

Article

Examining Energy Poverty among Vulnerable Women-Led Households in Urban Housing before and after COVID-19 Lockdown: A Case Study from a Neighbourhood in Madrid, Spain

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Abstract: People with lower incomes often live in homes with poor thermal properties, making it difficult for them to maintain a comfortable indoor temperature. This vulnerability is closely related to the quality and maintenance of housing, which negatively affects indoor environmental comfort, especially in terms of energy usage, having an impact on health and well-being. Studying energy poverty from a qualitative perspective allows us to delve deeper into the experience of these people. A qualitative study was carried out through a case study of women in a situation of household vulnerability and energy poverty. Semi-structured interviews were conducted with five women-led households and two key informants before and after the COVID-19 confinement, in one of the most vulnerable neighbourhoods of Madrid. Unveiling the complexity of this topic, three categories were identified: household composition and economic resources, perception and proposals for household improvements, and household health and well-being. Furthermore, the results suggest that reliance on inefficient solutions such as electric radiators or butane-cylinder heaters for space heating in winter (more affordable in the short term, but unsustainable in the long one) shows evidence of energy precariousness, which, together with other poor housing conditions and users' behaviours, impact clearly on health, generating or worsening chronic diseases. Research in vulnerable populations requires interventions beyond visibility, supported by key informants. Social workers and educators are essential to improving the living conditions of the most vulnerable people; however, they need social policies and adequate intervention plans and strategies to support and make their efforts effective.

Keywords: vulnerable women; energy poverty; qualitative research; case study



Citation: Cuerdo-Vilches, T.; Navas-Martín, M.Á. Examining Energy Poverty among Vulnerable Women-Led Households in Urban Housing before and after COVID-19 Lockdown: A Case Study from a Neighbourhood in Madrid, Spain. *Sustainability* **2024**, *16*, 6680. <https://doi.org/10.3390/su16156680>

Academic Editors: Jian Feng and Grigorios L. Kyriakopoulos

Received: 30 June 2024

Revised: 31 July 2024

Accepted: 1 August 2024

Published: 5 August 2024



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1. Introduction

While climate change is associated with rising global temperatures, this does not imply that cold waves and their impact on mortality will disappear in the future. On the contrary, there is abundant scientific evidence indicating that the health risks linked to cold are greater than the ones with heat worldwide. Moreover, the hazards related to cold waves are constant over time, unlike the risks of heat waves [1]. The influence of socio-economic factors on the population during extreme cold events can be a determinant of vulnerability to these conditions, as they affect the level of exposure to this risk. People with lower incomes tend to live in homes with poorer indoor environmental conditions, derived from worse constructive properties and quality, which is linked to greater difficulties in maintaining a comfortable indoor temperature. On the other hand, better housing conditions relate to less severe health impacts of extreme cold [2,3]. Thus, housing plays a fundamental protective role in people's quality of life and life expectancy. Examples of

such events are the recent COVID-19 pandemic [4–7] or the current climate emergency [8,9] and the lessons learned from both [10]. Especially in these times of uncertainty, increased pressures on the population, and reduced access to alternatives and safe options, exacerbate situations of vulnerability, precariousness, poverty, and loss of quality of life [11,12].

Poverty is a reality for millions of people, and energy poverty is both a cause and a consequence of this situation. Nearly 1.3 billion people (one-fifth of the world's population) have no access to electricity, and almost 2.6 billion use wood as their only source of energy, especially in rural areas. In addition, many millions more who do have access to infrastructure are unable to meet their basic energy needs because they cannot afford it. Global poverty and inequality are reflected in high levels of energy poverty and inequalities in energy consumption. On the one hand, many basic energy needs, such as cooking food, boiling water, heating and lighting the home, and being able to travel for basic medical services, are compromised. Other needs, such as participation in society and control of institutions, are often impossible to meet, limiting the potential for personal and collective development. On the other hand, energy poverty has major impacts on health, economic activity, and the environment, reducing current and future productivity and limiting development potential [13]. The health risks associated with living in cold homes have been widely researched since the first studies on fuel poverty in countries with cold climates. Excessive winter mortality and its relation to the lack of thermal insulation in buildings has been the subject of numerous studies. A more recent report by the Marmot Review team presented a summary of existing knowledge on the health impacts of cold temperatures. Its main conclusions were (a) countries with better levels of thermal insulation in buildings have lower excess winter mortality, (b) there is evidence of a link between excess winter mortality and low indoor temperatures in dwellings, and (c) low indoor temperatures also negatively affect mental health [14].

Home vulnerability in the case of Spain is due to different factors. Firstly, Spain's existing building stock is largely obsolete, with an average age of 40–50 years, according to the data provided by the ERESEE 2020 report [15]. Previously, housing construction regulations were not sufficiently demanding in matters such as indoor environmental quality or energy saving and efficiency, directly related to the quality of life of its inhabitants, which places almost the entire building stock prior to the current Building Technical Code [16], in force since 2006, as the first legislation effectively aware of all these aspects. Other issues, such as the bursting of the national real estate bubble [17], also related to the Great Global Recession due to subprime mortgages around 2007 [18], together with issues of a geopolitical nature, such as the European crisis due to energy dependence on Russia following the war with Ukraine, and the consequent rise in domestic energy prices, have made families even more vulnerable [5,19]. This context generates or aggravates situations of so-called energy poverty, or the impossibility of meeting the costs related to energy bills in the home [20,21], which has also led to appeals to the so-called 'right to energy' [22,23]. In addition, the increasing rise in housing prices, brought about by the gradual touristification of city centres, with models based on the use of housing for tourism purposes managed by web platforms [24,25], has led families to unsustainable situations where they have little room for reaction, either to adapt these homes to current demands and future challenges or to change their residence in an effort to seek better life quality.

For large cities such as Madrid, vulnerability is closely linked to the quality and state of housing and to the decrease in environmental comfort, especially energy, with the consequent impact on health and well-being [26]. So much so that health experts, as well as insurers themselves, determine quality of life and life expectancy by postcode [27]. In addition, a high proportion of the population is temporary, passing through for work purposes, which supposes an added reason to find a higher demand for rental housing. This leads to higher prices, and a lower quality defines the existing housing supply in general. Therefore, tenants suffer the added problem of not being able to act on the housing in which they live to intervene in possible improvements, which would have an impact on its constructive quality and, therefore, on their health. Recently, some

government programmes have sought to promote and encourage these actions on the part of homeowners, who, on many occasions, show no interest in solving technical problems in their properties. One example of these government programmes is the 'Plan Integral de Alquiler Municipal', or 'Plan Rehabilita Madrid' [28]. These and other tenant support programmes help to stabilise many of these structural determinants and thus improve the conditions in the housing and home environment necessary for the greater individual and social development, health, and well-being of its residents [29]. For more extreme cases of vulnerability, there are public initiative entities that have in their possession very low-rent rental housing, which they offer to families with very low resources, with high levels of potential social exclusion, and at high risk of poverty. However, living in social housing has been consistently associated with poor health [30].

All these issues and their interactions have been widely explored in the literature. However, quantitative approaches are usually applied, with inferential methods and techniques and correlations that associate parameters or social determinants with housing and health, relating data in graphs or tables. However, there is no in-depth study of what these interactions are like, which of these deficiencies or vulnerabilities occur in households (quality of housing, household income, lack of comfort, lack of health), how interdependent relationships are established between the two, or others not detected by academia, and how they are perceived by the stakeholders themselves, the inhabitants of these dwellings, who find themselves in a vulnerable situation. A recent systematic review of the literature indicates that studying fuel poverty from a qualitative perspective allows for an in-depth study of the user experience, facilitating more accurate detection and the design of personalised policies with tailor-made solutions [31].

In this context, our research aims to bridge this gap by exploring the perceptions of women in vulnerable household situations regarding the effects of energy poverty on their well-being and health, both before and after the COVID-19 confinement. The central research question driving this study is: How do women in vulnerable household situations perceive the effects of energy poverty on their well-being and health before and after the COVID-19 confinement? By employing a qualitative approach, we seek to uncover detailed insights into how these women experience energy poverty, thereby providing a nuanced understanding that can inform more targeted and effective policy interventions. This qualitative focus is essential for capturing the complex and subjective experiences of the affected individuals, which quantitative methods alone cannot fully reveal.

2. Materials and Methods

Most of the literature on the economic and societal effects of the COVID-19 pandemic relies on archival data to draw inferences and policy recommendations [32–34]. Other papers use theoretical models to represent the dynamics of public health and the decisions of economic agents [35,36]. While there has been some survey evidence about the effects of the pandemic [37], most of the literature uses either archival data or analytical methods. Hence, this study makes an important contribution to the literature by adding real testimonies to shed light on the real effects of the pandemic.

2.1. Study Object

The object of study is women in vulnerable household conditions and the situation of energy poverty in the neighbourhood of Villaverde, in Madrid (Spain), before and during the COVID-19 pandemic. Five women-led households in the neighbourhood of Villaverde Alto Casco Histórico (formerly known as the San Andrés neighbourhood), belonging to the District of Villaverde, which is the second most vulnerable district after Puente de Vallecas, integrated into the municipality of Madrid (Figure 1), were interviewed. According to the vulnerability ranking of the Madrid City Council [38], the San Andrés neighbourhood ranks tenth among the most vulnerable neighbourhoods.

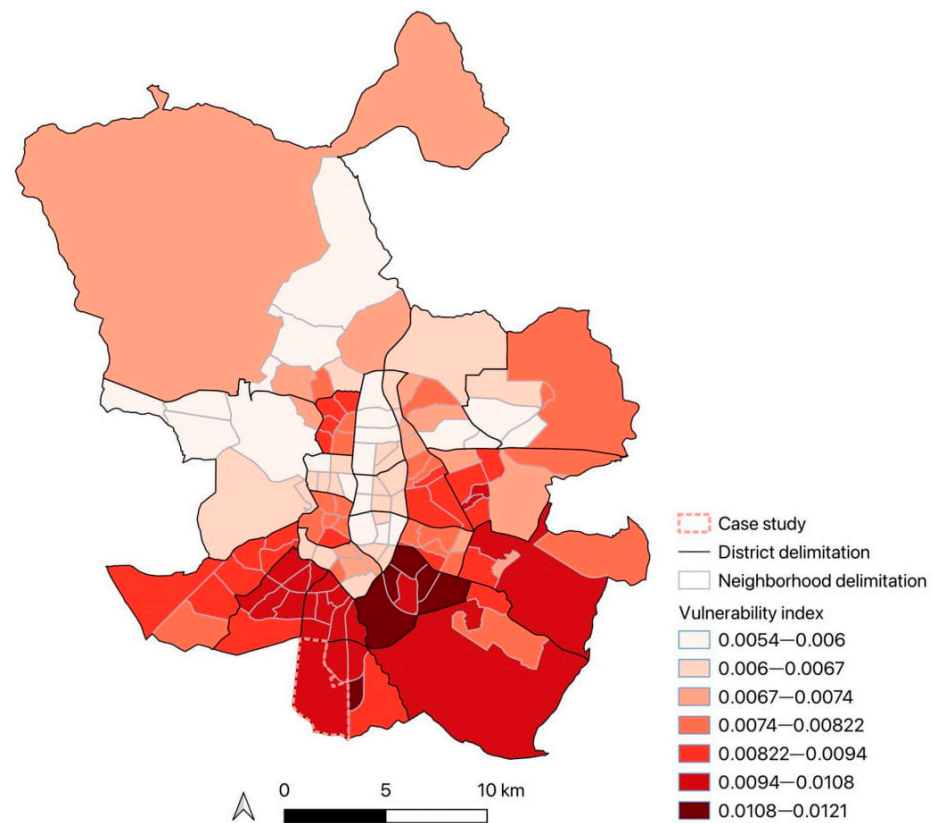


Figure 1. Vulnerability by neighbourhood of the city of Madrid (Spain).

2.2. Case Study

To carry out this project, a case study was conducted. A case study is a research method that focuses on the detailed and in-depth analysis of a phenomenon. This methodology is especially useful when seeking to understand the complexities and particularities of the object of study, using various sources of evidence that can be both qualitative and quantitative [39–41], although it is more common to use the qualitative approach due to its exploratory nature and its ability to provide a rich and deep understanding of the context and the phenomenon under investigation [39]. The case study method is characterised by its flexibility and versatility, which makes it applicable in various disciplines such as education, health and social sciences, among others. As such, it allows research questions such as “how” and “why” to be addressed, making it ideal for exploring complex and contemporary phenomena [40,41].

2.3. Participants and Procedures

For the recruitment phase, several neighbourhood associations were initially contacted. A meeting was arranged with one of them. During the meeting, the aim of the study and its purpose were explained. Initially, the possibility of applying a socio-critical paradigm was considered through Participatory Action Research (PAR), which involves working with groups in different sessions to create knowledge and generate critical awareness through collective work in the construction of a group discourse. This empowerment can lead participants to find solutions for their collective and make them not only aware of the strengths and weaknesses of the phenomenon in question that they have in common, derived from the social fact that identifies them as a community, but also to make their own decisions, and even to inform and transfer them to political decision-makers and other target audiences with the capacity to transform their reality. However, this was not possible for several reasons. One of them was the weariness of people who were asked repeatedly about their “miserias”, about all the weaknesses and sufferings that come with living in their situation, and yet not receiving substantial improvements in their

daily lives. Additionally, sharing the pains of life with a group makes them reluctant to participate because many of them know each other and do not feel like “baring” their feelings, appreciations, or experiences with their peers. Finally, contact was made with the Social Housing Agency of the Community of Madrid. Specifically, a social educator (KI1) and a social worker (KI2) belonging to this entity facilitated the possibility of accessing some of their low-income rented housing and meeting members of some of the households in this situation. These key informants facilitated the possibility of arranging meetings in the dwellings, taking advantage of the visits that they had to make for different follow-up questions about the rent to these households. In-depth interviews were also conducted with key informants who gave detailed and contextualised information on the case study. Finally, unemployed women from the Villaverde Alto neighbourhood of Madrid (Table 1) were selected for the case study. Therefore, the individual model, using semi-structured interviews and observation, seemed more appropriate for this situation.

Table 1. Sociodemographic characteristics of study case participants.

Id	Gender	Employment Status	No. of Cohabitants	Household Member Illness	Economic Aid Received
I1	Female	Unemployed	>5	Yes, multiple persons	Yes
I2	Female	Unemployed	2	No	Yes
I3	Female	Unemployed	5	Yes, one person	Yes
I4	Female	Unemployed	>5	Yes, multiple persons	Yes
I5	Female	Unemployed	>5	Yes, multiple persons	Yes

For the case study, semi-structured interviews were conducted with vulnerable women and in-depth interviews with key informants. Interviews are a key tool in qualitative data collection, allowing for detailed information and in-depth perspectives from participants [39]. To conduct the interviews to women, a script was developed with the following questions:

- How many people live in the household?
- How many cohabitants are currently working?
- Do you receive any assistance?
- What is your general perception of the house?
- What would you improve in the house?
- How did you spend the winter?
- Do you live with any chronic patients? How did last winter affect them?

2.4. Data Collection and Processing

Interviews were conducted in two stages: one prior to the COVID-19 lockdown, shortly before the pandemic was declared and the State of Alarm was declared by the Spanish government, and the second, one and a half year after the social confinement, and thus, after the first round of interviews.

Before COVID-19, interviews were arranged and prepared at the end of February 2020 and were carried out at the beginning of March 2020, shortly before confinement. These were carried out in the participants' homes. Key informant interviews and narratives were also obtained on these days, although prior discussions were held to delimit the scope of the study and to select participating households appropriately. After COVID-19, the interviews were conducted in October 2021, one year and four months after the end of confinement in Spain. In addition, key informants were also interviewed to gain their perceptions after all the time during lockdown had passed.

During the interviews, families were informed of the purpose of the study, and their consent to participate was sought. All interviews were recorded and transcribed.

For the content analysis of these interviews, coding was used, which consisted of transforming the collected data into manageable units of meaning. This was achieved by systematically organising them into specific terms or concepts (categories) through a process of categorisation. In this process, systematisation rules were applied to organise and classify the recording units of the texts into specific categories, which would reduce the complexity of the content by grouping similar records under a specific criterion [42].

In order to triangulate the information and, therefore, provide it with validity and greater robustness, observation was used, based on taking notes, audio-recorded and transcribed for later processing and analysis, as well as the support of certain photographs, although in order not to cause too much discomfort, they were strictly chosen after these people gave their informed consent during the conversation [42]. Additionally, to give some spatial and environmental context, more photos were added of the building's common areas and the surroundings, taken simultaneously.

3. Results

During the qualitative analysis of the interviews, 3 main categories and 8 codes (subcategories) were obtained (Table 2). Table 3 presents the most relevant testimonies collected from women in vulnerable situations, and Table 4 presents the most relevant testimonies from key informants.

Table 2. Categories and codes for content analysis on the testimonies of vulnerable women in their homes.

Category	Code	Code Description
Composition and economic resources of the household	Household composition	It refers to the structure and number of members that make up the household
	Household income	Describe the sources of income they receive at home
	Social support	External aid that the household receives, such as social bonuses, subsidies, pensions, etc
Perception and proposals for home improvements	Satisfaction	Evaluate the level of satisfaction with the housing conditions
	Potential housing changes	Identify the improvements that would be made to the home
Well-being and health at home	Thermal comfort	The ability of the home to maintain a comfortable room temperature, especially in winter
	Impact on health	Examines how housing conditions affect the physical and mental health of residents, including chronic diseases or health conditions
	Energy situation	Analyses the access, efficiency, and sustainability of home energy resources

Table 3. List of relevant verbatims from the testimonies obtained from vulnerable women in the household.

Id	Relevant Verbatims
15	'We live [. . .] six. My two other children are registered'
11	'My daughter works only three hours in the afternoon'

Table 3. Cont.

Id	Relevant Verbatims
I2	<i>'They have given me the extraordinary (help) for 6 months, but it runs out this month'</i>
I3	<i>'It is very nice and big (house)'</i>
I1	<i>'I would ask to change everything. If I could change everything, I would change everything. [. . .] Another room [. . .]. There are many of us. I sleep in that armchair which is an armchair-bed every night'</i>
I5	<i>'The bathroom. I would put a shower tray in it'</i>
I4	<i>'The only problems we have had are with the roof and the pipes'</i>
I3	<i>'Look, here I have this (dampness). If I show you the bathroom ceiling. . .'</i>
I2	<i>'Well, I don't have heating. I have everything on power (source)'</i>
I3	<i>'We used to put in those little gadgets. The ones that are plugged in, I even had a cooker, but I took it out because the canister (butane) wastes more'</i>
I1	<i>'Well, look, with one of those (electric) radiators, because I don't have gas, since they cut it off. But I didn't want to put it in either. I had the opportunity to do it, but I didn't want to. I depend on my pension'</i>
I5	<i>'So, the power! If I don't put it on for the gas (heating), I prefer to put it on for the gas cylinder and not pay so much for electricity. Gas is cheaper than electricity [. . .] gas is very expensive, it uses a lot, so I put the butane cylinder in. We close the door, and we are warm'</i>
I4	<i>'I only have one in the corridor (referring to the radiator)'</i>
I2	<i>'The house hooked up (illegally) had its meter when I came in '</i>
I1	<i>'The two (kids) who are here are both sick'</i>
I4	<i>'My husband has asthma and then I have my son [. . .] he takes medication'</i>
I4	<i>'We are still the same, except for one who is now outside. She's got a job and she's outside working. She still lives here, but now she is outside because there is no work here'</i>
I4	<i>'The community doesn't have a penny [. . .] That's why I do it (fix the roof). He (her husband) brings it from the building site [. . .] What I have done is to make do'</i>
I3	<i>'I've been receiving 660€ [. . .] I've been working, nothing. Now they have set the minimum living income at €900€ '</i>

Table 4. List of relevant verbatims from key informant testimonies.

Id	Relevant Verbatims
KI2	<i>'The household (located) upstairs had an irregular occupancy situation. Then the building department was not allowed in '</i>
KI1	<i>'The electricity company has understood that it is a vulnerable case, according to a social services report. What they have done is a new electricity contract, installing a new meter with a pre-invoice of 50€ '</i>
KI1	<i>'The agreement with the electricity company solved the long-standing illegal connections. Imagine, this house owed 8000€. What we have achieved is that the electricity company, by means of a payment agreement, has been able to install her meter for 160€ and establish a new contract. From the new contract, she is responsible'</i>
KI1	<i>'There are families who use butane canisters to heat their spaces'</i>
KI2	<i>'She asked us for the door (change) there (she points to the place) [. . .] But now it's already a lot of money to put it (the door) there '</i>
KI1	<i>'Yes, there were people who died. We had cases of people who died, we had cases of people who were seriously ill with COVID and then recovered. So yes, we have had all of that. The truth is that we have provided the care that we could, perfectly from home, by teleworking '</i>

Table 4. Cont.

Id	Relevant Verbatims
KI1	<i>'We do a lot of referral work. Just as we say: go to the employment point, because we don't have an employment point. [...] This last one (housing) that we have managed, well, there is a conflict. [...] They stopped paying the Property Owners' Association fees,, but already before the confinement. So, it creates a big debt and a bad atmosphere'</i>
KI1	<i>'That is, they will continue to be on the hook. So, what has been agreed [...] is this type of hook-ups. So that it is not a perpetual connection, a pre-invoice of 50€ is made and a new meter is put in place'</i>
KI1	<i>'We have buildings without (working) lifts [...] because they have been closed. [...] They have been without a lift for months'</i>
KI1	<i>'We make it easier for them to interview these families'</i>
KI2	<i>'They are talking to you (interviewer) because we are here; otherwise, they wouldn't talk. If they don't get something in return, they don't talk about their things. [...] We're going to do it because I love the visibility of the problems that are here'</i>

As can be seen in Table 5, there are other questions related both to the immediate environment and to the dwellings themselves and other observations of the household members, which make it possible to complete, from observation, the analysis with other categories not initially included in the approach of the research itself.

Table 5. Categories and codes for the analysis of observation (notes and photographs).

Category	Code	Code Description
Common areas	Vandalism	Acts of destruction or intentional damage to common areas
	Lack of maintenance-replenishment	Deficiency in care and renovation of common areas
	Individual decisions on collective	Impact of personal decisions on the community
	Insecurity	(Perception of) lack of security in common areas
	Hoarding of belongings	Accumulation of objects in common areas
	Dirt	Lack of cleanliness in common areas
	Infestation	Presence of pests in common areas
	Urbanisation in neglect	Neglect or abandonment of urban infrastructures
	Neighbourhood cooperation	Recycling initiatives and other cooperative activities among neighbours
Individual-common areas	Irregular energy practices	Electricity hook-ups
Dwelling	Dampness	Presence of dampness in the dwelling
	Deteriorated heating and DHW premises	Heating and domestic hot water (DHW) systems in poor condition
Household	Gender perspective	Gender equality considerations in the household
	Low cultural level	Low level of education and culture in the household
	Lack of real or functional co-responsibility	Lack of equal participation in household responsibilities
	Perpetuation of intergenerational irregular/vulnerable situation	Transmission of conditions of vulnerability or irregularity from one generation to another

A total of 68 photographs were taken during the fieldwork. From all of them, 4 collages of the most relevant images by theme were selected. According to the categorisation carried out, the photographs show images of irregular energy practices (Figure 2). A selection of images of common areas outdoors, revealing abandonment of urbanised building surroundings by local governments (Figure 3), and indoors, showing uncivil and vandalism behaviour (Figure 4) and dirtiness (Figure 5) from some neighbours. Finally, a selection of images of the interior of the dwellings highlighted significant maintenance and repair problems, especially regarding heating, structural integrity, and damp problems on ceilings and walls (Figure 6).



Figure 2. Building surroundings. The appearance of the buildings, with good-quality envelope finishing, solar orientation, and design, as well as other residential areas nearby, contrast with the maintenance of the infrastructures by local governments and some uncivil neighbours. Nevertheless, other civic and environment-friendly initiatives are boosted.



Figure 3. Power switchboard of the building located in the common area of the ground floor.

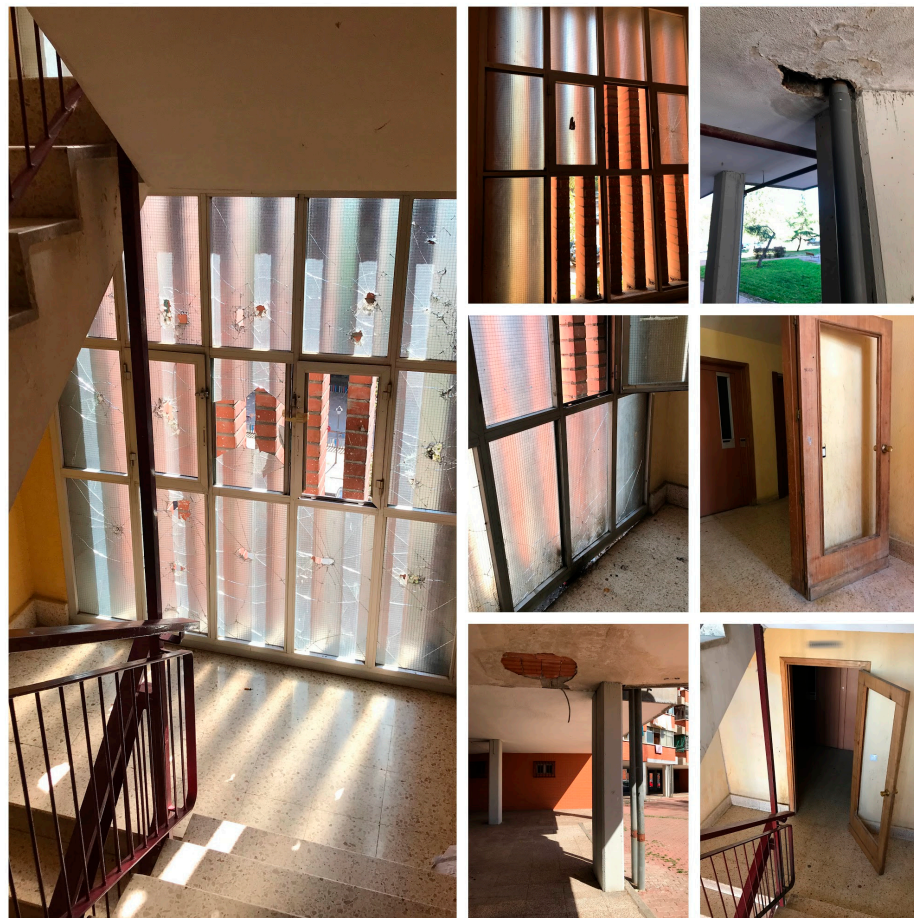


Figure 4. Images of the maintenance of common areas, visibly damaged.



Figure 5. Images of dirt in common areas, also with partial storage or rubbish accumulation.



Figure 6. Images from the interior of the dwellings showing evident signs of dampness on ceilings and walls, as well as irregular and unsafe connections in gas boilers. The presence of heating emitters (radiators) does not result in their use by households due to other factors.

4. Discussion

4.1. Vulnerable Women

Before the pandemic, testimonies (Table 3) revealed the diversity of problems faced by these women in their households, including structural problems such as lack of income or dependence on subsidies. Regarding the analysis according to the categories identified (Table 3), it could be observed, about household composition and economic resources, that the interviewees' testimonies presented a wide variety of family structures, ranging from single-person households to large multigenerational families. Income, generally limited, often came from part-time employment or subsidies. There was a high dependency on these subsidies, which are crucial for the survival of these families. Economic vulnerability has a direct impact on their quality of life and on their ability to meet the expenses necessary for the proper maintenance of their homes. Additionally, since these households have a tenure regime of renting, the key informants (and also the connection with the institution that owns these dwellings) report all the home issues detected by families and interact with the community as representatives of the homeowners.

In terms of perceptions and proposals for home improvements, some respondents were satisfied with their current housing conditions, while others expressed the need for significant improvements. The most frequently requested modifications included enhancing the heating system, structural repairs, and adding additional rooms to accommodate more family members. These statements are relevant, as according to a study in Glasgow, home improvements have a positive effect on the psychological and social well-being of the occupants, influencing their perception of the quality of the dwelling [43]. In fact, by making their own proposals, they feel heard as part of the action to shift.

In relation to well-being and health in the home, thermal comfort emerged as a significant concern during winter, with many households relying on inefficient solutions, such as electric radiators or butane cookers, due to economic constraints or poor infrastructure, such as a lack of natural gas. In a study in Portugal, respondents mentioned that the main obstacle to maintaining a comfortable temperature is the high cost of energy, especially electricity. Since few homes have central heating or air conditioning systems, most people use portable electric heaters. Although purchasing these devices may be affordable, their frequent or prolonged use significantly increases energy consumption [44]. In addition, energy situations in many households are precarious, often relying on temporary or illicit arrangements, highlighting vulnerability and lack of access to safe, stable, and reliable basic services. Residents' health is negatively affected by housing conditions, with cases of chronic diseases such as asthma and problems associated with stress and inadequate infrastructure. According to WHO guidelines on housing and health, poor housing conditions lead to numerous health risks, including respiratory and cardiovascular problems due to the difficulty of heating the home. In addition, insecure housing generates stress [45]. In the context of energy poverty, several studies have shown that this situation relates to poor health and increased mortality [46].

The pandemic exacerbated pre-existing economic problems, affected employment, and further reduced the incomes of already vulnerable households. According to a study by the Joint Research Centre of the European Commission (JRC), COVID-19 blocking measures in different countries mainly affected the most vulnerable and disadvantaged workers in low-productivity services. The pandemic increased unemployment and reduced working hours and labour participation, particularly affecting women, migrants, and workers on self-employment contracts or in temporary, low-education, small business, and low-wage jobs. These groups, predominantly in sectors such as entertainment, hospitality, and tourism, faced greater inequalities and poverty due to the confinements and economic impact of the crisis [47]. As for women, during the pandemic, they were primarily responsible for household chores and childcare [48,49], which further affected their labour productivity [50]. According to interviewees, some residents lost their jobs, while others found new opportunities outside their usual community. Dependence on support such as the minimum living income underlines the continuing economic fragility.

At the macro-policy level, governments and central banks responded to the pandemic and the resulting economic crisis by implementing fiscal and monetary measures on an unprecedented scale [51]. During the COVID-19 outbreak and the subsequent market panic and economic collapse, central banks around the world launched new long-term asset purchase programmes. These programmes proved to be effective in the long run, although country-specific interventions can also generate significant domestic effects [52]. Unlike the 2008 crisis, which was generated by problems in the financial sector, the 2020 crisis, caused by the public health pandemic, led to unconventional monetary policies to mitigate its effects [32]. High-income countries were found to implement more expansionary fiscal policies compared to low-income countries. In addition, a country's credit rating was the main factor influencing its fiscal spending during the COVID-19 pandemic. High-income countries started the crisis with historically low interest rates, so they made smaller interest rate cuts compared to low-income countries and made greater use of unconventional monetary policy tools [51]. In Spain, during the COVID-19 crisis, the government implemented various economic and social measures to mitigate its effects in different macroeconomic policies, such as fiscal measures or microeconomic measures, such as employment protection. Unemployment benefit coverage was extended to workers made redundant during the trial period, and tax bases were adjusted, freeing up EUR 1.1 billion to support SMEs and the self-employed. In addition, VAT was reduced to 0% for health material and 4% for e-books, bringing it into line with the Value Added Tax (VAT) on paper books. The Guarantee Line of the Official Credit Institute (ICO), endowed with EUR 100 billion, was extended to cover promissory notes and strengthen mutual guarantee companies. The Consorcio de Compensación de Seguros was also allowed to act as a reinsurer of credit insurance, and the application of temporary layoffs (ERTE) in key sectors was increased. Other measures included the extension of telecommuting, the renegotiation of commercial rents, and the reduction of notary fees. On the fiscal side, tax instalments were adjusted, and aid was provided for research and sport, as well as specific measures for the port and university sectors. These actions were aimed at protecting employment, supporting economic activity, and facilitating recovery from the health crisis [53].

While various measures were implemented at both the macro- and micro-economic level to mitigate the effects of the COVID-19 crisis, such as monetary policy interest rate improvement and employment protection, it is difficult to determine whether these measures directly benefited the group of women analysed in the case study. Although some policies may have indirect effects, the specific impact on this group is not clearly observable.

Interviews also highlighted infrastructure problems and the lack of adequate maintenance of housing, as well as the need for energy efficiency (avoiding opening windows to ventilate properly), leading to dampness and breakdowns in essential systems such as heating during the winter, especially in extreme weather events such as Filomena [54]. The limited capacity of the community to manage these situations results in temporary solutions that do not address the underlying problems, often leading to tensions between neighbours. According to the theory of rupture frameworks, based on three theoretical fields that address conflict, diversity, and vulnerable neighbourhoods, it is suggested that inadequate infrastructure, such as housing, contributes to vulnerability and social exclusion in disadvantaged communities [55].

Finally, the recruitment of the most vulnerable groups represents a major difficulty. The fatigue of participants, who must repeatedly share their difficulties without perceiving improvements, hampers their participation, even in participatory action interventions. According to Stuber et al., recruitment of low-income people is not easy. Factors such as mistrust, scepticism, and lack of motivation hinder their community participation. As shown in the surrounding photos (Figure 2), the abandonment of local government in the maintenance of outdoor spaces could lead to uncivil behaviour or a wrong perception of the interaction among public institutions, municipality, and other decision-makers and the vulnerable population, even other good practices and initiatives show their interest for a sustainable environment in general terms. Existing networks and key community

members are essential to increasing participation [56]. For this reason, it is crucial to have the collaboration of social workers and educators to facilitate access to these groups. In this study, key informants, through the social workers and educators, made it possible to arrange interviews with the participants and visit the buildings and homes. In addition, their testimonies were valuable. Moreover, the presence of these facilitators conveyed trust with the participants themselves.

4.2. Key Informants

In relation to key informants, social workers and educators are shown to be involved in cases involving families in precarious economic and social situations. Before the pandemic, the testimonies (Table 4) reveal the presence of structural problems such as poverty, unemployment, and inadequate housing conditions. Sururi indicates that social workers are confronted with various problems in households, not only low incomes but also lack of adequate housing facilities and infrastructure, as well as poor conditions affecting health [57].

These families often face bureaucratic and technical barriers to accessing basic services such as electricity and gas, which exacerbates their vulnerability. They also act as intermediaries between vulnerable households and utility companies or public agencies, facilitating access to essential resources. Their work includes negotiating with energy suppliers to install meters and renegotiate debts, such as in cases where families have illegal electricity connections. In addition, they address housing needs by providing appropriate solutions for households. According to Nel, one of the main functions of social workers is to act as intermediaries between families and the necessary service providers [58].

The pandemic has had a direct and severe impact on the health of communities, evidenced by deaths and severe recoveries, partly managed through telework. This shows the efforts to maintain care and support despite physical distance. A study conducted in Barcelona during the COVID-19 crisis highlights the use of virtual tools for communication both among professionals and with families, overcoming communication barriers using technologies that allowed them to continue their social work. This demonstrates the adaptation and resilience of social services to the complex situations of the pandemic [59].

In the housing sphere, economic challenges were exacerbated, with interrupted payments to neighbourhood associations resulting in debts and a bad atmosphere, reflecting tensions affecting social cohesion during the pandemic. This is consistent with the study conducted in Palma de Mallorca, where problems of coexistence were detected in one neighbourhood community, including uncivil behaviour and non-payment of common expenses such as water and community fees. Together with poor building maintenance, these factors trigger conflicts between neighbours, exacerbating the degradation of buildings and negatively affecting coexistence [60]. Furthermore, according to key informants' testimonies, social workers act as facilitators of resources, such as job searching and mediation in the management of cohabitation conflicts, addressing immediate needs and preventing the escalation of problems. In Norway, through a qualification programme, social workers assist low-skilled and unemployed people in finding employment, with the aim of preventing poverty and social exclusion through inclusion in the labour market [61].

Social workers also act as key informants and provide access to researchers who are interested in understanding the living conditions of these communities, thus ensuring that their voices are heard and their situations understood. In addition, they emphasise their personal and professional commitment to making visible the problems these communities face, recognising that publicising these difficulties is a crucial step towards solving structural problems and improving quality of life. In Indonesia, social workers have been key intermediaries in the implementation of a programme aimed at social housing policies, especially in low-income communities, ensuring its effectiveness [57].

4.3. The Built Environment

The state of the housing, despite their general satisfaction (perhaps also partly coerced by the presence of the informants, despite the existing trust), people find pre-existing pathologies and irregularities that place them at a disadvantage from the beginning of the contractual relationship with the landlords (Community of Madrid). This occurs because these dwellings may have been poorly managed in the past (having illegal connections to the electricity grid, which means that they inherit debts of thousands of euros from previous tenants, which they must regularise in order to receive aid, or previous pathologies in the dwelling itself, the repair of which involves setting in motion the machinery of public institutions, in this case, the landlords). On the other hand, this irregularity in access to energy, as well as the malpractice of previous tenants, can greatly condition the thermal comfort situation of households, which, together with the extraordinary costs of regularising the energy connection, can make them very cold in winter, or make inefficient decisions only in times of extreme need. Hence the dependence on climatic conditions (sunshine), acclimatisation (getting warmer), and demands for improvements in comfort (warmer floors) to combat the cold without having to spend on energy. Obviously, there are clear cases of energy poverty, and therefore, the risk of overexposure to this circumstance leads to a worsening of health, as well as a lack of well-being.

The conditions of the immediate urban environment and common areas also have a lot to do with these established interactions and with people's health. Specifically, the discomfort caused by the lack of coexistence with other neighbours, as well as the lack of civic-mindedness, insecurity, dirtiness, and even the lack of sanitation due to the presence of rats and other infestations, would also explain the non-linear and non-unilateral relationship between all these factors and people's health.

5. Conclusions

This study has contributed to knowledge about the interactions between the core household and its socio-economic circumstances, the physical domestic space that constitutes the home and access to the resources necessary for life (specifically energy), the immediate urban environment, and the situation of health and well-being within which they live.

Based on the analysis of the testimonies of families in a vulnerable neighbourhood in Madrid, as well as observation by the researchers and the support of key informants, the complexity of the relationships between the physical environment, the socio-economic environment, the urban-social environment, and the health circumstances faced by individuals is revealed. Not only are cause-effect relationships not established between these so-called "determinants of social inequality" and health, but these relationships can be looped, aggravated, or even perpetuated to the point of being maintained for generations to come.

The most vulnerable groups, facing economic constraints and relying heavily on social assistance and benefits, are in an extreme situation. This situation is further aggravated during crises such as COVID-19.

Reliance on electric radiators or butane cookers to combat the cold due to economic constraints or poor housing infrastructure highlights energy precariousness and its impact on the health of household members.

Conducting studies on vulnerable populations is becoming increasingly difficult, as they require interventions that go beyond simply making their problems visible. It is crucial to have the collaboration of key informants to facilitate access to these groups.

Social workers have a crucial role to play in improving the living conditions of those affected, facilitating access to essential services, and improving the security and stability of housing. Social policies need to be promoted and professionals need to be provided with resources to enable more effective intervention and to extend their actions to more vulnerable groups.

Author Contributions: All credits are equally attributed to both authors M.Á.N.-M. and T.C.-V. All authors have read and agreed to the published version of the manuscript.

Funding: The authors acknowledge funding from the Spanish Ministry of the Economy's National Programme for R&D + I Geared to Societal Challenges under the project BIA2017-83231-C2-1-R 'Nueva herramienta integrada de evaluación para áreas urbanas vulnerables. Hacia la autosuficiencia energética y a favor de un modelo de habitabilidad biosaludable. Habita_RES-(2018–2021)'. Additionally, two more research projects funded by the Spanish National Research Council allowed this joint research, providing the synergies and the analytical context: LINGGLOBAL Call 2022, within the project entitled *Ibero-American housing in the face of post-COVID challenges and adaptation to Global Change, from habitability: architectural and technical proposals for equitable and healthy habitats* (ref. INGL20023), and I-COOP Call 2023, within the project entitled *Energy Vulnerability in Ibero-American homes, in the context of Climate Change. Detection, capacity building, and alleviation among university students* (ref. COOPB23032).

Informed Consent Statement: Informed consent was obtained from all subjects involved in the study.

Data Availability Statement: The data are not publicly available due to ethical reasons.

Acknowledgments: The authors would like to express their gratitude to the neighbors implied for their participation, in addition to the collaboration of the participating entities and their representatives, the social workers and educators. Without their involvement, this study would not have been possible.

Conflicts of Interest: The researchers declare that they have no conflicts of interest that would compromise the independence of this research work. The views expressed by the authors do not necessarily coincide with those of the institutions to which they are affiliated.

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