

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 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 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 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.

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



**Dependent and poorly informed**

**MEENA**



SHARPENS YOUR THINKING

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This presents independent research commissioned by the National Institute for Health Research (NIHR) under its Research for Patient Benefit (RfPB) Programme (Grant Reference Number PB-PG-0408-16041). The views expressed are those of the authors and not necessarily those of the NHS, the NIHR or the Department of Health.



**PEN PORTRAITS**



# Reliant on others, fuel poor and cold

This pen portrait is about Meena who represents people who are vulnerable because they are “*Dependant and poorly informed*”.

Meena, 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.

Meena and others like her are likely to have a low income, be over 55 years of age, have poor social connections, live in privately owned accommodation, and be in poor health.

## 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.

## 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 visiting. Meena only leaves the house when she is going to a GP appointment.

Meena’s son is not married and lives with her; he is well connected within the local Asian community. She is dependent on him. Neither Meena or her son have any knowledge of how central heating controls in their home work. In addition they do not understand how tariffs work. Bills are paid by cash at the post office by Meena’s son. As a family they tend not trust any information from outside of the local community apart from Meena’s GP.

Meena’s son does not access the internet for information but only to play computer games. Due to Meena’s long

term health problems, the family do not tend to look ahead but focus on getting by. They only tend to set short term goals. They do not want involvement from outside and they are happy to stick to schedules, plans and activities they are familiar with.

## 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.... sometime 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...

*“My son bought the electrical heater for me. I like to see the glow....”*

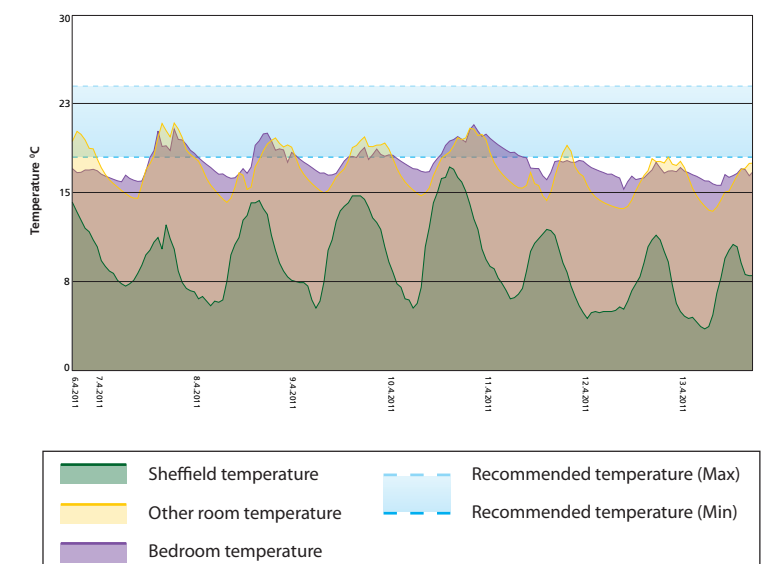
Pointing downstairs in the direction of the living room, she continues talking...

*“...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...

*“... 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.



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