsive social policies, but they have not yet been extended to systematically include energy use or energy poverty indicators. Even where energy poverty is beginning to gain policy attention, it is still generally addressed separately from disability-related support structures.

In Italian municipalities with limited administrative capacity, the identification of individuals facing both disability and energy-related hardship often relies on frontline social workers. These professionals typically use direct, case-by-case knowledge of residents and informal assessments to flag overlapping needs. However, their insights are seldom recorded in standardized formats or integrated into digital systems that could support long-term planning or policy design. In the absence of structured and interoperable registries, it remains difficult to quantify

or monitor the intersection of disability and energy poverty, making it nearly impossible to design evidence-based, proactive interventions.

A persistent barrier is the lack of disaggregated data by disability type or functional limitation. While general disability status is used to assess eligibility for national benefits (such as those under Law 104/1992 or INPS-administered allowances), most municipalities do not collect or record detailed information about specific functional needs—such as dependence on electric medical equipment, chronic health conditions requiring stable indoor temperatures, or mobility limitations that affect energy usage behaviors (e.g., operating heating systems or accessing certain household areas).

Among the municipalities reviewed or interviewed, none reported having a dedicated screening mechanism or an integrated database designed to proactively identify households facing both disability and energy vulnerability. This data gap severely constrains local governments' ability to plan tailored responses, apply for targeted funding (e.g., under EU cohesion policy or PNRR initiatives), or assess the true scope of compounded vulnerability.

Overall, a disconnect persists between data collected for administrative eligibility and the more nuanced, cross-sectoral information required to address complex, overlapping needs. While a few cities and regions have begun to reflect on these limitations—sometimes in the context of broader digitalization or welfare reform efforts—most local administrations still operate in sectoral silos, relying primarily on reactive interventions. Developing integrated vulnerability profiles that include both disability and energy hardship dimensions represents a crucial opportunity for future innovation, coordination, and investment.

#### **5.4.3. Existing Programmes and Interdepartmental Collaborations**

Energy support programs in Italy generally fall under broader social welfare schemes, including emergency financial aid, assistance with rent or utility bills, and targeted support for vulnerable families. While some collaboration occurs between municipal departments—such as social services, housing, and environmental units—this coordination is often informal, sporadic, and reliant on individual initiative rather than institutionalized procedures. Consequently, energy poverty interventions frequently operate in sectoral silos and rarely integrate a disability-specific perspective in their design or implementation.

Across the municipalities reviewed, a mix of innovative practices and systemic gaps was evident at the intersection of disability and energy vulnerability.

Across the municipalities interviewed, a range of innovative practices and systemic gaps were observed at the intersection of disability and energy vulnerability.

### *Governance and Department Roles*

Local governance models vary considerably. Larger or better-resourced municipalities more commonly have formal interdepartmental coordination mechanisms, bringing together social services, housing, energy, and climate action departments. These frameworks enable more coherent alignment between social welfare support and energy transition policies. Conversely, smaller or rural municipalities often have limited administrative capacity, with energy or social policy expertise concentrated in just a few staff members, restricting opportunities for integrated planning.

Where cross-departmental collaboration occurs, it is often driven by participation in EU or national funding programs, which require such cooperation as a condition for financing. However, these partnerships can be short-lived, frequently diminishing or disappearing after project completion due to a lack of ongoing institutional support.

### *Community Collaboration*

Many municipalities maintain partnerships with local NGOs, cooperatives, and technical institutions. In some cases, civil society actors are engaged in awareness-raising or educational initiatives—for example, through schools, architectural workshops, or public housing campaigns. Others have developed stable relationships with disability advocacy organizations, enabling co-design of services or monitoring of accessibility standards in public infrastructure and communication.

Despite these positive examples, sustained collaboration tends to be concentrated in municipalities with stronger existing networks or prior experience in inclusive programming. In less resourced or more isolated areas, cooperation remains sporadic or largely limited to specific project-based interventions.

### *Support to Persons with Disabilities*

Most Italian municipalities provide some form of direct or indirect financial assistance to persons with disabilities. This support can include help with utility bills—such as the national Electricity and Gas Social Bonus, which offers discounts to households with certified disabilities requiring medical devices—subsidized or

adapted housing, and, in some cases, funding for personalized living arrangements or home care services. Several local governments have also utilized national recovery funds from the National Recovery and Resilience Plan (PNRR) and other social investment programs like the European Social Fund's Inclusion Program (PON Inclusion) to promote independent living, particularly for adults with severe disabilities.

Technological innovation is playing an increasing role in enhancing autonomy. Some municipalities are piloting smart home technologies, including automated systems to assist with heating, lighting, and managing medical devices, while others focus on improving physical accessibility in public and private housing. However, many local authorities still rely heavily on regional health services and welfare agencies for delivering core social and medical services. This dependence can sometimes cause fragmentation and delays in addressing energy-related needs linked to disability.

Despite these promising practices, the integration of disability considerations into energy poverty programs remains limited. Few municipalities have formal mechanisms to ensure that persons with disabilities are systematically included in the design, delivery, or evaluation of energy-related interventions. Strengthening collaboration between social services, energy departments, housing, and health authorities, as well as institutionalizing partnerships with community organizations and disability advocacy groups, could significantly improve the inclusivity and effectiveness of local responses.

#### **5.4.4. Crisis Response Mechanisms**

Most Italian municipalities have civil protection or seasonal emergency plans (for heatwaves, cold spells, floods, etc.), typically coordinated through the national and regional Civil Protection Agency system. However, crisis response mechanisms across municipalities remain limited in terms of disability inclusion, particularly with regard to energy-related vulnerabilities.

While most local governments maintain civil protection plans or emergency protocols—especially for seasonal extreme weather events—these strategies often lack specific provisions addressing the needs of persons with disabilities. Interviewees frequently noted that although emergency preparedness plans exist, they are rarely developed with a fully inclusive approach. In particular, very few municipalities reported conducting accessibility audits, maintaining registries of residents dependent on electricity for medical devices, or activating targeted

outreach for people with mobility impairments, chronic illnesses, or other disabilities.

This absence of proactive identification and tailored planning means that vulnerable residents are often supported only reactively—typically after requesting help—leaving them especially at risk during power outages, heatwaves, or cold spells.

Some municipalities are starting to address these gaps. For example, one administration recently updated its civil protection plan through a cross-departmental co-creation process, involving emergency services, social workers, mobility planners, and disability specialists. Although the resulting protocol is not yet fully inclusive, this represents progress toward more holistic risk management.

Another municipality reported a notable initiative to increase transport flexibility: in partnership with local taxi services, the number of accessible vehicles available on short notice was expanded. Though originally unrelated to energy needs, this adaptation can be leveraged during emergencies to assist or evacuate people with mobility challenges. Similarly, investments in electric and accessible school buses serve dual purposes of environmental sustainability and social inclusion.

Despite these encouraging examples, most municipalities lack structured procedures to track residents facing compounded risks related to both disability and energy poverty. Instead, emergency responses tend to be reactive and rely heavily on individual case management by social workers or referrals from local health agencies.

A few municipalities expressed interest in linking emergency preparedness with broader Smart City initiatives or climate resilience programs, which could provide frameworks for integrating disability-specific protocols. However, these remain largely aspirational. Without dedicated resources, standardized guidelines, and interoperable data systems, local governments struggle to transition from intention to effective implementation.

#### **5.4.5. Capacity and Knowledge Gaps Identified**

Local administrations across Italy frequently lack the tools and training necessary to fully grasp how disability intersects with energy-related vulnerability. Staff in both social services and technical departments are not always equipped to recognize when a household's energy hardship may be aggravated by disability-

related factors such as temperature sensitivity, the use of medical devices, or limitations in mobility that affect energy use patterns.

There is also limited familiarity with national or EU-level legislation linking energy rights and social protection for people with disabilities. While individual staff members often demonstrate strong commitment and empathy, they operate in a context where data silos, limited cross-departmental communication, and scarce training opportunities constrain the development of integrated responses.

### *Social Services and Support*

Most municipalities provide a mix of targeted social services — such as financial assistance, mobility aid, or housing support — but these are rarely structured around the combined lens of disability and energy poverty. Several administrations acknowledged that energy support mechanisms, like bill subsidies or emergency contributions, are primarily based on income thresholds and do not account for disability-related energy needs unless these are declared and medically certified.

Some municipalities offer seasonal assistance during extreme heat or cold, but these supports are general in nature and not tailored to individuals with specific health or accessibility needs. For example, one local authority described efforts to coordinate temporary housing or heat shelters during crises, but admitted that disability-related needs were not consistently mapped or considered in advance.

In multiple cases, social workers reported limited awareness of what energy or environmental departments were doing, and vice versa. This disconnection hinders the development of inclusive policies that address the full scope of vulnerabilities. Staff in one administration noted that even though they work closely with families with disabilities, no structured protocol exists to alert energy support services about households at higher risk due to medical energy needs. This reliance on informal coordination and individual initiative leads to case-by-case improvisation, rather than systematic support.

### *Awareness of Specific Needs*

Several interviewees expressed concern that municipal staff often lack technical knowledge about energy-health dependencies. For instance, not all frontline social workers are aware that certain disabilities increase sensitivity to temperature extremes, or that reliance on electric medical devices (e.g., ventilators or dialysis machines) leads to non-discretionary, higher electricity consumption. As one respondent put it, “high energy use can be misread as wasteful, rather than

necessary,” potentially leading to incorrect assessments when determining eligibility for support.

One city introduced a local energy bonus for certified medical energy needs, independent of income—a rare example of targeted policy. This aligns with the national “bonus for physical hardship” (bonus per disagio fisico), which provides energy bill discounts to households where a member uses life-saving electrical medical equipment<sup>9</sup>. However, uptake remains limited even in that municipality, partly due to low public awareness, and partly because the application process requires detailed medical certification from the local health authority (ASL), which some families find difficult to obtain.

### *Legal and Policy Knowledge Gaps*

Several interviewees expressed that municipal staff often lack technical understanding of energy–health dependencies. For example, frontline social workers may not fully appreciate how some disabilities increase sensitivity to temperature extremes, or that reliance on electrical medical devices (such as ventilators or home dialysis machines) results in non-discretionary, higher energy consumption.

Familiarity with relevant frameworks—such as Italy’s implementation of the EU Clean Energy for All Europeans Package and the national designation of “vulnerable” or “protected customers” under the energy regulator ARERA—was inconsistent across municipalities. Although ARERA defines beneficiaries of Law 104/1992 (persons with disabilities) among those eligible for protected energy tariffs<sup>10</sup>, even when support mechanisms exist—like the “Bonus Elettrico per Disagio Fisico” (Electricity Bonus for Physical Hardship)—many eligible individuals do not access them, either because they are unaware of their rights, find the procedures complex, or lack assistance in navigating the application process. This lack of awareness not only affects individuals but also limits the ability of local administrations to plan and target interventions effectively.

Several municipalities identified this as a capacity and communication gap, suggesting that clearer and more accessible guidance from national or regional authorities would help both residents and municipal staff understand eligibility

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<sup>9</sup> Duferco Energia (n.d.) *Documents and resources*. Available at: <https://dufercoenergia.com/en/documents> (Accessed: 30 June 2025).

<sup>10</sup> European Commission (n.d.) *Improving the disability assessment and social protection system in Italy*. Available at: [https://reform-support.ec.europa.eu/what-we-do/labour-market-and-social-protection/improving-disability-assessment-and-social-protection-system-italy\\_en](https://reform-support.ec.europa.eu/what-we-do/labour-market-and-social-protection/improving-disability-assessment-and-social-protection-system-italy_en) (Accessed: 30 June 2025).

requirements, navigate certification processes, and consider more functional, rather than purely diagnostic, criteria when assessing needs.

Some municipalities identified this knowledge gap as a capacity-building need, recommending that clearer guidance from national authorities or regional social services could help staff navigate complex eligibility criteria, certification processes, and potentially consider alternative criteria—like functional limitations instead of formal diagnoses.

#### 5.4.6. Training Needs

Across the Italian municipalities interviewed, widespread training gaps were identified, particularly concerning the intersection of disability and energy poverty. Frontline workers in social services often address general vulnerability but lack specific knowledge about energy poverty as a distinct, multidimensional issue. This gap is especially critical when working with households that include persons with disabilities, where energy needs may be higher, more complex, or less visible.

Staff in multiple municipalities highlighted a need for practical, scenario-based training — for example, how to assess and support households that rely on medical equipment powered by electricity, or how to advise individuals with mobility impairments on energy-saving strategies that do not compromise health or safety. Several interviewees noted that awareness of national support schemes, such as bonus energia or disconnection protection for medically vulnerable households, was limited even among staff tasked with delivering social assistance.

There was also a strong call for training in **inclusive communication methods**, particularly when conducting energy audits or sharing information on energy efficiency. Frontline personnel often lack the tools to adapt communication for different cognitive or sensory needs. Interviewees emphasized the value of using **clear language, visual supports, and accessible formats** — especially in home visits or public information campaigns.

Moreover, some municipalities emphasized the importance of interdisciplinary capacity-building, bringing together personnel from housing, health, social services, education, and environmental departments. Without this cross-sectoral knowledge exchange, professionals risk operating in silos, unaware of how their work intersects with others. In several cases, it was noted that energy experts lack familiarity with the lived experiences of disability, while social workers are unsure how to flag energy vulnerability in a way that triggers technical support.

One municipality introduced staff to the concept of “*energy-aware disability support*”, using real-life examples to explore how physical or cognitive impairments

can lead to higher energy use — whether due to temperature sensitivity, reduced mobility, or the need for frequent recharging of assistive devices. This approach was seen as a promising model for broader replication.

In summary, there is a clear demand for joint training between social and energy professionals, tailored to the specific realities of persons with disabilities. Training should equip staff with tools to detect hidden vulnerabilities, navigate existing support schemes, and design inclusive interventions. It should also prioritize accessible communication, both in language and format, to ensure that energy-related advice and assistance reach those who need it most.

Table 6 Italian Summary

| Key Area               | Common Strengths                                           | Common Gaps                                                      |
|------------------------|------------------------------------------------------------|------------------------------------------------------------------|
| Disability Definitions | Use of Law 104; awareness of physical/cognitive needs.     | Lack of unified or inclusive definitions across sectors.         |
| Data & Identification  | Use of social services data and ASL certifications.        | No integration with energy data; no functional profiling.        |
| Programmes & Supports  | Financial aid, transport, “bonus energia” in some cases.   | Limited tailoring to disability-related energy needs.            |
| Interdepartmental Work | Informal collaboration; some joint EU project experiences. | Siloed operations; lack of structured protocols.                 |
| Emergency Planning     | Some updated civil protection plans; flexible transport.   | Rarely includes targeted outreach for persons with disabilities. |

#### 5.4.7. Conclusions and Recommendations

Across Italy, local governments are increasingly aware of the structural challenges at the intersection of disability and energy poverty, yet continue to operate without fully integrated strategies. The absence of targeted tools, data linkage mechanisms, and consistent policy frameworks hampers efforts to reach those most at risk — particularly persons with disabilities living in energy-vulnerable conditions.

While many municipalities show strong professional commitment and creativity, responses remain largely reactive and fragmented. Social services, housing, and energy departments frequently work in parallel rather than in coordination, and

disability considerations are often absent from energy policy design. Disability-inclusive energy planning is still emerging as a concept.

To improve support for households at this intersection, municipalities should prioritize:

- Improved data sharing between departments (e.g. social services, energy, health)
- Development of protocols for identifying and supporting persons with disabilities at risk of energy poverty
- Inclusion of disability considerations in emergency planning (e.g. during heatwaves or blackouts)
- Targeted staff training on inclusive communication, energy vulnerability, and disability-specific needs
- Co-design of solutions with DPOs, energy advisors, and civil society actors

Key barriers include:

- Lack of coordinated and disaggregated data
- Insufficient public communication tailored to diverse needs
- Gaps between national and local implementation of existing frameworks
- Limited staff capacity to integrate disability within energy planning

Recommendations from across the interviews suggest the need to:

- Simplify bureaucratic procedures to access energy and housing aid
- Increase funding opportunities for integrated projects
- Expand the use of assistive technologies (e.g., domotics) to promote home autonomy
- Scale up good practices and pilot actions already underway in several municipalities

#### *Additional Areas of Innovation and Opportunity*

- **Built Environment and Accessibility**  
Interviewees highlighted efforts to eliminate architectural barriers through PEBA (Piani per l'Eliminazione delle Barriere Architettoniche) and to improve accessibility in public transport and urban infrastructure. Input from civil society has played a key role in identifying and addressing gaps.
- **Innovative Projects**  
Municipalities reported experimentation with local renewable energy communities, heat-mapping for climate vulnerability, and digital tools to

support independent living for people with disabilities. Some are integrating energy education in schools or planning smart city measures with inclusive design elements.

- **Opportunities to Reinforce Equity**

Several local authorities expressed interest in reinvesting savings from energy efficiency measures (such as upgraded street lighting) into social support schemes. Others are exploring low-cost, replicable solutions like domotic systems to enhance energy autonomy for persons with reduced mobility or sensory impairments.

## 5.5. Spain

### 5.5.1. Definitions and Awareness

Across the Catalan municipalities interviewed, the term “personas con discapacidad” (persons with disabilities) is widely used and aligns with the UN Convention on the Rights of Persons with Disabilities (UNCRPD). Most local authorities distinguish between physical, sensory, intellectual, and mental disabilities. However, interpretations of these categories — and the degree to which they influence service planning — vary depending on municipal size, department structure, and available resources.

Some municipalities use the term “functional diversity” in parallel with “disability,” particularly when engaging with civil society or disability advocacy groups. In one case, officials clarified that mental illness is not always classified as a disability but may nonetheless be associated with overlapping support needs. Another municipality noted that autism is currently categorized under intellectual disability but acknowledged that this classification may require refinement.

In terms of policy framing, disability is often understood as a condition shaped by environmental and social barriers, rather than solely by medical diagnosis. “Disability is not static — it's about how the environment limits or enables the person,” one interviewee explained. However, despite this nuanced understanding, the operational frameworks in place tend to rely heavily on **formal certifications** issued by the Generalitat de Catalunya. This administrative approach governs access to services such as mobility support, tax benefits, or disability cards, but may miss less visible or less formally recognized needs.

When it comes to energy poverty, the concept is generally treated as distinct from disability, even though many interviewees acknowledged the potential overlap. Energy vulnerability is typically addressed through *economic* criteria rather than functional or health-based indicators. A social services manager pointed out: “The problem is that energy poverty is defined narrowly — mostly around income and

*arrears. We're not factoring in people who need 24-hour oxygen machines or extra heating because of health issues."*

This disconnection is evident in how local governments frame and respond to vulnerability. Municipal departments often work in silos: energy support is handled by environmental or housing services, while disability falls under social or health departments. Coordination between these domains is usually informal or issue-based, rather than guided by a shared strategy. As one official remarked, *"We refer people to the energy advisors when we see the need — but there's no protocol to ensure the disability dimension is considered."*

Efforts to mainstream disability within broader public services are growing, with some municipalities emphasizing universal access over specialized programming. This is reflected in initiatives like adapting climate shelters or transport networks for general accessibility. However, many officials admitted that municipal communications — including energy-related information — remain inaccessible to people with cognitive or sensory disabilities, due to complex language or digital-only formats.

Only one municipality described a pilot program that considered the intersection of energy needs and functional dependency. Others expressed interest in developing inclusive definitions and protocols, especially as part of broader climate or social equity strategies. Still, a gap remains between intention and implementation.

In summary, while Catalan municipalities show growing awareness of inclusive language and the rights-based framing of disability, there is little formal integration between disability and energy poverty in their definitions or data systems. Administrative tools focus on recognized disabilities for service access but do not systematically account for the higher energy needs that may result from certain impairments. The opportunity exists to reframe vulnerability through an intersectional lens — one that includes disability not only as a social identity but as a determinant of energy needs and rights.

### **5.5.2. Identification and Data Gaps**

Across the Catalan municipalities interviewed, the identification of persons with disabilities who are also at risk of energy poverty remains limited, fragmented, and largely reactive. While regional authorities are responsible for officially certifying disability status, this information is not routinely shared with local governments unless individuals voluntarily declare it for specific service access. As a result, most municipalities do not maintain centralized or comprehensive records that would allow them to identify or monitor this intersectional group.

Municipal officials frequently cited data protection regulations and the compartmentalization of administrative systems as key barriers to better identification. In one municipality, it was explained that *"we only know someone has a disability when they apply for something, like a mobility card or a benefit. There is no automatic flag for energy-related needs."* This reactive model limits the ability of frontline workers to anticipate or plan targeted interventions for people with disabilities who may require higher levels of energy access, such as those relying on medical devices or facing temperature regulation challenges.

Data collection related to energy poverty itself is also uneven. While some municipalities gather information through local energy advice points (PAEs), home visits, or utility support schemes, this data is typically not disaggregated by disability status. One local team noted that even though they carry out energy audits for vulnerable households, *"we don't ask or track whether the household includes a person with a disability. It's not part of our criteria."* In other areas, energy needs are only identified if flagged by healthcare services, and even then, this information is not integrated into municipal registries.

Larger municipalities may have more sophisticated digital infrastructure, but even these systems operate in silos. Disability-related data is held by one department (e.g., social inclusion or health), while energy hardship is addressed by another (e.g., housing, environment). Despite some informal collaboration, there are no unified digital platforms or protocols for cross-referencing these datasets. *"We can coordinate across teams when needed,"* one official said, *"but we don't have an automated or shared tool that shows us the full picture."*

Smaller municipalities face additional capacity challenges. In these areas, identification often depends on **direct knowledge from social workers** or referrals from external actors such as home care services or NGOs. This localized, person-to-person model offers flexibility but lacks the scalability and consistency needed for long-term planning. *"We know our community,"* said one interviewee, *"but it's all in people's heads — not in a system that we can consult or use for strategy."*

There is also limited use of disaggregated data on the type or severity of disability. Municipalities that do track disability status rarely distinguish between physical, cognitive, or sensory impairments in a way that informs energy-related service planning. For example, a household with a member who has limited mobility and cannot easily adjust thermostats or access energy-saving devices may have different needs than one with a resident who uses life-sustaining equipment — yet these differences are not systematically captured.

Overall, municipalities lack both the procedural mechanisms and the technological tools to proactively identify persons with disabilities who are at heightened risk of

energy poverty. This results in a significant information gap that hampers targeted policymaking, limits the ability to apply for specialized funding, and hinders the development of equitable local strategies.

In short, while the awareness of potential overlaps between disability and energy poverty is increasing, municipalities continue to rely on reactive and siloed processes. Moving toward more integrated, cross-departmental data systems — with privacy safeguards — will be essential for addressing these compounded vulnerabilities more effectively.

### 5.5.3. Existing Programmes and Interdepartmental Collaborations

In Catalonia, existing municipal programmes related to energy poverty and disability tend to operate within separate administrative silos. Social services departments typically handle vulnerability assessments and referrals, while energy-related assistance is managed through local Energy Advice Points (PAEs), housing offices, or environmental departments. Collaboration between these departments is often informal, with no standardized workflows or joint planning mechanisms in place.

Several municipalities highlighted the presence of energy-focused services such as workshops on efficiency, personalized home visits, or guidance on accessing social tariffs. However, these interventions are designed for the general population and rarely include specific adaptations for people with disabilities. One municipality described offering "*energy audits for elderly people using home care services*," yet acknowledged that these were not tailored to the unique needs of residents with mobility, cognitive, or sensory impairments.

In some localities, offices dedicated to disability (e.g., offices for functional diversity) exist in parallel to energy-focused units. While staff in these offices often share physical space and maintain collegial relationships, they operate with separate mandates and budgets. As one team explained, "*We're in the same building and talk to each other regularly, but there's no formal process for referring to a case that includes both energy hardship and disability.*"

Collaboration with external stakeholders varies. Some municipalities maintain active partnerships with disability-focused NGOs or cooperatives, particularly in the realm of independent living or accessibility planning. However, few of these partnerships extend into the energy domain. One interviewee noted, "*We've worked with local associations on mobility issues and inclusive transport, but we haven't involved them in energy projects yet — that's something we'd like to explore.*"

Where interdepartmental collaboration does exist, it is often spurred by individual staff initiative rather than institutional protocols. In one case, a disability officer

shared how they refer residents to the local energy office when they suspect high consumption may be linked to medical equipment, but emphasized that this is done on a case-by-case basis: *"There's no system. It's just something I do because I've learned it matters."*

Some regional programmes, such as home energy renovation pilots or efficiency kit distribution, were cited as opportunities for cross-sector engagement, but participation by disability departments has been limited. In a few cases, municipal staff expressed interest in using savings from energy efficiency measures (e.g., through smart lighting or solar installations) to create targeted support schemes for vulnerable residents, including those with disabilities. However, these ideas are generally at the conceptual stage and have not yet been institutionalized.

A lack of integrated digital tools and shared databases further limits cross-departmental collaboration. Departments track cases using different platforms, with no unified view of residents' needs across service areas. This fragmentation makes it difficult to identify overlap between disability status and energy hardship, and hinders the design of joint interventions or bundled services.

In sum, while there is growing recognition that energy poverty and disability may intersect, most municipalities have yet to translate this awareness into dedicated programmes or coordinated strategies. Interdepartmental collaboration exists, but tends to be ad hoc and dependent on individual initiative rather than structural design. Expanding institutional partnerships — both internally across departments and externally with NGOs — will be critical for building inclusive, energy-resilient support systems.

#### **5.5.4. Crisis Response Mechanisms**

Crisis preparedness and response planning in Catalan municipalities generally include protocols for extreme weather events, particularly heatwaves, cold spells, and other civil protection scenarios. However, very few municipalities have developed these plans with explicit attention to disability inclusion. While most cities ensure some degree of physical accessibility for shelters and cooling centers, a comprehensive approach that accounts for the diverse needs of people with disabilities remains largely absent.

In many cases, crisis measures are coordinated through local emergency or civil protection services, which may issue heatwave alerts, designate public libraries or civic centers as climate shelters, or offer assistance via local police and volunteer groups. Some municipalities indicated that *"most transport options and shelters are accessible for people with reduced mobility,"* but few had protocols for

identifying residents who may be particularly vulnerable due to health-related energy needs or cognitive impairments.

One municipality admitted, *“We assume that people with disabilities are covered by general services, but we haven’t actually mapped out what that means in practice.”* In another, emergency communications were issued primarily through standard channels (e.g., municipal websites or social media), with **no adaptations** made for people with visual, hearing, or intellectual disabilities. This raised concerns about information access and autonomous response capacity during crises.

Some interviewees pointed to institutional limitations: Civil protection departments do not typically coordinate with social services on a routine basis, and there is no shared registry of high-risk households that could facilitate proactive outreach. One official noted, *“We don’t know who needs electricity for medical reasons unless they’ve gone to the health department or we find out informally.”*

There were a few promising signs. One municipality shared plans to improve emergency communications by using simplified language and pictograms to support people with cognitive impairments. Another expressed interest in forming *“a specialized response team to assist vulnerable people during emergencies,”* though this idea was still at an exploratory stage.

Several municipalities also described resource gaps that prevent more inclusive planning — from insufficient staffing to a lack of integrated digital systems. As a result, responses often rely on case-by-case intervention rather than pre-identified needs. A staff member explained: *“We handle emergencies reactively. If someone calls us and says they’re vulnerable, we act. But there’s no system to check who’s at risk before something happens.”*

Overall, crisis preparedness across the region is shaped more by climate and public health considerations than by an inclusive social protection framework. While some mechanisms for emergency response exist, they are not yet disability-informed. The absence of proactive identification, tailored outreach, and accessible communications significantly limits the capacity of local governments to protect all residents during climate-related or energy-based emergencies.

### 5.5.5. Capacity and Knowledge Gaps Identified

Across Catalan municipalities, local staff consistently expressed a lack of awareness and capacity to address the intersection of disability and energy poverty in a structured way. While frontline professionals are often highly committed and

familiar with social vulnerability in general, they lack specific training, tools, and institutional frameworks to identify how disability shapes energy needs or access.

In many cases, the separation of departmental responsibilities has contributed to this fragmentation. Staff working on energy poverty — typically within environmental or energy transition departments — do not systematically coordinate with those managing disability-related services. One official remarked, *“We’re in the same building, but we rarely talk about overlapping cases unless there’s a crisis.”* In smaller municipalities, this disconnection is often amplified by limited human resources, where a single staff member may juggle several portfolios without the means to develop specialist expertise.

Several municipalities acknowledged that they do not collect the necessary data to understand compounded vulnerabilities. Energy audits, for example, are typically conducted without asking whether someone in the household uses medical devices or has temperature sensitivity due to health conditions. One interviewee admitted, *“We’re only starting to understand that high energy bills may not be due to waste, but because someone’s life depends on a heated home or an oxygen machine.”*

Knowledge gaps were also evident regarding legal entitlements and protective measures. Many local officials were **unaware of national provisions** designating people with disabilities as “vulnerable consumers” eligible for enhanced protection against energy disconnections. Others expressed uncertainty about how to verify eligibility without overstepping data privacy boundaries.

In terms of communication, a number of professionals raised concerns about their ability to engage people with intellectual or cognitive disabilities. Staff from both social services and energy advice centers (PAEs) highlighted the need for better training in accessible communication, especially when explaining complex energy concepts or navigating bureaucratic systems like social tariffs. As one practitioner put it, *“We assume people understand their bills, but that’s often not the case — especially for someone with a cognitive disability.”*

Another commonly cited barrier was the absence of **shared databases** or interoperable systems. Without cross-referenced registries that link disability status with energy hardship indicators, municipalities rely heavily on informal referrals or personal relationships with local associations. While this can work in tight-knit communities, it lacks the consistency and reach of a more structured approach.

One notable strength across the region is the willingness of many municipalities to learn and adapt. Several interviewees expressed interest in receiving training, creating shared tools, or piloting new forms of collaboration. Yet without dedicated

time, funding, and institutional support, staff continue to operate in silos — leading to reactive rather than preventive interventions.

In summary, the capacity and knowledge gaps identified in Catalonia are less about a lack of will and more about **structural fragmentation**. Bridging these gaps will require targeted training, interdepartmental collaboration, and systems that enable holistic assessments of vulnerability. The challenge lies in turning individual commitment into systemic change.

### 5.5.6. Training Needs

Across the Catalan municipalities and consortia interviewed, there is a widespread recognition of the need to improve training for municipal staff, particularly in relation to how disability intersects with energy vulnerability. Interviewees consistently noted that while there is general awareness of social hardship, energy poverty is still treated as a niche issue and rarely explored in connection with disability.

Several actors highlighted that social workers and energy advisors often lack technical understanding of the specific energy needs associated with disability — for example, how certain disabilities may require continuous heating or cooling, or the use of medical devices that drive up energy consumption. In some cases, such needs are viewed as isolated “medical exceptions” rather than structural components of energy vulnerability.

There is also limited training on inclusive communication. One respondent noted that *“energy information is often technical, long, and very difficult to interpret for people with cognitive or intellectual disabilities.”* Materials are rarely adapted into easy-to-read formats, and energy workshops are generally designed for the general population, not for persons requiring support in comprehension or sensory accessibility.

Interviewees also expressed a desire for interdisciplinary training. Departments focused on disability often operate separately from those dealing with housing or energy, leading to gaps in joint case management. Staff working in energy offices or energy advisory centers (PAEs) typically do not receive training on disability inclusion. Conversely, disability service departments are not always aware of energy assistance tools or billing practices that could affect their clients.

In smaller municipalities, the issue of training is compounded by staff capacity limits. One official noted: *“We are often one person doing everything. Specialized training would help, but time and staff are our first barriers.”* Several municipalities

emphasized the value of regional or supra-municipal training programs to pool resources and share good practices.

Lastly, training needs were also linked to legal and policy awareness. Interviewees cited confusion around existing eligibility frameworks for energy assistance — particularly regarding how disability certification interacts (or fails to interact) with energy tariffs, bonus schemes, or protection from disconnection.

In summary, local actors called for:

- Training on disability-inclusive energy practices, including identification of energy needs related to health or mobility;
- Accessible communication techniques, especially for people with cognitive or sensory impairments;
- Cross-sector workshops to foster collaboration between disability, energy, housing, and social teams;
- Scenario-based learning, with case examples involving disabled residents;
- Clarification of legal frameworks linking disability status to energy rights or protection measures.

### 5.5.7. Conclusions and Recommendations

The interviews conducted across Catalan municipalities and social consortia show that while there is growing awareness of energy poverty and an established framework for disability rights, the intersection between the two remains largely unrecognized in local governance. Disability is managed through health and social support systems, while energy poverty is framed as an economic hardship — leaving many energy-dependent individuals with disabilities inadequately supported.

Key barriers include fragmented governance, lack of interdepartmental coordination, and the absence of shared databases or protocols for identifying compounded vulnerabilities. Even in municipalities with dedicated offices for functional diversity or energy rights, collaboration between these units is often informal and reliant on individual initiative.

Existing programs such as energy efficiency workshops, energy advisory centers (PAEs), and social tariffs are not systematically adapted to the needs of persons with disabilities. While emergency protocols for extreme weather events exist in some areas, they rarely contain disability-specific provisions or targeted outreach.

Interviewees highlighted the need for training, accessible communication tools, and stronger collaboration with DPOs and civil society. Many also emphasized the

importance of data integration, to better identify high-risk households and proactively address energy-related risks.

To strengthen responses at the local level, Catalan municipalities should:

- Integrate disability into energy vulnerability assessments and programs.
- Develop shared data protocols while respecting privacy regulations.
- Improve accessibility of energy-related information (e.g., simplified language, visual aids).
- Involve DPOs in co-designing local policies and pilot projects.
- Provide staff training on inclusive energy practices and legal entitlements.
- Ensure emergency protocols account for residents with limited mobility, health-related energy needs, or cognitive impairments.

Table 7 Spanish Summary

| Dimension                              | Key Findings                                                                                                                                         |
|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Disability Definitions</b>          | Based on regional certification; categories include physical, sensory, intellectual, and mental health-related. Use of person-first language varies. |
| <b>Identification and Data Gaps</b>    | No central registries at local level; disability and energy needs tracked separately. Identification is reactive and depends on self-disclosure.     |
| <b>Existing Support Programs</b>       | General support includes PAEs, energy workshops, social tariffs. Not tailored to disability needs.                                                   |
| <b>Interdepartmental Collaboration</b> | Often informal; few formal referral mechanisms between energy, disability, and social services departments.                                          |
| <b>Emergency Protocols</b>             | Heat/cold wave protocols exist in some municipalities, but often lack specific accommodations or outreach for disabled residents.                    |
| <b>Knowledge and Capacity Gaps</b>     | Limited awareness among energy advisors of disability-specific energy needs. Lack of cross-sector knowledge and disability-inclusive planning.       |

|                       |                                                                                                                                      |
|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| <b>Training Needs</b> | Strong demand for interdisciplinary training, accessible communication methods, and clarity on disability rights in energy contexts. |
| <b>Opportunities</b>  | Municipalities show interest in inclusive innovation; some have disability plans or active collaborations with local associations.   |

## 6. Conclusion

Aligning with global disability justice frameworks, ASSERT underscores the need to shift from tokenistic inclusion to meaningful co-production of solutions. Persons with disabilities and their representative organisations must be included in energy planning processes—not only as recipients but as experts in lived resilience.

The continued absence of disability-disaggregated data in climate and energy research severely limits the ability of policymakers to identify and support those most at risk. Addressing these research gaps is essential to building inclusive and evidence-based responses. The fragmented responsibilities observed in ASSERT pilots echo broader patterns of territorial welfare described by Kazepov (2010), where decentralization without sufficient coordination creates systemic blind spots at the intersection of social, health, and energy policies.

### Disability is Marginalized in Energy Poverty Frameworks

Despite growing awareness of energy poverty as a pressing social issue, municipalities and local authorities across all countries rarely recognize disability as a driver of heightened energy vulnerability. In most cases, disability is treated administratively (e.g. for exemption from fees) but not as a variable in energy-related assessments, planning, or responses.

### Institutional Blind Spots and Siloed Governance

In our findings, policy fragmentation was a recurrent barrier, especially in countries where disability is handled through narrowly medical or employment-linked pathways, with little reference to housing quality or energy access. Energy poverty is often addressed separately from social inclusion or accessibility efforts. Fragmentation between municipal departments (social services, technical units, environment, disability offices) limits the capacity to respond to overlapping needs, particularly in crisis situations. Coordination mechanisms are ad hoc, with little institutionalized cooperation or shared planning.

### **Data and Identification Gaps Are Widespread**

There is a near-total absence of mechanisms to identify households experiencing both disability and energy poverty. Support typically depends on self-disclosure, referrals, or happenstance interactions with social workers. Municipalities and local authorities lack disaggregated data, inclusive indicators, and proactive outreach systems.

### **Frontline Knowledge and Training Are Critically Lacking**

Municipal staff frequently expressed uncertainty regarding how to assess or address energy needs related to disability. While there is often goodwill and commitment, staff lack formal training, technical tools, and examples of inclusive practice. This affects both everyday service provision and emergency responses (e.g., heatwaves, power outages).

### **Crisis Preparedness does not Include Disability**

Although some municipalities have civil protection protocols for extreme weather, none reported having specific procedures for people dependent on electric medical equipment or with mobility challenges. The ASSERT interviews often represented the first time this vulnerability had been considered.

### **Innovation Exists but Remains Fragmented**

Promising practices were observed — such as one-stop-shops, partnerships with disability associations, or local pilot schemes — but they remain isolated and insufficiently scaled. Often these efforts were driven by individual champions rather than embedded institutional practice.

### **Challenges of GDPR and Data Harmonization**

Efforts to improve coordination and targeting are further complicated by data privacy regulations and fragmented information systems. Municipalities cited difficulties in linking social, health, and energy data due to GDPR concerns, lack of interoperable systems, and unclear protocols for data sharing. These barriers prevent comprehensive vulnerability mapping and hinder multi-agency responses.

### **Assertive Local Action Requires Better Resourcing and Support**

Rural municipalities in particular face chronic understaffing, overlapping responsibilities, and limited access to technical expertise. Even where awareness exists, municipalities lack the capacity to take concrete action without external support, targeted funding, and clear policy mandates.

### **Training and Mentorship are Widely Welcomed**

Many municipalities expressed openness to capacity-building initiatives — particularly if practical, context-adaptable, and embedded in existing roles. There is a clear opportunity for ASSERT to fill this gap by providing applied training and facilitating peer learning.

### **Intersectionality must be Centered in Future Policy**

The experience of energy poverty is shaped by multiple overlapping disadvantages — including disability, age, geography, income, and gender. Policies that do not recognize these intersections risk leaving the most vulnerable unprotected. Local actors need both conceptual clarity and actionable tools to adopt intersectional approaches.

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## 8. Appendix

### 8.1. Interview guide

#### Opening Questions

Icebreaker question and thematic introduction:

1. Could you tell us your name and your role within your department (level technician or policy)?
2. What is the primary focus of your department's work?
3. What are the main areas or projects your department is currently working on?

#### TOPIC 1: Definitions

4. What does the term 'disability' mean to you in the context of your work?
5. Can you define physical disability? How would you differentiate between physical, mental, or sensory disabilities?
6. Have you ever dealt with the topic of energy poverty in your work? (If not, the interviewer provides a brief explanation.)

#### TOPIC 2: Engagement with Disabled Residents

7. How does your local government identify people with disabilities? What specific administrative information is required to identify/verify the disability status and degree?
8. Are there any additional processes to identify the energy needs of people with disabilities and if they have higher energy needs?
9. Has the local government defined specific indicators to identify people with disabilities who face energy poverty? If so, can you share how the data are collected and monitored?

#### TOPIC 3: Municipal Roles and Responsibilities

10. What role does your local government play in ensuring energy access and affordability for disabled residents? Is it different according to the type of disability (e.g., those with hearing, visual, or speech impairments)?
11. Are you aware of any direct EU/national/regional/local-level policies to address household energy poverty (past or present)?

12. Do/did any of these explicitly target or mention direct support for people with disabilities?
13. Are there any partnerships with social services, private companies, government bodies, or community organizations to help reduce energy burdens for people with disabilities?

#### **TOPIC 4: Existing Programs, Policies, and Resources**

14. Can you highlight any specific existing programs or initiatives designed to help disabled residents manage their energy needs?
15. How could existing mechanisms be improved or expanded, or what new measures do you think are needed to better support people with disabilities?
16. Are there tailored energy tariffs or billing structures for households with disabled members? If so, how does your municipality promote awareness of these options?

#### **TOPIC 5: Crisis Response and Emergency Protocols**

17. How does the municipality respond to energy crises (e.g. hot weather events) that disproportionately affect disabled residents? (Cooling centers? Buses for disabled people to bring them in cool places)

#### **TOPIC 6: Closing Question**

18. "Is there anything else you think is important for us to know about supporting residents with hearing, visual, or speech impairment?"

#### **End**

Before we wrap up, is there anything else you'd like to share that you think is important or that we may have missed?

As a next step, we'll review and integrate the insights gathered from these discussions into our project. If it's alright with you, we'd like to keep you informed about upcoming events, initiatives, or opportunities to collaborate further. Would that be okay? There is the opportunity for a tailored approach with a dedicated call for a mentorship program. Are you interested to receive information on it?

Once again, thank you for your time and for contributing to this important conversation. We truly appreciate your efforts and dedication.

## GDPR

I, undersigned \_\_\_\_\_ born in \_\_\_\_\_ resident in \_\_\_\_\_ mail \_\_\_\_\_

### AUTHORIZE AND GIVE CONSENT TO

ASSERT and the ASSERT partners, to acquire, use, publish, interview, make a video recording and disseminate the images that portray it, as well as the audio recordings collected, without limitation of time and space, with any and all faculty of adaptation, modification or editing that are necessary and appropriate for all the activities carried out by ASSERT within the ASSERT Project and by the partners of the same as well as by the Commission for the implementation of the project and its reporting. ASSERT and ASSERT's partners acquire all rights arising from and consequential to the acquired material. The undersigned, having taken note of the publication and use of the images concerning them in the manner described above, declare that they have nothing to claim against ASSERT and ASSERT's partners, for damages to their name or images that may derive from a prejudicial use of the same by third parties. The right to use the above images, photographs, films, recordings is to be understood free of charge with express waiver of any financial claim in this regard.

**Place and date, Signature**

### PRIVACY POLICY

Pursuant to EU Regulation no. 679/2016, the interested party is informed that Personal Data will be processed in compliance with current legislation and the principles of correctness, lawfulness, transparency and confidentiality.

Purpose of the processing: Personal Data are provided for the purposes connected and instrumental to the activities as indicated in the extended release for the creation and use of films, images, photographs, screenshots, audio recordings. These data will be disseminated in any form of their images or videos taken on the website, on social networks, in print and/or on any other means of dissemination.

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The undersigned declares to have received and understood the information pursuant to Article 13 of European Regulation 679/2016 ("GDPR") and in relation to what is indicated in relation to the processing of data, expresses their free consent to the processing and of my personal data for the purposes referred to in letter a) of this policy.



## Assert Consortium



### PROJECT FACTS

**Start date:** 01/10/2024 **Duration:** 36M **Call:** LIFE-2023-CET **Coordinator:** AISFOR SRL (AISFOR)