Groups of vulnerable older people who find it hard to keep warm.

Findings from KWILLT

WHAT IS THE PROBLEM?
Living in a cold home can be bad for your health especially for those who are in later life. Health problems associated with cold homes include heart disease, respiratory problems and mental health issues. Fuel poverty\(^1\) is an increasing problem for older people in the UK. Being fuel poor has implications for health and wellbeing and leads to repeated stays in hospital for those suffering from cardio vascular, respiratory and other conditions. Being fuel poor and living in cold homes can also lead to excess winter deaths. Rotherham in South Yorkshire is an area with high levels of fuel poverty.

Fuel Poverty Statistics 2011 Department of Energy and Climate Change

The total number of householders living in fuel poverty in Rotherham has increased from 11.9% in 2006 to 17.4% in 2010 (n=34660). (NEA 2011)

BACKGROUND - THE KWILLT PROJECT
Keeping Warm In Later Life ProjecT (KWILLT) was commissioned by the National Institute for Health Research (NIHR) under its Research for Patient Benefit Programme. The research was conducted in Rotherham.

KWILLT aimed to:
- Examine the knowledge, beliefs and values of older people regarding keeping warm at home
- Identify the barriers older people experience that prevent them accessing help in keeping warm.

GROUPS WHO EXPERIENCE COLD AND WHO ARE ‘AT RISK’
We have identified six groups of vulnerable older people who are at risk of being cold for different reasons. Each group represents a ‘segment’ of older people in society and contains people who share a combination of factors which influence them in keeping warm. For each group we have developed a pen portrait. The six pen portraits are not real people but are case studies which summarise and illustrate the experience and situations of older people at risk of being cold. Across the board we have found that all these groups are poorly informed about some aspect of keeping warm.

THE KWILLT SEGMENTATION MODEL

<table>
<thead>
<tr>
<th>Segmentation group</th>
<th>Pen Portrait Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Isolated and not wanting to cause a bother</td>
<td>Pat</td>
<td>Low income household and fuel poor, over 55, socially isolated and frightened, lacks information and understanding about keeping warm, private rented housing, long term mental health problems (depressions/anxiety)</td>
</tr>
<tr>
<td>Getting by cautiously</td>
<td>Ben and Joan</td>
<td>Low income household and fuel poor, over 65, some social connections but not well informed about keeping warm, privately owned house, one partner has chronic health problems</td>
</tr>
<tr>
<td>Dependent and poorly informed</td>
<td>Meena</td>
<td>Low income household and fuel poor, over 55, limited social connections, poorly informed about keeping warm, privately owned housing, poor health and mobility and very dependent on close family.</td>
</tr>
<tr>
<td>Just about managing</td>
<td>Enid</td>
<td>Can pay for home heating but values thrift, over 70, some social connections but is private and trusts few people so is poorly informed about keeping warm, social housing, physical health problems and sensory impairment</td>
</tr>
<tr>
<td>Lonely and out of touch</td>
<td>Pearle</td>
<td>Financially secure but lives in a cold home, over 70, widowed, and socially isolated, poorly informed about keeping warm, privately owned house, physically well but bereaved</td>
</tr>
<tr>
<td>Proud and wants to be self-sufficient</td>
<td>Fred</td>
<td>Low income but not fuel poor, over 70, regular but superficial social connections, poorly informed but values stoicism and hardiness and thinks he doesn’t need any help, social housing, good health, minor ailments.</td>
</tr>
</tbody>
</table>

\(^1\) A household is said to be in fuel poverty if it spends more than 10% of its income to achieve temperatures needed to maintain health and comfort. For older people this is between 18 and 24 degrees centigrade
The segments are informed by a number of factors.

These are:
- **Situation or context factors** personal and environmental characteristics
- **Attitudinal factors** including values and beliefs that interact with contextual factors in order to influence older people’s keeping warm behaviour
- **Barriers** that prevent older people keeping warm and make them vulnerable to the negative impacts of fuel poverty and a cold home.

### PURPOSE OF THE PEN PORTRAITS

The pen portraits illustrate these segments and provide information to help plan and provide services for older people.

They describe and help to understand the lives of older people at risk. The pen portraits help to:

- Find people who are at risk
- Recognise people at risk
- Understand the complex reasons why older people are cold and the contextual attitude and behaviour that contribute to this
- Support the design and delivery of acceptable and accessible services
- Identify strategies to overcome barriers
- Promote strategies to support self management to keep warm.

The pen portraits can be used by relevant organisations and staff to help them consider and plan their response to the Department of Health cold weather plan (Department of Health 2011)

The six pen portraits show how the factors and barriers identified may influence those in each of the groups in the segmentation model. The six are listed below:

<table>
<thead>
<tr>
<th>Segment</th>
<th>Pen Portrait</th>
</tr>
</thead>
<tbody>
<tr>
<td>Isolated and not wanting to cause bother</td>
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</tr>
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### References


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To explore all six pen portraits and access other information about the KWILLT project please access the project website at: www.kwillt.org or contact:

**Sheffield Hallam University**  
**Energy Action**  
**Rotherham**

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This study was conducted in Rotherham, but the pen portraits can be used in other areas in order to identify old people who are at risk of being cold at home. To identify where people like Pat live at postcode level, social marketing programmes such as Acorn and Mosaic can be used alongside the KWILLT segmentation model.

What are the best ways to identify and help older people living in a cold home?

Across all six pen portraits it is necessary to consider the following interventions:

- Consistent messages addressing and correcting beliefs e.g. the negative health impact of a cold home
- Provide information that promotes action for older people and families, e.g. a helpline and people checking on older neighbours
- Targeted affordable warmth information to older people at key points in their life e.g. retirement, onset of new chronic/long term condition, bereavement
- Room thermometers provided at routine contact with health, social care and financial inclusion professionals e.g. flu jab, pensions advisors or home visit from a community matron
- Policy development including: Affordable Warmth Strategy linked to the Health and Wellbeing Boards to achieve delivery of the Cold Weather Plan, Public Health Outcomes Framework and other local strategies e.g. Joint Strategic Needs Assessment and Financial Inclusion. An Affordable Warmth Strategy Group will achieve the partnership required to deliver this
- Develop pathways of care across organisations and settings (e.g. communities, hospitals, primary care, social care, voluntary sector) with data sharing in order to identify those at risk, assess and refer to responsive interventions. Pathways should include feedback mechanisms to referers. E.g. a one-stop shop and energy champions.
- Boundary spanning roles that operate at a strategic and frontline level. Examples include affordable warmth officers and volunteer energy champions
- Social prescribing schemes for example where a GP or practice nurse would refer a patient for energy efficiency advice
- Accessible education delivered to all appropriate staff and embedded within existing training e.g. pre registration nurse training, Making Every Contact Count, Local Authority and voluntary sector inductions

What are the best ways to identify and help people like Pat?

In order to address the problems and barriers experienced by vulnerable, socially isolated older people it is necessary to develop ways of identifying those who are at risk and how to help them.

Specific ideas of how to help people like Pat are in the table below.

<table>
<thead>
<tr>
<th>Solution required</th>
<th>How can we reach</th>
<th>Where</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensing, accreditation scheme with regular/annual and / or new tenant check that includes information needs and understanding of heating and environmental health</td>
<td>Environmental health, housing officers, local authorities</td>
<td>Home</td>
</tr>
<tr>
<td>Assessment and responsive referral pathway for affordable warmth integrated with other routine assessment</td>
<td>GPs, Pharmacies, Practice Nurses</td>
<td>Hospital, GP surgery and home</td>
</tr>
<tr>
<td>Provision of current and regular information and support regarding pre-payment meters staring with the uptake of the tenancy e.g. social tariff access, debt counselling, regular billing</td>
<td>Energy champions, local shops, post offices, libraries, energy companies, pharmacies, health services, routine health checks.</td>
<td>NHS, Community settings, home, local media</td>
</tr>
</tbody>
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This pen portrait is about Pat who illustrates people who are vulnerable because they are “isolated and not wanting to cause any bother”. Pat, and others like her, are fuel poor. As such, they struggle to afford to keep their home warm and as a result they are cold.

“I seem to be falling a little bit backwards in every direction with all sorts of things… that worries me…... “I have a big problem with this exterior wall which is a complete mess. The damp’s coming through, you cannot decorate it because it just furrs up and everything”.

People like Pat are likely to have a low income, may be under 70 years of age, have poor social connections, live in privately rented accommodation, and be in poor health.

Factors that drive their decisions and behaviour regarding keeping warm include:

• Thift
• Poverty and fear of debt
• The need for privacy and keeping face
• Fear about approaching the landlord in case this increases the rent
• Mistrust in organisations and services because of past experience
• Pride, she doesn’t want to be seen as needy.

ABOUT PAT
Pat is a 59 year old divorced woman. She lives on her own in a privately rented flat. She has been on her own many years since her divorce. She is a smoker and has the onset of chronic health problems including angina. She also has long term mental health problems and has had increasing problems with anxiety and depression. Her daughter lives a five hour drive from her, while her had increasing problems with anxiety and depression. She also has long term mental health problems and has the onset of chronic health problems including angina. Many years since her divorce. She is a smoker and has the onset of chronic health problems including angina.

Her daughter just talks about her own problems and stresses with the children.

Due to her health problems, Pat has become increasingly socially isolated and gets anxious when she is far from her house.

The only people Pat socialises with are the owners of a corner shop on her street and the man in the post office where she pays her bills. Her neighbour who was a close friend for the past 15 years has recently moved to a care home.

Pat does not have regular contact with her family or the health services, although she does have check ups with the doctor when she has to because of her angina. She has a lived on benefits for most of her life and had been in debt in the past. As a result she is unable to obtain credit cards and she mistrusts banks. Pat uses pre-payment meters to pay for her fuel and prefers this method because she can see how much money she is spending. Although she knows she is paying more for her fuel, she feels that this will stop her getting into debt again. Pat lives a very frugal life and has little spare money once she has paid her rent, food and fuel. She does sometimes choose food over fuel. Her only luxury is her cigarettes.

PAT’S HOME
Her privately rented flat is a converted residential house. It is a non-traditional, double brick skin with no cavity insulation. The windows are in a poor state of repair and the flat is heated by storage heaters on an Economy Seven scheme, supplemented by a gas fire in the living room. Not all of the storage heaters work. There is a broken storage heater in the hallway that has been there a year waiting for the landlord to repair it.

Pat finds it difficult to heat her home and relies heavily on the gas fire and extra layers of clothes. She spends most of her time in the living room. Pat pays her rent but only sees her landlord once a year and he is not easy to contact. Pat is frightened to approach the landlord about the poor heating and problems with the building in case he increases the rent. She would not be able to afford any higher rent and the thought of having to be re-housed scares her. Although cold, Pat is proud and doesn’t want to appear as needy. Her bedroom temperature is a maximum of 17°C.

A DAY IN THE LIFE OF PAT
Pat wakes up everyday in a cold room. As soon as she wakes she feels stressed. She is worried about the high fuel bills, fearful of the unknown and anxious about her health. She is continually worried about making ends meet.

“I get, what is it, £61 a week, and out of that I have to put so much towards the rent, pay for heating, you know, gas, electric, my water rates”.

She gets up and goes to the bathroom quickly. The bathroom is freezing as there is no heating in there. Pat makes a cup of tea and goes into the living room where she watches breakfast TV and has a cigarette to calm down. She thinks about whether she can face going out today. Pat’s past experience of debt has made her apprehensive of trying to access services. She mistrusts organisations and information from health and social services:

“...I still prefer to do it my own way I’m sorry…they contradict themselves (health service)...you can’t get help from anywhere. I’m not saying that there should be a general fund, but there should be something that can help, somewhere to go for advice.”

Pat is aware of the poor state of her home but appears helpless and unable to do anything to change things.

“it is a very badly insulated house - I’m aware of that”.

Pats wishes her landlord was easier to contact and speak to. She is frightened to mention anything to him in case he is cross and also because he may use it as a reason to put the rent up. Even though the flat is cold, it feels familiar and she would find changing home very stressful.

“...they can’t always get the landlord to repair whatever’s broken, or fix something, or draughty windows or anything else, as quickly as they might like. So they do suffer”.

(Staff participant of KWILT)

After breakfast, at about 10am, Pat goes to the corner shop to get some basic food items. She avoids going to the supermarket and prefers the small local shops. She passes the time of day with the owner before going to pick up a repeat prescription from the GP.

“old people living in their own accommodation or private rented housing…. You’ve still got housing that’s not been upgraded because people haven’t got the money”.

(Staff participant of KWILT)

She takes this to the local chemist shop to be made up and strolls home about 11 30. She has a cup of tea and another cigarette and watches daytime TV. Apart from going to the kitchen to get her lunch and tea she stays in the living room next to the fire most of the rest of the day. Later in the afternoon she phones her daughter for a quick chat. Her daughter just talks about her own

Pat doesn’t know the recommended bedroom or living room temperatures required to stay healthy. She has no information about how to get the best fuel tariffs or any available schemes to improve her property.

The TV is on throughout the day. Pat likes to leave the TV on while sleeping because it distracts her from her worries. She reads free local newspapers but never pays for a paper. Most of her information is gathered from TV programmes. She does not use the internet.

The graph below demonstrates the variation in temperatures Pat would have in her bedroom and living room during a typical week.

All quotes from Older person participant in KWILT

KWILT - Keeping warm in later life project Pen Portraits

\[\text{Recommended temperature (Max)}\]

KWILT - Keeping warm in later life project Pen Portraits

\[\text{Bedroom temperature} \]

KWILT - Keeping warm in later life project Pen Portraits

\[\text{Other room temperature} \]

KWILT - Keeping warm in later life project Pen Portraits

\[\text{Sheffield temperature} \]

KWILT - Keeping warm in later life project Pen Portraits

\[\text{Temperature 0C} \]

KWILT - Keeping warm in later life project Pen Portraits

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This study was conducted in Rotherham, but the pen portraits can be used in other areas in order to identify old people who are at risk of being cold at home. To identify where people like Ben and Joan live at postcode level, social marketing programmes such as Acorn and Mosaic can be used alongside the KWILLT segmentation model.

What are the best ways to identify and help older people living in a cold home?

Across all six pen portraits it is necessary to consider the following interventions:

- Consistent messages addressing and correcting beliefs e.g. the negative health impact of a cold home
- Provide information that promotes action for older people and families, e.g. a helpline and people checking on older neighbours
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- Policy development including: Affordable Warmth Strategy linked to the Health and Wellbeing Boards to achieve delivery of the Cold Weather Plan, Public Health Outcomes Framework and other local strategies e.g. Joint Strategic Needs Assessment and Financial Inclusion. An Affordable Warmth Strategy Group will achieve the partnership required to deliver this

- Develop pathways of care across organisations and settings (e.g. communities, hospitals, primary care, social care, voluntary sector) with data sharing in order to identify those at risk, assess and refer to responsive interventions. Pathways should include feedback mechanisms to referrers. E.g. a one-stop shop and energy champions.
- Boundary spanning roles that operate at a strategic and frontline level. Examples include affordable warmth officers and volunteer energy champions
- Social prescribing schemes for example where a GP or practice nurse would refer a patient for energy efficiency advice
- Accessible education delivered to all appropriate staff and embedded within existing training e.g. pre registration nurse training, Making Every Contact Count, Local Authority and voluntary sector inductions

What are the best ways to identify and help people like Ben and Joan?

In order to address the problems and barriers experienced by vulnerable, socially isolated older people it is necessary to develop ways of identifying those who are at risk and how to help them.

Specific ideas of how to help people like Ben and Joan are in the table below:

<table>
<thead>
<tr>
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<th>How can we reach</th>
<th>Where</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consistent information and messages delivered over time to dispel myths</td>
<td>Energy champions, local shops, post offices, community groups, libraries, energy companies, pharmacies, health services, routine health checks</td>
<td>NHS, community settings, home, local media</td>
</tr>
<tr>
<td>Raising awareness of family (children and grandchildren) and friends/ peer groups</td>
<td>Information in media, community settings, schools, shops</td>
<td>NHS and community settings, media</td>
</tr>
<tr>
<td>Social prescribing e.g. providing affordable warmth advice, Hotspots referral linked to energy champions/coaches</td>
<td>GPs and NHS professionals</td>
<td>NHS settings</td>
</tr>
<tr>
<td>Provision of targeted information on affordable warmth at key life triggers e.g. retirement, onset of long term condition</td>
<td>Employers, pensions, post offices, NHS</td>
<td>Employer, pensions, post offices, NHS</td>
</tr>
<tr>
<td>Creating messages providing positive spin on advantages of affordable warmth: 1. Healthy aging 2. Independence 3. Money</td>
<td>Media, local venues</td>
<td>Communities</td>
</tr>
</tbody>
</table>

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ABOUT BEN AND JOAN'S HOME
Ben and Joan bought their three bed roomed house from the Council in a right-to-buy scheme in the 1980s. The house is fairly big for the two of them and the couple struggle financially to heat the home and to afford repairs on the structure of the property. Because it is an old house built in 1950’s, it takes a while to heat the house.

The central heating is old and inefficient. The boiler is partially broken and the heating system has not been serviced for the past three years since the man who used to service it retired. They use an electric heater to supplement the heating in the living room. Their children are unaware that the system hasn’t been serviced and doesn’t work efficiently. Ben and Joan make sure the house is warm for when they visit.

The windows and doors are starting to deteriorate and there are draughts getting in. The back door into the kitchen is the main access to the house. On many occasions, they use the oven to quickly warm their legs and hands after coming in from the house from outside.

From what they have heard on radio and TV, they do not trust the energy companies. The one time they tried to change energy suppliers they felt let down and didn’t want to try any less for fuel.

“Making ends meet, struggling to keep warm at home, so cold".

A DAY IN THE LIFE OF BEN AND JOAN
Ben and Joan wake up in a cold bedroom and a cold house. The day starts at seven when they get up and make a cup of tea which they drink whilst making breakfast. They use the cooker to heat the kitchen whilst they make breakfast.

They sit in the living room to eat their breakfast with the electric heater on. They are meeting their friends for lunch so they think it’s not worth putting the central heating system on, as it doesn’t work properly they believe that it will take a while to work and it doesn’t seem as responsive and warming as the electric fire.

“I can put that heater on and that’s plenty for me in the daytime, I don’t want anything else, and therefore it can’t be as expensive as heating the whole house”.  

Their daughter picks them up at midday and takes them out for a drive and to her house for lunch. Ben and Joan like the social outing but like to go out most days so they don’t have to heat the house all day.

They come back to the house around four in the afternoon, warm their feet and hands with the oven on as they prepare tea and wait for the central heating to kick in. They settle in front of the TV for the rest of the evening. Joan reads local newspapers and gets a Sunday paper. They also listen to the radio and TV news.

“Getting by cautiously is very hard and it doesn’t seem as responsive and warming as the electric fire. I don’t want any hassle. I don’t think I would change (energy supplier), no. I wouldn’t like the hassle, no, because nothing’s straightforward”.

“Theirbad experiences have been reinforced by friends who swap stories but they don’t really know where to go for information on how to access social tariffs. Because they mistrust the energy companies they are reluctant to believe information and interventions coming from them.

“They need to have somebody out there explaining more and more, particularly at older people, what benefits are of having insulation, how much it’s going to cost, what help they can give you. The only help I ever get is people ringing me with unsolicited phone calls saying do you know about the grants that you can have? I don’t want that because that’s just somebody trying to sell me something. You know, I find it very confusing actually”.

Ben and Joan are thrifty, proud and fear being in debt. They want to be in control of their life but would be reluctant to ask for help. They will cut down on other things to afford fuel.

“I keep tabs on all my bills and all my doings. You’ve got to have a programme, you know what I mean. You’ve got to be a budget, know what’s coming on… I’ve managed to pay my bills, but I do have really expensive bills”.  

As a group, Ben and Joan and their friends do not really understand how to get the best tariff for their fuel.

“One of my other friends found what she thought was marvellous but it was an offer and she couldn’t get it through her brain that it was an offer, and although they didn’t say it was an offer, next year it came a lot dearer”.

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Their experience has been reinforced by friends who swap stories but they don’t really know where to go for information on how to access social tariffs. Because they mistrust the energy companies they are reluctant to believe information and interventions coming from them.

“They need to have somebody out there explaining more and more, particularly at older people, what benefits are of having insulation, how much it’s going to cost, what help they can give you. The only help I ever get is people ringing me with unsolicited phone calls saying do you know about the grants that you can have? I don’t want that because that’s just somebody trying to sell me something. You know, I find it very confusing actually”.

Ben and Joan are thrifty, proud and fear being in debt. They want to be in control of their life but would be reluctant to ask for help. They will cut down on other things to afford fuel.

“I keep tabs on all my bills and all my doings. You’ve got to have a programme, you know what I mean. You’ve got to be a budget, know what’s coming on… I’ve managed to pay my bills, but I do have really expensive bills”.  

As a group, Ben and Joan and their friends do not really understand how to get the best tariff for their fuel.

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What are the best ways to identify and help older people living in a cold home?

Across all six pen portraits it is necessary to consider the following interventions:

- Consistent messages addressing and correcting beliefs e.g. the negative health impact of a cold home.
- Provide information that promotes action for older people and families, e.g. a helpline and people checking on older neighbours.
- Targeted affordable warmth information to older people at key points in their life e.g. retirement, onset of new chronic/long term condition, bereavement.
- Room thermometers provided at routine contact with health, social care and financial inclusion professionals e.g. flu jab, pensions advisors or home visit from a community matron.
- Policy development including: Affordable Warmth Strategy linked to the Health and Wellbeing Boards to achieve delivery of the Cold Weather Plan, Public Health Outcomes Framework and other local strategies e.g. Joint Strategic Needs Assessment and Financial Inclusion.

Solution required How can we reach Where

| Assessment and responsive referral pathway for affordable warmth integrated with other routine assessment |
| Hospital Admission/Discharge, District Nurse, GP, community OT, pharmacy, affordable warmth boundary spanners |
| Hospital, surgery and home |

| Pathway underpinned by data sharing e.g. assessment tools, checklists (hospital discharge/flu jobs), discharge letter, referral systems, carer information, helpline |
| Health and social care, energy champions, boundary spanning roles |
| Health and social care settings |

| Financial incentives / locally enhanced service agreement/payment for key services |
| GPs, pharmacies (medication review) |
| Health services, community pharmacies |

| Raising awareness of family (son) |
| Faith groups and leaders and community/voluntary sector groups, energy champions embedded in communities |
| Community settings |

This study was conducted in Rotherham, but the pen portraits can be used in other areas in order to identify old people who are at risk of being cold at home. To identify where people like Meena live at postcode level, social marketing programmes such as Acorn and Mosaic can be used alongside the KWILLT segmentation model.

What are the best ways to identify and help people like Meena?

In order to address the problems and barriers experienced by vulnerable, socially isolated older people it is necessary to develop ways of identifying those who are at risk and how to help them.

Specific ideas of how to help people like Meena are in the table below.

An Affordable Warmth Strategy Group will achieve the partnership required to deliver this.

- Develop pathways of care across organisations and settings (e.g. communities, hospitals, primary care, social care, voluntary sector) with data sharing in order to identify those at risk, assess and refer to responsive interventions. Pathways should include feedback mechanisms to referrers. E.g. a one-stop shop and energy champions.
- Boundary spanning roles that operate at a strategic and frontline level. Examples include affordable warmth officers and volunteer energy champions.
- Social prescribing schemes for example where a GP or practice nurse would refer a patient for energy efficiency advice.
- Accessible education delivered to all appropriate staff and embedded within existing training e.g. pre registration nurse training, Making Every Contact Count, Local Authority and voluntary sector inductions.
but only to play computer games. Due to Meena’s long
outside of the local community apart from Meena’s GP.
son. As a family they tend not to trust any information from
work. Bills are paid by cash at the post office by Meena’s
work. In addition they do not understand how tariffs
knowledge of how central heating controls in their home
dependent on him. Neither Meena or her son have any

ABOUT MEENA
Meena is a 70 year old immobile widow. She solely
relies on her 53 year old son to care for her. She has
few social connections and she hardly has any friends
outside the family.

Factors that drive their decisions and behaviour
regarding keeping warm include:

- Pride
- Values privacy and is reluctant to ask for help
outside the family
- Trusted information from her son
- Dependency upon actions of others
- Only able to set short term goals due to health
- Likes routine
- Sticks with what is familiar and struggles with change.

MEENA’S HOME
As you approach Meena’s large terraced house it is clear
that the doors and windows are old and it has a partially
broken door lock. The main door to the house has a big
gap underneath that water seeps through. On a busy
street with numerous shops and cars parked nearby, the
majority of the houses appear to be in this state.

The house was built in early 1930’s. As it is a large house
some of the rooms are closed off and not used. The
house is damp and cold with patches of moulds on the
windows and doors. The kitchen is next to the lounge.
The boiler is located above the kitchen shelves, which
means you would need a ladder to reach the controls in
order to change the settings.

A DAY IN THE LIFE OF MEENA
Meena wakes in a cold bedroom, in a cold house. Close
to Meena’s bedroom, there is a toilet/shower
which Meena uses. She is able to walk to the bathroom
without help but needs support to walk any further. At
9am her son helps her get out of bed after which she
sits in her chair by the bed. The temperature outside is
very cold and there seems to be no difference between
outside and inside temperatures.

Meena feels the cold and relies heavily on an electric
heater to heat her bedroom which she leaves on when
she is awake. The bedroom can reach temperatures as
high as 30°C. Meena sits on her chair wrapped in heavy
layers of clothes, a hot water bottle resting between her
feet. Nodding her head, she notes:

"...but as I say it’s mostly my feet. My
feet are cold now and I have got
socks on...I don’t know whether it is
something to do with circulation....
sometimes I feel cold
and I don’t know why...
"

There are bottles of medications prescribed from her
GP, water, juice and some fruits within Meena’s reach.

Because Meena is dependent on her son, he ensures that
he prepares everything and leaves it ready whenever he’s
at work.

Meena recently had a fall on the way to the bathroom.
This has made her feel more frightened and under
confident about moving around. She is constantly feeling
cold and her body is always in pain.

With a frail smile, she pauses, slowly turning her hand
and points at the electric heater...

"...not double glazed, they’re
ordinary windows. The frames are
gone and a draught comes through
the windows."

Due to her immobility, Meena spends most of her day
in her bedroom with the exception of days when she
has appointment with her GP. Most of the day is spent
thinking about the past. At some points during the day
she talks to family on the phone but otherwise just sits
and stares through the window. Meena goes to bed at
6pm after her son has got in from work. He prepares her
some food and then helps her get into bed.

...double glazing. The frames are
...but in the sitting room
where the telly is, that room is
very, very cold. I mean they do
put the heating on but still that
room is very cold.

But, (looking at the window in her bedroom) she sighs
with helplessness...

All quotes from Older person participant in KWILLT

KWILLT – Keeping warm in later life project Pen Portraits

A household is said to be in fuel poverty if it spends more than 10% of its
income to achieve temperatures needed to maintain health and comfort. For
older people this is between 18 and 24 degrees centigrade.

The graph below demonstrates the variation in temperatures
Meena would have in her bedroom and living room during a
typical week.
This study was conducted in Rotherham, but the pen portraits can be used in other areas in order to identify old people who are at risk of being cold at home. To identify where people like Enid live at postcode level, social marketing programmes such as Acorn and Mosaic can be used alongside the KWILLT segmentation model.

**What are the best ways to identify and help older people living in a cold home?**

Across all six pen portraits it is necessary to consider the following interventions:

- **Consistent messages addressing and correcting beliefs** e.g. the negative health impact of a cold home
- **Provide information that promotes action for older people and families**, e.g. a helpline and people checking on older neighbours
- **Targeted affordable warmth information to older people** at key points in their life e.g. retirement, onset of new chronic/long term condition, bereavement
- **Room thermometers provided at routine contact with health, social care and financial inclusion professionals** e.g. flu jab, pensions advisors or home visit from a community matron
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<table>
<thead>
<tr>
<th>Solution required</th>
<th>How can we reach</th>
<th>Where</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consistent and accessible information</td>
<td>Wanters, health and social care staff - Affordable warmth – boundary spanning</td>
<td>In own home</td>
</tr>
<tr>
<td>Reassurance that she isn’t a bother</td>
<td>Older peoples energy champions/coaching</td>
<td>In own home</td>
</tr>
<tr>
<td>Time to understand and build trust in person offering help</td>
<td>TARAs Community organisations e.g. Age UK</td>
<td>Community venues</td>
</tr>
<tr>
<td>Easy to use heating technology – visual diagram of controls</td>
<td>Product design</td>
<td>Industry</td>
</tr>
<tr>
<td>Raising awareness of family (children and grandchildren)</td>
<td>Schools</td>
<td>Educating in schools about the culture of responsibility</td>
</tr>
<tr>
<td>Assessment from wider health/service providers</td>
<td>Pharmacists, opticians,</td>
<td>Pharmacies, opticians</td>
</tr>
<tr>
<td>Annual and / or new tenant check focused in information needs and understanding of</td>
<td>Housing officer</td>
<td>Home</td>
</tr>
</tbody>
</table>

An Affordable Warmth Strategy Group will achieve the partnership required to deliver this

- Develop pathways of care across organisations and settings (e.g. communities, hospitals, primary care, social care, voluntary sector) with data sharing in order to identify those at risk, assess and refer to responsive interventions. Pathways should include feedback mechanisms to referrers. E.g. a one-stop shop and energy champions.
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**What are the best ways to identify and help people like Enid?**

In order to address the problems and barriers experienced by vulnerable, socially isolated older people it is necessary to develop ways of identifying those who are at risk and how to help them.

Specific ideas of how to help people like Enid are in the table below.
This pen portrait is about Enid who illustrates people who are vulnerable because they are “just about managing”.  

People like Enid do have sufficient money that could be used to pay for home heating, energy efficiency and affordable warmth. They do not necessarily fit the definition of being in fuel poverty but they still live in a cold home. People like Enid may be over 70 years of age, have some social connections, live in social housing, and are in poor health.

Factors that drive their decisions and behaviour regarding keeping warm include:

- Pride
- Privacy
- Thrift
- Not wanting to be a bother.

“*I’m not a very wealthy woman; I’ve just got a bit of pension and one thing and another and I can cope.*”

ABOUT ENID

Enid is an 86 year old woman. Until recently, Enid’s health has been stable but she is now undergoing investigations for a new health problem (abdominal pain). Her sight is mildly impaired and she has poor manual dexterity and feels a bit stiff from mild arthritis. Enid lives in older people’s accommodation.

The property is fuel efficient but she struggles to use the systems in a fuel efficient way, and doesn’t understand how to use the timers or controls. Technology generally confuses Enid and makes her anxious. As her sight and dexterity problems worsen her ability to control her heating in order to keep her house warm also deteriorates.

Enid is a private person and was so even when her husband was alive. Enid and her husband lived on a pension which was small. Bring the knobs onto the front, big clear knobs with big clear symbols.”

In the past Enid has had local youths knocking on the door and being disruptive. She feels her personal safety is threatened and is reluctant to open the door to strangers. Her poor eyesight makes her feel more vulnerable so Enid doesn’t like people calling at her door with out warning.

ENID’S HOME

Enid’s house is on a warden controlled council estate of older people’s accommodation. At the back of her garden is a path leading to a small play area with some broken swings and a slide. Enid has a buzzer on the front door and a key code safe for volunteers to access a spare key in case she ever needs help in an emergency. The bungalow is made of brick and was built in the early 1970s. It was double glazed, cavity filled and its loft was insulated a few years ago as part of the decent homes programme.

There is evidence of Enid’s family all over the house, such as drawings by grandchildren and pictures of family get-togethers. A calendar on the wall in the kitchen lists all the dates and times when Enid will go to the appointments at the hospital, church luncheon clubs and when volunteers will visit. Enid uses a frame with a tea trolley to get around the house and the bathroom has a walk-in shower to help with her mobility problems. The central heating system is in the kitchen at the back of the pantry and the controller is behind a panel on the wall just inside the pantry door. The pantry is quite dark even with the light on which makes it more difficult for Enid to see the controls.

Enid’s living room is small and she has lots of furniture in there sometimes making it difficult to move around with her trolley. Her chair is directly in front of the fire where she can benefit from the most heat. The controls for the electric fire are at the bottom and are quite stiff to turn.

A DAY IN THE LIFE OF ENID

Enid wakes up at 8am, the heating has already gone off from the morning as she’s still not managed to set up the timers correctly or work the controls.

“I just don’t know why controls have to be hidden behind a control panel that is fiddly and awkward to access, then it’s shaded by everything so it’s difficult to see, the numbers are small, the knobs are small. Bring the knobs onto the front, big clear knobs with big clear symbols.”

Enid spends 10-15 minutes struggling to turn on the boiler because of the difficulty she has using the controls. She also struggles turning on the electric fire and it’s not until she can feel the heat from the fire that she knows it’s on properly as her poor eyesight makes it difficult to see when it’s starting to warm up.

“It’s having the ability to operate the controls, knowing how to operate the controls.”

Sometimes she just leaves it on a low heat all the time because she finds it so hard to turn the heating on and off.

“I’ve got a little gas fire that’s built in, that’s all, I’m warm enough. I leave this [the gas fire] on. I leave this on all night only on a glimmer because sometimes I can’t bend down to switch it on so I leave it on that little thing. Yes, leave the pilot light on and then I just have to flick it*.

Once the gas fire is turned up Enid likes to sit near and see the direct heat. It reminds her of the coal fires she used in her younger years. She finds it difficult to judge how much she is spending on fuel and worries about this. In the past it seemed much easier as fuel was visible (coal) and you knew how much you had, how much it cost and how long it had to last you. Now fuel is invisible. She doesn’t know how much she is using and how much it is costing her.

“Another problem is that people don’t have a feel for how much is costing them to turn things on or do they? You hear the boiler going away and you’ve no idea whether it’s costing you £10…. the natural reaction is going to be to put it on when you want to heat the fire rather than the heating. Because they get an instant response and they know when it’s on, when it’s off”.  

(Staff participant in KWILLT)

She makes breakfast and listens to the local radio, which is where she gets most of her information. Enid is quite content with getting her information from the local radio and hears about places that are local and familiar to her. She isn’t so bothered about the national news. She doesn’t often ask for advice but would accept it if it came from a trusted source like a health professional or family member. Yesterday her door bell rang and it was an energy company representative, she didn’t answer the door and felt frightened, this only adds to Enid’s mistrust with people and organisations.

In today’s post she receives information about a “choose and book” appointment for an investigation for her new health problem. She struggles to read the letter because of her impaired sight. In addition she does not understand and trust the new system to make an appointment. She puts the letter to one side.

Enid used to go to church regularly but more recently she has stopped going out on her own. A church volunteer calls twice a week at 9.30am for a cup of tea. Enid can’t manage to shop for herself anymore so a neighbour shops for her and pops in at 10.00am with the shopping. She always has the fire on so she is warm for when visitors arrive.

At 11.30am community transport comes to pick Enid up and take her to the church luncheon club. She goes there once a week and really looks forward to the company and a nice lunch. Enid doesn’t like people to know that she is struggling and always puts on a brave face at the lunches.

“Like I say I’m quite a private person, I don’t want anybody knowing my business, I don’t want them knowing, you know.”

Once back home, Enid stays indoors during the evening. She does use the central heating but it isn’t always sure when it goes on or off because she struggles to set the controls or see it. She will often put on extra layers of clothing before turning the heating up.

“but if it gets cold I put more clothes on or wrap a fleece round me rather than turn the heating up. That’s always my last resort, to turn the heating up.”

She goes to bed about 9pm with a mug of tea to listen to the radio. She uses an electric blanket rather than heating in her bedroom as she thinks it’s cheaper. In addition she has spent most of her life in houses where a heated bedroom wasn’t an option.

“There were nothing in the bedrooms ever. We went to bed with hot water bottles and oven plates and bricks heated in the oven and wrapped up. Believe me you could get a storybook out of me over heating in the bygone days plus looking after six children in six and a half years”.

The graph below demonstrates the variation in temperatures Enid would have in her bedroom and living room during a typical week.
This study was conducted in Rotherham, but the pen portraits can be used in other areas in order to identify old people who are at risk of being cold at home. To identify where people like Pearle live at postcode level, social marketing programmes such as Acorn and Mosaic can be used alongside the KWILLT segmentation model.

**What are the best ways to identify and help older people living in a cold home?**

Across all six pen portraits it is necessary to consider the following interventions:

- Consistent messages addressing and correcting beliefs e.g. the negative health impact of a cold home
- Provide information that promotes action for older people and families, e.g. a helpline and people checking on older neighbours
- Targeted affordable warmth information to older people at key points in their life e.g. retirement, onset of new chronic/long term condition, bereavement
- Room thermometers provided at routine contact with health, social care and financial inclusion professionals e.g. flu jab, pensions advisors or home visit from a community matron
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An Affordable Warmth Strategy Group will achieve the partnership required to deliver this:

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- Accessible education delivered to all appropriate staff and embedded within existing training e.g. pre registration nurse training, Making Every Contact Count, Local Authority and voluntary sector inductions.

**What are the best ways to identify and help people like Pearle?**

In order to address the problems and barriers experienced by vulnerable, socially isolated older people it is necessary to develop ways of identifying those who are at risk and how to help them.

Specific ideas of how to help people like Pearle are in the table below:

<table>
<thead>
<tr>
<th>Solution required</th>
<th>How can we reach</th>
<th>Where</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment and responsive referral pathway for affordable warmth integrated with other routine assessment</td>
<td>GP, palliative care services</td>
<td>Health venues and home</td>
</tr>
<tr>
<td>Provision of targeted information on affordable warmth at key life triggers/referral e.g. retirement, bereavement</td>
<td>Pensions, solicitors, social care, employers, libraries, post offices, funeral directors, faith leaders, palliative care providers, bereavement services</td>
<td>Workplaces, shops and community venues, faith centres</td>
</tr>
<tr>
<td>Raising awareness of family (son)</td>
<td>Media, libraries, shops, post offices, primary care</td>
<td>Local press &amp; community venues</td>
</tr>
<tr>
<td>Routine assessment heating and tariff by energy providers linked to situation change e.g. bereavement</td>
<td>Energy providers</td>
<td>Home, post or telephone as appropriate</td>
</tr>
<tr>
<td>Consistent information and messages delivered over time to dispel myths</td>
<td>Energy champions, local shops, post offices, community groups, libraries, energy companies, pharmacies, health services, routine health checks</td>
<td>NHS, community settings, home, local media</td>
</tr>
</tbody>
</table>
Cold, financially secure but poorly informed

This pen portrait is about Pearle. Pearle represents people who are vulnerable because they are “Lonely and out of touch”.

People like Pearle do have sufficient money that could be used to pay for home heating, energy efficiency and affordable warmth.

They do not necessarily fit the definition of being in fuel poverty but there are other reasons that mean they live in a cold home.

Others like Pearle may be over 70 years of age, have poor social connections, live in privately owned accommodation, and are in good health on the whole.

Factors that drive their decisions and behaviour regarding keeping warm include:

- Not wanting to make a fuss
- Pride
- Fear of losing independence
- Fear of overspending and being in debt
- Lack of correct information.

“She sees it as a waste spending any money on herself, and it is because she wants to save all her money. I think probably since my granddad died as well she’s probably not cared as much about herself and looking after herself. And she’s always saying when we’ve tried to plan stuff with her if I’m still here so she’s quite negative in her viewpoint anyway”

(Staff participant in KWILLT talking about her grandmother)

ABOUT PEARLE

Pearle is a 75 year old who has been recently widowed. Pearle’s health is fine but she is struggling to readjust to her family. She doesn’t want to make a fuss. Pearle doesn’t like to spend on herself and wants to leave as much as possible to her family.

PEARLE’S HOME

Pearle lives in a large three bedroom semi-detached house on an avenue with similar properties. Most of the properties on the road are privately owned and are well maintained.

Pearle’s home is looked after but the paintwork is starting to look worn and the garden needs some upkeep. On the living room walls there are pictures of Pearle’s children and grandchildren.

There are no obvious signs of damp but there is a staler musty smell that develops when rooms are unoccupied for some time. The fire is on in the living room and all the internal doors are closed. There is a hot water bottle on the worktop in the kitchen and a fleece blanket on the arm of the settee. Next to Pearle’s chair is a pair of warm looking wool lined slippers and an empty cup and saucer.

The small thermostat dial is on the wall of the hallway and is above head height for Pearle. The boiler is in situated on the wall in the kitchen above the worktop. While it’s not too high, it is quite difficult for Pearle to see and access the control panel.

A DAY IN THE LIFE OF PEARLE

Pearle gets up quite early after listening to the early morning news on the radio. She immediately puts on extra layers as she’s heard on the breakfast news it’s going to be another cold day.

She doesn’t understand how to programme the central heating so operates it manually. Pearle doesn’t have any heating on when she wakes up and is worried how much it would cost her if she was to do so. Pearle only heats the living room and her bedroom, so makes her breakfast quickly in the kitchen before going back into the living room where it’s slightly warmer.

Since the death of her husband days are long for Pearle. She doesn’t get many visitors and is quite socially isolated.

Pearle doesn’t look forward to the post coming anymore as she has recently had a large energy bill and she doesn’t understand why. This has frightened her and made her more conscious about having the central heating on.

“It’s fear. The fact that there is a bill, potentially large, how am I going to pay it? I’m on a fixed income; I’ve got this other expenditure which doesn’t go down.”

Pearle’s husband used to pay the bills and she is finding it difficult to understand how the household finances and payment systems work. She could ask her children but they are busy and she doesn’t want to be a bother. Pearle pops into the library to exchange books and read the local paper.

On most days she goes to the shops in an attempt to see other people but has no close social connections. She is a very private person and doesn’t want people to see she is struggling to cope after her husband’s death.

After lunch she listens to the radio or reads books in her living room for the rest of the day and evening. When she gets cold she uses other strategies like a hot water bottle and extra blankets or she layers up with extra clothes. She does go to the kitchen to prepare food and drinks but doesn’t spend long there as it’s cold.

“I just think they are on their own, and there’s all those other things about loneliness, isolation, bereavement, and they’re more likely to just stay in one place and only heat the one room, and also fear”

(Staff participant of KWILLT talking about her patients)

When she goes to the bathroom and toilet she tries to be as quick as possible so she can get back to the warmth of the fire and living room. She spends most of the rest of the day in the living room – the one room she heats with the gas fire. She goes to bed early to try and save money on heating.
This study was conducted in Rotherham, but the pen portraits can be used in other areas in order to identify old people who are at risk of being cold at home. To identify where people like Fred live at postcode level, social marketing programmes such as Acorn and Mosaic can be used alongside the KWILLT segmentation model.

**What are the best ways to identify and help older people living in a cold home?**

Across all six pen portraits it is necessary to consider the following interventions:

- **Consistent messages addressing and correcting beliefs e.g.** the negative health impact of a cold home
- **Provide information that promotes action for older people and families,** e.g. a helpline and people checking on older neighbours
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- **Boundary spanning roles that operate at a strategic and frontline level,** Examples include affordable warmth officers and volunteer energy champions
- **Social prescribing schemes for example where a GP or practice nurse would refer a patient for energy efficiency advice**
- **Accessible education delivered to all appropriate staff and embedded within existing training** e.g. pre registration nurse training, Making Every Contact Count, Local Authority and voluntary sector inductions

**What are the best ways to identify and help people like Fred?**

In order to address the problems and barriers experienced by vulnerable, socially isolated older people it is necessary to develop ways of identifying those who are at risk and how to help them.

Specific ideas of how to help people like Fred are in the table below:

<table>
<thead>
<tr>
<th>Solution required</th>
<th>How can we reach</th>
<th>Where</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consistent information and messages delivered over time to dispel myths</td>
<td>Energy champions, local shops, post offices, British Legion, libraries, energy companies, pharmacies, hearing aid/audiology services, wardens</td>
<td>Health and community venues, home</td>
</tr>
<tr>
<td>Creating messages providing positive spin on advantages of affordable warmth: • Healthy aging • Independence • money</td>
<td>Media, local venues</td>
<td>Community</td>
</tr>
<tr>
<td>Affordable warmth assessment at routine health checks e.g. hearing, flu jab, medication review</td>
<td>Health services/professionals</td>
<td>GPs, practice nurses, hospital departments, community pharmacies</td>
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“There was no central heating. So you’d have a coal fire in two of the rooms, in the two main downstairs rooms and that was it. So there wouldn’t be any heating in the rest of the house. I don’t know that we could bear to go back to that. You get quite spoilt. I mean growing up there would have been ice on the inside of the bedroom windows quite regularly because it would be really, really cold in the bedrooms in winter”.

In comparison he thinks younger generations tend to expect more help, whereas his generation would just put a brave face on things and cope.

“I think you are influenced to think a little bit, in our generation I think you tend to think they’re a bit nannied. Talk about a nanny state, you know, but they’re so coddled with everything and that it shouldn’t really be much of a hardship to anything, but I guess you’ve got to be a bit more practical as you get older with that. I wouldn’t see it as a life-threatening issue in having been without the heating for a month because yes you’re probably quite right we grew up without any so”. 

Fred downsized and sold his house a few years ago to move into older peoples’ bungalows. This was when his wife’s health deteriorated. His bungalow is centrally heated but Fred tends to use gas fires to warm his living room, where he spends most of his time.

FRED’S HOME
Fred lives in a semi-detached bungalow on a small quadrangle of council owned properties. The area has a friendly demeanour and is kept neat and tidy. Fred has a small immaculate garden outside his door that he maintains himself. The neatness of the property reflects his pride in his appearance and independence in looking after himself.

Inside, the furniture and decor of the bungalow are a bit dated but well maintained, with pictures from travels and old force plates on the walls. The bungalow has two bedrooms, a bathroom and a small kitchen. The boiler is in the pantry in the hallway with a thermostat. The controller is on the wall in the living room. There is an electric fire in the living room and thick curtains against the large double glazed window. The internal doors are all kept closed and the living and bedrooms all have thick carpets in them.

A DAY IN THE LIFE OF FRED
Fred lives his life by routine, he gets up at 6.30am every day and has had breakfast and washed up by 7.30am. He chats to his neighbours and will help them where he can. He is a proud and private man and would not accept help from others.

Fred walks to the shops on most days. He uses the post office to pay his bills, including heating. He does this by cash on the day he collects his pension. He likes the Post Office as he can get his bills stamped and also a receipt for his money. Fred prefers to deal with visible, tangible cash rather than direct debits or other means of payment which are invisible. He finds it difficult to trust these as he has been used to cash all his life. He also likes to pass the time of day with the people he meets in the post office every week on pension day.

“like to pay it as it comes. If it came this afternoon I’d go down to the Post Office the same day as I got it and I’d pay it - that’s the way I like to pay my bills.”

“They keep asking for Direct Debit but I’m old fashioned; I like to see my money coming in, you know what I mean.”

He goes to the Royal British Legion club on Friday and Sunday lunch times for a drink with his old pals. He has a thrifty nature and doesn’t like to spend a lot on fuel or himself. Fred mistrusts energy companies because of what he has heard on the news about fuel prices. He has a strong view that “you don’t get owt for nowt”. He prefers to stick with British Gas as his energy supplier because he sees it as a British company and he has used them for years. It’s a name he recognises from before privatisation / deregulation of utilities.

“I think the Government is very weak in not saying look this is what you’ve got to do to bring the prices down, do you know what I mean, and I think we’re very weak on that. And I’ll be perfectly honest with you, the water, the gas and the electricity should be owned by the state so that we control it; the worst thing that ever happened when it was taken away.”

When Fred is at home he keeps himself busy around the house watching TV and reading the local free press. Fred also doesn’t really like the idea of central heating because he thinks it’s not that good for you. Fred does use the central heating to heat the rest of the house but keeps it on low so it’s just meeting 16°C in the other rooms.

“I’ve seen a hell of a lot of people suffering with bone acheing, joint acheing. Whether it’s something to do with dry heating, central heating is a dry, it dries. Even now, you can see my tongue, you know. There’s no moisture left in the air. Well, that’s what, I think that’s what caused all the bone aching and all joints acheing, a headache, most of it.”

Fred is quiteardy when it comes to temperature and thinks that while ever his health is fine he will carry on using his heating minimally. He tries to keep his living room to a constant temperature as he has heard this is best for your health but he tends to use the electric fire to make sure his living room is warm enough.

Although he uses his central heating it’s not the same as having a visible source of heat like in the solid fuel houses he lived in most of his life. He can’t judge how much fuel he is using like he could in the days before central heating. He prefers his electric fire.

“You can see the coal can’t you? ... and you can see it dwindling down so you know when you are with it. My grandma used to have this fire in the kitchen and she actually cooked in the bit in the other side. And so she had the fire on all day, because that was how they heated the water and the cooking and the whole lot. But she could see the coal, it was, you know, delivered every week and she knew what she was using. And I think its invisible isn’t it now”?

(Staff participant in KWILT)

Fred watches the 10 o’clock news and goes to bed. He doesn’t heat his bedroom. He believes that it is better to have a chilly bedroom and it’s not good for you if the room you sleep in is too warm.

“not too warm, that’s unhealthy isn’t it? That’s unhealthy, it’s always moderation, moderation in all”

The graph below demonstrates the variation in temperatures Fred would have in his bedroom and living room during a typical week.