Delivering benefits and services for black and minority ethnic older people

Helen Barnard and Nick Pettigrew

A report of research carried out by the BMRB Social Research on behalf of the Department for Work and Pensions
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The Authors

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Nick Pettigrew was an Associate Director at BMRB Social Research. He worked for BMRB for over 5 years and carried out a number of large scale projects for the Department for Work and Pensions as well as other departments. These included the Housing Benefit Verification Framework, the evaluation of Personal Adviser meetings, the pathfinder for the Employment Service, and a study examining attitudes towards education and training whilst on benefits. Prior to joining BMRB, Nick worked as a researcher at the British Film Institute on a large-scale longitudinal project tracking people working in the television industry. He has also worked at the Institute for Employment Studies on a number of labour market projects for both public sector and private clients. Nick now works for the National Audit Office.
## Abbreviations and acronyms

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<td>BGOP</td>
<td>Better Government for Older People</td>
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<td>BME</td>
<td>Black and minority ethnic</td>
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<td>DLA</td>
<td>Disability Living Allowance</td>
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<td>DWP</td>
<td>Department for Work and Pensions</td>
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<td>ENR</td>
<td>Eligible non-recipient (of the Minimum Income Guarantee)</td>
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Summary

The Department for Work and Pensions commissioned BMRB Social Research to carry out a qualitative research project which aimed to understand the barriers to the take-up of benefits (specifically the Minimum Income Guarantee) among black and minority ethnic (BME) older people. The project examined seven case studies, each focused on a particular minority ethnic community in an area. The seven groups studied were the Indian, Bangladeshi, Pakistani, Chinese, African, African-Caribbean and Irish communities.

Each case study involved interviews with staff in the local authority, and local voluntary and community groups, and also with older people from the relevant community. In addition, the case studies included interviews with staff from the Department. The research was carried out during the period of transition between the Benefits Agency and The Pension Service. Interviews therefore tended to be with staff who were newly appointed to The Pension Service, or were overseeing the transition period and the findings were gathered before The Pension Service local service was fully operational.

Barriers to claiming

Older people, and those who worked with them, emphasised that staff attitudes, how they were treated by staff, the benefit office environment, and how language barriers were tackled greatly affected older people’s overall attitude to claiming and to having further contact with Government services. A number of stages had to be completed before an older person could achieve the end result of a successful claim. These stages were both psychological and physical, with older people having to achieve a basic level of knowledge of the system, overcome attitudinal and practical barriers to claiming, and persevere through any delays to the claim.

Compared to previous research on pensioners in general, the research found important differences for BME elders, including language barriers, concerns about the impact of claiming on residency status and difficulties arising from not having a National Insurance Number (this particularly affected Asian women). Other barriers identified in previous research were felt by respondents in this research to be more prominent among BME older people, such as literacy problems, ignorance about the benefits system (and sometimes of the concept of benefits) and apprehension about contact with statutory service providers.

However, many of the themes that emerged were similar to those found in previous research that had not focused specifically on pensioners from BME groups (for example, finding the claims process arduous or thinking they would be given entitlements automatically).
The findings indicate additional sensitivities when tackling the barriers to benefit take-up among older people from BME groups. In summary, the key barriers to claiming benefits among pensioners from BME groups were:

- lack of knowledge of benefits or the workings of the benefits system;
- language barriers and literacy problems; and
- apprehension approaching, and a lack of trust in and comprehension of, statutory services.

This research highlighted the importance of understanding the whole range of barriers and of developing services to overcome them and fell into five main categories:

1 **Personal resources** – the skills, knowledge and characteristics which helped or hindered older people in navigating the system. For example, awareness of the benefits system, basic skills and levels of individual confidence. An issue raised in the three Asian case studies was the specific difficulties facing some women in their communities. They reported that some women were not used to handling their own finances or interacting with people outside their own social circle. Additionally, some women were said to be less well informed about benefits and less confident about asking questions or making a claim.

2 **Attitudes to claiming** – including apprehension about making a claim or dealing with statutory services. Concerns included claiming more benefit or challenging a rejection of a claim might lead to their children being investigated, fear of losing savings or income, having residency status challenged, concern as to how staff would treat them and about not being able to communicate effectively with them. As previous research with the wider pensioner population has shown, it was also necessary for older people to understand and believe that they might be entitled to more benefits and to have the willingness to go through the process of claiming a benefit. Also, the experience or anticipation of being asked personal questions and disclosing financial details and apprehension of having a claim rejected were mentioned.

3 **Social capital** – the help and information older people could access through contacts with other people (whether family, voluntary groups or outreach workers) and through word of mouth and community networks. Older people generally reported having claimed with the help of a third party. However, the likelihood of older people making a claim was also affected by: the resources of these third parties; their knowledge about benefits; their training; the time they had available to help older people; and their own attitude to claiming. Community networks and information sharing also affected older people’s likelihood of claiming; levels of development of these networks varied between communities.

4 **External factors** – issues not necessarily related to individuals’ personal skills, attitudes or the community resources. These included not having acceptable identification or a National Insurance Number; the problems of making trips to their country of origin and then losing, or not knowing about loss of, entitlement after four weeks; aspects of the process of making a claim, including the design and intrusiveness of forms; and the channels of communication available, with some reluctance to use the telephone, and difficulties in communicating in writing.

5 **Macro factors** – wider organisational and policy factors which impacted on experience at local level. Factors such as the impact of anti-fraud campaigns and withdrawal of support for outreach work could impact on benefit take-up. Additionally, respondents commented upon the importance of the voluntary sector, including smaller organisations, in helping older people from BME groups claim benefits but also of the limitations of their resources. The short-term nature of much funding caused great difficulty for voluntary groups. The requirements of funding...
bids and for the monitoring of grants could also be challenging – particularly for smaller organisations. The Department’s own policies were also important factors. The work of local authorities was a key factor in the services available to BME elderly people. In all areas the local authority played an important role in funding local community groups and, therefore, in enabling them to support their communities. Some also provided outreach workers, who often became very important sources of advice and support for elderly people who did not tend to contact other public services. They also often played an important role in partnerships with community groups and local networks. Additionally, the focus which some authorities had on income maximisation had been greatly beneficial in some areas.

Providing effective services

A number of factors which were believed by service providers (voluntary and statutory) to be key to helping older people from the various communities to overcome the barriers facing them.

A specific strategy for each community

The first was the need for a specific strategy aimed at understanding each community in an area and providing services tailored for them. This required an understanding of the organisations that were working with them, knowledge of where older people met and the specific issues facing that particular community. Without this, some minority ethnic older people were missed by service providers. Instead, they relied on small numbers of community groups (who often felt under resourced) and on the spontaneous help and knowledge of family and friends. It was additionally pointed out by community and statutory workers in the three Asian communities that there were often particular difficulties facing women in these communities, and that strategies needed to take these into account and to aim to develop ways of providing services to these women. There was also a need to ensure that services covered all sections of an area. Services were sometimes concentrated on key areas and did not reach into other parts of a city or into rural areas.

Partnership working

Strategies were believed to be most effective when developed in partnership between the Department, the local authority and with the voluntary and community sector. The voluntary and community organisations were felt by older people and statutory organisations to be providing crucial services to the community. Statutory organisations believed that working with them provided access to older people, greater understanding of their concerns and the social context in which they moved, and facilitated the more effective use of resources among organisations.

A striking feature of the context in which services were provided was the trust placed in community and voluntary groups. Organisations working specifically with a minority ethnic group were felt by older people in that group to be vital in helping them to access services. Mainstream groups also played a leading role in some areas. However, this depended on whether they actively sought to work with that community and had looked at issues of language, the ethnic background of staff, and joint working with community groups. Additionally, the outreach workers employed by some local authorities had also attained positions of great trust in the community and were viewed as vital sources of support and advice.
Outreach and face-to-face service provision

In each of the case studies, outreach and the provision of face-to-face services were emphasised by older people themselves and those working with them as being central to increasing take-up. Outreach work was often the main suggestion made by older people and community groups as to how the Department could improve take-up of benefits. However, the success of outreach work was believed to depend on a number of factors. For example, they discussed the question when and where it took place: staff reported that older people often did not attend events unless they were held at a venue and with a group that they already knew and were comfortable with. Secondly, older people and community workers emphasised the importance of the attitude of outreach workers and also the need for them to persevere in building relationships with groups and individuals. They also mentioned that the willingness of community groups to be involved could be affected by their attitude to and past experiences of the Department.

Underlying many of the suggestions for how to increase claiming among minority ethnic older people was the recognition that some would require face-to-face services. There was felt to be a role for a telephone service, but also a strong message that, for many, it would probably only be used as an initial point of contact. The extent and nature of the barriers preventing older people from claiming indicated that some needed access to a service where they could relax, trust the person dealing with them, and be patiently encouraged, guided and assisted through the whole claiming process. This was felt to require face-to-face provision.

A debate emerged from the research as to the importance of staff (particularly outreach staff) having the same ethnic background as the customer group they worked with. In all of the case studies, some older people and community workers believed that it was important for outreach staff to share their ethnic background. However, there were also older people who did not feel it was necessary for staff to be from their ethnic group, as long as the worker had the right attitude and any language barriers were addressed.

Language-specific helplines and use of other media

Language-specific helplines and leaflets were believed to have a role in increasing take-up, but were often viewed as a useful back-up to face-to-face provision. This was generally believed to depend on trained workers linking up with community groups to provide services in a manner and venue adapted to the needs of older people.

Likewise, it was felt that awareness of benefits and sources of help could be raised by using community-specific media. It was suggested in some communities that some radio stations, newspapers and even television channels provided a good way of conveying information to older people (and their families) in their own language and through media that they were likely to access. However, community groups pointed out that this would only be effective if carried out in tandem with developing joined-up strategies for providing services to particular communities in partnership with organisations that tended to be trusted and used by different BME communities.

Voluntary sector resourcing

The resources of the voluntary sector were a key theme in each of the case studies. Voluntary and community groups were reported by older people and other organisations working with them to be because they were trusted by older people and provided services in a manner which was adapted to older people. These organisations were also believed to be crucial in helping The Pension Service to provide its services in a way that older people would find accessible. Thus, the restrictions placed on these groups’ services by limited resources was a matter of concern to the organisations concerned
and to those they were serving. They felt they were restricted by resource issues such as funding, staffing and training. It was suggested by voluntary sector organisations that the Department could also consider helping to fund voluntary and community groups.

It was also noticeable that many of the organisations which were able to provide access for the researchers to older people who were not in touch with statutory or mainstream services were often under-resourced and unconfident of their ability to give in-depth benefits advice. These organisations said that they could be assisted by direct funding, by training, and by developing links with larger voluntary groups and with statutory benefits advisers. However, some organisations highlighted issues related to the need for statutory advisers to devote time and persistence to developing relationships of trust with these organisations, along with an understanding of the experiences, concerns and barriers of each community’s older people.

**Desire for a simpler system**

Underlying much of the discussion of the barriers to claiming was a desire for a simpler system. What older people and advice workers really wanted was for the whole system to be simplified so that older people did not need to know about all the different benefits, or have to go through the claims process to gain them.

Some believed that the Government held the information that would allow it to know which benefits older people should receive and pay these benefits to them or they wished benefits could be paid to them automatically.

In tandem with this view was a desire among community and statutory organisation workers, as well as older people themselves, for the Government to stop changing the benefits system. It was remarked that benefits were changed so often that older people were never able to get to know them, and that workers also found it hard to keep up. It was striking that older people knew MIG as Income Support, if they knew its name at all.

The changes incorporated in the Pension Credit, with its higher income threshold and savings reward, were welcomed. But staff and older people also expressed considerable fatigue when told that another new benefit was being introduced. There was concern that it might increase confusion among some older people as benefits continued to change, and that information passed by word of mouth would become progressively more out of date.

**Reaching isolated older people**

Older people who were not in touch with community groups or statutory organisations: community workers believed that there was a need to reach out to older people who were very isolated and did not have the support of voluntary or community groups. A number of steps were suggested to try to reach those older people who were less well integrated.

Firstly, there was felt to be a need to extend outreach work beyond the most obvious community groups. Smaller groups, religious organisations and groups not explicitly offering an advice service all provided access to older people who were not incorporated into the advice network of statutory and voluntary organisations.

There was also believed to be scope for voluntary and community groups to conduct outreach work themselves. For instance, staff could spend time on estates talking to residents and visiting older people and others. Department staff could also do this, but there were concerns among older people and community workers that some people might not be comfortable being visited by, or sharing problems with, staff from the Department. Some community groups were keen to do this type of
outreach work and to expand their services to a wider group of older people, but felt that they were restrained by lack of resources.

Certain radio stations, newspapers and even television channels were felt to provide a good way of conveying information to older people in their own language and through media they were quite likely to access. However, careful thought would need to be given as to how older people were expected to respond to this type of awareness-raising.

GPs and hospitals in some areas were already involved in awareness-raising to some extent. There could be scope to use these venues more effectively and consistently to reach older people.

**The introduction of The Pension Service**

The introduction of The Pension Service was believed to provide an opportunity to develop the type of tailored, partnership-based service needed by older people in minority ethnic communities. Given the early stage of development of The Pension Service local service at the time of the research, respondents were not able to give feedback as to their views of how the new service would affect their areas or communities. However, statutory and voluntary organisations’ staff did raise a number of factors which they felt the new service would need to consider in order to be most effective. These included: the need to ensure that sufficient resources and staff were available to each local service team to meet demand; developing strategies with other organisations (statutory and voluntary); making contact with a wide range of community groups (small and large); establishing good links between The Pension Service contact centres and the local service teams.
1 Introduction

One of the objectives of the Department for Work and Pensions (DWP) is to combat poverty and promote security and independence in retirement for today’s and tomorrow’s pensioners. Means-tested benefits are a key part of the strategy for addressing this poverty. Poorer pensioners have long been entitled to help with specific costs such as housing and Council Tax as well as to more general assistance. Minimum Income Guarantee (MIG), payable at a higher rate than the benefit it replaced – Income Support – was introduced as a means of providing additional help to pensioners on low incomes. In October 2003 MIG will be replaced by Pension Credit.

A major issue for the success of targeting poverty through income-related benefits is take-up: these benefits cannot provide assistance to people who do not claim them. Around 1.7 million pensioners currently receive the MIG, but it has been estimated that in 2000/2001 between a further 450,000 and 670,000 pensioners may have been entitled to MIG but not claiming it.

The Department has undertaken research in the past which has looked at reasons for non-take-up of benefits by pensioners. There has also been research which has looked at the take-up of benefits among the black and minority ethnic (BME) population as a whole. However, there has not been any research combining these two topics: the reasons for non-take-up of benefits among pensioners from black and minority ethnic groups.

In June 2002, therefore, the Department for Work and Pensions commissioned BMRB Social Research to conduct a major research project focusing on older people in minority ethnic communities.

1.1 Research objectives

The main aim of this research was to understand the barriers to take-up of benefits among black and minority ethnic older people.

In addition, the research aimed to explore:

- how take-up of MIG and other benefits might be increased among BME older people;
- the information needs of BME older people and their current knowledge of the availability of benefits and services;
- their views of different modes of service delivery;
- the role of voluntary organisations, the DWP and the local authority in enabling and encouraging black and minority ethnic older people to access benefits.
1.2 Background

1.2.1 The Pension Service

The Pension Service was established as an executive agency of the DWP in April 2002. During the fieldwork, the service was changing from operating out of 400 plus Benefits Agency offices to being carried out by some 26 Pensions Centres and by a ‘local service’ in each area. As a result, The Pension Service local service in each area where the research was carried out was at a different stage of development. Respondents often continued to refer to ‘benefits offices’ and Benefits Agency staff, despite the fact that the structure of the service was changing. The Pensions Centres offer a contact centre service. The local service is delivered by locally-based teams in direct contact with customers and partner organisations, so they will be working closely with local voluntary and other organisations. The services provided include:

- visiting services – targeted at those who have difficulty using the centralised telephony service because of their physical, mental or other special needs;
- surgeries – provided in locations visited regularly by pensioners, and aimed primarily at outreach and take-up activity;
- a range of local take-up initiatives and related activities;
- customer consultation work and work with special needs groups and ethnic minorities.

Throughout the text of this report, ‘the Department’ has been used to describe DWP staff in the area in question. ‘Benefits office(s)’ has been used to refer to the old Benefits Agency offices which operated under the old system, and also to the Jobcentre Plus offices where benefits work sometimes continued to be carried out during the early stages after the introduction of The Pension Service.

This research was conducted at a time when The Pension Service local service was being introduced. Staff were either being recruited or were newly appointed. Therefore, this report is based on findings that relate to respondents’ views and experiences of services under previous models of delivery under the Benefits Agency.

In examining the services available to older people in the areas where the research took place, it is important to be aware of a number of Government initiatives.

1.2.2 Pension Credit

Pension Credit is to be introduced in October 2003 to replace MIG. It will provide additional assistance for people who have made small savings for their retirement, or who have small amounts of income in addition to the state pension. Pension Credit has two main elements. Firstly, there is a ‘guaranteed income’ element, payable to single pensioners or couples (the level of which has been increased from the level used for the MIG). Secondly, Pension Credit incorporates a ‘cash reward’ for those who have a small income from savings, earnings or second-tier pensions.1

1.2.3 Better Government for Older People (BGOP)

The BGOP programme was designed to give an understanding of how public services for older people might be improved. Partnerships were set up by the Cabinet Office in a number of local authority (LA) areas across the UK. These partnerships brought together representatives from central and local

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1 Second-tier pensions: occupational, personal or stakeholder pensions, SERPS.
government, the private and voluntary sectors and older people themselves. The (then) Benefits Agency Better Government for Older People project sought to complement the BGOP programme, developing an understanding of how to improve frontline services for pensioners and assessing whether it was practical to combine Benefits Agency services with other local services. The programmes established by the (then) Benefits Agency were developed from community-based ideas. They involved consulting partner organisations and older people to see what was needed locally, and building on existing services rather than seeking to replace them.

1.2.4 Race Relations Amendment Act (2000)
This Act extended the coverage of the 1976 Race Relations Act to the functions of all public authorities to promote and monitor race equality. The Act places a general duty on public authorities to eliminate unlawful discrimination and promote equality of opportunity and good race relations. The aim of the duty is to make the promotion of race equality central to the work of the listed public authorities. In practice, this means that listed public authorities must take account of racial equality in the day-to-day work of policy making, service delivery, employment practices and other functions. The Commission for Racial Equality has produced a statutory code of practice and four non-statutory guides to help authorities in England and Wales meet their duty. There is a separate code, and guidance, for authorities in Scotland.

1.3 Methodology
The design and methodology to be used in meeting the above aims and objectives was reached only after a great deal of thought, consultation and discussion. The issue was made more complex by a number of factors, including the following:

- The multiplicity of minority ethnic communities in Britain. These communities also differ in size, distribution, length of time in Britain, and demographic characteristics such as age and gender profile.

- The need to compare the experience of older people in different areas. This presented complications in ensuring that the areas chosen exhibited different characteristics, such as the concentration of minority ethnic communities (and the type thereof), their geographical location and the type of services available.

- The nature of the main respondent group, i.e. minority ethnic older people. It was anticipated that they would be difficult to involve in research, because of their lack of contact with ‘mainstream’ services and other factors such as language barriers. Older people generally tend to be nervous of research and this nervousness can be even greater among ethnic minority older people. Older people also often experience other difficulties (such as disability, mobility problems and difficulties with memory) which present challenges in researching with them.

- The importance of involving a wide range of those organisations which work with minority ethnic older people. This could include local authority and Department workers, voluntary and community groups, religious groups, carers’ groups, health-related organisations and workers in housing-related organisations. It was also important for the research to involve both ‘mainstream’ organisations (those not specifically targeting minority ethnic communities) and those working specifically with one or more minority ethnic community.
The evolving nature of the policy and service-delivery environment. The research took place over a timeframe which saw the development of the new Pension Service (described above). When the research took place in each area, it had to accept that the services provided by the Department (and others) were in a state of development. Those areas which were researched later in the project, therefore, presented a more complete picture of the Department services that would be available to older people locally. However, all the areas were at an early stage of the set-up of The Pension Service.

1.3.1 Choosing the communities

The scope and resources of the project required that seven communities be chosen for the project. They were chosen because they were the largest minority ethnic communities in the country. It would be beneficial for further research to be carried out with other, smaller communities, but this was not possible within this project. The communities chosen were:

- Indian;
- Bangladeshi;
- Pakistani;
- Chinese;
- African;
- Caribbean;
- Irish.

They are described throughout the report as ‘communities’. However, it is clear that none are actually homogeneous groups - each of these ‘communities’ can be broken down into a number of sub-groups, based on place of origin, language, religion and other factors. Attempts were made to reflect the diversity of each community within the area chosen for its study.

1.3.2 Choosing the areas

A case-study approach was used for this project. Thus, a number of areas were chosen within which the research aimed to understand the services available to older people, the organisations active there, and the relationships between these organisations and the views and experiences of people within each area.

When considering the structure of the case studies, two main alternatives were considered. Firstly, one area could be chosen for each of the seven communities. The case study in each area could then focus primarily on one particular community, with the experiences of other communities in the area reported only if they emerged during the course of the project. The second approach would have been to look at several different communities within each area.

The second approach would have allowed us to compare different groups, to discover if there were disparities in their experience of Government organisations and the support networks available to them, and if they differed in their attitudes to benefits. However, it was felt that this approach would risk diluting the understanding gained of each of the seven communities covered in the study. It could also lead to over-burdening the voluntary and other groups involved in introducing the researchers to older people.
It was therefore decided to adopt the first approach, with a single community being the focus of each case study.

Choosing the areas for each case study reflected a need to balance several factors:

- including areas which were known to have high levels of minority ethnic residents and those which had lower levels;
- looking at groups which were the main minority ethnic community in their area and those which were not;
- including cities and more rural areas;
- ensuring that both inner and outer London boroughs were represented;
- examining the experiences of groups in areas believed to have very good provision for minority ethnic residents, and those in areas not necessarily known to have very well-developed services.

To protect the anonymity of those taking part in the research, the areas visited are not named in this report. However, a description of the area chosen for each case study is provided below:

- **The Indian case study** was conducted in an area which included a large town and some rural areas. The Indian community was the main minority ethnic group in the area. This area was also one of the pilot areas for the BGOP programme.

- **The Bangladeshi case study** was conducted in an urban area with a large, long-established Bangladeshi community.

- **The Pakistani case study** was carried out in an urban area which had a large, long-established Pakistani community.

- **The Chinese case study** was conducted in an urban area with very large numbers of minority ethnic residents. The Chinese community was small in number in this area and had very few Chinese community centres or other organisations.

- **The African case study** was in an urban area with high levels of deprivation and large numbers of minority ethnic residents. The African community was the largest minority ethnic group (although its profile was said to be quite young and newly-established).

- **The Caribbean case study** was in an urban area with a fairly large Caribbean community, but this was not the main minority ethnic group in the area.

- **The Irish case study** was carried out in an urban area with a large, long-established Irish community. It was the largest minority ethnic community in the area and had a well-developed Irish voluntary sector.

### 1.3.3 Sample and design of each case study

Each case study shared the same structure, consisting of in-depth interviews as follows:

- at least one interview with local authority staff; this could include welfare rights workers, workers in a one-stop shop and managerial staff;
- at least one interview with Department staff. In some areas these staff were Pension Service staff newly in post, however, in other areas the staff were transitional staff overseeing the change from the Benefits Agency to The Pension Service. For many of these interviews The Pension Service local service staff were not yet in place, did not have their full teams in place or were very new in post;
• at least five interviews with voluntary organisations;
• between 10 and 15 interviews with older people from the target community.

A sample summary for each case study, a discussion of how respondents were identified and recruited, and a description of how the fieldwork was conducted is included in the appendices.

Within the discussion of the role of voluntary and community groups in each area, distinctions have been drawn between larger and smaller organisations, and between those which were ‘mainstream’ and those which were community-specific. For the research, the estimated size of organisations was generally based on their number of staff and volunteers. However, the study did not employ a specific definition of size. Rather, distinctions were drawn between groups which were clearly small and those which were much larger and more established. Mainstream organisations were those which were not established specifically to serve particular communities. Often they were also affiliated to national organisations (such as Age Concern or Citizen Advice Bureaux).

1.3.4  A staged approach

The research was carried out in three main stages:

• Firstly, in the development stage, interviews were carried out with a few key Department staff and organisations represented on the Department’s Partnerships Against Poverty BME Sub-group. This Sub-group brings together for regular discussions the Department’s policy staff and organisations working with minority ethnic groups and with elderly people more generally. Interviews with these individuals were used to confirm the proposed research design, to canvas opinion as to the areas that might be chosen for each case study, and to learn from the experience of these interviewees in working with the target communities.

• The second stage was to conduct the first case study, focusing on the African community. This was used to pilot the proposed method. The research team completed this case study and reported back to the Department and the Sub-group before embarking on the remaining case studies.

• Finally, the other six case studies were carried out.

All the fieldwork for the project took place between July 2002 and January 2003.

1.4  Scope of the qualitative methods

Qualitative methods, such as in-depth interviews, are ideal for exploring complex issues. These methods look to explore and understand, and to elicit a full range of possible answers. Quantitative research, on the other hand, looks to explore statistical relationships from the data.

Qualitative research utilises smaller samples that are chosen purposively to ensure that a full range of views are represented within the sample. It uses a topic guide, which allows flexible questioning in response to issues raised rather than a more rigid survey format where questions are pre-determined and set before the interview. A qualitative approach allows for a more ‘discovery-oriented’ approach which is suited to topic areas which have not been researched before, such as benefit take-up among BME older people.

The findings from this study suggest a host of factors and influences that respondents discussed during the fieldwork that influenced their willingness and ability to access benefits.
Such points would not have been so readily accessible using other research methods such as quantitative surveys. However, the research was not looking to produce statistics, but to identify the range of views, opinions and experiences of older people from different minority ethnic groups and staff working in statutory and voluntary organisations. Qualitative research provides insights into this range but does not enable us to draw any conclusions as to the relative proportions of the population which would hold these views. The sample used in qualitative research attempts to include a diverse mix of relevant groups and characteristics but is not statistically representative of the population which is being researched. Further quantitative research would be needed to measure the extent of the views described in this report.

1.5 Report outline

Following this introduction, the remainder of the report is divided into 11 chapters, as follows:

- Chapter 2 examines the barriers that minority ethnic older people face in claiming benefits, and the factors that can help or hinder them from doing so. It makes a comparison between these findings and those of research with pensioners who are not from a minority ethnic background.

- The following seven chapters each report the findings from one of the case studies, in the following order: Indian; Bangladeshi; Pakistani; Chinese; African; African-Caribbean; Irish.

- Chapter 10 explores a number of issues which arose in each of the case studies, including views on the Social Fund, Attendance Allowance (AA) and Disability Living Allowance (DLA).

- Next, Chapter 11 draws together the key themes emerging from the results of each of the case studies.

- Finally, Chapter 12 focuses on how the barriers to claiming may be overcome, and highlights the examples of effective take-up work which emerged in the case studies.
2 Literature review

A number of studies have been carried out over the last few years which provide evidence about the barriers to take-up among the general population of pensioners. In addition, there have been several pieces of research which have focused on barriers to take-up in particular ethnic minority communities. These pieces of work, while not focusing specifically on minority ethnic older people, provide a useful background to the findings discussed in this report.

Several research projects had been commissioned by the Department over the last few years focusing on attitudes to claiming benefits and experiences of doing so (references one to eight). In particular, they have focused on Income Support (Minimum Income Guarantee at the time of this research and now called Pension Credit).

The studies carried out among the wider pensioner population for the Department demonstrated that there were three key attitudes underpinning pensioners’ attitudes to benefits. These were a strong dislike of debt, a desire to maintain independence and a desire to leave a legacy. All were shown to play a part in shaping attitudes to claiming benefits. The studies highlighted a number of barriers which emerged as being important in discouraging pensioners from taking up benefits. These barriers ranged from attitudes and knowledge gaps to process-related issues and assumptions.

Firstly, it was found that older people lacked awareness and knowledge about the benefits system, and had incorrect assumptions about eligibility. They also often had difficulty in distinguishing between services and benefits administered locally and those administered centrally, and assumed that the Department would know who is entitled to benefits and will pay or inform them automatically. In addition to these attitudes and assumptions, older people were discouraged by the effort and ‘hassle’ involved in making a claim, including having to fill in forms and give personal and financial information. They also often assumed that they had to visit a benefits office and felt a strong dislike of this environment. Finally, the research highlighted pensioners’ apprehension about their claim being refused and their desire not to appear ‘needy’.

In addition to examining the barriers to claiming, some studies explored a number of triggers which could lead pensioners to enquire about or claim benefits. These included factors relating to individual circumstances, such as a change in circumstances or advice from other people. These also included those arising from the claims process, such as being able to make a claim away from the benefits office, being notified of a possible entitlement, having proactive contact from staff and being able to have face-to-face contact.

Research carried out by Alice Block in 1994 was among the first studies to address the question of ethnic minorities’ access to the benefits system and their experience of it. She sought to understand
the extent to which minority ethnic communities were further impeded, in addition to the factors affecting the general population, by cultural, religious and linguistic differences. She focused on six groups in six urban locations: three from the Indian subcontinent (Gujareti, Punjabi and Bengali) and Cantonese, Turkish and Afro-Caribbean. The study did not focus specifically on older people.

The study found that most people found out about benefits by talking to others, in particular through a local advice worker or community centre. Likewise, when asked about their view of the best way for them to obtain information, their own community groups were most often mentioned. Their experience of then making a claim was mixed, with difficulties highlighted in getting staff at local benefits offices to understand them, finding the process complicated and filling in forms. The most common spontaneous suggestion for improvements to the system was having advisors who spoke the respondent’s language. There was also strong support for having Department staff from their own ethnic group, being given help with form filling, provision of interpreters and being given more information of various kinds.

The recommendations made by Bloch focused on the level of understanding in benefits offices of the communities they served, measures to increase consultation, outreach and face-to-face services for minority ethnic communities and further research. Specifically, she recommended that:

- BA offices should develop deeper understanding of the communities they serve by:
  - analysis of demographic and other social and economic information about the locality;
  - discussing ethnic minority communications needs with local representative groups;
  - awareness training about different social/cultural groups for all staff;
  - consultation with community groups and advice workers to plan service delivery initiatives that are appropriate for the local community and that reach targeted groups;
  - considering holding benefit surgeries at local community groups;
  - assessing the priority given to translated leaflets and freephone lines in different languages (as appear to have limited value) (i.e. translated material less value when low levels of literacy; people prefer face-to-face contact);
  - giving higher priority to strategies that build on preference for face-to-face contact (eg employ more staff from ethnic minority groups; provision of trained interpreters; outreach sessions and benefit surgeries in the premises of community groups);

- further research should be carried out to:
  - identify particular access to services and information needs of people outside the main centres of concentration;
  - conduct a large scale survey examining how BME groups claim benefits and their views;
  - identify problems faced by refugees;
  - evaluate service delivery initiatives developed at national and local levels.

A second study was also carried out in 1994 by a team at the University of Leeds, funded by the Joseph Rowntree Foundation. This focused on the provision of social security benefits to five main ethnic minority groups (Indian, Chinese, Pakistani, Bangladeshi and Afro-Caribbean). The findings related to all age groups rather than being focused on pensioners specifically.
The study firstly found that perceptions of benefits were strongly influenced by cultural and religious factors and that negative perceptions had led to non-claiming, under-claiming and delayed claiming, particularly amongst Chinese and Bangladeshi households. It emerged that the attachment of shame and stigma to claiming was most strongly felt amongst Bangladeshi, Pakistani and Chinese households and communities and that the perception of a right to claim benefit was considerably weaker amongst Chinese respondents than other minority groups. Claiming was seen by some people in all minority groups as a process which could create dependency but, by others, as one which could facilitate independence. The experience of claiming was not, however, seen as a barrier to obtaining work.

Three-quarters of respondents who had contact with local offices were satisfied with services provided by the Benefits Agency and the local authority. Nine out of ten respondents were satisfied with services provided by community-based advice agencies. Contact with benefit staff was frequently mediated by formal or informal advisers. Community-based advice agencies were felt to be of central importance to black and minority ethnic claimants.

The importance of working with community groups has been emphasised in the research cited above, as well as in the current study. Findings from the Better Government for Older People Prototypes also examined this issue. In particular, this highlighted the fact that liaison between organisations and agencies was more likely to be effective when staff sought to understand how other organisations worked (which could be enhanced by shadowing and visits) and when they made efforts to be diplomatic. These prototypes also identified several barriers to effective liaison. One barrier cited was inadequate explanation at the outset of a relationship between organisations of what might be expected from different organisations. Secondly, the issue of conflicting agendas and priorities among different organisations was raised, with some voluntary groups being uneasy about being seen to work too closely with the Benefits Agency.

In 2000, People’s Panel research on ethnic minorities’ satisfaction with public sector services found that 65% were satisfied with the services provided by the Benefits Agency. Ethnic minorities’ satisfaction levels did not differ significantly from the People’s Panel in general. Sixty per cent thought that the Benefits Agency was good at recognising the needs of people from different ethnic, religious or cultural groups. However, a strong finding across research on ethnic minorities and benefit claiming is the central role that community-based advice plays in the claiming process. These services were seen as providing fast, accessible and respectful benefit advice service and often helped to challenge perceptions of stigma. One study found that the best way of obtaining information was through community groups (46%) followed by DWP offices (25%) and local advice offices (24%).

In 2002, the National Audit Office published a report entitled ‘Tackling pensioner poverty: Encouraging take-up of entitlements.’ It asserted that pensioners from ethnic minorities were potentially affected by multiple barriers to taking up benefits. These barriers included those which also affected other groups of pensioners, while others were more specific to ethnic minority groups, or were stronger for them. The report highlighted the difficulty for older people who did not speak English, and who sometimes did not read or write their first language either, reducing the helpfulness of translated written information. It pointed out that these factors meant that these older people were highly dependent on being helped to access the benefits system.

In addition to the language and literacy barriers, the report also raised the issue of attitudinal barriers, in particular the reluctance of some minority ethnic older people to visit benefits offices because of their worry about not being able to make themselves understood. It was also suggested that they could face difficulties in negotiating the administrative system due to not having the necessary paperwork to support claims. As has been the case in other studies, the NAO research emphasised the
important role played by community-based services and advisors for pensioners from ethnic minority communities.

In September 2002, Age Concern England issued a policy position paper entitled ‘Black and Minority Ethnic Elders’ issues’. This paper raised a number of issues of relevance to the current study. Firstly, it highlighted a number of barriers to older people from minority ethnic groups receiving appropriate social care and the impact that these barriers had on services being designed to meet the needs of these older people. The barriers cited included language barriers, lack of knowledge of availability and rights to public services, low expectations of their life in the UK and of retirement, poor mental and physical health and racism (including assumptions of family support and a ‘colour-blind’ approach to service provision).

The paper also examined issues relating to information provision and access. It emphasised the problems faced by older people from minority ethnic groups in accessing information and becoming aware of services available. Additionally, it raised the issue of culturally inappropriate services and information. Some solutions to these problems were suggested, having arisen from an Age Concern Workshop. These included identifying the ethnic profile of local communities and ensure that publicity work was targeted at individual ethnic minority groups, using outreach work and roadshows to raise awareness and ensuring that publicity used culturally relevant languages, media and meeting places. There were also recommendations relating to the employment of staff who spoke relevant languages and offering information in a range of formats, including videos and audiotapes, in order to overcome literacy and education-related barriers.

The importance of the issue of benefits take-up among minority ethnic elderly people has also been highlighted by a study carried out by the Department of Applied Community Sciences at the Manchester Metropolitan University, published by the Joseph Rowntree Foundation. This study found that many older Bangladeshi and Pakistani respondents had little or no idea of whether they had contributed to occupational pension schemes during their years of employment. Consequently, they did not know whether they had accrued pension rights remaining with a previous employer’s pension scheme. Low wages and financial responsibilities towards family and community meant that providing for retirement was a very low priority for many respondents. Both these factors point to a possible strong likelihood of greater reliance on income-related benefits. In addition, this study found that, in stark contrast with the white respondents, both the older and younger Bangladeshi and Pakistani respondents had a generally poor knowledge of how second tier pensions provision operated. This could indicate that these respondents were less able, both economically and in terms of their knowledge, to make second tier provision.

This conclusion was supported by evidence published in 1997 by T. Modood et al (from a study entitled ‘Ethnic Minorities in Britain’) showing that only Chinese men matched the earnings of white men and that Pakistani and Bangladeshi men had the lowest weekly earnings. Additionally, the percentage of economically active people among the working age population is higher for white people than other ethnic groups, as is demonstrated in a DfES study by D. Owen et al, published in 2000 (Minority ethnic participation and achievements in education, training and the labour market).
3 Barriers to benefits take-up

This chapter brings together the learning from the seven case studies about the barriers to benefits take-up among older people from minority ethnic communities. First, it examines the processes – mental and practical – community workers and older people reported they had to go through in order to achieve a successful claim. These processes included gaining an understanding of the benefits they could claim and how they might do so, overcoming attitudinal barriers and practical problems, and responding to delays or requests for additional information. The overall picture revealed was of a process that older people said that they found complex and difficult. This meant that they generally depended on a third party to help them through it.

There follows an examination of the factors which were reported by older people and those working with them to sometimes prevent older people from successfully working through the process and making a claim. It highlights the complex range of barriers affecting older people and the need to understand these holistically in order to provide effective services. The barriers are grouped into six main categories: personal resources; attitudes to benefits and to Government; social capital; external factors; macro factors; and demographics. Each of these categories is discussed in detail in Section 3.2.

3.1 The process of claiming

The process of claiming benefits, or of helping older people to claim benefits, was often reported to feel like a series of barriers, both to the older people concerned and to the families, friends, voluntary workers or other individuals trying to help them. The stages that had to be achieved in order to claim a benefit began with the attitudes of the older people concerned, and continued through the processes that need to be navigated to claim a benefit. Figure 3.1 illustrates some of the key barriers to a successful claim by older people who were entitled to benefits. It should be remembered that the experiences which led to older people holding these views took place under the model of delivery under the Benefits Agency: the new Pension Service was not fully rolled out at the time of the research, therefore it was not possible to ascertain the impact of its new approach to the provision of support and information on older people’s experiences and views.

Firstly, older people needed to understand the concept of benefits, and to grasp that there is a system of Government benefits over and above the state pension. This could be a particular problem for those older people who came from countries which do not have a benefits system.
Next, older people had to be aware that they would **not automatically be given or informed of all the benefits they were entitled to**. The study showed that older people often assumed that the Government would give them any benefits they were entitled to. This assumption has also been discovered in research with older people, which did not focus specifically on minority ethnic communities.

Older people also had to overcome a wide range of **attitudinal barriers** to claiming benefits. These included both a sense of pride and resistance to asking for help, and a wide range of concerns relating to making contact with the Government and with claiming benefits. These barriers are explored further in Section 3.2. Many of these attitudes have also been discussed in research with the general population of older people. However, there were issues raised by BME older people which did not arise in previous research.

If the older people, or those helping them, were able to overcome these attitudinal barriers, they then had to **know how to find out** about the benefits, what questions to ask, and where to go to ask them. They also had to be willing and able to approach this source of advice, in terms of both trust and mobility. Older people also had to be able to **understand and believe the advice** they were given. Next they had to fill in the necessary **forms** correctly and provide acceptable proofs of **identification** and **financial details**.

Finally, where there were **delays or difficulties with claims**, older people needed to understand what these consisted of and be willing and able to follow them up. For instance, if they had sent in a form but it had not been received and processed by the Department, older people needed to be willing and able to re-contact the Department to find out what had happened to their form and whether they had to resend it. Likewise, if the form had not been filled in correctly, older people needed to understand that this was the case and be able and willing to provide the additional information.

At any point during this process, some older people were reported (by the older person themselves or by community workers) to lose confidence, decide that they were not willing to make the effort to continue, or misunderstand what was required. Without committed and energetic help, they therefore did not always complete the process successfully.
Figure 3.1 Barriers to claiming benefits

3.2 Barriers to completing the process

The Department for Work and Pensions, and the staff working directly with elderly people, have clearly been aware for many years that claiming benefits can be difficult and that there are a number of barriers to doing so.

Two kinds of barriers have emerge strongly in previous research. Firstly, those barriers relating to the claims process, for example the length and complexity of forms, the benefits office environment and the way in which staff respond to claimants. Secondly, there has been considerable discussion of the attitudes of older people, for example the issue of pride and a desire to maintain independence. However, this research study found that many other factors affect how likely older people are to claim, and how easy they are to help to claim.

Those workers (whether from community groups, the local authority or the Department) who were felt by BME older people and by the groups working with them to be providing the most effective help in their area tended to have developed an understanding of the multiplicity of factors affecting older
people’s attitudes and behaviour. These workers also tended to understand the social context in which older people moved. Workers who understood how the community operated and were able to play a role in it were felt by older people to provide invaluable services and became a major means of accessing the benefits that they should be receiving.

Figure 3.2 illustrates the range of factors affecting older people’s ability to take up benefit – i.e. to surmount the barriers to claiming as illustrated in Figure 3.1. These factors can be divided into five main categories:

- personal resources;
- attitudes to benefits;
- social capital;
- external factors;
- macro issues.

Each of these categories is explored in more depth in this chapter. This way of conceptualising the factors affecting older people’s ability to claim is then used in each of the case study chapters. A sixth group of factors is also illustrated in the diagram: demographics. This appeared to be important primarily in the extent to which it increased or decreased the other factors helping or hindering older people’s ability to claim. For instance, age could be important if it was linked to poor health, the community that an older person was part of was influential because it affected the social capital that they could draw on. Other studies have examined in more depth the statistical relationship between ethnic background, age, health, income level and so on.

The way in which these six types of factors affected the older people in each of the communities studied was different. Common themes emerged, but there were variations in the nature of each of the factors, the success with which they were being addressed by organisations working in the area, and the lessons drawn in relation to that community.

A key lesson from the research was the need to consider each community in depth and to understand that particular community’s views and networks. It was commented by voluntary and statutory workers that reaching out to any one of the minority ethnic communities in an area requires a specific focus on that community. Where this was not occurring, that community was sometimes reported to have limited access to the services which would enable older people to claim benefits. This finding illustrates a useful direction for The Pension Service local service when developing their strategies.

Community group workers, staff within local authorities, Department staff and older people placed a high importance on ensuring that these Pension Service local teams had the resources and policy support to meet this challenge. However, respondents also felt it to be important for these teams to become part of local networks and to use and support local organisations (both voluntary and local authority) to help them in meeting the needs of older people in their area.
Figure 3.2 Factors affecting ability to claim

**Personal resources**
- Awareness of the system
- Basic skills: language, literacy, numeracy, people skills, money management
- Disability: sight, hearing, mobility
- Memory
- Alcoholism
- Confidence

**Attitudes to benefits and dealing with Government**
- Feel need higher income
- Believe might be entitled to more benefits than receive
- Willingness to go through process – effort, personal questions, past experience
- Fear

**Demographics**
- Age, gender, ethnicity, length of time in country, education, geography
- Only important if related to other factors.

**Macro factors**
- The resources and development of the voluntary sector
- DWP policies
- Local authority policies
- Relationships between LAs and DWP
- Other Government policies, e.g. BGOP

**Social capital**
- Link with 3rd party (family, friend, voluntary worker, doctor etc)
- Knowledge, training, resources, links of 3rd party
- Word of mouth

**External factors**
- Having suitable identification
- Having National Insurance number
- Process required to claim

**Process required to claim**
- Having National Insurance number
- Process required to claim
3.2.1 Personal resources

Each older person (or indeed any other person) can be viewed as having a greater or lesser level of personal resources. Personal resources are taken to mean knowledge, skills and personal characteristics which can help or hinder older people in navigating the system (as well as in managing other areas of their lives).

The first of these personal resources is that of awareness of the way in which the benefits system, and the wider Government system, operates. Within each community, the research found very different levels of comprehension. This awareness and understanding can be broken down into several levels:

- having some understanding of the different branches of Government, and the difference between local authorities and benefits offices;
- knowing that Government bodies tend to communicate by letter and that it is important to take notice of information sent through the post;
- understanding that there are a range of different benefits related to personal circumstances, and a set process for accessing them.

Lack of understanding of the system has also been highlighted in previous studies which did not focus specifically on minority ethnic older people. However, there were elements of the lack of understanding among some BME older people which did not seem as prominent in other studies. For example, some were not aware of the concept of benefits or did not realise the importance of written communication, and that important information relating to benefits would often be sent by letter.

The second type of personal resources are those related to ‘basic skills’. The research highlighted language barriers as being particularly problematic for the three South Asian communities, the Chinese older people and for some parts of the African community, but was also raised as a problem for some Irish and Caribbean older people. Literacy, both in English and in their own main spoken language, also emerged as a key difficulty for older people from minority ethnic communities.

Likewise, understanding their own finances and being able to manage their money could be a problem for some older people, particularly those who also had low levels of other personal resources. Thus, some older people were unable to tell the researchers which benefits they received or what their incomes were. Others were reported by community workers to have been unused to managing their finances (because of traditional roles within the family or an unsettled lifestyle) and then to find it difficult to adapt to considering what their income was, what they needed, and how to achieve it.

The importance of ‘people skills’, in the sense of being able to approach advisers and officials in such a way as to evoke a helpful response, emerged as a key point in some case studies. Difficulties relating to aggressiveness, defensiveness and unreliability were raised by voluntary and statutory organisations. However, it also appeared that lack of confidence could lead to the opposite problem. Thus some older people said that they did not feel able to assert themselves, to ask for help with the benefits process, or to demand the greater amount of time and patience they often needed to understand properly the forms and information about benefits. In both scenarios, this factor appeared to impact most heavily on the way in which older people reacted to attending a benefits office. Staff at community groups, and older people themselves, remarked that voluntary and community groups had a more relaxed atmosphere and that staff had developed ways of catering for people who had some of these ‘people-skills’ difficulties.
Disability played a part in how easy older people found it to navigate the system, and in how easily they were assisted to do so. Mobility problems made it more difficult for older people to attend either a benefits office or a local community group, and could lead to their becoming very isolated. Problems with sight or hearing made it hard for older people to deal with forms or telephone contact, and could also lead to greater isolation. These findings parallel those of studies with pensioners which did not specifically focus on minority ethnic communities.

Conversely, problems with their health were sometimes reported by older people to have had the beneficial effect of bringing older people into contact with professionals (such as GPs or social workers) who could prompt them to claim benefits. Additionally, the effect of deteriorating health could help some older people to accept the need to claim benefits.

During the research, it was clear that some older people found it difficult to remember information or events. This could make it hard to interview them for the research study, but would also have an impact on how easy they found it to take part in a benefits interview or fill in forms.

Finally, the issue of confidence arose in relation to all case studies. Underlying levels of confidence seemed to affect older people’s willingness to engage in the process of claiming benefits. This issue was related to the apprehension discussed in the following section. However, it seemed that their underlying level of confidence helped to determine whether older people would overcome some of those fears. Older people often expressed lack of confidence in not being willing to take active steps to find out information, apply for benefits or address other problems.

3.2.2 Attitudes to benefits

In common with previous studies relating to benefits take-up, the research showed that individuals’ attitudes to claiming (and to dealing with statutory service providers more generally) affected their likelihood of making a claim, and of following it through if there were any difficulties.

Firstly, older people had to feel that they needed a higher income than their present one. This was often the case – both eligible non-recipients (ENRs) of MIG and those who were receiving MIG often reported that they found it very difficult to manage financially. However, it was not universally the case: there were older people whose income was very low, but who did not feel that they needed any financial assistance. This appeared to be partially a result of how much help they had from their family and their standard of living in the past. But the attitude towards needing a higher income also varied among individuals in very similar situations. As has been seen in previous studies with the general population of pensioners, the apprehension they had about the process of claiming benefits could lead them to decide not to make a claim.

In addition to feeling that they needed a higher income, it was also necessary for older people to understand and believe that they might be entitled to more benefits than they were currently receiving. As has been shown in research with the general population of pensioners, there was often a strong belief that the Government would automatically pay or inform them of the benefits they were entitled to.

The willingness of older people to go through the process of claiming a benefit was also an important factor in their likelihood of doing so. This willingness or unwillingness was affected by a number of aspects:

- The perceived effort involved, compared with the amount of benefit anticipated.

- The type of process anticipated, for example the length and complexity of forms experienced or expected, whether they would need to visit a benefits office, and the expected queues, staff attitudes and environment in the office.
Past experiences, which affected older people's expectation of the process, but could also act alone to deter claims, for instance where a past claim had been rejected.

The experience or anticipation of being asked personal questions and disclosing financial details. Willingness to do this was often linked to the level of trust placed in advisers (whether from community or statutory organisations) and how comfortable older people felt with them. It could also be affected by the place where they were meeting the adviser, advisers' attitudes, word of mouth regarding advisers, and the ethnic background of advisers.

Fear was a major factor in deterring claims. Older people expressed concerns related both to making contact with statutory service providers more generally and to claiming benefits. This apprehension included:

- concern that they might have some benefits, savings or other income taken away from them if they tried to claim;
- worry that past unofficial working or other 'wrong doing' might be discovered and lead to problems for them;
- concern that claiming more benefit or challenging a rejection of a claim might lead to their finances being investigated and that this might involve their children's finances also being investigated and their children then being penalised if they had savings or quite high incomes;
- worry about their legal status as immigrants or asylum seekers;
- apprehension of having a claim rejected and being seen to be trying to claim something they were not entitled to – this was fuelled by high-profile anti-fraud campaigns;
- concern about not being able to make themselves understood, because of language barriers or accents;
- apprehension about how they would be treated by staff.

3.2.3 Social capital

Social capital emerged as a highly important factor in determining whether older people accessed the benefits available to them. Social capital is taken to mean the resources that older people could draw on through their contact with other people and through the networks existing in their communities.

This social capital consisted of individuals with the willingness and energy to help older people, the knowledge and training of these individuals and the extent to which they could draw on their links with other organisations, and also the effect of social networks and word of mouth. In particular, statutory workers who had developed good links with a particular community had become an important part of the social capital of that community. Through this, they had been able to affect the financial wellbeing of older people within that community.

Those older people who had managed to claim MIG (or other benefits) generally reported having done so with the help of a third party. This third party could be a family member, a friend or neighbour, a worker in a voluntary or community organisation, a local authority or DWP worker conducting a surgery in a voluntary organisation, or a professional such as a doctor or social worker. The importance of help from such third parties has also been emphasised in previous studies, for instance in work by Alice Block, the University of Leeds and the People's Panel.
It was often reported by community workers and older people that they would not have begun the process of claiming benefits without such help, and nor would they have followed it through to a positive conclusion. Sometimes, more than one third party might be involved in a single claim. For instance, a doctor or family member might suggest claiming and tell the older person about the form needed or acquire it. Then a voluntary worker would help the older person to fill in the form and deal with any delays or extra information required by the Department.

This link with a trusted third party was therefore a crucial first step to claiming. However, the link alone was not enough. The likelihood of older people making a claim was also determined by the resources of these third parties: their knowledge about benefits; their training; the time they had available to help older people; and their own attitude to claiming.

Thus, some voluntary and community groups had close links to older people, but the links did not always lead to those older people making claims. These groups often felt that they were limited by lack of staff and volunteers, and by lack of training and knowledge among some staff. The networks which these groups were able to use (the wider ‘capital’ they could access) also affected how much help they were able to give to older people. Groups which were able and willing to have local authority or DWP workers come to give surgeries and talks, or were able to link with a larger voluntary organisation, felt that their capacity to help the older people they worked with had increased.

Wider community networks and information sharing also affected older people’s likelihood of claiming. Some communities were reported by staff and older people to have very good networks, through which opportunities to increase income and sources of help and advice were communicated. Others were said to have less well-developed networks and thus to be less able to increase the income and standard of life of older people within them. For example, the Chinese and Caribbean communities in the areas studied were said to have fewer social networks and community organisations than did the three South Asian communities.

Word of mouth could act negatively as well as positively, however. It was clear from staff in voluntary and statutory organisations and older people that incorrect or out-of-date information was sometimes communicated through these community networks. One example was the belief that older people who had any savings, or who had savings over £3,000 could not claim MIG (or sometimes other benefits).

### 3.2.4 External factors

In addition to the above influences, a number of issues arose which were not necessarily related to individuals’ personal skills, attitudes or the community resources on which they could draw. These factors were primarily related to the processes that they had experienced (or believed they would experience) when making a claim.

The first of these external factors concerned the difficulties which could arise from some older people not being able to produce acceptable identification when making a claim. One example given was that of Irish birth certificates not being accepted by benefits offices because they were not issued at the time of birth.

In addition, some older people did not have National Insurance Numbers and thus could not claim until this problem had been remedied. This was a problem for older people in several communities, but appeared to affect Asian women in particular. Community workers reported that they might not have a National Insurance Number because their husbands had never seen the need since they were not working. Once these women came to claim benefits for themselves (for instance because their husbands had returned to their country of origin), they discovered the importance of having a National Insurance Number, but did not know how to gain one.
This difficulty was exacerbated by the fact that helping these older people to get a National Insurance Number was not necessarily considered to be part of the role of either DWP or LA staff. Voluntary and community organisations said that they were often unsure as to how to help these women, and were reliant on particularly experienced organisations who had developed expertise in this matter.

The process required to claim could also form a barrier for older people (as touched on in Section 3.2). This barrier included such factors as:

- the forms to be filled in;
- the channels of communication available (with some reluctance to use the telephone and difficulties in communicating in writing);
- the environment of benefits offices (other clients present, lack of privacy and the stigma of attending);
- the training and attitude of staff;
- the documents required and the number of trips to an office that might be needed in order to provide everything that a claim should include.

The barriers caused by process-related difficulties have also been highlighted in previous research looking at the wider population of older people, and by some studies which included a focus on ethnic minority groups, for example the National Audit Office report ‘Tackling pensioner poverty: Encouraging take-up of entitlements.’

A final external factor was that of older people making visits to their country of origin. Staff in voluntary and statutory groups and older people in all the case studies found that this caused problems for those who were claiming benefits. The limit of a four-week trip before benefits were affected was felt to be too short. It was felt to show lack of understanding of the way in which minority ethnic communities functioned and the importance of maintaining links with the country of origin. Older people were often unaware of the time limit on visits, and could find themselves in difficulties and having to reapply for benefits or repay benefit money paid while they were away. This was reported to sometimes lead to their ceasing to receive the benefit (because of the need to reapply), and to anxiety and financial hardship.

### 3.2.5 Macro factors

The ease with which older people could access benefits was reported to be affected not only by factors relating to them individually and to their particular community, but also by a range of factors operating across the country as a whole. These included the policies of local authorities and of the Department for Work and Pensions, and issues relating to the development of the voluntary sector.

A number of studies have been carried out focusing on the development and resources of the voluntary sector in general, and of the black and minority ethnic voluntary sector in particular. These include a study entitled Black and minority ethnic voluntary and community organisations carried out in 2001 by M McLeod, D Owen and C Khamis (published by the London/York Policy Studies Institute and the Joseph Rowntree Foundation). It is clear from the current study, as well as from this previous work, that the extent to which the voluntary sector is resourced and developed was felt by voluntary organisations, statutory organisations and some older people to have a significant impact on its ability to contribute to benefits take-up.
The key issues raised in the current study, as well as in other research, were:

- **Funding.** The levels of funding for the voluntary sector were believed by community groups and statutory workers to be important, but the way in which this funding was provided was also highlighted as being key. The short-term nature of much funding caused great difficulty for voluntary groups. The requirements of funding bids and for the monitoring of grants could also be challenging – particularly for smaller organisations, which often reached out to parts of the community not in touch with more established groups. The voluntary groups taking part in the research emphasised the limitations placed on their opening hours and staffing levels, and the resulting effects on the numbers of people they were able to help and the type of assistance they could give.

- **Training and capacity building** also emerged as key needs for voluntary groups.

- The development of **good relationships with the Government**, both local and national, was also felt by voluntary and statutory organisation workers to be important, in order to enable the voluntary sector to provide a better service, and to allow consultation with the sector in developing Government policy.

- The importance of a range of **voluntary groups**, including religious organisations and housing groups as well as advice centres and other organisations, was also clear if hard-to-reach older people were to be given access to assistance.

The second macro factor was the **Department’s own policies**. These had an important effect on the way in which services were provided on the ground, and on attitudes to benefits. One clear example of this related to the policy change reported in the original ‘Service delivery to customers from ethnic minority communities’ guide developed by the Benefits Agency (1996). It stated “On-going initiatives: the 50% cut in funding for information and outreach work has meant a significant reduction in this activity.” Department staff and other workers referred to this and stated that the Department had, some years previously, changed its policy in regard to home visits, surgeries and work with community groups and other organisations. They said this kind of work had been carried out, but that policy changes and resource issues had led to it being reduced or ceasing altogether in the last few years. Other policy initiatives from the Department were also important, such as the effect of campaigns to combat benefit fraud, the decision to introduce The Pension Service and its ‘local service’ (and how these would be staffed and managed), and the introduction of the new Pension Credit.

The **policies of local authorities** were also important in affecting the take-up of benefits. Their role was emphasised both in this study and in previous research, such as that carried out by the National Audit Office. They played a vital role both in funding community organisations and in providing services themselves. Authorities in all of the case study areas were involved in funding a wide range of community groups, enabling those groups to provide advice and support services to older people (and other groups) within their community. They also, therefore, had a great effect on the level and type of funding available, how it was administered, and the level of capacity-building that took place.

In addition to this, some authorities also provided outreach workers, based in accessible locations (such as on estates or in community centres) and also held surgeries at other organisations’ premises. In some areas, these workers had become a crucial part of the support available to elderly people in one or more of the ethnic minority communities, and were well established in the network of community groups and workers. Additionally, there had been a move in some local authorities to build partnerships with community groups, using forums and informal networks. The policy of focusing on income maximisation had also been greatly beneficial in some areas. Likewise, local
authorities’ decisions on whether staff in one-stop shops should help visitors to fill in forms, and get involved in casework for benefits not administered by the LA, had a great effect on the services available to older people.

Other Government policies also affected this area. In particular, the BGOP initiative was reported by statutory and voluntary groups to have led to higher levels of partnership working and increased consultation with minority ethnic communities in the case study area in which it was operating. Likewise, the Home Office’s work on addressing the problems of the voluntary sector may affect this sector’s role in benefits take-up and income maximisation.

3.3 Comparisons with previous research

The key issues which have emerged from previous studies for the Department, looking at barriers to benefit take-up among older people are:

- older people’s lack of awareness and knowledge about the benefits system, and incorrect assumptions about eligibility;
- their difficulty in distinguishing between services and benefits administered locally, and those administered centrally;
- an assumption that the Department knows who is entitled to benefits and will pay or inform them automatically;
- the effort and ‘hassle’ involved in making a claim, including having to fill in forms and give personal and financial information;
- assuming that they have to visit a benefits office and disliking this environment;
- apprehension about their claim being refused;
- not wanting to appear ‘needy’.

These findings were all also echoed in this study of minority ethnic older people. However, a number of key differences emerged in this study, concerning issues that:

- related only to minority ethnic respondents, such as language barriers and worries about immigration and residency status;
- seemed to be more prominent for minority ethnic groups, such as literacy and numeracy difficulties and levels of apprehension;
- existed in the general population of pensioners but may have had extra dimensions for minority ethnic older people. One example of this was the apprehension felt by some of the minority ethnic older people that, if they contacted a branch of the Government their children might be investigated. This was not something that they had experienced in the UK, but the perception remained that it was possible.

In addition to some differences in the barriers facing minority ethnic older people, the ways in which these barriers could be overcome differed. A report published by the National Audit Office (NAO) in November 2002 (Tackling pensioner poverty: encouraging take-up of entitlements) highlighted a number of the above-mentioned barriers and also suggested an approach to take-up which is broadly supported by this study. Specifically, the NAO report emphasised the following factors:
• The opportunity presented by the introduction of The Pension Service for a greater level of outreach work and a more tailored approach than under the Benefits Agency.

• The existence of considerable good practice in the work of local authorities and the voluntary sector.

• The importance of The Pension Service taking a partnership approach to benefits take-up and developing strategies to work with other organisations.

However, this current study has also emphasised the need for take-up work to be driven by strategies focused on specific communities in order to reach older people in particular communities. Additionally, it has highlighted the limitations of using telephone-based advice or administration services, aimed at the general population of older people, in reaching minority ethnic older people, and the need of some minority ethnic older people for a very high level of support and guidance through the benefits system.

A list of previous research that formed the basis for these comparisons is included in the appendix.

3.4 Overcoming the barriers

Chapter 12 explores how the barriers outlined above can be overcome. In this study, it was reported by statutory and voluntary organisations, and some older people, that helping older people in these particular communities to claim benefits required efforts to understand which organisations were already working with them, where older people met, and what were the specific issues facing that community. Although some of the barriers to claiming were similar to those in the wider community, addressing them appeared to require an approach that acknowledged the differences among the various communities and attempted to build links with each community.

The use of outreach work, targeted at places and organisations working specifically with particular communities, was highlighted by older people and community workers to be key in reaching older people. However, in carrying out effective outreach work, a number of other issues were also raised, including:

• the willingness of community groups to be involved. Their willingness could be affected by the resources of the groups, and by their attitude to the Department and past experience of it;

• the staff carrying out such work. The most important factors were felt to be their attitude and willingness to persevere and address the problems facing the older people who came to them. This could, in itself, raise issues concerning the multiplicity of roles that might be expected of outreach workers. The gender, language skills and ethnic background of outreach workers were also important, but could be a matter of debate among each of the communities studied;

• the resources available to carry out this outreach work;

• the building of relationships between the Department and voluntary groups and with the local authority.

There was also discussion among the voluntary group staff, statutory staff and some of the older people themselves of the use of other measures to increase take-up, including the possibility of the Department considering a move into funding and training community groups and helplines in community languages.
The appendix includes a summary of actions which the Department had taken before the time of the research. These included a wide range of activity such as training and cultural awareness sessions for staff, using leaflets and posters in languages reflecting the groups in the area and addressing customers’ language needs, for instance through a database of staff who spoke a second language and the use of interpreters. It also included developing liaison with local communities, for example through ethnic liaison officers, surgeries, links with local groups and the use of appropriate media. There were, in addition, a range of actions related to consulting with the local communities through customer panels, forums and liaison meetings with outside organisations.

3.5 Chapter summary

This chapter brings together the findings of the seven case studies regarding the barriers to benefits take-up among BME older people.

Older people, and those working with them, often said that the process of claiming benefits (or helping someone to claim) could feel like overcoming a series of barriers. The steps that had to be achieved to successfully complete the process were: having a concept of a benefits system; understanding that these were not allocated automatically; overcoming attitudinal barriers; knowing how to find out about benefits; being willing and able to access the source of advice; believing and understanding advice about claiming; filling in forms correctly; providing necessary proofs; understanding any delays and being willing and able to follow them up.

A range of factors were reported by older people and community and statutory workers to affect whether they were able to overcome all these barriers. These factors fell into five main categories. Firstly there were ‘personal resources’: knowledge, skills and personal characteristics helping or hindering them from navigating the system, such as language and literacy skills. Secondly, attitudes to benefits played a part, including feeling that they needed a higher income, being willing to go through the process of claiming and worry about the perceived possible consequences of making a claim. Social capital, taken to mean the resources that older people could draw on through their contact with other people and through the networks existing in their communities, were also reported as being important by older people and those assisting them.

Factors external to individuals’ personal skills, attributes or community resources were also identified by all types of respondents as being important in enabling older people to claim. In particular, the process of claiming (prior to the introduction of The Pension Service) was highlighted. Finally, the ease with which older people could access benefits was affected by factors operating across the country as a whole, in particular the policies of the Department and local authorities and the state of the voluntary sector.

Demographics, such as age and gender, were not cited as factors influencing claiming in themselves, but only if they were linked to other factors, for example, age being linked to a deterioration in health.

Previous research with pensioners which did not focus on BME communities, has also raised a number of issues emerging from this study. These included older people’s lack of awareness about the benefits system, an assumption that the Department automatically gave benefits, issues relating to the claims process and attitudes such as pride and worry about being refused a benefit. However, there were also issues raised which had not emerged strongly in other studies. These included factors such as language barriers and worries about residency and literacy and numeracy issues and apprehension (which seemed more prominent in this study than in previous work). In addition, voluntary and statutory organisations emphasised the need for strategies to be developed focusing on specific communities in order for effective work to be done with BME older people.
4 Indian case study findings

The Indian case study was conducted in an area which included a large town and some rural areas. The Indian community was the main minority ethnic group in the area. This area was also one of the pilot areas for the Better Government for Older People programme.

This chapter explores the services available in the area and the extent to which they were being used by Indian older people. It also examines the barriers to benefits take-up among Indian older people. Finally, it discusses the suggestions which were made for service developments that would enable more older people to take up benefits.

4.1 Services available

This area was one of the 28 national pilots for the BGOP programme. BGOP aimed to improve public services for older people by better: meeting their needs; listening to their views; and encouraging and recognising their contribution to society.

In this area, BGOP was reported by statutory and voluntary organisations to have given impetus to a consultation event involving Indian older people, voluntary organisations and local service agencies, including the Department, local authorities and health agencies. The first consultation event, in 2000, led to the decision to create a multi-agency steering group for the District, to plan and implement a three-year strategy to address the needs of Asian older people.

The local authority acted as lead agency for developing and implementing the strategy, and also contributed significant funding to it. The Department and a range of key local voluntary groups also became heavily involved in the strategy, contributing staff time and resources to it. The steering group then started to hold bi-monthly meetings, which were continuing at the time of the research. There had also been a second consultation event, in 2002. At this second event, older people, voluntary groups and service agencies met to evaluate progress since the first consultation and to raise on-going issues and make further suggestions.

The first consultation gave rise to a great deal of joint working among the various agencies involved. The Department and the local authority’s Welfare Rights Advisory Service agreed to target the Asian community in a campaign to improve take-up of benefits. A range of initiatives were used, including a series of information events at community centres, temples and other venues. Various agencies attended these events and talked about their services to voluntary and community group staff and to some older people.
Local service providers also co-operated in producing an information video and audiotapes in Punjabi about local services for Indian older people. These materials were made available to older people free of charge. This was a recent innovation at the time of the research. The idea was welcomed among the older people interviewed, and the materials had been found useful by some who had used them, particularly where they were not literate in either English or Punjabi. Training was also being given to volunteers in voluntary and community organisations, to enable them to provide some benefits advice.

The work of the Department, the local authority and the voluntary sector is explored in more depth below.

4.1.1 The work of the Department

The local Pension Service manager was in place, as was one other member of staff. At the time of the research, they were waiting for additional resources to be provided, in terms of both equipment and staff. They were also having intensive training. They reported that The Pension Service local service in their area was still very much in transition, but that a great deal of positive work was being continued and developed despite this.

The Department conducted outreach work – particularly surgeries – in partnership with local community groups. It worked with the local authority and with voluntary organisations, sharing information and ideas, referring customers between them and supporting them to enable a more effective service to be provided. Recently, the Department had also started to give talks about benefits in some of the main community group and day centres. This was reported by some of these groups and by statutory organisation staff to have already generated some interest among older people, and it was hoped to raise awareness among them, both of the benefits available and how they could access them. The Department had been concerned to conduct its outreach with regard for cultural sensitivities, for instance by holding events on different days for men and women.

The Department’s staff also said that they aimed to give older people an overall income check when it approached them, looking at where their income came from and what their entitlement to benefits might be.

The Department’s staff said that they tended to use interpreters from the local authority’s social services department. Older people, voluntary groups and statutory organisations reported that these interpreters were well known and trusted in the community. However, some also commented that the heavy use of them by a range of agencies could place pressure on a scarce human resource. The Department also had some Punjabi-speaking staff (and was trying to recruit more), but the reports of older people and voluntary groups indicated that such staff were not always available when older people or their advocates visited or telephoned benefits offices. Pension Service staff were very well aware of the need to try to provide interpreters for older people, and not to assume that older people would be able to provide their own interpreter from among friends or family. This was in contrast to some of the Department’s staff in other areas, who tended to assume that older people would be able to bring somebody with them who would be an effective interpreter.

In this area, there was strong awareness among Department and local authority staff that professional interpreters were important for ensuring that older people properly understood what they were told, and that they needed to be able to give information clearly. Friends and family might still attend the interview and provide support for older people. However, it was agreed that they would often not be able to substitute fully for an interpreter, because they would not necessarily have a good understanding of benefits issues, and their English might not always be fully fluent.
Older people’s experience of staff in the benefits offices (prior to the introduction of The Pension Service) remained mixed. As mentioned above, older people said that they found that there was not always someone in the office who could speak Punjabi when they visited or telephoned. Even when older people spoke some English, they were not always confident enough in it to feel that they properly understood staff or could communicate with them. Some commented that this added to their reluctance to access services directly, as they could not be sure that they would be able to communicate with staff.

Staff attitudes also seemed to raise some issues. It was reported that some staff were helpful and friendly. However, at other times older people and community group workers reported that they felt staff had been unhelpful and had appeared as if they were reluctant to take the time to explain information to older people or listen to them. It was also said that when older people or their families approached the Department directly, by visiting or telephoning benefits offices, it seemed to take a great deal of time to achieve results or have questions answered. In contrast, when older people took their questions or problems to outreach workers (from either the Department or the local authority) they felt that they were answered or processed much more quickly and easily. This reinforced some older people’s tendency to go to outreach workers at local voluntary and community groups for help, as they were perceived to be more convenient, seemed more effective and provided a more pleasant atmosphere and attitude.

4.1.2 The work of the local authority

The local authority staff reported having played a very active role in the joint campaign for improving benefits take-up among Asian older people. It had also carried out work on other issues raised by Indian older people, for example addressing the need for interpreting services within health service providers. The local authority funded voluntary groups and provided outreach workers to conduct benefit surgeries. It had taken the lead in the BGOP steering group and in promoting the initiatives arising from it. The local authority also appeared to have played an important part in co-ordinating the different organisations and in information sharing, communication and co-operation among them.

The weekly benefits advice sessions, conducted by LA workers at key community meeting places, were said by local authority staff and some voluntary organisations to have been very well used, particularly by older people. However, not all the older people who used these centres said that they knew about the sessions.

The local authority had produced leaflets in Punjabi, and sometimes also in Gujarati. These were distributed in public places and by the main voluntary groups. It had also employed some bilingual staff and operated the interpreting service used by the Department as well as LA advisers. Those older people interviewed who had been in contact with the LA advisers and interpreters were very positive about the service they received.

4.1.3 The work of the voluntary sector

The voluntary sector in the area was believed by older people and voluntary and statutory organisations to be crucial in serving Indian older people. Voluntary organisations provided a wide range of services themselves and also acted as access points to Government services. They provided older people with information about the services available, and support and help in negotiating them.

‘It was (voluntary group adviser) who initiated (my claim) and kept pushing me again and again. People like us can’t speak and can’t do anything on our own.’

Older person, 81, MIG claimant, female (InE18)
Some of the organisations were advice-based, while others were more general community groups. Some were structured primarily according to religion, others aimed to provide services more widely for the Indian community or for the Asian community as a whole. Mainstream voluntary organisations had made a big effort to reach out to the Indian community and to be seen as places where Indian older people could access help. They were said, by older people and other community groups, to be providing useful services, and were supporting Indian older people.

Community groups and statutory workers felt that it was important to maintain this range of organisations, as older people had varying preferences as to the kind of group they were comfortable in and trusted. Each type of organisation served older people who preferred its approach, environment and location. Older people tended to get to know one or possibly two organisations and then to return to them for support, advice or for activities relating to a wide range of issues.

There were good relationships among key voluntary groups. A core group of several organisations worked closely together, attending the steering group and having good contacts with the local authority and the Department. Their attendance at the steering group was felt by themselves and the statutory organisations to have been very important in assisting these relationships to develop.

Other smaller organisations said that they would, at times, send customers to the more established or larger ones. Additionally, staff from the smaller organisations sometimes contacted larger ones for advice. One large group seemed to act as a central community organisation. It helped to ensure that information from service agencies went to the community and to other organisations serving it. It had been agreed that this organisation would play this role as part of the strategy developed by the steering group after the first BGOP consultation.

Some organisations reported that they were not part of this network. They were often unaware of the outreach work of the Department or the local authority, and of the opportunity to gain support from other groups for their staff and customers.

It was also clear that there could be an element of competition among groups, with community and voluntary organisations feeling that they needed to justify their funding. This issue was exacerbated by a perception of scarce resources and a tendency towards short-term funding. As a result, some organisations felt the need to be seen to be conducting activities on their own, without help from others.

Voluntary organisations continued to feel that they were understaffed and under-resourced, and found it hard to meet demand for their services. This was clearly a difficult issue that continued to need addressing. However, it was also evident that the relationships among voluntary groups, and with the local authority and the Department – along with the partnership between the LA and Department – were felt by all these organisations to enable the needs of older people to be met more effectively.

### 4.1.4 Relationships among organisations

As discussed above, the strong and positive relationships across the various organisations operating in the area were believed by the organisations to have made a great deal of difference to the service they were able to give older people. They had been able to: develop a strategic approach to meeting older people’s needs; share knowledge and experience about what those needs were, and how best to meet them; refer customers between them depending on demand; and ensure that their outreach initiatives complemented one another.

> ‘If there is a problem I got to sort things out face-to-face with Benefits Agency or take help from [a large community-specific organisation].’

Worker at small community-specific organisation (InVol1)
Organisations other than those already mentioned could also be important. For example, doctors’ surgeries played a large role in signposting older people to support services. In this area, some GPs were reported by some older people and voluntary and statutory workers to be well informed about the support services available. They were able to tell older people that they should go to a local community centre and speak to the advice workers (or outreach workers) there about benefits, using their own language.

4.2 Barriers to take-up

Indian older people, like the older people in other communities, reported a number of barriers relating to their lack of personal resources. In particular, language barriers, illiteracy, disability and lack of knowledge about the benefits system could create great difficulties for them. There were also barriers for the older people in their own attitudes to benefits. A sense of pride and of not wanting to ask for help was added to a mistrust of Government and worry about being penalised for having savings or sources of income.

These barriers were sometimes reported to be exacerbated by older people’s expectation and experience of negative elements of the claiming process. These negative aspects related to the benefits office environment, staff attitudes and the information they had to provide in order to claim.

Social capital, in family, friends, community organisations and through information spread by word of mouth, was reported by some older people and community and statutory groups to help older people to overcome these barriers. However, not all older people said that they had access to these sources of help, or necessarily knew of the assistance they could gain through them.

Macro factors had generally had a positive influence in this area. The BGOP programme and the approach of the local authority and Department was believed by the organisations involved to have acted to promote the development of services which helped older people to overcome the barriers to claiming.

4.2.1 Personal resources

Elderly first-generation Asians often said that they spoke very little English. This meant that they found it difficult to access services. Additionally, it added to their lack of confidence and worry about dealing with statutory service providers. They were also often illiterate and sometimes spoke but did not read Punjabi or any other language.

They tended to know very little about how statutory services were provided, or about the benefits system. They felt that they had no idea of what might be available to them, or how they might go about finding out how to claim.

As was the case in studies with the general population of pensioners, sight and hearing difficulties could add to older people’s problems in accessing services. Mobility difficulties could also be significant in hindering them from being able to claim benefits or use the help available from community organisations. This problem was sometimes reported by community and statutory workers or older people to be exacerbated by a lack of good transport links, particularly in rural areas. Even in the towns, older people sometimes said that they needed to be picked up by car and taken to local community organisations, meaning that they were dependent on a high level of support from workers, friends or family.
4.2.2 Attitudes to benefits and Government

Older people often felt that they needed a higher income, and were keen to gain it. However, some older people were not claiming benefits, but accepted their standard of living. They could need a great deal of prompting from workers (whether they were outreach workers or community group staff) to persuade them to claim.

‘It’s very difficult to persuade people that I’m right and they are entitled to benefits.’

Department worker (InDWP1)

Older people often assumed that they would have been told if they were entitled to extra benefits, and were unwilling to be proactive in seeking information.

It was remarked by community group and statutory staff, as well as some older people, that older people had come to England to find a job and build their lives afresh, and that taking up benefits could be seen as a signal of failure to do this. These older people had a strong sense of pride and a determination to fend for themselves. Coupled with this was a mistrust of statutory organisations. They felt concerned that they might have to declare their savings and might be penalised in some way for having money in reserve. Thus older people were reported by voluntary organisation workers to be more willing to claim benefits which were easy to process and did not demand that they disclose a lot of personal information. Older people and community workers commented that, despite having savings, many elderly Asians lived on very basic means. Savings seemed to be reserved for the next generation and were not necessarily seen as accessible, ready cash.

Older people and community group staff and volunteers working with them felt there to be a stigma attached to the benefits office. Asian older people did not like to be seen to be queuing for benefits. It was suggested that the move away from benefits offices might help to overcome this problem.

Older people appeared to be more likely to take up benefits when they had undergone a change in circumstances which either made them feel justified in taking up benefits, or made them aware of benefits they were previously ignorant of. For example, older people were sometimes informed about Attendance Allowance via a GP when they became ill.

Once older people knew about a benefit they would be entitled to, some said that they were persistent in pursuing it. However, being asked lots of questions or encountering delays had discouraged others and occasionally led some to abandon a claim.

It was commented by community group staff and volunteers that all the older people in the area felt that it was their right to have a bus pass. They felt this showed that they were not completely averse to accepting financial assistance. There was a suggestion that attitudes to benefits needed to be moved in a similar direction, with older people encouraged to think of benefits as their right. There was a belief that older people were concerned not to be seen to be trying to ‘take advantage’ of the state. This perception was felt to have been fuelled by rigorous anti-fraud campaigns in the area.

Voluntary organisations also commented that some women were heavily dependent on their husbands to administer their financial affairs. They reported that this presented a particular problem for widows who found themselves isolated and unsupported and without experience of organising their own financial affairs.
4.2.3 Social capital

Older people said that they relied heavily on family and trusted community members to help and advise them.

‘It just seems an insurmountable task and that’s why, obviously, they do rely heavily on their family to sort things out for them, and if the family support isn’t there, where do they go, how do they know where to start?’

Local authority worker (InLA1)

Some family members said that they had tried to help older people with claims, but often found it hard to navigate the system themselves. They encountered difficulties in completing forms and sometimes in dealing with staff, understanding information and answering questions adequately. Family members would, therefore, sometimes also go to community groups and outreach workers to access help for their older relatives.

It was reported by community and statutory organisation workers that increasingly large numbers of Asian older people did not have family networks. It therefore could not always be assumed that family members would be there to help older people.

Word of mouth was felt to be the most powerful communication method regarding benefits and how to access them. However, word of mouth did not seem to reach all of the older people connected with a community or voluntary group. It was also evident that some older people were quite resistant to the idea of claiming benefits or finding out about them, and had needed persistent encouragement from staff to do so. Staff did not always feel it was possible for them to give the amount of time this persuasion required.

4.2.4 External factors

Aspects of the experience and process of claiming benefits (as experienced prior to the introduction of The Pension Service) were also cited as barriers for some older people. The Indian older people in this case study echoed many of the findings of previous studies which did not focus specifically on minority ethnic communities, including:

- queues and waiting to be seen;
- open-plan offices, which were felt by some to lack privacy;
- difficult access to buildings, with stairs an issue for elderly customers with mobility problems;
- forms that were felt to be long and complex. Even the simplified MIG forms were felt to be onerous for some older people. In particular, giving information about savings and income caused concern for some, as they worried that they might be penalised or have their savings or income reduced.

‘I don’t think people understand it very well. I think a lot of people dislike giving information about their bank accounts.’

Worker at mainstream organisation (InVol3)

The attitude of staff was important to older people. Helpful, patient and welcoming staff were reported by older people and community groups to make the experience of claiming much easier. However, as mentioned above, some older people had also had experience of staff who were felt to be impatient, or who gave information very quickly and did not appear to be receptive to questions.
It was therefore suggested, by older people and community workers, that some staff would benefit from greater training in how to work with older people in general, and Indian older people in particular.

The environment of benefits offices (as experienced prior to the introduction of The Pension Service) was not felt by older people to be welcoming. The preferred a smaller, more intimate and familiar environment. As has been noted, benefits offices could also be distant from customers’ homes, particularly those living in rural, hard-to-reach communities.

Older people were also concerned about the language barrier, and felt reluctant to go to a place where they might not be able to communicate.

These elements of the process and experience of claiming could arise as barriers because of the assumptions made by older people, or through the stories they heard from others. However, they could also arise out of older people’s direct experience, recently or earlier in their lives.

### 4.2.5 Macro factors

In this area, several macro factors seemed to have acted very positively in providing services for older people and helping them to claim benefits:

- The BGOP programme was reported by those organisations involved to have given impetus to developing a concerted strategy to reach Asian older people, an inclusive consultation programme for them, and strong and effective relationships among organisations in the area.

- The local authority’s approach had been very important in the area. The LA was reported by its own staff and by voluntary groups to be active in committing funding and staff to the development of services.

- Likewise, the Department’s staff in the area said that they had been very focused on partnership working and on building relationships with both the local authority and voluntary and community groups.

The introduction of The Pension Service (which was not yet fully functional at the time of the research) was also felt to be a positive development, by community groups and by staff in the Department and in the local authority. However, these respondents also expressed concerns as to whether it would be given sufficient staff and resources to meet the needs of all of the older people in the area.

In contrast to these positive influences, the vigorous anti-fraud campaigns in the area were felt by statutory and voluntary organisation staff to be increasing reluctance to claim.

### 4.3 Suggested service developments

Services in this area had clearly been developed a great deal prior to the introduction of The Pension Service, and already incorporated many elements of the demands of communities in other case-study areas.

As The Pension Service local service was not yet fully operational, respondents were not able to comment as to how its work might be improved. They were, however, able to comment on the developments which they hoped might take place and to suggest ways in which services prior to the introduction of The Pension Service could have been improved.
Firstly, there was concern among both statutory and voluntary organisations about the funding and support of the outreach services which existed at the time of the research. Secondly, there were suggestions for ways of expanding access to these services and for ensuring that they covered a wide section of the community.

### 4.3.1 Consolidating services

It was felt by statutory and community workers that attention would need to be paid to the staff resources available to The Pension Service local team. They were worried that work such as providing surgeries, talks for older people and help and advice to staff at community groups might be restricted by lack of staff. It was also felt by voluntary groups and older people that it was important for staff to have training in cultural sensitivity and in the attitude that should be taken to older people, and the need for patience and rapport-building with them. Additionally, staff felt that they would benefit from a greater access to support and mentoring.

It was not always felt by older people or community groups to be necessary for staff to come from the same ethnic background as the customer groups targeted. There were examples of non-Asian staff working very effectively with interpreters and providing a great deal of help for Indian older people. However, the older people expressed a general preference for staff from their own background, to enable more direct communication and to increase the trust and comfort they felt in dealing with staff.

One concern among staff of both statutory and voluntary organisations was whether the funding they received prior to the introduction of The Pension Service would continue, and be expanded to allow the service given to the community to be maintained and improved. Voluntary organisations often reported that they were struggling for funding, especially longer-term funding.

The issue of **trips home to India** was also raised. Community workers and staff in statutory organisations felt that the rule whereby older people going away for more than four weeks would lose their benefit displayed a lack of understanding of the community, and unnecessarily distressed older people and incurred administration costs.

### 4.3.2 Expanding access and coverage

**Access routes**

The Indian older people interviewed, like those in other case-study communities, generally said that they preferred to access services face to face. They felt more confident in their own ability to ask questions and make themselves understood in face-to-face contact. It was also reported that older people tended to build up a relationship of trust with advisers (whether outreach workers or voluntary organisation staff). This was important to them and they felt that this would be more difficult over the telephone.

However, there was some interest among the older people in the idea of a telephone helpline, staffed by Punjabi speakers. This was felt to be of particular benefit for older people with mobility problems and those in rural areas without access to good transport links. In addition to this suggestion, it was also commented by older people that the Department did not appear to produce leaflets in Punjabi. While these would not substitute for a face-to-face outreach service, they were felt to be helpful as a reminder for older people or their families and as a prompt for some to seek more advice or information about benefits.

There were also comments from some advice workers and older people that home visits were important and should be offered readily to older people. Not all older people said that they would
want this form of service, preferring to meet workers at community organisations. However, advice workers and older people believed that those who were more isolated, less mobile or had health problems would benefit from such a service. It was felt to be important that home visits should be carried out by bilingual staff or by staff working with professional interpreters. If a Punjabi helpline were provided, it was thought that it would be possible to link a home visit service to it, enabling less mobile older people to make initial contact by phone and then have the face-to-face service provided for them.

**Raising awareness**

Not all of the older people connected to the main voluntary organisations were aware of the surgeries and talks that took place there, even when they were interested in finding out more about benefits. Additionally, it was pointed out by staff in statutory and voluntary groups that not all older people were in contact with such organisations at all; it was felt to be important to find ways to advertise such services and organisations to these older people.

It was argued by community groups that a wide range of communication methods should be used to inform older people about the services they could access in their own language and communities, with leaflets in Punjabi, more information through religious and community organisations, radio in Asian languages and Asian newspapers all suggested. There was also believed to be scope to extend the use of audiotapes and videos in community languages to enable those who were not literate to find out information.

**Serving the whole community**

The issue was raised of ensuring that the whole of the Asian community was served by the services being provided. It was argued by staff in community and statutory organisations that all of the main Indian languages in the area should be considered, rather than just Punjabi. While they said it was true that Punjabi was the language spoken by the majority of Indian older people, other languages were also used by Indian older people, who did not necessarily speak Punjabi as well. Additionally, it was pointed out that service providers should ensure that they were not just focusing on the Sikh community (which was the main part of the Indian community in the area) and its organisations. It was also important to cater for older people from other religions (particularly Muslim older people) and consult their community organisations.

The rural community was also sometimes felt to be in danger of being overlooked. Reaching rural Indian older people could be difficult as transport links were not always good, and these older people did not necessarily have community organisations in their local areas.

In addition to the Indian community, there was a smaller but significant Caribbean community in the area. A consultation process had been conducted with this community, similar to that conducted with the Asian community. However, it was remarked by staff working with both that the interests of the Asian and Caribbean communities did not always coincide, and that there was some resentment on the part of the Caribbean community at the perception that they were less well served than the Asian community.

### 4.4 Chapter summary

**Services available:** The Indian case study was conducted in an area that included a large town and some rural areas and was one of the pilot areas for the BGOP programme. As part of this programme, the Asian community was targeted to improve take-up of benefits, through information events and a free information video and audiotapes in Punjabi about local services for Asian older people.
The Pension Service local service was not yet fully operational in this area, therefore comments on the type and quality of services available reflected experiences of the previous system (under the Benefits Agency) and the transitional period during the introduction of The Pension Service. On this basis, it was reported by statutory and voluntary organisations that the Department conducted outreach work, worked closely with the local authority and voluntary organisations, and had started to give talks about benefits in community groups and day centres. Older people reported mixed experiences of staff in benefits offices (under the previous system) and they said that there were not always staff available who could speak Punjabi, and attitudes of staff varied.

The local authority took an active role in the area, addressing the need for interpreting services within health service providers, providing outreach workers, encouraging communication and co-operation among organisations, providing weekly benefits advice sessions, and producing leaflets in Punjabi and Gujareti.

The voluntary sector in the area was believed by older people, statutory and voluntary groups to be crucial in serving Indian older people, providing services, advice and information through a wide range of organisations. Voluntary organisations felt that they were understaffed and under-resourced and found it hard to meet demand for their services. Doctors’ surgeries also sometimes played an important role in signposting older people to support services.

4.4.1 Barriers to claiming

Indian older people, like those of other case-study communities, reported a number of barriers relating to their lack of personal resources. These included language barriers and illiteracy in both Punjabi and English. Sight, hearing and mobility difficulties were also said by some community workers to be problematic, especially for those in rural areas served by limited public transport.

There were also barriers relating to older people’s attitudes to benefits and lack of knowledge about Government and the benefits system. A sense of pride and not wanting to ask for help was added to a mistrust of Government and fear about being penalised for having savings or sources of income. Older people also assumed that they would have been told if they were entitled to extra benefits.

These barriers could be exacerbated for some older people by expectations and experience of elements of the claiming process, such as the benefits office environment in the past, staff attitudes, the forms and the information they had to provide in order to claim.

Social capital, in the form of help from family members, friends, community organisations, outreach workers and through information spread by word of mouth, had helped some older people to overcome these barriers. However, not all older people had access to these sources of help, or necessarily knew of the assistance they could gain through them.

Macro factors had generally had a positive influence in this area. The BGOP programme and the approach of the local authority and the Department had acted to promote the development of services, which helped older people to overcome the barriers to claiming. However, rigorous anti-fraud campaigns in the area was reported by voluntary and statutory workers to have fuelled perceptions of not wanting to ‘take advantage of the system’.
4.4.2 Suggestions for service development

Services in this area had already developed a great deal (when compared to other case-study areas) prior to the full implementation of The Pension Service. The ideas and concerns that were expressed regarding service delivery were made without respondents having experienced the fully functioning Pension Service local service. There was concern among statutory and voluntary groups about the funding and support for outreach services, and suggestions for ways of expanding access to these services. Suggestions made by them and by some older people included a telephone helpline staffed by Punjabi speakers, leaflets in Punjabi that would act as a reminder and prompt for older people, offering home visits more readily, and the use of Asian radio and newspapers.
5  Bangladeshi case study findings

This case study was conducted in an urban area with a very large, long-established Bangladeshi community. The Bangladeshi community was the largest minority ethnic group in the area. It was expected that this area would have developed a good level of service for the Bangladeshi community, because of its size and dominance in the area.

The chapter begins by examining the services available to Bangladeshi older people in the area, and how they were being used. It then explores the barriers to benefits take-up among these older people. Finally, it discusses the service developments that were felt to be needed.

5.1 Services available

The voluntary sector in this area was felt to be active and well developed. A number of organisations were working with the Bangladeshi population, as well as with other communities. Community organisations tended to say that they employed specific benefits workers and often that they had good relationships with one another, thus facilitating referrals and co-operation.

The new Pension Service staff reported that they planned a great deal of outreach work and were highly aware of the need to work with the voluntary sector and the local authority. They said that they were starting to make contacts with other organisations, which had been well received.

The local authority funded a number of voluntary groups. It was also planning an income maximisation programme and was teaming up with voluntary groups in order to reach older people.

A great deal of positive work was being done in this area, and a considerable amount of partnership effort. However, some organisations felt that there was room to deepen partnerships and develop joint strategies. Voluntary groups also raised an issue relating to their resources, reporting difficulties with funding and staffing levels. Additionally, respondents from the voluntary sector expressed their hope that The Pension Service would be able deliver plans to carry out outreach work, create partnerships with community groups, and provide surgeries and talks for community group staff and customers, as well as carrying out home visits.
5.1.1 The work of the Department

The Pension Service was in its early stages in this area as the local service was not intended to be fully operational until April 2003 (several months after fieldwork had finished). Some key staff were in place and they were planning a great deal of outreach work and starting to make contacts with other organisations. The team planned to work with local organisations, particularly larger voluntary groups who were already doing a great deal in the area. They were also in the process of making contact with a wide range of voluntary groups.

The team had sent letters to some voluntary groups, asking them to suggest older people who were not getting all the benefits they should, so that the team could follow them up. At the time of the research, the success of this was unclear. Experience in other areas suggested that voluntary groups did not always respond to letters, because of time pressures, and that building personal relationships was the key to effective working. The Pension Service team also appeared to be taking a more personal approach, such as making visits to voluntary organisations to update them about benefits issues. Those groups interviewed who had experienced this were appreciative of it. The team was also planning to hold surgeries and talks in community groups around the area.

Additionally, the team was working with the local authority, in particular with LA staff who were referring customers to The Pension Service when they came across benefits issues. The new Pension Service was felt by Department staff to be helping them to develop a more proactive approach to customer service. They were aiming for staff to look out for problems that older people were facing and putting them in touch with the relevant people, such as the council if house repairs were needed.

Department staff reported that there had been developments over the last few years aimed at addressing the sensitivities of providing services to the communities in this area. For example, they had moved to offering a choice of gender of a home visitor, which could be very important for Bangladeshi women. Additionally, the Department was placing leaflets in doctors’ surgeries and hospitals and had some posters in Bengali. However, neither voluntary groups nor older people were aware that they could be given written information in Bengali.

Department staff were aware of the work being done by the voluntary sector and the position of trust that community organisations had with older people. They believed that these groups were very important and would continue to be so. Staff were aware that some voluntary organisations were worried about the effect on their funding if the Department started to do more outreach work. However, they believed that there would always be a need for community groups, as some older people would always want to go to them for help rather than to the Department.

The Department was also said, by statutory workers and community groups, to have been recruiting more people from minority ethnic communities over the last few years. It was believed that this had improved services; for example, there were now said to be more staff who spoke Bengali in benefits offices. As well as these staff, some offices had a Bengali interpreter present on one or two days a week, although there was mixed awareness of this among Bangladeshi older people, depending on when they visited the offices. Statutory and community group staff and older people sometimes commented that there was felt to be a lot of pressure on bilingual staff, who could become stretched by trying to do their own work and also being called over to help customers who did not speak English.

Those older people who did not think that there would be anyone who could speak to them in Bengali said that they were nervous of going to the office or trying to telephone it. At the time the research was carried out (prior to The Pension Service being fully operational) there was believed to be a need for more bilingual staff to ease the pressure on those already in place and to extend the numbers of people who could access the service. Older people’s experience (before the introduction of The
Pension Service local service) was often that when they telephoned the Department they were not likely to be able to speak to anybody who could speak Bengali (or who they believed could speak Bengali).

The way in which staff treated older customers appeared to vary, with older people reporting very different experiences. Some staff were reported as being very helpful and understanding. However, older people also commented that staff were sometimes impatient, unhelpful and appeared unwilling to help them. There was a belief among voluntary groups and older people that Department staff did not always understand the difficulties older people had in understanding letters and forms, or take the time to help them sufficiently.

5.1.2 The work of the local authority

The local authority funded a number of voluntary and community organisations working in the area, both mainstream and community-specific. These organisations provided advice, help and encouragement for older people to take up benefits.

Social workers had also been important for some older people in helping them to take up benefits and fill in forms, and even accompanying them to benefits offices. Additionally, some hospitals also had benefits advisers.

5.1.3 The work of the voluntary sector

There was a large, well-developed voluntary sector in this area, including both long-established and newer organisations, ranging widely in size and addressing various issues or client focuses. Organisations generally said that they employed specific workers to give benefits advice, although other staff could also provide it if necessary. This was in contrast to other case-study areas, where organisations often relied on general staff to deal with all of their clients’ problems. Community groups in this area also tended to have good sources of information about benefits issues, including written material, CD-ROMs, occasional visits from Department staff, forum meetings and periodic joint training with other organisations.

Voluntary and community groups were felt by older people and community and statutory workers to play a very important role in the Bangladeshi community. They gave advice on many issues, from housing to immigration to care to benefits, filled in forms, translated letters, carried out case work and helped customers to deal statutory service providers. They were also sensitive to the particular needs of the Bangladeshi community, for instance by having women’s days and matched gender advisers. Mainstream organisations reported that they carried out a great deal of work with the Bangladeshi community, and had Bengali workers and interpreters. One big organisation also conducted outreach work and surgeries in other voluntary organisations.

‘I know for a fact that [mainstream voluntary organisation] hold surgeries and do outreach to these people to make sure they take up what’s on offer... They were being proactive and doing all this work... They are a bit concerned that the funding will be revoked at some stage because now we are going to do this... I don’t think that’s going to happen, I don’t think their role will cease and if we work in partnership with them I think we can do great things.’

Department worker (BanDWp1)

There appeared to be good relationships within the sector: most organisations said that they were in contact with other groups, referring customers between them and supporting each other.
Voluntary organisations said that one of their major problems was related to resources, as they generally found it very hard to meet demand for their services. Some organisations reported having to stop filling in forms and doing case work because of the pressure on their time; they now referred customers to other organisations for this service. Others did not feel that they could meet the needs of all the older people who came to them. Resources also restricted the amount of home visiting they could do and the extent to which they could follow up cases and accompany clients to other meetings, for example, at the benefits office. Additionally, some organisations felt in need of more training, or extra funding to send people on training as budgets could be very tight. Organisations were also aware that some older people were not in touch with community groups and did not have the help these groups provided. There was agreed to be a need to reach out to these older people, but this was also restricted by resources.

Voluntary groups were keen for Department staff to visit them to give talks and surgeries, and to help them in meeting the needs of older people. There was some concern among these groups about whether the increased outreach work conducted by the Department (which the implementation of The Pension Service was expected to bring) would lead to a reduction in the funding available to community groups working with the same target audience. Despite this concern, they felt that it would a positive development for their community if the Department did carry out more outreach work.

5.1.4 Relationships among organisations

In this area, a forum brought together local organisations, the Department and the local authority for regular meetings. Voluntary groups felt that this forum was very useful for networking and for finding out information from the Department, the local authority and one another. It had also been useful as a means for voluntary groups to feed back complaints to Department staff. Community groups thought that complaints were dealt with more effectively since the forum had been in operation. This was attributed to the fact that they now had a direct communication route to Department staff in their area and could raise with them problems that arose in services to the community.

Close relationships seemed to exist among the voluntary organisations. Each organisation generally said that they had at least one or two others it worked jointly with or made referrals to. These relationships were believed to be important in boosting the amount of help that organisations could give. Community groups could refer customers to one another, access more help for their older people than they could on their own, and use their resources more effectively.

At the time of the research, prior to The Pension Service local service being fully operational, relationships between the voluntary sector and the Department and local authority seemed to be less well developed and organised than with one another. This situation already appeared to be changing, with a will on both sides to increase the extent to which they worked together. However, the organisations in the area did not seem to be at the stage of developing joint strategies as yet. Given the early stage which The Pension Service had reached during the fieldwork period, it was not possible to make a judgement as to how the implementation of the local service would affect relationships and strategy development in the area.

5.2 Barriers to take-up

Bangladeshi older people were reported by community workers and themselves to have a range of resources to increase their chance of taking up benefits, including a general awareness of the concept of benefits, an active word-of-mouth network and a range of community groups providing help and
advice. However, they, and those working with them, discussed barriers relating to their personal resources, attitudes, use of social capital and a range of external and macro factors.

The key gaps in older people’s personal resources were identified as being related to language, literacy, health and apprehension. Older people were sometimes also be hampered by: a belief that they would automatically be given the appropriate benefits; memories or hearsay about bad experiences at benefits offices or refusals of benefits; and worry about losing savings or income if they claimed. Older people could face further difficulties in the process of claiming, particularly from the pressure on bilingual staff and in understanding forms, leaflets and letters. Additionally, there could be problems of not having a National Insurance Number and making trips back to Bangladesh. Finally, older people were affected by the policies adopted by the local authority and by the Department (for example, in its recruitment of Bangladeshi staff, introduction of The Pension Service and renewed emphasis on outreach work) as well as the state of the voluntary sector.

5.2.1 Personal resources

Bangladeshi older people often said that the language barrier they faced was the most important difficulty in claiming benefits. Even where they spoke English, they were not always fluent enough to allow them to understand leaflets or complex explanations of benefits. Additionally, community workers and those older people who had experienced them, thought that the type of language used in forms and letters was complex and confusing. Problems were compounded where older people did not understand terms such as the names of benefits.

Literacy was also often a big issue, with older people being illiterate in Bengali as well as in English. This left them highly dependent on others to inform them orally about their entitlements and how to access them. It was also reported (by themselves and some community workers) to have reduced their confidence in dealing with statutory service providers.

Some older people were quite well informed about some benefits, or at least the possibilities of getting benefits. They were generally aware of the idea of benefits, but had little specific knowledge about which ones they might be entitled to, or how to get information about them. Older people were also often confused about how the system was administered, for example, thinking that they only needed to fill in one form to receive all the benefits they were entitled to.

Older people and the community groups working with them reported that they were often very unconfident in dealing with statutory organisations. This arose from a range of concerns. Some worried about losing benefits if they ‘made a fuss’, thought that they might not be able to communicate with staff, felt that they might not be treated with respect, or thought that claiming could damage their chances of bringing their family to the UK.

Health and mobility problems could also affect older people’s willingness and ability to claim. Positively, hospital stays were sometimes reported to have led to their being given information on benefits. However, some said that bad health made it harder for them to get to any sources of advice (even local community ones), and reduced the amount of energy they were prepared to spend on making a claim. In addition, older people could have memory problems. These made it hard for them to remember dates or events and increased the difficulties of completing forms or answering questions from staff.

Finally, the role of women in the Bangladeshi community, particularly those of pension age, sometimes increased their problems in claiming. Community workers sometimes reported that women were quite shy and rarely left the house. They commented that husbands might not pass on information to them or want them to contact advice-givers. Some women were also reported to be
unused to dealing with their own financial matters. This could create particular problems for widows or women whose husbands had returned to Bangladesh. Voluntary groups said they had to work quite hard to provide services for women and to encourage them to take up benefits.

5.2.2 Attitudes to benefits and Government

In addition to issues relating specifically to claiming benefits, older people expressed a dislike and concern regarding accessing statutory services in general. As a result of this, they were sometimes more comfortable in contacting community groups and using them as intermediaries, as has also been shown in previous studies with pensioners which did not focus on minority ethnic older people.

Like other groups, Bangladeshi older people often assumed that if they were receiving anything from the Government, including a pension, they would automatically be given anything else they were entitled to.

‘I haven’t claimed for anything else than what I am getting at the moment because in this country the Government will not lie, they don’t lie, they give people what they are entitled to. They I think work out in advance who should be getting what, based on everyone’s financial position.’

Older person, 68, ENR, male (BanE1)

They also worried about claiming more money, thinking that they might lose savings or existing income, and also that they might mistakenly make a fraudulent claim and have to pay it back. Additionally, some said that they were worried that they would not be able to make themselves understood at an office or over the phone, and so were reluctant to try to make contact.

Once older people had been refused a benefit, they said that this made them reluctant to apply again or to apply for a different benefit. They took the first refusal to mean that they were not entitled to any other benefits.

Pride, and resistance to taking Government money, were said by older people and community workers to be less of a problem for this group than for other communities. Occasionally, older people did not want to take money from the Government and felt that it had a stigma, but generally it seemed that older people did not feel this way. They commented that they had worked in the UK for years and had paid taxes. Additionally, they often had children who worked and paid taxes. This made them feel more comfortable about claiming benefits.

For some older people, claiming was felt to be a big effort that meant visiting the benefits office, completing forms, taking their financial details and documents, and trying to make sure that they understood all that was required. This feeling was especially acute if they had to make more than one visit to an office. Older people sometimes said that they lost interest and momentum, particularly if there were any delays in the claim. In addition, some felt that they were unlikely to receive the benefit (because of what others had told them), so they did not feel that it was worth going through the process.

Finally, some older people had experienced negative elements of the claiming process, recently or in the past, such as an unpleasant office environment, staff who they did not perceive as attending to their needs, or not being able to have their questions answered satisfactorily. As a result, they sometimes became reluctant to make contact with the Department again. Likewise, some older people had attempted to telephone and had found themselves passed around staff, had not been able to find the right person to answer their questions, and had been worried about the cost of the telephone call.
5.2.3 Social capital

Word of mouth was identified by community and statutory organisation workers and older people as a key factor in spreading information to older people. Voluntary groups and older people often reported that older people made claims because they had heard from a friend or neighbour who had claimed something or had discovered a good source of help. The Bangladeshi community seemed to have an effective way of passing on information about the possibility of claiming a benefit, and about sources of help. The actual details of benefits were often not passed on, partly because of lack of understanding of the system. But the fact that something could be claimed and where to go to get help were communicated.

Word of mouth could also act negatively, however. Where inaccurate information was passed on, false hopes could be raised or older people could be discouraged from claiming when they were entitled to. Positive feedback encouraged older people to claim, but some said that negative stories of refusals or bad experiences had increased their reluctance. Some organisations were trying to encourage older people to ask Department staff or advisers in voluntary groups for information, rather than relying on family, friends and neighbours, because of the danger of receiving incorrect or out-of-date details. It was also reported that receiving confusing information, perhaps from more than one source, could reduce older people’s willingness to claim.

Voluntary and community organisations were a key part of the social capital available to older people. They were reported by community group and statutory organisation staff, and older people to provide support, help and advice on a wide range of issues.

“They come to us because they see us as an advocate, they can express freely what they want in their language.”

Adviser at community-specific voluntary group (BanVol1)

Older people often reported that they had built up a long-term relationship with a particular organisation and the individuals in it. Where this group had links to other organisations, the help available to older people was increased. However, the support available was restricted by problems of resources, training and staffing.

Family networks could also be very important for some older people. They said that children, siblings and other family members gave them information and helped them to claim. However, not all older people said that they had this support, and some were quite isolated. Additionally, family members did not always know very much about claiming or have much confidence themselves, and could not always give all the help that older people needed.

5.2.4 External factors

Several external factors were reported by workers from statutory and voluntary organisations, and older people themselves, to have affected Bangladeshi older people. Firstly, not all of them had National Insurance Numbers, which could cause them many problems. Community groups, LA workers and older people all felt that it was hard to know how to address this situation.

“There are major problems with people getting their National Insurance Numbers sorted out.”

Local authority worker (BanLA1)

Secondly, older people could face problems if they made trips back to Bangladesh. They could lose their benefits or even find themselves having to repay benefits or rent. The rules regarding visits were often not clear to them. Older people could also experience problems with the Habitual Residency
Test when they returned to the UK. Voluntary workers reported that older people often failed this test at first. They thought this happened because of the way in which the forms were worded and how questions were asked in the interview. Older people, apparently, usually passed the test the second time they took it, because they had the support of a community group worker who helped them to understand what was being asked and how to answer correctly. However, older people could be left without benefits until this time.

The discussion of the claims process related to older people’s experiences prior to the full introduction of The Pension Service and reflects their views of the services given under previous modes of delivery (for example, the Benefits Agency). The Pension Service local service was not fully operational at the time of the research, thus it was not possible to discuss the effect which it might have on future experiences.

The process of claiming could also be very difficult for older people. Forms, leaflets and letters were felt by community workers and also by those older people who had read them (or asked somebody else to read them out loud) to be too complex and to be written in language that was hard to understand. Some older people, and some of the community workers, commented that some staff in benefits offices (under the old Benefits Agency) did not always take the time to find out what older people’s problems were and whether older people understood what they were being told.

Finally, it was also believed by community groups and older people that the Department did not always take into consideration the problems that older people might have in filling in forms and understanding standard letters. Nor did they feel that the Department always appreciated older people’s reluctance to use the telephone to ask questions or get information. Those older people interviewed who were more confident, educated and spoke English found this less of a problem, but those who were vulnerable older people found it harder to cope. It was felt by older people and voluntary groups that bilingual staff in benefits offices (prior to the introduction of The Pension Service) could be under a great deal of pressure, which restricted the amount of time they could spend with older people and led to long waiting times and queues.

5.2.5  Macro factors

Three main macro factors affected Bangladeshi older people in this area:

- The local authority’s policies. The LA’s funding of voluntary groups had been very important in the development of this sector. Additionally, its work on income maximisation was expected to increase the services available to older people.

- The Department’s policies. Recruiting more Bangladeshi staff and interpreters had been reported by statutory and voluntary groups to have improved the service to older people. The move to The Pension Service also clearly had the potential to help older people a great deal.

- Finally, the state of the voluntary sector was crucial, since older people depended on it so much. The fact that these organisations were often well developed and had good relationships with one another increased the help available. However, they felt that this help was limited by resource restrictions.

5.3  Suggested service developments

The key suggestions for improving Bangladeshi older people’s access to benefits focused on: the resources of the voluntary sector; the way in which the Department could develop its own services; and the use of a range of media to expand awareness beyond those older people already in contact with community groups.
It should be remembered that these suggestions were made before respondents had experienced the work of The Pension Service local service. They provide helpful insights into the priorities of the respondents but do not provide feedback on the operation of The Pension Service.

### 5.3.1 Role and resources of the voluntary sector

Voluntary and community groups were believed by statutory and voluntary groups, as well as older people themselves, to have a vital role in helping older people to claim benefits, and in widening the pool of older people who were able to claim. Thus, it was believed by voluntary and statutory workers to be important that these groups should be sufficiently resourced, staffed and trained to meet the demand for their services, and to reach out to older people not yet in contact with them. It was suggested that the Department could play a role in this through direct funding, providing or funding training, and providing outreach workers to ease the burden on the staff and volunteers of these groups.

### 5.3.2 Development of the Department’s services

There were a number of suggestions made by older people, community group workers and statutory organisation workers, as to how the Department could develop its services (prior to the full operation of The Pension Service) to help older people, including the following:

- Department staff could visit community groups to give talks to groups of older people, provide them with advice and help with claiming, conduct case work and get to know them informally in order to build trust – this type of activity was already planned.

- The numbers of bilingual staff and interpreters in the Department could be increased.

- The provision of an advice helpline in Bengali would be very useful for some older people. It would not substitute for a face-to-face service, which was felt to be very important for some older people in enabling them to understand what they were told, ask questions and build trust. Those older people who wanted to use the helpline said that they might not wish to spend a long time on the phone, but it would be a very useful source of information. Older people said that they would be willing to use the helpline if they knew it would be answered by Bengali speakers.

The idea of making unsolicited phone calls or visits to raise awareness among older people caused some concern among community groups, and some older people themselves, with apprehension that it might be frightening for some older people. However, prearranged home visits would be welcomed by some older people, especially those with health and mobility problems. Where home visits would be welcomed, older people had varying views as to whether these should be carried out by Department staff or by the staff of a community group. Some older people were happy for Department staff to visit them, assuming the language barrier was addressed. However, other older people wanted such visits to be made by the staff of a community organisation they knew.

> ‘If people from [the local community-specific group] and the like go to people's homes and discuss about benefit that would help us as many are not able to come to centres.’

Older person, 66, female, MIG claimant (BanE3)

Even in this latter case, some older people did not wish to receive such visits, and were not necessarily comfortable talking about benefits in front of their family, husband or wife. Additionally, it would be necessary to consider gender-matching visitors to older people, particularly for women.

It was felt by older people and community groups that letters written in Bengali might help some older people, and would be greatly appreciated by some of them. Even where older people were not literate...
in Bengali, it was pointed out that they might be prompted to take the letter to a community organisation and thus trigger a claim. However, it was believed that such letters would not always prompt any action, for several reasons. Firstly, if older people could not read the letter, they might not ask anyone else to read it to them. Next, older people or their relatives might be unwilling to ask about benefits because of past experience of attitudinal barriers. Additionally, health problems might make older people unwilling or unable to take action. Finally, older people might not understand that important information of benefit to them could be contained in such a letter, and therefore might not pay any attention to it.

5.3.3 Raising awareness through Bengali media

It was felt, particularly by community groups and some older people, that there was a need to extend the services in order to reach those older people who were not in touch with community groups. This was acknowledged to be a difficult task. It was suggested that greater resources for community groups might assist, as might the use of mosques and imams to establish links with older people who did not attend any other community venue. Additionally, it was suggested by older people, as well as some community workers, that Bengali radio and newspapers could be used to raise awareness and direct older people to sources of help in their own language. Television channels in Bengali were also mentioned, but were said to reach a smaller audience as they had to be paid for.

5.4 Chapter summary

5.4.1 Services available

The Bangladeshi case study was conducted in an urban area with a very large, long-established Bangladesh community. The voluntary sector in this area was active, and organisations had good relationships with one another. In contrast to other case-study areas, voluntary groups often had specific workers to give benefits advice.

The new Pension Service was in its early stages, but was planning a great deal of outreach work. The team recognised the importance of the work being done by the voluntary sector, and was starting to make contacts with other organisations and to visit them. The experience of some older people prior to the introduction of The Pension Service was mixed, and they were not always aware of bilingual staff and interpreters.

The local authority funded a number of voluntary groups and was planning an income maximisation programme, teaming up with voluntary groups in order to reach older people. The local authority was well aware of the need for specific work with the Bangladeshi community.

A great deal of positive work was being done in this case-study area, along with a considerable amount of partnership effort. However, there was also felt to be scope to deepen partnerships and to develop joint strategies. There was also an issue relating to resources for the voluntary sector.

5.4.2 Barriers to claiming

Bangladeshi older people were reported by community workers and themselves to have a range of resources to increase their chance of taking up benefits, including general awareness of the concept of benefits, an active word-of-mouth network, and a range of community groups providing help and advice.

The key gaps in personal resources were believed by community workers and older people themselves to be related to language barriers, literacy in both Bengali and English, health problems and lack of
confidence. Some older people also said that they believed that they would automatically be given the appropriate benefits; were worried by memories or hearsay about past experiences at benefits offices, or refusal of benefits; and had concerns about the effect on their savings or income if they claimed.

Older people could face further difficulties in the process of claiming, particularly the perceived pressure on bilingual staff and in understanding forms, leaflets and letters. Additionally, there could be problems of not having National Insurance Numbers and when making trips back to Bangladesh.

Older people were also affected by macro-factors relating to the policies of the local authority and the Department and the state of the voluntary sector.

5.4.3 Suggestions for service development

The key suggestions made by older people and statutory and voluntary groups for improving Bangladeshi older people’s access to benefits focused on the resources of the voluntary sector, the way in which the Department could develop its own services, and the use of a range of media to expand awareness beyond those older people already in contact with community groups.
6 Pakistani case study findings

This case study was conducted in an urban area with a large, long-established Pakistani community. The chapter begins by examining the services available in the area and the extent to which they were being used by Pakistani older people. It then explores the barriers to benefits take-up among these older people. Finally, it discusses the suggestions which were made for service developments that would enable more Pakistani older people to take up benefits.

6.1 Services available

Relatively high levels of services were reported by older people and those working with them to be available to Pakistani older people in this area. Voluntary sector and local authority outreach workers were said to be the key providers of help, encouragement and awareness-raising among the Pakistani community.

The new Pension Service was in the planning stage, with staff reporting that they were conducting a consultation with older people and starting to make links with voluntary and community organisations.

There was felt by statutory and voluntary group workers to be an opportunity for the new Pension Service to link with the local authority’s outreach work and with the range of community groups working with Pakistani older people.

6.1.1 The work of the Department

The new Pension Service local service was in a very early stage. However, Department staff said that they were already working to increase take-up of MIG and to make its service more accessible to older people from different communities.

In 2001, there had been a major take-up campaign for MIG, consisting of posters, leaflets and adverts and using a range of media, including non-English media. This campaign was conducted in collaboration with the local authority. The campaign was felt to have been successful, but staff also felt that it had probably not reached lots of older people in minority ethnic communities.

Department staff had developed a partnership with a Pakistani group which helped with translation for customers. They said that this partnership was very useful. Links had also been created with some mainstream advice groups.
Additionally, the Department co-ordinated an Ethnic Liaison Committee, which allowed it to meet with minority ethnic community organisations, as well as the local authority, in order to consult them and discuss problems and future developments. Some of the larger organisations participating in the research sat on this committee. They agreed it was a helpful forum for them to consult with the Department and to meet other groups. However, other community groups, particularly smaller ones, were unaware of the committee.

In each office, the Department had also established a contact point for voluntary groups if they experienced difficulties when dealing with a customer’s case through the usual channels. This was felt to have been successful, as it had reduced the number of complaints received by the Department. However, among the voluntary groups interviewed there did not appear to be high awareness of this system of contact points.

The Department had also looked at internal issues and had conducted cultural-awareness training for staff, as well as attempting to recruit more staff from minority ethnic backgrounds. This had proved very difficult. They said it was quite difficult to recruit staff from a Pakistani background. They did not apparently apply in large numbers and when they did apply, they did not always do well in the application process. This was attributed in part to cultural factors, such as candidates not wanting to argue with people older than themselves and not putting themselves forward in group activities. It was also commented that recruitment among minority ethnic communities was made harder by difficulties in being able to arrange to advertise in minority ethnic media quickly enough to be part of the recruitment process. There was also a suggestion from community groups that the wages paid by the Department did not attract Pakistani applicants.

Language line was cited by staff as the main means of tackling language barriers (this is a telephone service allowing staff to call a number and have an interpreter put onto the line, who then translates over the telephone for the staff and customer at the benefits office). At the time of the research (prior to the full operation of The Pension Service) however, it was said by staff to only be available in three of the Department’s offices in the area, and it was unclear how much it was actually used. There were also some staff who could speak different languages, but use of this facility depended on their availability.

The new Pension Service was in the planning stage, with key staff in place and consultation being carried out. The new service intended to create more links with community groups and was aware of the importance of this. Consultation with older people had already highlighted their desire for the service to be accessible in places in the community where they were comfortable, such as libraries and community centres.

The Pension Service had started to develop links with some of the bigger organisations and was also reviving the idea of giving training to voluntary groups. The Pension Service was in an early stage of planning and had not necessarily completed its identification of organisations to work with. However, it would clearly be important for the team to ensure that it reached out to a wide range of groups and considered carefully which groups were working with each of the communities in the area.

The experience of services reported by older people, and the community groups working with them, related to the service delivery model prior to The Pension Service, operated by the Benefits Agency. There were reports from older people and voluntary organisations of problems when older people tried to get help from benefits offices. They often found that they could not make themselves understood, and were not necessarily offered interpreters. Older people also sometimes felt that some staff were not really interested in helping them. They felt that some staff did not understand the concerns of older people, and the need to build up rapport and ensure understanding.
Voluntary groups also sometimes reported difficulties when calling benefits offices to explain the problems of the older people for whom they were acting. They felt that it could seem very hard to achieve what seemed to be quite simple things. Again, voluntary groups sometimes reported that the attitude of some staff was not always helpful.

6.1.2 The work of the local authority

The local authority’s role in relation to benefits take-up was reported by its staff to mainly consist of outreach workers who went into community and voluntary groups giving surgeries and talks, helping older people to fill in forms, and providing assistance with appeals and other problems brought to them. These workers were reported by community groups, older people and themselves to play a very important part in helping and encouraging older people to claim MIG, as well as other benefits.

‘We get them from all over the place, it’s really word of mouth, if someone’s had a service from us... It’s really popular actually.’

Local authority outreach worker (PaLA1)

These workers reported that when they started going to some voluntary or community groups (or religious groups), there was reluctance among older people to come and talk to them. They overcame this problem by persevering in the contact, mixing with the older people more informally to get to know them, and also by making it known that they could help with issues other than benefits. This last point addressed the problem of older people not wanting to be seen to ask about benefits in front of others. Once the workers had begun to help some people, word of mouth then informed other older people and demand grew for the services. These workers were Pakistani themselves and were able to speak the older people’s languages (Urdu and Punjabi). They felt that this helped them in communication and also in building up trust with organisations and older people.

There was also at least one non-Asian worker who conducted outreach work in a Pakistani organisation. This worker had visited it for a number of years and had built up a strong position of trust, meaning that older people were willing to go to her. Word of mouth had again played an important role in informing older people that she wanted to help them and could do so. She was not able to speak the older people’s languages, but centre staff translated for her. This was felt to work very well. The staff remarked that some older people might worry about confidentiality if they interpreted for them, but this did not appear to be a major problem, nor to have discouraged older people from accessing the service.

‘They’ve built their trust with that lady [outreach worker from a statutory organisation]. It’s not like it’s just come, they’ve built it for the last ten years, they know that she’s been coming here. They see her here, they know what she’s done for people here.’

Worker at community-specific community group (PaVol4)

The local authority workers also said that they had provided some training for voluntary groups and had received a good response to this training.

6.1.3 The work of the voluntary sector

A number of organisations were working with the Pakistani community in the area. These included mosques and the organisations attached to them, advice and community centres and women’s groups. The organisations were very varied in terms of size, how established they were, and the level of service given. They tended to be staffed and run primarily by people from Pakistani backgrounds, although there were a few non-Asian workers.
Some mainstream voluntary groups also worked with the Pakistani community. Some older people went to them and were helped to claim. These groups were felt to give a good service by those who had experienced it.

The services available close to older people varied by area. One part of the city had the largest Pakistani population and seemed to be better served than other areas. The central Mosque was here and there seemed to be more community organisations, with a more developed service and greater cooperation. The local authority workers said that this area was also the main focus of their work. In another part of the city, where there was a fair-sized Pakistani population, there were also some organisations, but there were reported to be fewer of them and some of them felt that they had too few resources, particularly to deal with complex cases.

Rural areas were reported by community groups not to be well served by any sector. Older people were said to tend to come into the city to access community organisations. Some smaller organisations said they were trying to reach rural older people, but they tended to be in the early stages of development and were finding it hard to achieve funding, accommodation and other resources.

There were strong relationships among organisations, with most reporting links with several others, but also a sense of competition between some, and evidence of resentment regarding where funding was awarded and whether it was felt to be used effectively.

The voluntary and community organisations were agreed by older people, community groups and statutory workers to be vital to the Pakistani community. They provided places to meet, meals, outings and gave advice or hosted advice-givers on a wide range of topics. Larger organisations were part of a network, especially in the area which had more organisations. They referred customers to one another, met quite often, shared experiences and supported each other. They were also more likely to have some contact with the Department and the local authority. Smaller organisations sometimes felt that they were quite isolated and did not have the time or staff to make links with others. They also seemed to find it harder to get people to come and speak to their older people about issues of concern, as was done by other groups.

### 6.1.4 Relationships among organisations

At the time the research was carried out, before The Pension Service local service was fully operational, the Department and the local authority had good links at some levels: statutory staff reported that the Department had workers based at the local authority, and joint home visits were carried out where appropriate. However, the outreach workers in the local authority were not always aware of these links, nor were other Department staff always aware of this outreach work.

As indicated above, some voluntary groups had very good links, worked together, supported each other and shared information. However, this co-operation depended on the area and the size of the group. It also depended on attitudes, as an element of competition between some groups was felt by some of them to hinder relationship building. Where organisations were working together and had good relationships, they felt that they were serving older people better and managing demand more easily than those which did not have these links.

### 6.2 Barriers to take-up

The key barriers facing Pakistani older people were believed by themselves and those working with them to be those relating to personal resources, process and attitudes. Illiteracy and not speaking
English were named as key difficulties by many older people, as were lack of confidence and lack of understanding of the system. A reluctance to ask for help outside the family and a sense of pride were also said by community workers to increase some older people’s reluctance to claim and to access benefits advice services.

Older people often said that they were apprehensive about claiming. They worried about losing benefits or savings, and felt concerned about their immigration status or about how they would be treated by staff if they visited benefits offices.

The social capital available to older people through community organisations and LA outreach workers was important in overcoming these worries, but was restricted through lack of staff and resources.

### 6.2.1 Personal resources

The most immediate problem most older people cited was not speaking English. This added to their reluctance to approach statutory organisations or telephone helpline numbers. They said that they tended to keep to places where they knew they would be able to communicate.

‘If their language skills are poor they cannot just go into the benefits office and speak to someone, that is very difficult and intimidating for them.’

Worker at community-specific women’s group (PaVo1)

Community workers and some older people reported that some spoke a little English and would not necessarily ask for an interpreter, but were actually more comfortable in Urdu or Punjabi. Some of these older people had ended up conducting their claim or enquiry in English, but finding it difficult because they did not understand everything. Community workers confirmed that some of the older people they worked with were reluctant to ask for an interpreter, or to agree to one being called, because they did not want to ‘be a bother’ or cause problems.

Illiteracy/semi-literacy, in English and also in their main spoken language, was also an important problem. It was believed by voluntary and statutory workers to be of particular significance for women, but also to affect some men. It left these older people highly dependent on others to read anything that was sent to them. They also said that it added to their lack of confidence and their lack of awareness of the system.

Other barriers might also be classified as a lack of basic skills or information. Older people did not always know their age or date of birth. Community workers remarked that some women were not used to handling money or making decisions for themselves and managing their own finances. Some did not know how to use a telephone, and were very unused to interacting with people outside their small circle or going to unfamiliar places.

Mobility, sight, hearing and health problems could all contribute to older people’s need for support, their difficulty in accessing it, and also to the effort involved in finding out about benefits or making a claim. This has also been shown to be the case in previous studies with the general population of pensioners.

Among some older people, there was a complete lack of understanding of the system and of Government. They were unaware of possible benefits, which part of Government administered them, and how to go about finding out about them. Levels of awareness depended on education. Some older people said they were confident, understood the system fairly well and were happy to call a telephone number and ask for leaflets to be sent to them. Others felt completely ‘at sea’, and needed to be guided through the system by a third party.
6.2.2 Attitudes to benefits and Government

The older people interviewed tended to feel that they needed a higher income, or at least that it was difficult for them to survive on their existing income. This was often true of claimants as well as those who were eligible to claim MIG but were not doing so. However, older people sometimes assumed that they would automatically have been given everything they were entitled to.

‘Yes, they will send it automatically. I never try to find out what they are giving me and why they are not giving that or that you know.’

Older person, 68, ENR, male (PaE2)

Pride was a key issue for some older people. They said that they did not want to take ‘charity’ and that it was wrong to have to get support from the Government rather than by working or through family members. Some commented that they did not want to burden their children with their support, so they were willing to claim benefits in order not to do so. However, they still felt ashamed about claiming. As a result of this sense of shame, they sometimes found it hard to be seen to go to a benefits office or find out information about benefits.

Community workers and some older people themselves said that their children did not want their parents to claim benefits, as they felt that they should support them. This view was not universal, however. Some children wanted their parents to claim what they were entitled to, and were willing to help them to do so.

Claims were also reported by some community workers to be triggered by a breakdown in relationships within the extended family. In particular, they reported that women whose husbands had died or had gone back to Pakistan might fall out with their daughters-in-law and have to find somewhere else to live. Sometimes, these women had never had to survive on their own before. The support of workers at community centres was vital in helping them to find somewhere to live, claim benefits and adapt emotionally to living outside the family.

Apprehension was a key ingredient of some older people’s reluctance to claim. They commented about concerns that they might have their pension or benefits reduced if they asked for more money, or might have their savings taken away. There were also sometimes concerns about immigration status; some older people were unsure of what their status was, particularly women. Even where older people were legally in the UK and had been here for a long time, they did not always feel secure. Additionally, some older people said that they were apprehensive about how they would be treated and about whether they would be able to communicate with staff at statutory organisations.

Community groups and some older people themselves reported that past experience of making claims or of asking for information could also affect older people’s willingness to claim. These reports related to experiences under the system prior to the introduction of The Pension Service. Where claims had been rejected in the past, older people tended to assume that they were not entitled to any other benefits. Some older people felt that staff had not taken a helpful approach to them, had not answered their questions, had not seemed willing to help them or had not been able to communicate with them. As a result they were unwilling to return. Likewise, experiences of long queues and unpleasant benefits office environments (again prior to The Pension Service) increased older people’s reluctance.
6.2.3 Social capital

In some ways, the Pakistani community had a great deal of social capital, which was very important in helping older people to claim benefits. There were a number of community groups and mosques to provide meeting places and sources of advice and support.

Community groups remarked that women often seemed to have less access to social capital than did men. They were said to be less likely to attend groups, to go out and meet other people, or to go to places where advice would be provided. Social conventions restricted some women, who reported that their husbands did not like them to go out and be seen, or to know too much about finances or benefits. This situation seemed to be starting to change. Women’s groups were being set up, were growing more popular and were helping women to have social contact and to access education and advice. However, some of these groups said that they had found it difficult to become established.

There were also links among the various community organisations, and a practice of community groups inviting people with expertise in different subject areas to come and advise their clients. This included the LA outreach workers. The organisations reported being well aware of the possibility and need to help older people in claiming benefits.

Community organisations sometimes reported being under-resourced, with staff and volunteers finding it hard to meet demand. They also sometimes found themselves trying to give advice on issues they were not trained to tackle, such as benefits. Some were not aware of the LA outreach workers, or of any opportunities to be trained in such issues.

Word of mouth seemed to operate strongly throughout the Pakistani community. Older people described finding out about benefits they might be able to claim, and sources of advice and help in claiming, from other people who had encountered advisers in community centres. Word of mouth, generally, seemed to be beneficial for the community and for older people, as it alerted them to possible opportunities and advertised the help available to them. It could also be negative, however, if it carried inaccurate information or encouraged reluctance to claim by spreading stories of rejection of claims or bad experiences in claiming.

Family and friends were also important sources of help and encouragement for some older people and had assisted some to claim. However, this help depended on children’s or friends’ confidence, knowledge and willingness to pursue the claim.

Older people tended to report having developed a relationship with a trusted organisation or worker and then returning to them with a wide range of questions or problems. These trusted workers would advise and help older people, assisting them to contact other sources of help where necessary, and continuing to support them through that process.

Older people who had claimed benefits tended to have done so through one of the community organisations, with either staff or an outreach worker visiting their home or community group helping them. This was in contrast to some of the other case studies (such as the African one) where older people who were in touch with community organisations had not necessarily claimed benefits through them, but had been reliant on another contact such as a GP. The difference in this area appeared to derive from the greater resources of the community organisations and their ability to draw on the expertise and time of the outreach workers. The presence of these outreach workers was felt by these organisations to have greatly increased their ability to help their community.
6.2.4 External factors

Five elements of the claims process were felt by older people and those working with them to create barriers for Pakistani older people:

- The forms that had to be filled were seen as complex, confusing and repetitive (despite simplification of the MIG form in the last few years). Older people with both recent and more distant experience found the forms hard to complete and felt that the questions were difficult to answer and sometimes confusing.

- The requirements for older people to bring documents to support their claim were thought by community workers and some older people to be confusing, making the process long and hard and leading older people to become discouraged.

- Although there was supposed to be provision for different languages, the experience of older people was often that they could not find anybody at the benefits office to speak to them in their own language. Thus, they sometimes visited the office and left without having understood what they needed to do or what they might be entitled to.

- The attitude of staff in benefits offices could also form a barrier, if they were felt not to take a helpful approach to them or if they gave information so quickly that older people could not take it in and did not feel able to ask questions.

- Some older people, particularly women, did not have a National Insurance Number. Some had come to the UK to join their husbands, who had never registered them for a National Insurance Number. They then found it very hard to claim benefits if their husbands returned to Pakistan or died. There seemed to be a gap in services in relation to this problem. Voluntary workers complained that it was not seen as part of anybody’s job to help these women to get a National Insurance Number, and that it was difficult for workers as well as older people to know how to proceed.

A final issue was that of visits to Pakistan. There was considerable dissatisfaction with the current four-week restriction on the length of such visits. Older people felt this to be too short for a normal visit and they believed that this restriction demonstrated the Department’s lack of understanding of how the Pakistani community operated. Additionally, it was occasionally pointed out that this did not take into account delays caused by health problems or bereavement while in Pakistan.

Community groups reported that older people were often unaware of this rule and could return to the UK to find that their benefits had been terminated, or that they were asked to repay benefits paid while they were away. This caused considerable distress and sometimes led to older people having to survive without their benefits while appeals were heard. Several older people and community workers believed that this rule should be altered to take account of the normal practice of making trips back to their country of origin.

‘They stopped my benefits [when I went back to Pakistan], although they restarted them... but nevertheless it was difficult to survive. So I had to go through a lot.’

Older person, 61, female, MIG claimant (PaE3)

6.2.5 Macro factors

The macro factors affecting Pakistani older people in this area fell into three categories. Firstly, there were various Department policies and practices prior to the introduction of The Pension Service which were felt to impact upon older people. Secondly, the local authority’s practices also emerged as being important. Finally, the relationship between the two organisations affected the overall level of services available.
The Department’s service prior to the introduction of The Pension Service was believed by staff, voluntary groups and older people to have faced some issues in terms of outreach work, non-English speaking customers and attracting ethnic minority staff.

The introduction of the new Pension Service, however, was seen by statutory and voluntary organisations as having the potential to impact positively on the older people in the area. It would allow staff to focus on one customer group and thus be more able to target the different communities within that customer group.

The local authority’s decision to fund outreach workers to go into the community to carry out work on take-up and income maximisation had clearly been highly significant in the ability and willingness of older people to claim.

Finally, the local authority and the Department had clearly developed some good links. These should provide a strong basis for future partnership working. This would allow these workers to use their resources more effectively to meet community needs, in co-ordinating their outreach work, sharing contacts and experience.

6.3 Suggested service developments

In this area, the suggestions for service development focused on: the use of outreach work; the links between the local authority, Department and community groups; and a range of ideas for media that could be used to provide information and support to older people. These suggestions were made prior to The Pension Service local service being fully operational. Thus, they should be seen as useful indications of the factors which the new service might consider as it develops, rather than a comment upon this new service.

It was believed by voluntary group and statutory organisation workers that it was important for the new Pension Service to take into account the need to:

- link up with a wide range of community groups, looking beyond the mainstream ones to those working specifically with the Pakistani community, and also looking beyond the more established voluntary groups to smaller ones, to ensure that services reached the whole community;
- consider geographical issues and extend services to all parts of the area, including rural locations;
- take into account the different venues and groups used by men and women, and the need to match the gender of workers to older people where possible;
- address the language barriers, particularly by attempting to recruit greater numbers of bilingual staff;
- maintain continuity in the services provided and the staff delivering them, to enable staff to build up relationships of trust with organisations and older people, and to understand the community’s needs and the services most likely to be used.

There was also a perceived opportunity for the local authority and the Department to work together to use their resources more effectively to meet the needs of the community through outreach and other services.

There was a debate as to whether outreach workers needed to be Pakistani themselves in order to be effective. Some voluntary groups remarked that this might not be necessary and even that older people might worry about confidentiality if workers were also from a Pakistani background, because they might have social contacts in common.
However, other community groups and older people themselves often thought it would be easier for older people to turn to Pakistani workers. This was partly because it would be easier to communicate if they did not have to use an interpreter, and partly because older people felt they would trust these workers more and feel more comfortable with them.

However, it was clear from existing work being done in the area that a non-Asian outreach worker could be successful if they built good links with community organisations, and were prepared to maintain those relationships. It was pointed out by older people and community groups that, regardless of the ethnic background of the staff, they needed to be well trained, to want to help older people, and to have the patience to build a rapport with them.

In addition to outreach work in the form of surgeries, voluntary groups, and some of the statutory workers, suggested that there was a need for training for voluntary organisations, and for resources for them.

The older people interviewed generally said that they preferred face-to-face contact because it made it easier for them to ask questions, understand what they were told, and trust the workers dealing with them. They also tended to need staff to spend a longer period of time with them than would be convenient over the telephone. However, it was suggested by older people and voluntary organisation workers that a helpline which older people knew would be operated by staff who spoke their language could be of great benefit for those with health and mobility problems. It could also assist older people who did not want to be seen going to a benefits office or consulting a benefits adviser.

Sending letters and leaflets to older people in their own languages was agreed to be helpful for some. Not all older people would benefit, however, because of literacy problems. It was remarked by community workers that some would simply worry if they were sent letters. However, others would take the letters to their children or a community organisation, which could then trigger a claim. Some older people had seen letters or leaflets in Urdu, and thought that these were useful. They had been prompted to take the letter to a voluntary group, which had helped them to claim. There were also older people who wanted face-to-face contact to ensure that they understood what they were being told, but also wanted to be able to take away written information as a record and reminder.

The idea of Department staff phoning older people was felt by voluntary groups to carry some risks. The language barrier was once again felt to be a problem, and it was also thought that older people would be worried by such a phone call and might find it intrusive. Department staff also worried about issues of data protection and how customers would view it if staff started making home visits or telephone calls unsolicited, based on database information. While it was not suggested to respondents that such calls or visits might be made without the elderly person having requested them, some respondents assumed that this might be the case if the Department decided to use home visits and telephone calls to increase benefits take-up.

It was suggested by community workers that the Department could use radio stations listened to by the Pakistani community to raise awareness of benefits and how to access them. Additionally, voluntary organisation staff remarked that television channels, broadcast in older people’s languages, could be used to raise awareness.
6.4 Chapter summary

6.4.1 Services available

This case study was conducted in an urban area with a large, long-established Pakistani community. Relatively high levels of services were available to Pakistani older people in this area. The voluntary sector and LA outreach workers were said by staff and older people to be key providers of help, encouragement and awareness-raising among the Pakistani community.

The Department was active in conducting take-up campaigns and was very well aware of the need to reach out to minority ethnic communities. The Department was also looking to address issues of language barriers, the reluctance of older people to come to benefits offices, the need to link up with community workers, and the ethnic profile of its staff.

The new Pension Service was in the planning stage. It was conducting a consultation with older people and was starting to make links with voluntary and community organisations. It was suggested by statutory and voluntary staff that there was an opportunity for the new Pension Service to link with the LA’s outreach work and with the range of community groups working with Pakistani older people.

6.4.2 Barriers to claiming

The key barriers facing Pakistani older people were reported by themselves and those working with them to be related to personal resources, process and attitudes. Illiteracy and not speaking English were named as important difficulties by many older people, as were lack of confidence and lack of understanding of the system. A sense of pride and reluctance to ask for help outside the family were said by community groups to increase some older people’s unwillingness to claim benefits and access advice services.

Older people often felt apprehensive about claiming. They worried about losing benefits or savings, and were concerned about their immigration status or about how they would be treated by staff if they visited benefits offices (these comments were made prior to the full implementation of The Pension Service local service). The social capital available to older people through community organisations and LA outreach workers was believed to be important in overcoming these concerns, but was restricted through lack of staff and resources.

6.4.3 Suggestions for service development

The suggestions for service development in the area made by statutory and voluntary groups and by older people themselves, were made without respondents having experienced The Pension Service local service. Thus they reflect the developments that were felt to be needed in the light of experiences under the old system, operated by the Benefits Agency. The suggestions focused on the use of outreach work, as well as the need to link up with a wide range of community groups and look beyond the mainstream ones to organisations working specifically with the Pakistani community. In addition, it was felt that geographical and gender issues needed to be considered.

The older people interviewed tended to prefer face-to-face contact, but a helpline they knew would be operated by staff who spoke their language was felt to be of great benefit for those with health and mobility problems. Sending letters and leaflets to older people in their own languages was also suggested, along with using radio stations listened to by the Pakistani community.
7 Chinese case study findings

This case study was conducted in an urban area with very large numbers of minority ethnic residents. In comparison with other groups, however, the Chinese community was small.

This chapter begins by exploring the services available in the area and the benefits take-up work being done by the Department, the local authority and the voluntary sector. It then examines the barriers to take-up of benefits among Chinese older people in the area. Finally, it discusses the suggestions made for service development in the area.

7.1 Services available

In this area, staff in both voluntary and statutory organisations accepted that proactive work was needed to improve benefits take-up and maximise incomes. There was also high awareness of the ethnic diversity of the area and, often, that the different communities might need targeted approaches in order to be most effectively assisted.

Voluntary groups, the local authority and the Department were conducting active take-up work (discussed in more detail below). Voluntary groups often had a particular focus on targeting minority ethnic communities. This was, in part, because some of these voluntary organisations were associated particularly strongly with one community.

However, voluntary groups which were branches of national organisations rather than arising out of any particular community also had initiatives focusing on particular minority ethnic communities. They said that they were taking active steps to encourage these communities to make use of their services.

It was striking that, among the statutory and voluntary organisations, there was a lack of awareness of the existence of a Chinese community in the area (other than among the staff of the one specifically Chinese organisation which existed in the immediate area of the case study). They were often surprised to learn that there were Chinese residents in the area, remarking that they rarely saw them taking up any of the services provided by the statutory or voluntary sector. This view was supported by the research with Chinese older people, who confirmed that they rarely contacted ‘mainstream’ organisations.
Activity in the area tended to be focused on the biggest minority ethnic communities, and on smaller ones which were fairly high profile because they were recently arrived in the UK or were very vocal. Thus there were initiatives with:

- the Caribbean community, which was very large in some parts of the area;
- the Indian and Pakistani communities, which were also quite large and had an active voluntary sector working to raise understanding of the difficulties facing them;
- the Somali community, which was smaller but high profile and had some community organisations working with outreach workers or mainstream voluntary groups.

### 7.1.1 The work of the Department

At the time of the research in this area, the new Pension Service was at a very early stage. Staff were being recruited, but had not yet taken up their posts. This discussion of the services provided by the Department is therefore based on the work that was continuing from the previous organisation of the Department, rather than that of the new Pension Service team.

The Department reported that they provided an **outreach service** on particular estates. This included:

- a drop-in service and an appointment service in an office on an estate;
- visits to community centres and other groups to give talks and surgeries to their clients. This work was carried out both with mainstream organisations and with those focusing on one particular community, such as Somalian, Eastern European, Pakistani and Indian;
- house calls to elderly or disabled customers.

The main minority ethnic groups focused on by this service were the Caribbean, Somali, Pakistani, Indian and Eastern European communities. These were said by Department staff to be the main groups living on the estates where the service was based. Staff commented that they had not seen many Chinese people in the area (and others confirmed that there were few Chinese residents in that part of the borough).

This outreach service highlighted the importance of the location in which workers were placed. Their ability to become part of their local community enabled them to give a very valuable service, but it also tended to determine which communities they would work with. If they were to be able to serve all parts of the local community, the need for sufficient numbers of outreach workers was clear. Interestingly, the significance of location was also evident in relation to the voluntary sector. At least one voluntary group found that when it moved office to a different part of the area, its customer base changed and it was better able to cater for the Asian communities in that area.

> Since we’ve been at [this location] I think it’s really helped that we’re able to actually access a lot of the other communities that maybe at [our previous location] we weren’t… because here we’re central to their community and they’re happier to come here.

**Adviser at mainstream voluntary group (ChVol6)**

Word of mouth had been important in making the service provided by the Department’s outreach worker known to the local community. She commented that it was especially important in reaching housebound older people, since they did not attend community groups and would only know about her service through family or friends.
In contrast to the activity of the outreach worker, staff working in the benefits office did not feel that much proactive take-up work was done in the area, and were unaware of any work targeting elderly people. This feedback reflected their experiences prior to the introduction of The Pension Service local service, which was at a very early stage of planning in this area at the time of the research. The staff commented that some talks had been given at Asian community centres and supermarkets, but felt that this service had been quite limited. They also stated that their outreach workers could help customers to fill in forms, but could not take the forms back to the office and process them. Customers had to post the forms or bring them in. Again, this was felt to add a stage to the claiming process, which could be discouraging to some customers. Staff confirmed that they would make home visits to help customers to fill in forms, but this service was only available if specifically requested.

The office staff remarked that they helped customers to fill in forms if they found this difficult. However, this was not always the experience of voluntary groups working with older people. They commented that staff in benefits offices often would not help older people to complete forms, nor would they spend time explaining the forms in detail to them. Thus the older people came to advisers in the voluntary sector for this service.

Staff also mentioned a national take-up campaign that had been run in the last few years about a benefit not aimed at older people. This was said to have raised the profile of benefits (even among those not in the immediate target audience for the campaign), but was not believed to have had positive effects on all clients. The link made in the campaign between working and benefits was felt to have discouraged some older people from claiming.

**Tackling language barriers** was something that staff had considered. They commented that leaflets were available in a range of languages (although it was not clear how much they were used). There was also discussion of the use of language line (see Section 6.1.1). This was not reported to be well used in the benefit office, because it was felt to be cumbersome and expensive.

It was also commented that if a required language was not one of the ones most commonly used in the area, staff would have to make an appointment for a customer to return to the office when an interpreter was available. However, this would be difficult to communicate to the customer without an interpreter.

It was also remarked that staff in the office spoke various languages and could be called upon to translate. However, this facility would rely on those staff members being present and available at the time customers visited. It would also not necessarily be known to customers that this service might be possible.

### 7.1.2 The work of the local authority

The local authority’s work in relation to benefits take-up took two forms: direct work carried out by LA staff on benefits take-up, plus the local authority’s role in funding and working with the voluntary sector.

The local authority had a Benefits Take-Up Initiative which began in 2000. This involved several strands:

- Having a dedicated team at the LA’s one-stop shop, to handle appointments at the shop and in clients’ homes in order to assess potential entitlement to benefits from both the local authority and the Department.
- Publicising this service through posters and leaflets sent to voluntary groups, health centres etc, and in the local authority’s magazine delivered to residents.
- Encouraging staff working in the one-stop shop and in other LA teams (such as social services) to refer customers to the Take-Up Initiative team if they felt that customers might be entitled to benefits.

- Publicising the service more informally, through the team who made home visits trying to encourage clients to tell neighbours and relatives about the service.

### 7.1.3 The work of the voluntary sector

The voluntary sector was agreed by both LA and Department staff to be vital in providing benefits advice and support to minority ethnic communities. The role of this sector was seen as being particularly important because of the access that community and voluntary groups had to parts of the community not in contact with statutory services, and the trust these groups enjoyed in the community.

> ‘Some of the older people might not be comfortable with us, they are comfortable with these voluntary organisations because they have time for them.’

Department worker (ChDWP1)

Voluntary groups in the area provided a wide range of services, including support for particular types of customer (such as elderly people or carers), and specific help tailored to people with cultural reasons for not taking up services. They gave information about help that could be gained from the local authority or from other organisations, and also referred people to other voluntary organisations offering services that would benefit them (such as a gardening service). Voluntary groups provided advice and help with claiming benefits, including advocacy and following up case work. Larger groups also carried out outreach work in doctors’ surgeries, community centres and other popular locations.

Once voluntary groups had made contact with individuals, usually in relation to a particular issue, advisers said that they would spend time talking to them, building up trust and finding out if they needed any other help. Individuals might visit a voluntary organisation for help with a particular form, for instance. Advisers reported that they would then discuss with the visitors what other benefits they were getting or might be entitled to, and whether they needed help around the house or with the garden. This process might also be initiated by the visitors: once they found that advisers were sympathetic and helpful, older people and community workers commented that they would raise other matters that were concerning them.

Voluntary organisations reported that they tried to address all of the issues brought to them, either directly or by helping visitors to contact another organisation they knew could help. Once referrals were made, the voluntary organisations tended to remain part of the process, with individuals returning to them with letters or questions. These voluntary staff operated by taking on multiple functions and spending time exploring their visitors’ concerns and building up trust with them. This has implications for the role that may be expected and needed from the Department’s outreach workers, as The Pension Service local team becomes established.

There was only one Chinese organisation based in the area of this case study. This was a small, newly established organisation which focused mainly on social activities. It was not able to take much part in the research, because of lack of resources and because of the time of year when the research took place. They reported, however, that this organisation did not offer benefits advice to the Chinese community. Two sources of support and advice that were said by Chinese older people and those working with them to be accessed by the Chinese community, and particularly older people: a community association in the neighbouring LA area, and one in the centre of London. Both of these focused exclusively on Chinese visitors and were run by, and for, members of the Chinese community.
The community association in the neighbouring area was fairly new and had started as a mainly social organisation, running luncheon clubs and trips. However, workers said that it quickly began to take on other roles such as giving advice about housing, benefits and health matters because of the demand from visitors. The association tried particularly to target its services at elderly people and at children. It attempted to give advice as well as it could, in addition to translating letters, forms and so on, but felt that its service was severely limited. The association had very small numbers of staff and volunteers, funding came primarily from its founder, and no training had been received in giving advice on benefits.

This community association said that it had few links with other organisations. It had some contact with the local authority in the borough, and an LA-funded interpreter visited once a week. The interpreter also helped Chinese older people in the area when visiting the doctor or dentist. Elderly respondents who had visited the association confirmed that it provided very valuable services, but also mentioned its difficulties. Some remarked that the staff and volunteers did not always have time to help them with benefits claims.

The organisation in the centre of London was a long-established Chinese community centre. It was far better resourced and staffed than the more local association, and reported receiving visitors from all over London and beyond. However, staff reported that it was somewhat restricted in the level of help it could give to visitors from outside its LA area, because of the terms of its funding. This centre provided help with immigration, housing, employment, education, pensions and benefits issues, and also ran social events, language classes and other services. It employed a trained advice worker for elderly visitors in particular, and also had another trained advice worker. Although this community centre was better resourced than the other Chinese association, older people who used it still commented that there could be a long waiting list for an appointment with an adviser. They also said that the appointments were sometimes not very long, because of the numbers of people wanting to see the staff.

The staff and volunteers of these two organisations commented that Chinese older people would not generally access services provided by mainstream organisations, either voluntary or statutory. This was attributed to language problems and a lack of confidence (discussed further below). As a result, the two organisations felt that they were attempting to meet the needs of great numbers of their community, without necessarily having the resources or training to always do so properly. This was of particular concern to the smaller association.

7.1.4 Relationships among organisations

The links which had been created among voluntary organisations through liaison groups were felt by them to be very useful in enabling them to discuss different aspects of their services and the problems they were facing. These links also helped them to identify organisations that provided complementary services to their own. It could sometimes be difficult for voluntary organisations to maintain these relationships. They felt that this was, in part, due to their limited staff and resources, but also because the sector could be quite unstable, with community groups appearing and disappearing, depending on funding.

Voluntary groups welcomed the contact they were able to have with the local authority, and expressed a wish to have a closer relationship with the Department. It was felt that this would be helpful in day-to-day dealings – i.e. having an individual whom they could contact when customers came to them. It was also seen as helpful in the wider sense of informing the Department about the issues facing their customers, and developing ways of working together. These views were expressed at a point when The Pension Service local service was not fully operational in the area, therefore it is
not possible to comment on the relationships which this new service may develop.

‘It’s actually very difficult to make links with the Benefits Agency... We link closely with the Council. I would like to link closer to the benefits office, to be honest, but I don’t know how without a liaison group.’

Adviser at mainstream voluntary group (ChVol4)

7.2 Barriers to take-up

The key barriers to Chinese older people’s ability and likelihood to claim benefits were felt by those working with older people and some older people themselves to derive from their lack of some personal resources, and the relatively low levels of social capital they could draw on. This lack of personal resources was most clearly evident in the fact that Chinese older people did not tend to speak any English and were often not literate, either in English or in their own language. They also tended to lack any real understanding of how the benefits system worked. They felt that these factors contributed to the lack of confidence older people felt about knowing what they might be entitled to or in approaching statutory services. It also added to a high level of apprehension exhibited by older people. Unlike other communities, this often included concern for the possible effect on their children of older people claiming benefits.

The second main factor affecting claiming by Chinese older people seemed to be the lack of organisations working specifically with them, or of outreach to them by mainstream organisations. There were far fewer organisations serving the Chinese community than seemed to be the case for other communities (either in this case-study area or in other case-study communities). The organisations which did exist were either not actually in the area, which required older people to travel into the centre of London, or were small and under-resourced.

There was little discussion by older people of the actual process of claiming benefits. This was mainly because older people tended not to be very aware of the process. Even those older people who were claimants had often not experienced the process directly, as it was navigated for them by third parties. Likewise, attitudes to claiming benefits were generally not said to be a barrier (by older people or those working with them) as they often said that they felt the need for a higher income and were not necessarily opposed to claiming help from the Department. However, the older people were often worried about making contact with statutory services and about claiming more than they were already receiving (discussed in more detail below).

Macro factors were also felt by community workers to have played a part in the barriers experienced by Chinese older people. The most significant was the low level of outreach work in the area. This reflected the time at which the research was carried out, when The Pension Service local service was not fully operational, but was at a very early stage of planning. This meant that the voluntary groups working with the Chinese community did not feel that they had the necessary support to properly help them to claim. It also reduced the access that Chinese older people might have had to qualified benefits advice workers.

Finally, it was believed by some statutory and voluntary workers that the experience of Chinese older people was affected by the fact that they were part of a small community. This was believed to affect the extent to which statutory and voluntary organisations were aware of them, and thus the level of targeted assistance provided for them. It may also have been the case that as this area was very ethnically mixed, with a number of larger and more vocal minority ethnic communities, the efforts of the main organisations were focused on these larger communities and therefore had not addressed the Chinese community.
7.2.1 Personal resources

The two most immediate problems Chinese older people mentioned were lack of language skills and illiteracy. The older people interviewed did not speak English and tended to be illiterate in both English and their own languages. Workers at the Chinese organisations where the older people were recruited reported that this was typical of their clients and of Chinese older people more generally. This lack of language skills and literacy created difficulties for older people on several levels:

- Firstly, they could not understand what they were told by staff in non-Chinese organisations and did not understand media campaigns or information given to them in written form or orally in English. This meant that they felt unable to access most types of support and advice in the area without the help of a Chinese-speaking third party.

- Exacerbating this difficulty was the assumption, made by most of the older people, that there would not be a Chinese speaker at any of the statutory organisations they might contact, and were afraid of not being able to make themselves understood.

- This absence of language skills and literacy left them feeling ‘at sea’ in a mass of information they did not understand and found intimidating. They tended to feel at a loss in thinking about navigating the benefits system, or other statutory services, and were reluctant to try to do so without substantial help and encouragement from a family member, friend or a worker at a Chinese organisation.

There were also suggestions from community workers that older people were not always numerate, and they sometimes found it very difficult to tell the researchers what their incomes were. Some came to the interviews with a wide range of papers, which they presented when asked what their incomes were or what benefits they got. These documents could include letters from the local authority (often unrelated to benefits), bills, letters from the Department and a range of other papers.

Chinese older people tended to report that they did not understand how the benefits system worked, nor how it fitted in with other statutory services. There was confusion about the roles of service providers and how to contact them. Additionally, older people sometimes found it difficult to understand the benefits system because there were not direct equivalents in their country of origin.

Disability also formed a barrier for some older people, (as has also been reported in studies with the general population of pensioners) particularly mobility problems. Some said that they were very isolated, finding it difficult to leave home at all. Sometimes they did not even feel able to access the services provided at Chinese community centres because of difficulties in moving around. Likewise, health problems could lead to older people feeling tired and unwilling to make great efforts to ask for help or find out about benefits.

7.2.2 Attitudes to benefits and Government

Chinese older people tended to feel very apprehensive about statutory organisations. They were often at pains to say how grateful they were to be receiving a pension or any benefits or other help. They had generally had not expected to be given any such help.

This wariness of authority was heightened by a particular worry of being asked to provide details of their finances. This was sometimes linked to concern about their children. Older people worried that if their finances were investigated, those of their children would be too, and their children might then be penalised if they had savings or quite high incomes. This concern did not appear to be linked to actual experiences in the UK of children suffering because their parents applied for benefits, but was based on a apprehension of what might happen.
As older people did not understand the system, what benefits they were currently receiving, or why they were receiving them, they also felt that the Government might remove some of their current income or savings if they applied for more benefits. This was a concern that had also emerged from research with the general population of pensioners (not focusing specifically on minority ethnic older people). However, Chinese older people occasionally also worried that if they started asking for more help, this might lead the Government to view them as ‘trouble makers’ and thus to investigate their finances.

As already indicated, older people also worried about not being able to communicate with workers in statutory organisations and not being able to answer the questions put to them. In common with pensioners from the wider population, some were also worried about appearing ‘greedy’ and preferred to reduce their expenses (on food, clothing and so on) rather than ask for more money. This concern was heightened among older people who had had a benefits claim turned down in the past. They felt that they had not understood the rules properly, should not have claimed and should not claim again.

Older people sometimes said they were reluctant to ask for help because they did not want to ‘bother’ family, friends or even workers at community centres. They wanted to be independent and did not want to feel that they were placing a burden on others by asking them to help with a benefits claim. Thus older people would not ‘push’ contacts who could help them to claim, but instead waited for the contacts to offer and actively help them to pursue their claim. As a result, they were highly dependent on these people to be active on their behalf and to continue to help them without older people demanding such assistance.

‘Chinese older people are shy to speak out about their needs... Language barrier is one reason, and they have not convenience of travel... A lot of Chinese elderly don’t want to disturb other people, even their son and daughter.’

Worker at Chinese community group (ChVol1)

Not all older people felt that they needed a higher income, even among those who were not claiming MIG but would probably have been eligible for it. They had been used to living on a low income and felt that they could continue to do so. By contrast, other older people (both MIG claimants and eligible non-recipients) felt in great need of a higher income, and were finding it very hard to survive.

### 7.2.3 External factors

The main external factor affecting Chinese older people was the difficulty of navigating the claiming process without speaking English or being able to read written material. Older people said they were very reluctant to visit a benefits office unless they knew that somebody would be able to speak their language (Cantonese or Mandarin). Benefit office staff might have been able to arrange for an interpreter or to use language line (see Section 6.1.1), but older people would not take the first step unless they already knew there would be a translator.

Likewise, older people often reported being unwilling to make phone calls because they assumed that the person answering would only speak English. Additionally, when older people were sent letters or leaflets, some would show them to family, friends or a community centre worker, but others said that they would not, and would thus be unaware of the information contained in them.

Older people had often not experienced filling in forms or visiting benefits offices themselves. The views they gave tended to be assumptions, or reflected the experience or assumptions of family or friends. Some older people complained about the number of questions they had to answer through
a third party when someone was filling in forms for them. They found these questions cumbersome, and worried about giving the wrong answers or whether the information would lead to problems for themselves or their families (as indicated above).

They tended to have very limited experience of dealing with Department workers (or workers from other statutory organisations). Older people did not expect staff to be able to speak their language or provide an interpreter. Nor did they expect the Department to make proactive efforts to help and encourage them to claim benefits.

It was also commented by some community workers that some older people did not know how old they were, which caused difficulties in filling in the forms. This problem could be increased by some older people finding it difficult to translate dates from the Chinese into the English calendar.

7.2.4 Social capital

Chinese older people who had claimed MIG (as well as those who were claiming other benefits) had been able to do so because of the social capital they had been able to use. They generally reported having been helped and encouraged to claim by a child, friend, community centre worker, social worker or GP. Where help had been given by a social worker or GP, another contact had generally also been involved as a translator. Older people themselves had often not been aware that they might be able to claim more benefits, but had been informed of this by the third party, helped to get the form and fill it in, and guided through any subsequent delay or request for information.

However, some older people said that they saw very little of their children and did not feel willing or able to ask them for help, as they did not want to bother them or ‘be a burden’. They sometimes also felt that their children would not know much about benefits or the benefits system, even if they spoke English. There was little evidence of family disapproval discouraging older people from claiming. However, it was clear that children played widely varying roles in their parents’ lives and were not always willing or able to help their parents to claim.

There were social networks which Chinese older people could be part of, particularly those focused around the Chinese organisations described above. However, it was not clear that these networks had a great effect on older people’s awareness of benefits. This was partly because of the overall lack of knowledge about benefits among Chinese older people. But it was also because there was a lack of overlap between the networks and people outside them, who could introduce information about the benefits system into the networks.

The Chinese older people interviewed, who had been helped to claim benefits, had often not gained very much information about their own benefits or about the system. Thus, they did not have very much information which could be spread by word of mouth to other older people. The individuals who had helped older people to claim tended to be workers at the Chinese community centres, who were already known to other older people, or people who had come into contact with the older people for specific (often health-related) reasons. These individuals were not general advisers (such as the outreach workers in other case-study communities), so older people tended not to recommend them to other people. It was also reported by workers that Chinese older people tended not to discuss their finances in groups, and therefore that social meetings without an explicit financial or benefits focus would not necessarily lead to sharing information about benefits.
When comparing the Chinese community to the communities in the other case studies, it was clear that there were not many voluntary and community organisations within it. In comparison to the other case-study communities, few of the organisations interviewed or contacted within this case-study area were providing services to the Chinese community. Some of those that were in existence reported that they were small, under-resourced and understaffed and had insufficient training to deliver a full benefits advice service. It is also important to note that the Chinese community did not have religious organisations which could be used as information-givers or as hosts for benefits advisers, unlike the other communities included in this research.

It was also noticeable that there had been very little outreach work to the Chinese community from other organisations. Mainstream organisations sometimes commented that it would be quite difficult for them to advise Chinese older people directly, because of the language barrier and the nervousness of some older people about accessing non-Chinese organisations. This was also said by Chinese organisations. However, there was felt by community organisations to be scope for more partnership working between the Chinese organisations in the area and the larger organisations, and possibly for addressing issues such as training. Additionally, there was opportunity for other organisations to send trained advisers to conduct surgeries in the Chinese venues (discussed further below).

7.2.5 Macro factors
Two main macro factors appeared to be affecting services and take-up in this case study area:

- There had not been, to date, extensive outreach work, and the Chinese organisations reported that they did not have contact with outreach workers.

- It was believed by some statutory and community staff that media campaigns linking benefits (although not MIG specifically) to fraud and also to working might affect take-up among older people. This would be unlikely to affect Chinese older people directly, since these campaigns were in English. But it may have affected English-speaking children or other third parties who had a vital role in helping and encouraging older people to claim.

7.3 Suggestions for service development
The suggestions for developments which could help Chinese older people fell into three main types:

- Using the organisations which already worked with the Chinese community and building on their relationships with older people.

- Addressing issues of how older people accessed the Department’s services and how language barriers were managed.

- A range of ideas relating to macro issues and the policies of the Department or local authority.

These suggestions were made by respondents before they had experienced the new Pension Service local service. Thus, they reflect views of the ways in which services prior to The Pension Service could have been improved. Thus, they provided useful insights into the priorities of the respondents but do not provide any indication of their views of the new Pension Service.

7.3.1 Building on existing social capital
The Chinese organisations identified (one in the case-study area, which did not take part in the research; one in the neighbouring LA area; and one in the centre of London) were reported by older people and workers within them to be key conduits into the Chinese community. They provided vital
assistance for the research and were the primary ways in which researchers made contact with Chinese older people.

‘I prefer to use the Chinese community centre service. Their worker can speak Cantonese and I feel comfortable to speak freely.’

Older person, 70, MIG claimant, male (ChE9)

Other voluntary organisations, as well as some statutory staff, felt that it would be difficult to work with the Chinese community without the help of contacts within it. Thus, the training, funding and staffing of those organisations already working with Chinese older people was felt to be very important. Building relationships between them and the local authority, new Pension Service and other voluntary groups will be important to develop service for the Chinese community.

The main suggestion made by both older people and voluntary workers was that staff from the Department should hold surgeries and also give talks or ‘seminars’ explaining benefits and the benefits system to groups of older people and encouraging them to claim. It was suggested that these talks could be combined with social events, which would encourage older people to attend and would also provide an opportunity for the advice worker giving the talk to chat to older people afterwards and start building up a rapport with them.

There were differing opinions on whether outreach workers from the Department or the local authority would need to be Chinese themselves in order to successfully reach out to Chinese older people. Some older people preferred to speak to somebody Chinese. This was partly because they thought that communication would be more direct than if they were using an interpreter. However, older people also thought that they would feel more comfortable with Chinese workers, who they felt would be more likely to understand their situation, and that they would trust them more.

In contrast to this, other older people said that they would not mind speaking to an English worker with an interpreter. Indeed, some said that they would prefer this as they felt that an English worker might be more experienced and bring more expertise than a Chinese one. The voluntary groups said they would accept either a Chinese or an English worker, provided that the language barrier was addressed and the worker was felt to genuinely want to help older people and be committed to building a relationship with them.

In other case-study areas, surgeries were being carried out by workers who were not from the ethnic background of the community under consideration, with a member of staff from the host organisation interpreting. This often appeared to work well, as the organisation’s staff helped older people to feel more comfortable as well as translating. However, this approach could bring problems. It placed pressure on the voluntary organisation’s staff time (often already in short supply). It also relied on the members of staff having some understanding of the benefits system that was being discussed.

Community groups (Chinese and mainstream) also suggested that building relationships with the existing Chinese organisations would also allow the Department to consult them about the best ways to help the older people they were in contact with. Additionally, this could start to address older people’s apprehension about contact with the Department: it was believed by voluntary groups and older people themselves that seeing statutory staff visiting their organisations and wanting to help them could have a strong effect on the attitudes of older people.
7.3.2 Process and language

Two main suggestions were made for ways in which the process of claiming (as experienced prior to The Pension Service) could be made easier for Chinese older people (other than the use of outreach work, surgeries and talks, as indicated above).

The first suggestion was for a Chinese helpline, staffed by both Cantonese and Mandarin speakers, which older people could call knowing that they would be able to communicate with the person who answered. As with older people interviewed in the other case-study communities, face-to-face contact was usually the preferred channel. The Chinese older people who participated felt that they could trust somebody they spoke face to face with, and that it was easier to ask questions and express themselves. Additionally, some older people had hearing difficulties which made them reluctant to use the telephone. There was no Internet use among the Chinese older people, and communicating in writing was difficult where literacy was limited or absent.

Despite this, it was thought by older people that a Chinese helpline could be of great help to older people who were more isolated and to those with mobility problems, and could also help in signposting them to places where they could get more in-depth advice face to face, in their own language.

It was suggested that this helpline could be advertised through Chinese radio and other media, cards could be put in doctors’ surgeries, and existing organisations could publicise it. Some remarked that, even if older people only came to the Chinese centre once a year, they could be given this telephone number so that they could use it to ask for advice during the rest of the year.

Two points should be borne in mind, however. Firstly, if the helpline were to be linked to a home visit service, it would be necessary to actively offer this to older people. Chinese older people did not tend to expect that the Department would try to help them to make claims, and would be unlikely to ask for home visits unless they were offered them.

Secondly, if this helpline service were well publicised and older people started to use it, they would be likely to want to ask a wide range of questions. This tended to be the way that older people used services – once they had identified a source of help and advice which they trusted (such as a worker at a voluntary group), they would return to this source with other questions and concerns.

Voluntary workers and older people also felt that sending letters to older people (either in English or in Chinese) telling them that they might be entitled to benefits, would be helpful. They said that it might prompt them to take the letter to a voluntary group or other helper to have it translated. This would then sometimes prompt the older person or the person who translated the letter to find out more about benefits and possibly apply for them.

However, such letters would not necessarily prompt older people to claim. Additionally, those older people who had letters translated would probably depend on the translator or another third party to help them to claim. Thus the letters would probably only be effective if linked with outreach work and capacity-building in the voluntary sector (as discussed above).

Leaflets translated into Chinese were also thought by older people and voluntary organisations to be helpful for some older people. Such leaflets, they said, might either to prompt them into asking someone to read the leaflets to them (where they were illiterate) or to inform and encourage third parties (such as children) to help older people to claim.

However, leaflets were also felt to offer only limited help if they were not accompanied by the support older people needed to actually approach the claiming process. It was also pointed out that it might
be more effective to have just the key elements of information in Chinese, rather than translating all of the details, as this might then prompt Chinese customers to find out more. It was suggested by community workers that older people would be unlikely to read and understand a great deal of detail; they would be more likely to ask somebody to explain the information to them rather than take in large amounts of written detail.

7.3.3 Macro factors

It seemed clear that when considering a small community, such as the Chinese one in this area, it would be advisable for the Department (and other organisations) to have a specific strategy to work with that community. Without this, small communities could very easily be overlooked. The local authority and local voluntary and community groups had expertise and experience in working with a range of communities. The local authority was also heavily involved in funding the local voluntary sector. Thus, it would appear to be important that any work by the Department should include making links with the local authority and local community groups. This would ensure that the Department could use existing experience and access routes and avoid ‘treading on the toes’ of organisations already working in the area or with the community concerned.

The Chinese community in this area actually stretched across two local authority areas, with older people reporting that they travelled between them to access services. Community groups also commented that the Chinese community was also not clustered together in particular locations, but was more widely spread than other communities tended to be. Thus, they suggested, it might be possible for neighbouring local authorities, plus the Department, to work together to develop services for the Chinese community and support existing community groups.

The Pension Service (and the local service) in this area was at a very early stage when the case study was conducted. It was too early to determine what the local service manager would plan to do in terms of liaising with local groups and communities, nor how aware The Pension Service was of smaller communities, like that of the Chinese, in the area.

7.4 Chapter summary

7.4.1 Services available

This case study was conducted in an urban area with very large numbers of ethnic minority residents, although the Chinese community was small. Staff in voluntary and statutory organisations were aware of the ethnic diversity of the area, and often that the different communities might need targeted approaches in order to be most effectively assisted.

Voluntary groups, the local authority and the Department were conducting active take-up work. However, it was striking throughout this case study that statutory and voluntary organisations had little awareness of the existence of a Chinese community in the area, other than the one specifically Chinese organisation in the area. This finding was supported by the work with Chinese older people themselves, who confirmed that they rarely contacted ‘mainstream’ organisations because of language problems and a lack of confidence.

7.4.2 Barriers to claiming

The key barriers in relation to Chinese older people’s ability and likelihood to claim benefits were identified by community workers and older people themselves to derive from their lack of some personal resources, and the relatively low levels of social capital they could draw on. This lack of
personal resources included lack of language and literacy skills, and a lack of any understanding of how the benefit system worked. These factors contributed to a lack of confidence about benefit entitlement and apprehension of the possible effect on their children of older people claiming benefits. However, attitudes to claiming benefits were often not a barrier. Older people often felt the need for a higher income and were not necessarily opposed to claiming help from the Department.

There were far fewer organisations serving the Chinese community than seemed to be the case for other communities. Those organisations that did exist were either not actually in the area, which required older people to travel into the centre of London, or were small and felt they were under-resourced.

The low level of outreach work meant that some voluntary groups working with the Chinese community did not feel that they had the necessary support to provide effective benefits advice and help.

### 7.4.3 Suggestions for service development

These suggestions were made before The Pension Service was operational in this area, thus they were based on the experience of the prior system. It was clear that the Chinese organisations identified were key conduits into the Chinese community. Building relationships between them and the local authority, the new Pension Service and other voluntary groups will be important if services for Chinese older people are to be developed, as it would allow outreach work to be carried out. The main suggestion made by both older people and voluntary workers was that Department staff should hold surgeries and give talks or ‘seminars’ explaining benefits and the benefits system to groups of older people and encouraging them to claim.

A Chinese helpline was suggested, staffed by both Cantonese and Mandarin speakers, although face-to-face contact was usually the preferred channel of those interviewed. It was suggested that Chinese radio, other Chinese media and existing organisations could publicise it. Leaflets translated into Chinese were also felt to be helpful for some older people. However, these were also felt to offer only limited help if they were not accompanied by the support some older people needed to actually approach the claiming process.
8 African case study findings

This case study was conducted in an urban area with high levels of deprivation and large numbers of minority ethnic residents. The African community was the largest minority ethnic group (although its profile was said to be quite young and newly established).

This chapter firstly explores the services available in the area and the benefits take-up work being done by the Department, local authority and voluntary sector. It then examines the barriers to benefits take-up among African older people in the area. Finally, it discusses the suggestions made for service development.

8.1 Services available

A considerable amount of work was reported by voluntary and statutory organisation workers to help and advise older people and to encourage them to take up benefits. The statutory and mainstream voluntary groups were making efforts to work with minority ethnic communities and to make their services accessible. However, these groups often said that they did not work a great deal with the African community. Groups and organisations which worked with the ‘black’ community seemed, in practice, to be working primarily with Caribbean rather than African older people, despite their desire to be available to both.

There were organisations which worked with the African community, including religious groups and community centres. However, they often said that they did not have the expertise or resources to give a great deal of benefits advice. They also tended not to have contacts with trained workers (from other voluntary organisations or from the local authority or Department) who could come and give this advice to the older people they supported.

Among the African community, there were, of course, both English speakers and those who could not speak English. However, even where older people spoke English, some said that they did not tend to access services provided by mainstream organisations, or by groups run for black older people (which tended to be attended mainly by older people from a Caribbean background).
8.1.1 The work of the Department

The Pension Service was in a very early stage in this area, with key staff not yet in place. The staff interviewed were not necessarily those who would be working in The Pension Service local service. The information gathered about the work of the Department therefore reflects the pre-Pension Service model (under the Benefits Agency) and the transition period in which The Pension Service local service was being planned and set up.

At the time of the research, Department staff reported that they offered four main kinds of service in this area: in the benefits office, (over the phone and at the counter) home visits and outreach work.

The service provided at benefits offices (under the previous Benefits Agency system) included advice given over the telephone and face to face. However, staff at the offices said that they did not find that many elderly people came in to the office, or phoned, for advice. It was reported that when customers came in, staff would look at the benefits they were receiving and whether they might be entitled to others, but only if they were not too busy.

There was an expectation that the new Pension Service would do a great deal more of this kind of advice giving, and that staff would be trained to give advice as part of their jobs. A home visit service existed, but it was unclear how this was provided and how actively it was offered (in other case study areas it was said to be provided only if a specific request was made). Staff said that interpreters were available for home visits, but they were not sure how much use was made of them.

It was unclear how effectively language barriers were tackled under the Benefits Agency system. Since The Pension Service was not fully operational it was not possible to gather any information about how language barriers would be addressed. Under the previous system, staff said that there was a list of staff in the office who spoke different languages. However, it was not clear how the availability of these staff was managed, nor whether customers would know before visiting whether there were staff who could speak their language.

The staff overseeing the transition from the Benefits Agency to The Pension Service at the time of the research reported that, if customers came in who did not speak English, and did not have an interpreter with them, the first response was to give them a letter or write to them (in English). If this was not effective, staff said that they would arrange for an interpreter. However, staff reported that customers who did not speak English made their own arrangements for translation, through family or voluntary or community organisations, and that it was generally not necessary for an interpreter to be provided. There were reports from voluntary organisations of non-English-speaking older people going to a benefits office and being given a note saying ‘come back with someone who speaks English’.

It appeared that the minority ethnic older people seen by the Department’s office staff were either able to claim for themselves, without language or other difficulties, or had children or other third-party helpers to assist them to do so. Voluntary and community workers said that they contacted the benefits office on behalf of customers. This was not felt to necessarily cause difficulties, but staff remarked that problems sometimes arose because they were not able to give information to a third party rather than customers themselves. Where organisations contacted the office on behalf of customers who could not speak English, staff reported that they generally asked older people to give their name, address and date of birth (in English), and then staff would speak to the adviser on their behalf. Some staff did not appear to be aware that even this small amount of information would not always be easy for older people to give in English.
Statutory staff reported that there had been take-up campaigns in the media, however, staff were not able to say how successful these had been, or whether they had reached minority ethnic communities. Additionally, the benefits office had established a section where people could telephone to ask about MIG and complete the form over the phone with the adviser, and then have the form sent to them for approval.

The Department employed a small number of outreach workers in the area. They offered an appointment and drop-in service and gave talks to pensioners’ groups and patients at local hospitals. However, these workers did not report having much contact with African older people. They believed there were two main reasons for this. The first was resource limitations. These workers were attempting to serve a wide range of types of customer, and felt that they did not really have time to target different communities, investigate where they met, and then conduct outreach work in those locations. Additionally, they said that they were unable to process claims in the outreach office, but had to return to the benefits office to do this. They felt that this was cumbersome and also led to repeat visits from customers because the outreach workers were not able to reassure them in one visit that their claims had been processed.

There was also an interesting example of the difficulty of holding outreach events. An event on giving advice about MIG was advertised on an estate and more widely, but nobody came to it. This illustrated the challenge of this type of work, and the need to link such events to places, times and groups where older people already gathered.

### 8.1.2 The work of the local authority

The local authority had carried out some work on benefits take-up, including:

- a benefits leaflet sent out with tenants’ rent information;
- establishing a project with the Bangladeshi community;
- a take-up campaign;
- work carried out by the LA’s welfare rights unit, social services and, particularly, by its one-stop shop to help and advise older people.

Additionally, the local authority funded a range of voluntary and community organisations that gave advice. This included some that worked with different minority ethnic communities and some that worked with non-English speakers.

### 8.1.3 The work of the voluntary sector

The voluntary sector in this area was large and active, with a great range of organisations. Some focused on giving particular kinds of help, while others were set up explicitly to serve a particular community. They included:

- ‘mainstream’ advice-givers;
- organisations working with refugees and asylum seekers;
- organisations working with particular minority ethnic communities (and with sub-groups within them);
- neighbourhood advice centres;
- organisations working with carers;
• women’s groups;
• organisations working with older people from particular communities;
• organisations working with older people with mental health problems;
• groups giving legal advice;
• organisations working with non-English speakers.

These organisations were often funded by the local authority, but they also raised money from other funders. The area was one of the New Deal for Communities areas, which also provided a source of funding for such groups. Some groups were long established and very stable, but smaller ones were sometimes more transient.

Despite this large voluntary and community sector, finding organisations that could provide the researchers with contact with African older people was not easy. Mainstream organisations tended not to do much work with them, African older people tended not to attend day centres, and ‘black’ groups seemed to cater mostly for Caribbean older people rather than African older people, despite wanting to serve both.

Those organisations which were working with African older people tended to be specialist African organisations or ones focusing on non-English speakers (but not on Asian language speakers). Additionally, certain mosques and churches were centres where African older people met.

The African groups were often small and felt that they were under-resourced. Older people and some workers in other organisations said that they could be difficult to make contact with because they were open for limited hours and the staff were very busy.

‘The voluntary groups do a good job, but they’re often only open two or three days a week, or a few hours. They’re understaffed, end up telling older people to come back in two or three weeks.’

Statutory sector worker (AfLA4)

They also tended to be ‘holistic’ groups rather than purely advice givers, and did not always feel equipped to give advice on benefits, as they lacked both training and resources. These groups often found it hard to meet the demands of trying to serve their community, which could lead to an inconsistent service. Not all of the older people attending a particular group were aware of all the services provided by that group. In particular, they did not always know that the staff sometimes gave advice on benefits and other issues.

Interviews with service providers (both statutory and the larger voluntary groups) indicated that outreach work to these African groups was limited. There was a strong demand for this kind of support, however, from these groups and for knowledgeable advisers to visit the mosques and other groups that supported African older people.

Those African older people who had claimed MIG reported that they had done so with the help of family or a friend, or through a contact made for another reason (often health-related), such as a doctor or social worker.

8.1.4 Relationships among organisations

There was little contact reported in interviews between the local authority and the Department, either between managers or between frontline staff, at the time at which the research took place. However,
the period of transition in which the research was carried out meant that it was not possible to discover the plans of The Pension Service local service or see its effect on relationships within the area.

There were varying relationships between voluntary and community groups and the statutory organisations. Large, mainstream, community organisations seemed to have closer relationships with both the local authority and the Department than did smaller groups. Local authority staff said that they sometimes referred customers to voluntary organisations, particularly where customers could not speak English. The local authority also had a relationship with voluntary groups through being a funder. Overall, however, at the time of the research (prior to The Pension Service local service being operational) relationships between the statutory organisations and the voluntary sector did not seem to be very well developed.

Some local voluntary and community groups had established a Legal Partnership Project, bringing together groups that gave advice to local communities. They were also jointly applying for more New Deal for Communities funding. The groups reported that this process had led to greater co-operation and support among them. It had also led to some instances of bigger organisations providing support and training to smaller ones, for instance, in setting up administration and IT systems.

Organisations also referred customers among themselves. They reported that this occurred when the organisation with the initial contact could not provide language help, or because customers needed a higher level of expertise (for instance with an immigration case), or because of capacity problems.

Although there was co-operation among voluntary groups, there was also a sense of competition. Some reported that concerns about their funding sometimes affected the extent to which organisations supported each other and were willing to work in partnership.

8.2 Barriers to take-up

The key barriers to take-up among African older people were believed by older people, and those working with them, to derive from their lack of awareness and understanding of the system, the limited social capital available to them, and the effect of negative experiences of the claiming process.

A lack of personal resources affected older people in different ways: language, literacy, health and disability all played a part in hindering some from claiming benefits. However, the main problems faced in relation to personal resources were felt by older people to be a lack of confidence in dealing with the benefits system, and a lack of awareness and understanding of this system. This mirrored findings from studies with the general population of pensioners, not specifically focused on minority ethnic groups, although the extent of some African older people’s lack of knowledge about the system was sometimes greater than that usually found in the wider population.

While older people tended to feel that they needed a higher income, they did not necessarily think that this could come from benefits. Their lack of knowledge of the system, and sometimes their unfamiliarity with the idea of benefits, meant that they would often not think of this option until somebody suggested it and encouraged them to claim.

Some African older people reported that they tended not to access the advice and help provided by mainstream organisations, but relied on their own community groups. These groups gave them considerable support, but said that they were sometimes unable to provide a great deal of benefits advice, because of their lack of training and resources.
Some of the elders interviewed said that previous unsatisfactory experiences in claiming benefits (and accessing other statutory services), or hearing about such experiences from others, could make them reluctant to claim benefits.

These barriers were underpinned by a number of macro factors, such as the lack of outreach work in the area (at the time of the research) and the tendency for the work that was carried out not to reach the groups working with African older people.

### 8.2.1 Personal resources

The level of personal resources that African older people could draw on varied greatly. Some were comfortable in English, literate, well educated and suffered from no health problems or disabilities. Others were at the opposite end of the spectrum in relation to these factors. A common thread, however, tended to be a lack of understanding of the benefits system (and statutory services more generally), and lack of confidence in dealing with it.

Whether language was a barrier for older people depended largely on their country of origin. Older people from Nigeria were often able to converse in English (although they were sometimes more comfortable in Yoruba, or another language from that region). Those from countries such as Somalia or Ethiopia did not always speak English. Even where they spoke English, older people sometimes had a strong accent, which, they felt, made it difficult for them to communicate with staff who were not used to it, and caused particular problems on the telephone.

Literacy levels were highly variable, and dependent on education. Older people who had arrived as refugees or asylum seekers were said by some organisations working with them to be less likely to be literate. Illiteracy was felt to be a major problem for some older people, as it meant that they were dependent on other people to help them through the system. Older people who were illiterate, and often did not speak English, were reported by community workers to find it difficult to give quite basic information, as they did not always know their address or date of birth. In addition, there were older people who could read a little, and thus would not class themselves as illiterate, but who said that they had great difficulty in reading official communications and found it hard to take in written information.

As has been the case in studies with the general population of older people, disability also played a part in the ease with which they accessed services. Sight, hearing and mobility difficulties were all in evidence, and made it harder for older people to find out what they might be entitled to, make a claim and access help available through their own community groups or from statutory organisations. Health problems sometimes meant that older people tired easily and found it difficult to make efforts to find out about benefits or make a claim.

However, poor health or disability was also reported by some older people to have brought them into contact with a social worker, doctor or health worker who told them about benefits and helped them to make a claim. Thus, this element of low personal resources could trigger older people into accessing a source of social capital otherwise unknown to them. Whether this contact would lead to a claim, however, depended on the workers involved, including their knowledge, workload and willingness to address benefits issues.

Levels of awareness of the benefits system, and of other statutory services, varied among older people. However, as has been shown in previous studies to be the case among the general population of pensioners, some of the older people felt confused about statutory service providers, whom to ask about different issues, what services existed, and how to access them. For African older people there was sometimes the additional factor that the concept of benefits was sometimes unfamiliar to them, particularly if their country of origin did not have an equivalent system.
The older people also did not always understand quite fundamental principles of interacting with statutory service providers. For instance, some did not realise that when they got letters from the Department or the local authority, it was important that they read them (or asked somebody else to read them) and respond to them. Community groups reported that older people would sometimes be afraid that such letters might be asking them to pay something, or be bringing other bad news, and would throw them away. They sometimes did not realise that such letters could contain good news, or could be asking questions they needed to answer in order to make a successful claim.

There was also reported, by community groups and some elders, to be an element of ‘letter fatigue’ for some older people who had received a great many letters from the Department and the local authority and had got tired of opening them and finding them hard to understand. Some continued to take these letters to a family member, friend or community worker, but others started to disregard them.

Confidence was a major issue for African older people. Lack of confidence was less pronounced in those older people interviewed who were better educated, those who had been in England for longer, and those whose English was good. However, it was still often a problem for them. Older people’s lack of confidence meant that they were reluctant to apply for benefits unless they were positively encouraged and helped by a third party. They also sometimes said that they had been to a benefits office (under the previous Benefits Agency system) to ask a question or make a claim, and left without understanding what they had been told, but had not felt able to keep asking staff to explain until they understood.

Lack of confidence also meant that older people tended not to follow up letters or forms they had sent off. They reported waiting to hear from the Department, sometimes for months, and were unwilling to contact the Department to find out why there had been a delay. This led to claims not being followed through successfully, and to older people then not knowing if they had been found ineligible, or their form had been lost, or another problem had arisen.

Some older people said that they were also worried about their immigration status. This made them unwilling to draw attention to themselves by asking questions or following up claims. This matter could be of concern to them even if they had been assured that their status was legal.

### 8.2.2 Attitudes to benefits and Government

African older people tended to feel that they needed a higher income. They were quite open about saying that it was difficult to live on their current income (even where they already received MIG or had been found ineligible for it). However, it did not always occur to them that they might be able to increase their income by claiming benefits, unless this was suggested by a third party and encouragement given to do so.

Some older people found it difficult to accept the idea of claiming money from the state, particularly where this was not the system in their country of origin. They remarked that they had been raised to work for a living and not to ask the state to support them, and they found it difficult to get over this. However, even those older people who felt this way had sometimes been encouraged to claim by family or community workers. Where older people had children who worked in England, this often seemed to help them to feel that they were entitled to claim. Workers pointed out to these older people that they had raised their children – who were now working, paying tax and contributing to the economy – and therefore they had a right to claim.

Past experiences at benefits offices had a strong influence on older people’s reluctance to claim. They had often had direct experience of the Department (unlike Chinese older people). Rejected claims
made older people extremely reluctant to claim again. They tended to assume that this meant they
would not be eligible for any other benefits, and were unwilling to risk another rejection. A few older
people reported that previous unsatisfactory experiences of claiming benefit, either whilst a
pensioner or when they were of working age (sometimes between 10 and 20 years ago), continued
to influence their current attitude. Some reported feeling that staff treated them as if they were
‘scroungers’, were disrespectful and had not seemed willing to answer their questions.

‘Staff are very difficult. You have to push to find things out.’

Older person, 65, ENR, male (AfE3)

In contrast, good experiences were also reported, and older people commented that their treatment
depended greatly on the individual member of staff. Older people also mentioned that problems of
long queues and lack of privacy affected their willingness to deal with the Department now. It was
sometimes unclear whether older people were distinguishing between experiences in LA offices and
those in Department offices – some found it difficult to recognise the difference between the two.

When discussing their experiences of contact with the Department, which would have been prior to
the introduction of The Pension Service, some older people also said that they had experienced
problems in trying to contact the Department by telephone. They reported that they either could not
get through to anybody, or were passed around among staff and could not find anyone who would
help them. This had made them reluctant to try to contact the Department by phone again.

A few older people said that they were apprehensive about visiting benefits offices because they were
unsure how they would be treated by staff. They worried about not being able to have their questions
answered and not being treated with respect. This concern arose either from their past experience or
from hearsay. It was also sometimes reinforced by experiences of other statutory service providers.

8.2.3 Social capital

The African community was reported by community workers and some older people to have fewer
networks and meeting places than other communities. There were clearly some organisations and
community groups where older people met. However, these groups often did not have benefits
expertise, and nor did they have contacts with other organisations (statutory or voluntary) which
could provide benefits advice and help to the older people they served. African groups provided
support and social contact, but tended not to feel that they had the resources, training or contacts to
do a great deal of benefits work.

Word of mouth operated among African older people, although not all had enough contact with
others to learn very much from it. However, it was not always accurate. Additionally, the general lack
of knowledge of benefits in the community and among its organisations seemed to mean that word
of mouth did not greatly help older people in finding out about benefits. Word of mouth also
appeared to be less effective here than in other case-study areas because of the ways in which some
older people had been able to claim benefits, for example, through a doctor, friend or child. These
were not access routes that would tend to be recommended to others (in contrast to other case-study
areas where outreach workers helped older people to claim). The social links that older people said
had led them to claim also tended to be very ‘hit and miss’. They depended, for instance, on a health
worker choosing to look at an elder’s benefits situation, or a friend or child being particularly active
and well informed.
8.2.4 External factors

External factors relating to the claiming process had an important effect on African older people. They were worried about the forms that had to be filled in to claim benefits. Those who had heard of, or experienced, the longer MIG forms (before they were simplified) or the forms for Disability Living Allowance and Attendance Allowance had found them confusing and difficult to fill in and were sometimes discouraged from claiming. Even the shorter MIG form was still confusing for some. The language used in forms, leaflets and letters was also often felt by community workers and some older people to be overly formal and complicated.

There were also issues raised (in relation to the system of delivery prior to The Pension Service) regarding older people presenting the correct documents when making a claim. Some reported that they had not been told by staff exactly what they had to bring, which resulted in having to make multiple visits to the office. This sometimes led to older people deciding that the process was too much effort and abandoning the claim. There was also confusion where the form had not been filled in correctly or completely – older people would not always understand what was required to pursue the claim. Occasionally, community workers reported that the need for older people to have somebody to help them to pursue the claim and provide the remaining information stretched the process out for a long time, even resulting, in some cases, in the claim being terminated.

The problem of older people not having National Insurance Numbers (raised in other case-study communities) did not emerge as a major issue in the African case study. This may have been because older people who had been in England for several decades had often worked in large, public-sector organisations or for large companies. This contrasted with older people in the Chinese and South Asian case studies, who had often worked in the more informal catering or retail sectors.

8.2.5 Macro factors

The main macro factors that appeared to affect African older people related to the approach taken by the Department and local authority to minority ethnic communities and language issues, and the nature of the voluntary and community sector in the case-study area.

Some statutory staff reported that they thought that African older people would be helped by family members or community organisations and therefore did not necessarily need statutory workers to replicate this assistance. Thus older people were dependent on their own contacts, and on those contacts’ knowledge and availability to help and encourage them to claim.

The research was carried out at a time of transition between the Benefits Agency and The Pension Service. It was, therefore, unclear how the new Pension Service local service would approach outreach work. Prior to the introduction of The Pension Service, there had been some Department outreach workers based in the community. However, these workers felt that the pressure on their time and the wide customer base that they were attempting to reach (which included those of working age and older people before the introduction of The Pension Service) meant that they were not able to focus specifically on older people in the African communities.

African community groups reported that they had little contact with mainstream organisations. This lack of connection greatly affected the amount of support and expertise available to the African community.

Overall, neither the statutory organisations nor mainstream voluntary organisations reported that they had developed a strategy for looking at each of the main communities in the area and how to reach them. However, the transition period in which the research was carried out meant that it was not possible to ascertain the plans or future strategy of The Pension Service local service.
8.3 Suggestions for service development

The suggestions for developments in services were made before respondents had experienced The Pension Service local service. Therefore, they reflect respondents ideas based on experience of the previous system, rather than their views of the new delivery model.

8.3.1 Macro factors – a strategic approach

The first development that appeared to be advisable was to devise a strategy to reach out to African older people, and to explore the best ways of doing this. This process would need to start by understanding how the communities worked, where they met, and which organisations were already working with them. It would also require a careful approach to organisations working with ‘black’ customers, to consider whether they would be a good access point to the African community.

Department staff suggested that it might be helpful to have someone dedicated to working with African older people. They also indicated that it would be beneficial if staff were able to concentrate only on older people or on people of working age (as would be the case under The Pension Service) rather than trying to work with both (as was the case under the previous system).

8.3.2 Developing social capital

Developing links among voluntary and community groups was felt by older people, community groups and statutory staff to be key in enabling better services to be provided to African older people. There was said to be a need for such groups to be better resourced and trained, and possibly for the problem of short-term funding to be addressed. These groups also wished to be able to draw on the expertise of workers from other organisations, whether statutory or voluntary.

A key suggestion from older people was for the Department’s outreach workers to come to the places where they met (whether mosques, churches, bingo halls or other centres) to talk to them about benefits and help them to claim. Community workers pointed out that it would be vital for the workers carrying out this outreach to be supportive, willing to spend considerable time talking to older people and building up trust with them, and willing to be active in developing relationships with older people and organisations.

‘African older people hardly use day centres. The best way is to consult mosques, churches. Where a lot of Africans go.’

Worker at community-specific organisation (AfVol4)

There was a debate as to whether these outreach workers should be from an African background, or at least black. Some older people said that they would be more comfortable speaking to someone who was black, while others felt that the ethnic background of the worker was unimportant as long as they had the right attitude. Additionally, some older people pointed out that different parts of the African community could be suspicious of one another, and that a worker from one part of the community might find it difficult to make progress in another part.

It was also said that the issue of language would need to be addressed. This task would be made more difficult by the large number of languages spoken in some parts of Africa. Community groups working with African older people tended to have staff who were able to speak several of these languages to a greater or lesser extent. However, issues of privacy and of the quality of translation would have to be considered.
Not all community groups had private rooms which could be used for surgeries. Outreach workers would have to work with these organisations to manage the issue of privacy, while still using venues that older people were accustomed to.

Since it appeared that GPs and health centres were helping some older people to claim, it might be beneficial for staff to investigate ways of using these venues and of increasing the consistency of the service received there by older people. If outreach workers were visiting organisations that older people felt comfortable about going to, GPs and other health workers could be encouraged to signpost older people to these organisations.

8.3.3 Process

Three main suggestions were made for improving the claiming process in order to help African older people. All of these related to the process which had been experienced prior to the introduction of The Pension Service.

The first was the possibility of establishing a telephone helpline for African older people, which would be staffed by people who could understand their accent and would also provide interpreters where necessary. The African older people interviewed tended to prefer face-to-face contact (as was also true of older people interviewed in other case-study communities). They said that they found it easier to build up a rapport and trust a worker when they met face to face, as well as being easier to ask questions and ensure that they understood what they were being told. They also felt that a worker who saw them face to face would be more likely to take responsibility for their case than one who spoke to them over the phone.

‘Person to person is best. You can be clear. It’s easier to understand, to explain, to trust.’

Older person, age unknown, MIG claimant, male (AfE7)

However, some older people, particularly those with mobility problems, would have liked to be able to call a helpline if they could be confident it would enable them to ask questions and be understood, and have staff operating it who would want to help them.

Older people and community workers also felt that there should be more training for Department and LA staff in cultural sensitivity and in dealing with older people. Some older people and community workers expressed the view that, in their past dealings with staff, they did not always think that staff understood the need of older people who were confused and worried and who needed a patient and caring approach. There was also felt to be a need for the Department to attempt to employ more bilingual advisers, although it was acknowledged that these could be very difficult to recruit.

Those staff who were in place during the transition period before The Pension Service was fully developed pointed out that it would be vital for Pension Service contact centres to be able to put older people in touch with staff in their local area. Additionally, it would seem likely that contact centre staff would need to be trained to do so without older people necessarily asking directly for a face-to-face meeting, because of the tendency of older people to wait to be offered help rather than demanding it.

8.4 Chapter summary

8.4.1 Services available

This case study was conducted in an urban area with high levels of deprivation and large numbers of minority ethnic residents. The African community was the largest minority ethnic group, although its profile was said to be quite young and newly established.
The Pension Service was in a very early stage at the time at which the fieldwork was carried out. The staff who were interviewed were those who were overseeing the transition period between the Benefits Agency and The Pension Service and were not necessarily those who would be in post in The Pension Service local service. The experiences reported by older people, community groups and staff reflected the previous system delivered by the Benefits Agency and the transition period rather than the service of The Pension Service.

A considerable amount of work was reported by community and statutory groups to help and advise older people and encourage them to take up benefits. However, the African older people and community groups interviewed did not tend to be aware of many of these organisations. Groups and organisations which worked with the ‘black’ community seemed, in practice, to be working primarily with Caribbean rather than African older people.

There were some organisations that served the African community, including religious groups and community centres. However, they often felt that they did not have the expertise or resources to give a great deal of benefits advice. They also tended not to have contacts with trained workers who could come and give this advice to the older people they supported.

Among the African community, there were English speakers and those who could not speak English. However, even where older people spoke English, they sometimes said that they did not access services provided by mainstream organisations, or by groups run for ‘black’ older people.

### 8.4.2 Barriers to claiming

The key barriers to take-up among African older people were identified by older people and those working with them to derive from their lack of awareness and understanding of the system, the limited social capital available to them, and the effect of experiences of the claiming process.

A lack of personal resources affected older people in different ways: language, literacy, health and disability problems all played a part in hindering some from claiming benefits. However, the main problems faced in relation to personal resources were felt by many older people to be a lack of confidence in dealing with the benefits system, and lack of awareness and understanding of this system.

While older people tended to feel that they needed a higher income, they did not necessarily think that this could come from benefits. Their lack of knowledge of the system, and sometimes their unfamiliarity with the idea of benefits, meant that they would often not think of this option until somebody suggested it and encouraged them to claim.

African older people said that they tended not to access the advice and help provided by mainstream organisations, but relied on their own community groups. These groups gave them considerable support, but often said that they were unable to give a great deal of benefits advice, because of their lack of training and resources.

Some older people reported that unsatisfactory experiences of claiming benefits, and of other statutory services, had made them reluctant to claim benefits. Their experiences were sometimes as pensioners but also, in some cases, occurred years previously while they were of working age.

The relatively limited level of outreach work which had been carried out with the African community (at the time of the research, prior to the introduction of The Pension Service) added to the difficulties of older people and community workers in overcoming these barriers.
8.4.3 Suggestions for service development

These suggestions were made before The Pension Service had been fully developed, thus they reflected respondents’ views of the previous system. The first key point was a need, identified by statutory and community workers, to develop a strategy to reach out to African older people. This would explore the best ways of doing this by understanding how the communities worked, where they met and which organisations already worked with them. The main suggestion from older people was for the Department’s outreach workers to come to the places where they met, to talk to them about benefits and help them to claim.

The suggestions made for improving the claims process (as it was before the introduction of The Pension Service) were: the possibility of establishing a telephone helpline for African older people and more training for statutory staff in dealing with older people. When looking forward to the introduction of The Pension Service (before it was fully developed) staff also felt that it would be important for Pension Service contact centres to be able to put older people in touch with staff in their local area.
9 Caribbean case study findings

This case study took place in an urban area with a fairly large Caribbean community, but this was not the main minority ethnic group in the area. The service providers in the area were known for their work with Asian communities, but it was not clear whether this work would also have addressed the needs of the mainly English-speaking Caribbean groups.

This chapter begins by examining the services currently available in the area, and those that were being planned. It looks at the work of the Department, the local authority and the voluntary sector. Next, there is a discussion of the barriers to take-up of benefits among Caribbean older people. Finally, it explores the suggested service developments to improve take-up among these older people.

9.1 Services available

At the time of the research, the new Pension Service in this area was in the process of planning and beginning outreach work with voluntary groups working with the Caribbean community and other minority ethnic communities. The staff were very aware of the need to build good relationships with voluntary groups and with the local authority, and were starting to do so. The new Pension Service was in its infancy and it was therefore unsurprising that not all voluntary groups and LA outreach workers were aware of its plans.

The local authority was reported by staff and community organisations to be very active in benefits take-up and income maximisation work. It carried out work with the Asian communities as well as some with the African-Caribbean community.

The voluntary sector was well developed in this area. There were some groups working specifically with Caribbean communities, but fewer than with Asian groups.

9.1.1 The work of the Department

When the research in this area was being carried out, The Pension Service was still at an early stage. However, some key staff were in place, and were already making detailed plans and starting to set up outreach work. They seemed to have a good understanding of the needs of African-Caribbean older people and of their barriers to taking up benefits, echoing many of the comments made by older people themselves and by community groups working with them.
The staff were also well aware of the need for them to work with the local authority and with voluntary and community groups. In addition, they understood that the local authority and voluntary groups would be likely to have some concerns about working more closely with the Department, fearing that the role and funding of their own benefits advisers might be affected.

The Pension Service staff felt that it was important to work with the community groups that older people trusted and were comfortable with. They were gradually developing closer relations with the local authority so that they could refer customers between the Department and the LA. Some voluntary groups were aware of the new Pension Service and of the outreach it was starting to do. Others, even some of the major groups, were not. This was unsurprising given the early stage of The Pension Service at that time.

The staff were starting to hold surgeries at luncheon clubs, including a Caribbean one and a Bangladeshi one, and at day centres and churches. They were planning to give talks, leaflets and one-to-one advice. They knew that older people would want to be advised in local community venues or through home visits, and that they would be likely to prefer a face-to-face service rather than one by phone.

Voluntary and community groups were sometimes very negative about home visits, reporting that older people were often scared about having a home visit. This seemed to be true for some of the older people interviewed. However, others – especially those with mobility or health problems – said that they would rather have a home visit than go to a local community group. Older people felt that it was important for them to be able to access the local community groups where they felt comfortable and trusted the staff, as well as offering home visits to those who might prefer them.

It was commented by community groups and statutory staff that when Department advisers went to an African-Caribbean voluntary group to give older people advice, there was some suspicion of them and older people were not always willing to approach them. This difficulty was also reported in other case-study areas. It highlighted the need to ensure that staff conducting outreach were prepared to take time to build up trust with organisations and older people. It also re-emphasised the need for outreach staff to have a patient, friendly and informal approach, and to be willing to move beyond formal advice sessions to get to know older people in more social contexts.

Pride and a stigma attached to benefits emerged from interviews with older people and community workers as a major barrier discouraging Caribbean older people from claiming benefits (discussed further below). This barrier could also make outreach work more difficult, as community workers remarked that older people were sometimes unwilling to approach an adviser who was known only to give advice about benefits. In other case-study areas, this problem had also been encountered by LA benefits advisers and advisers from larger voluntary organisations. Statutory outreach workers in other areas had tackled it by making it known to older people that advisers could give help and advice about a range of issues rather than just focusing on benefits. Also, staff giving surgeries built up a reputation over time for helping older people and for being responsive, patient and easy to talk to. This then encouraged other older people to approach them.

9.1.2 The work of the local authority

The local authority had a benefits advice team that conducted outreach, including home visits, visiting day centres to give talks and advice, and carrying out specific outreach with minority ethnic groups in mosques and community groups. The team also worked with hospitals, encouraging hospital staff to give out leaflets when patients were discharged. Particular work had been carried out with Asian communities, including training staff in benefits advice and using Asian radio stations to raise awareness.
‘Once we’ve identified somebody who wants some assistance, we’ll then help them through the claiming process, right from filling in the form to going through the tribunal if necessary, so we do the whole thing.’

LA advice worker (ACLA1)

Some work had been carried out with Caribbean organisations, but this was less than that undertaken with the more predominant Asian communities.

Staff commented that they were aware that some older people could be apprehensive about contacting statutory services. They said that they therefore prioritised work with community groups as a way of gaining the trust of such older people. The local authority also funded a range of voluntary groups. They pointed out the potential benefits of close liaison with voluntary groups because of their direct contact and position of trust with older people and as a source of information dissemination.

9.1.3 The work of the voluntary sector

The voluntary sector was very active in this area. There were a great many organisations for the Asian community, but fewer for the Caribbean community. The Asian organisations were said by statutory and voluntary sector workers to do a great deal to ensure that Asian older people were aware of entitlement, and that language barriers did not lead to low take-up.

A range of organisations served the Caribbean community, including church-based groups, advice-givers, groups providing accommodation, and groups organising social events, help at home, health-related services and classes. These organisations varied in size and how they tackled the problems of their customers. Some were large and well established; others were small and relied heavily on volunteers. Some tried to use guest speakers to provide advice on a range of issues, while others attempted to give advice on everything themselves.

Advice on benefits was an important part of the work of these groups, even where their work was not specifically advice-focused. Local community groups were said by statutory and community workers and older people to have built a strong rapport with older people and were trusted by them. However, community groups often felt that they lacked the funds, resources and training to consistently give accurate benefits advice.

There were also various mainstream organisations which reported that they had done a lot of work to develop their work with the Caribbean community. They were conducting outreach work and were linking with Caribbean community groups in order to take their services to new parts of the community and to support these less-established groups.

9.1.4 Relationships among organisations

There seemed to be pockets of co-operation and strong relationships among voluntary organisations, particularly where they were geographically close to each other. Some bigger organisations sent other groups information on benefits, provided venues for other groups, or held surgeries for their customers.

There were also varying relationships between voluntary groups and the local authority, with some, especially those providing accommodation or care services for elderly people, working more closely with it than others.

The Department was said to have visited voluntary groups occasionally in the past, prior to the introduction of The Pension Service. These visits had been greatly valued by staff at these organisations. It was reported by some community organisations that since spring 2002, they had
noticed increased activity and responsiveness from the Department, with staff visiting them and responding to their calls. However, at the time of the research, when The Pension Service local service was at a very early stage, others were unaware of this work. Some groups were also aware of a take-up campaign and training being offered by the Department, but said that they had been unable to take up this training because of time pressures and lack of staff to provide cover.

9.2 Barriers to take-up

A range of factors were reported to discourage Caribbean older people from claiming benefits, by themselves and those working with them. They were often unfamiliar with the benefits system, and were sometimes also concerned about the possibility of encountering unsatisfactory service, or about having their claims rejected. Additionally, some had problems with literacy and with their accents not being easily understood, particularly over the telephone.

A number of attitudes also formed barriers to claiming. Since The Pension Service was not fully operational, these attitudes and the experiences that were discussed in relation to them, related to the previous system of delivery, under the Benefits Agency. Some older people and community workers reported that pride and a sense of stigma attached to claiming were sometimes important, as was a dislike of feeling that their affairs were being ‘pried’ into. A few older people also reported that past experience of unsatisfactory service, rejected claims and a belief that they had been discriminated against had affected their willingness to make a claim.

Elements of the claims process (prior to the introduction of The Pension Service) affected older people’s likelihood of claiming. In particular, some reported having difficulty understanding the forms and accompanying literature, and felt that claiming was a complex and difficult process. This could lead them to decide that it was not worth their while to claim.

Social capital in the form of family networks, word of mouth and community groups helped some older people to overcome these barriers and make claims, but was not available to all. Additionally, word of mouth sometimes carried discouraging messages which some older people said had increased their reluctance to claim. A number of macro factors also had an impact on older people, either positively or negatively.

9.2.1 Personal resources

Older people felt that they knew little about the benefits system, what might be available to them, how services were provided, or how to find out more information. Community groups also pointed out that they tended not to be proactive in finding out about benefits, depending on a third party to give them information and help them to claim.

Community workers felt that the problem of illiteracy was often hidden in the Caribbean community. They reported that older people were sometimes unwilling to tell staff at voluntary groups or statutory services that they found it hard to read or write, which increased their unwillingness to become involved in the claims process. Even where they were able to read to some extent, some older people said that they found the forms and leaflets complex and hard to understand.
A lot of Afro-Caribbeans face literacy problems... for whatever reason haven’t learned to read or write... They feel suddenly if they’re presented with a load of forms to complete they don’t want to know, and where to get help with completing them. They probably don’t want someone who’s a stranger to know, they probably don’t even want their own families to know. There’s obviously language barriers, there’s understanding barriers as well because, although the first language of most Afro-Caribbeans is English... there’s different meanings for different inferences, different words which might be taken the wrong way.’

Department worker (ACDWP1)

Community workers reported that older people often seemed to lack the confidence to ask many questions, challenge what they were told or demand more help. This was reinforced by the accounts that some older people gave of their behaviour when visiting benefits offices. Community workers thought that this lack of confidence increased with age. Older people also said that they tended not to follow up a claim if it stalled, or if they sent in a form and did not hear anything, unless a third party encouraged them to do so or did it for them, a pattern also described by community workers. In common with the views expressed by respondents in studies with the general population of older people, the Caribbean older people also had concerns as to the possible effects on their savings or on benefits they already claimed if they claimed another benefit.

As with other case-study communities (and research with the general population of older people), problems relating to sight, hearing, health and mobility sometimes exacerbated older people’s unwillingness to claim, and made it more difficult for them to do so. Likewise, some older people had memory difficulties, finding it hard to remember dates and other facts. Some reported that this made interviews with benefits advisers difficult, with community workers also pointing out this could hinder older people from remembering what they needed to do in order to submit their claim.

9.2.2 Attitudes to benefits and Government

Caribbean older people expressed a number of attitudes to claiming which they said made them reluctant to do so. Likewise, community workers described their experience of encountering these attitudes among older people.

- Believing that they would already be receiving all that they were entitled to.
- Not questioning what they were told about benefits (either by staff or by other people).
- Worrying that claiming might lead to a loss or reduction of current benefits, pension or savings.
- Not wanting staff to ‘pry’ into their affairs, particularly their finances.
- A sense of pride that led to seeing benefits as being like charity, and attaching a stigma to claiming.

‘I think as well they’ve got this motto, ‘I’m a private person, I don’t like my business bandied anywhere’, so they see an organisation and they see a big wall...’

Adviser at community-specific voluntary organisation (ACVol2)

Some older people also reported that previous experience of the benefits system (before the introduction of The Pension Service) had created reluctance to have contact with it again. Occasionally, older people felt that staff had not provided a satisfactory service and had even made them feel that they were ‘begging’ for something they were not entitled to. There was also a belief among a few older people and voluntary group workers that there was some prejudice within
statutory service providers, although there were no accounts of overt discrimination by Department staff.

Finally, where a claim had been rejected in the past, older people often became reluctant to make another one in the future, even if it was for a different benefit or if their circumstances had changed. They assumed that they would not be eligible for anything, and were also unwilling to put themselves in the position of being upset by another rejected claim. This echoes the findings of previous studies with older people which did not specifically focus on minority ethnic communities.

9.2.3 Social capital

Word of mouth was an important way of passing information about sources of advice and help (particularly those provided by community groups) and about benefits. Older people reporting having heard from friends who had been successful or received help, and going to the same source of help.

However, word of mouth also acted negatively at times. Older people reported being deterred from claiming because friends told them about being turned down, or about negative experiences of forms being difficult or intrusive questions being asked. Additionally, the value placed on privacy sometimes restricted the amount of information passed on about benefits because older people were not always willing to talk about their own financial situation.

Older people generally said that they preferred to turn to community or voluntary groups for help and advice rather than to statutory organisations, because these groups were trusted, familiar and comfortable.

Family networks were also important and had made a big difference to some of the older people interviewed, with children being particularly active in some cases. However, community and statutory workers, as well as some older people, reported that there were many older people who did not have these family networks to help them, but had to manage on their own or find other sources of support. In addition, they pointed out, children or other family members might not always have a good understanding of the benefits system, or the confidence and energy to push a claim through.

There was a belief among community workers that the Asian communities had both stronger family networks and more community groups to provide help for older people. Word of mouth was felt to act more strongly in these Asian communities to raise awareness of benefits. Their networks and groups also gave more opportunities for older people to claim, and more people encouraging them to do so.

9.2.4 External factors

A number of aspects of the claims process and system (as experienced prior to the introduction of The Pension Service) were perceived to be difficult by Caribbean older people. Firstly, they often found the detailed questions about their income intrusive. A few said that such questions led them to feel that they were being ‘checked up on’ or treated as a criminal rather than a legitimate claimant. The leaflets and the forms they had to fill in also acted as a barrier, as they felt them to be complicated and difficult to understand.

There was also reported by community workers to be a problem of older people not sending in all the information needed to process a claim, perhaps because they had not fully understood the instructions. This was compounded when they were sent letters informing them that there was a problem with their claim, which they often did not understand, and did not always read.
'They get letters they don’t understand, they apply for benefit, their benefit’s not processed, it’s on hold because they didn’t understand that something’s got to be sent in with it, and all the problems that entails.’

Adviser at community-specific voluntary organisation (ACVol6)

Where older people had lived overseas, community workers, and occasionally older people themselves, said that Department staff sometimes found it hard to know what to do, and were not always well informed enough to advise them. Some older people also said that they encountered difficulties when they went back to their country of origin, even for a relatively short visit. They then found that implementation of the habitual residency rule could lead to their losing benefits for six months while they ‘proved’ they were resident, despite having lived in the UK for decades.

Some older people who had contacted the Department by telephone said they had been put off by the automated phone service, which had been in operation before The Pension Service was introduced, and by the difficulty some staff had in understanding their accents.

The experience of visiting benefits offices prior to the introduction of The Pension Service had also affected some older people. A few older people, and some community workers, said that the dislike of waiting times, the behaviour of other customers, smoking and a lack of privacy caused them to abandon their claims. These environmental aspects, particularly lack of privacy, had also discouraged a few older people from consulting some voluntary groups, where their offices were not felt to provide sufficient privacy. The whole process of claiming was often felt by some older people to be difficult, bureaucratic and confusing, occasionally leading them to decide that it was ‘not worth it’.

‘If I go [to the benefits office] and the queue is a bit long, I just turn back. And after they bring the forms in, they are posted back, they are not communicating with anybody face to face. You just get back another reply by letter which says you are eligible or not. Those are things some of us can’t cope with. Well you know who you’re talking to when you come face to face, talking on the phone you don’t know if you’re giving the right information to the right people.’

Older person, 63, MIG claimant, female (ACE1)

9.2.5 Macro factors

The introduction of The Pension Service was seen by some as a positive step. It was expected to facilitate a more customer-focused approach, allow staff to concentrate on one customer group, and enable the local staff to reinvigorate their outreach work. Already, some voluntary groups had noticed a more active approach and greater responsiveness from local Pension Service staff. There were very positive views regarding the individuals setting up the new local service.

However, community groups had some concerns regarding the greater use of contact centres by the new Pension Service. They, and some statutory organisation staff, believed that many Caribbean older people would not want to ask questions or complete forms over the telephone, but would need a face-to-face service. Additionally, voluntary groups worried about any loss of localisation of the service, reporting that older people generally wanted to talk to local people rather than staff in a different part of the country. There were also questions about the links between the contact centres and local staff, with worries about how good the communication between them would be.

Some macro factors were also reported to have had less positive effects. Anti-fraud campaigns were felt by those working with older people to have fuelled their concerns about going to statutory bodies to claim benefits.
Additionally, voluntary and community groups felt that their lack of resources, and the lack of well-developed relationships among such groups and with the statutory bodies, meant that they were limited in the level of advice they could give and the number of older people they could reach. These views were expressed prior to The Pension Service local service being fully operational.

9.3 Suggested service developments

The suggestions that were made for developments in the service were based on respondents' experience of the system before the introduction of The Pension Service and the very early stages of the new Pension Service local service.

There was felt to be a need for service development in two main areas: the overall approach taken by key organisations, and the detailed provision of training, outreach and publicity.

9.3.1 A tailored and strategic approach

It was agreed among community and statutory organisation workers that a tailored approach was required to meet the needs of different minority ethnic groups. Community workers commented that Caribbean older people tended not to come forward and take part in generalised take-up events, but that outreach targeted specifically at them was more effective. Caribbean older people did sometimes report using ‘mainstream’ advice-givers. These organisations said that they had given a lot of thought to making their service accessible and attractive to Caribbean groups, and had also been active in working with Caribbean community organisations.

The statutory organisations seemed to understand that this approach was needed, and to be developing services accordingly. They had also accepted that many older people were likely to want and need face-to-face services. Statutory and voluntary organisations in the area were working co-operatively, but did not, as yet, report that they were developing a joint strategy.

It was suggested by older people and advice workers that older people found it easier to talk to staff who came from their own ethnic group, and that this helped them to trust staff more quickly and to communicate more comfortably. Community workers felt strongly that talking to the same person at each contact and building up a rapport was an important part of the relationship that community group staff built with older people, and that this needed to be replicated in the Department’s service.

9.3.2 Outreach, training and publicity

Older people and community workers felt that there was a need for more outreach work to organisations and places where Caribbean older people met, and which they trusted. Community groups also suggested that it would be beneficial for more voluntary group staff to be trained so that they could follow up this outreach work more effectively. However, they pointed out, the provision of this training would need to take into account the pressures these organisations had on their time and staffing.

Community groups also suggested that Department staff should be trained to a greater extent in working with people who had low rates of literacy and low understanding of the benefits system. This suggestion reflected experiences under the pre-Pension Service system.

‘I’m not very good with read or write. I don’t get much understanding of things. If somebody that will tell me, explain it properly before I can say yes or no.’

Older person, 77, ENR, male (ACE1)
When considering other ways to raise awareness of benefits, it was reported that receiving a letter from the Department prompted some older people to go to a community group and ask about benefits. This sometimes led to their getting the advice and help they needed. However, other older people commented that they received a lot of letters from ‘the Government’ and that they often threw them away without reading them. Additionally, the difficulties some older people had in reading and specifically in understanding information produced by the Department could limit the effectiveness of such measures.

Finally, it was felt by older people and workers that greater levels of awareness-raising could be achieved through advertising in the ‘black’ media, particularly newspapers, radio and television stations aimed mainly at black audiences. However, this would need to be done in tandem with consideration of how older people would be able to react to such information, given that they were not necessarily likely to visit a benefits office or call an official helpline.

9.4 Chapter summary

9.4.1 Services available

This case study took place in an urban area with a fairly large Caribbean community, although this was not the main ethnic minority group in the area. At the time of the research, the new Pension Service in the area was in the process of planning and beginning outreach work with voluntary groups working with the Caribbean community and other key minority ethnic communities.

The local authority was very active in benefits take-up and income maximisation work. It carried out considerable work with the Asian communities and some with the Caribbean community.

The voluntary sector was believed by older people and statutory and voluntary organisations to be very important and active in the case-study area. A range of groups served the Caribbean community. Advice on benefits was an important part of the work of these groups, even where they were not specifically advice-focused. Local community groups were reported by workers and older people to have built a strong rapport with older people and were trusted by them. However, these groups often felt that they lacked the funds, resources and training to consistently give accurate benefits advice.

9.4.2 Barriers to claiming

Caribbean older people felt that they were discouraged from claiming benefits by a range of factors. They were often unfamiliar with the benefits system, and could be apprehensive about the treatment that they might encounter from staff or about having their claims rejected. Additionally, some had problems with illiteracy and with their accents not being easily understood, particularly over the telephone.

A number of attitudes also formed barriers to claiming by older people. They reported that pride and a sense of stigma being attached to claiming were important, as was a dislike of feeling that their affairs were being ‘pried into’. Older people, and the community workers also reported that experience in the past (prior to the introduction of The Pension Service) had affected some older people’s willingness to claim.

Elements of the claims process (prior to the introduction of The Pension Service) were also reported by older people, and voluntary group and statutory workers helping them, to affect older people’s likelihood of claiming. In particular, some older people said that they found it difficult to understand
forms and accompanying literature, and found the process complex and confusing. This had led some older people to decide that it was not worth their while to claim.

Social capital, in the form of family networks, word of mouth and community groups, had helped many of the older people to overcome these barriers, but was not available to all. Additionally, word of mouth could carry discouraging messages, which had sometimes increased reluctance to claim.

A number of macro factors could also have an impact on older people, either positively or negatively. For example, the introduction of The Pension Service was seen as a positive step by community and statutory organisation staff. Anti-fraud campaigns were felt by staff to have fuelled older people’s concerns about going to statutory bodies to claim benefits. Voluntary and community groups reported that their lack of resources, and the lack of well-developed relationships among them and with the statutory bodies, meant that they were limited in the level of advice they could give and the number of older people they could reach.

9.4.3 Suggestions for service development

These were made when The Pension Service was in its infancy and thus tended to be based primarily on experience under the previous delivery system. Statutory and community staff and older people felt that outreach work was needed to organisations and places where Caribbean older people met, and which they trusted. They also felt that greater levels of awareness-raising could be achieved through advertising in the ‘black’ media, particularly newspapers, radio and television stations aimed mainly at black audiences.
10 Irish case study findings

The area chosen for this case study was a city with a large, long-established Irish community. This chapter begins by examining the services available to, and used by, Irish older people in the area. Next it explores the barriers to benefits take-up among this client group. Finally, it discusses the ways in which services could be developed to better serve this section of the community.

10.1 Services available

The population of Irish older people was reported by community groups to have little contact with statutory or mainstream services. For the purposes of the research they were reached primarily through Irish community organisations, some churches where the parish priest took an interest in this group, and through social meeting places and events. Community workers and older people suggested that they could also be reached through Irish community newspapers in Britain, both local and national (Irish Post and Irish World), Irish sports events, television and radio.

The research took place at the time that The Pension Service local service was being set up, therefore its services were not fully in place but were in the planning stage. At the time of the research, the Department and the local authority were carrying out some outreach work in the area, but this work was limited in relation to the Irish community and Irish organisations. There was a willingness to increase this work, but teams did not necessarily have the resources to do so at this time.

A strong Irish voluntary and community sector in the area was working to support and advise Irish older people. However, these organisations felt they were constrained by lack of resources and also by their limited relationships with statutory service providers (although their relationship with the Department was in transition as The Pension Service local service was not yet fully operational).

10.1.1 The work of the Department

The Pension Service local service was at a very early stage in this area with full services not yet operational. There were a small number of outreach workers who were enthusiastic and keen to support the community, but were conscious that the Department could do more to reach Irish older people.

‘Okay, if they needed us they knew where we were, but we weren’t making that step, we were with the Bangladeshis and the Pakistanis, we were out there in certain communities, but we weren’t working for the Irish. It’s building up a rapport with these guys to let them know that we are there, we are a phone call away, we understand, you are not just out there by yourself, you don’t have to battle against us, because your clients are our clients.’

Department worker (IrDWP1)
They carried out some outreach work, however, and held surgeries at a hostel with a large number of elderly Irish residents.

Outreach work in the past had been limited, although the outreach workers had held some coffee mornings for older people (in partnership with the local authority) and also outreach in a Bangladeshi centre (with a translator) and at the local authority’s one-stop shop. Given the early stage that The Pension Service had reached, they had yet to create strong relationships with Irish community organisations.

Community workers and some older people reported that some staff in benefits offices were supportive and responsive to the needs of Irish older people. However, they felt that other staff had been impolite to Irish older people or unresponsive to them. They remarked that some staff had not been patient enough with Irish older people and did not take the time to chat to them and establish a rapport with them, which would help them to communicate more effectively. Community workers acknowledged that some Irish older people may have added to these problems by taking an aggressive or argumentative attitude.

It was acknowledged that working with the Irish voluntary sector could be difficult (see Section 10.1.4). However, Department staff felt that it was very important to build bridges with local Irish groups and convince them that it really wanted to help their clients. It was thought that the new Pension Service might benefit this process.

Service providers in the area hoped that the new Pension Service would work in partnership with the local authority and the voluntary sector. However, at this very early stage, community groups and statutory organisation workers were uncertain as to whether it would be able to understand and cater for the cultural needs of all the different groups.

Voluntary groups expressed a concern that the new Pension Service would make promises to older people and perhaps start doing some outreach work, then priorities would change and this work would be withdrawn. They felt that this would involve the voluntary groups in meeting increased demand without extra funding or resources.

### 10.1.2 The work of the local authority

The local authority was conducting outreach work with older people, families and children. Staff had developed links with Bangladeshi and Somali centres and were also conducting outreach work in local housing offices, to help vulnerable tenants and give benefits advice.

Staff also gave talks at one local Irish centre and offered individual benefits checks. They were keen to persuade Irish older people that claiming benefits was not ‘scrounging’. They also provided an advice helpline and produced leaflets which were placed in community centres, libraries and other public places. Outreach staff believed that the most effective measures were the outreach work they had done, material placed in Irish newspapers, and the effects of word of mouth among the Irish community.

### 10.1.3 The work of the voluntary sector

There were a number of Irish organisations in the area, ranging from large groups giving a wide range of services, to smaller ones which concentrated on one type of service. As well as these, there were shelters and hostels which had a great many Irish clients, and organisations which worked particularly with the traveller community. In addition, there were lunch clubs, social clubs, Irish pubs and churches serving the Irish community.
Mainstream organisations also did some work with Irish older people, but did not seem to have a specific focus on them, or to necessarily have many Irish clients. Some mainstream groups expressed the view that Irish older people would have the same needs as English older people, because there was no language barrier.

Advice and advocacy on benefits formed a large part of the work of Irish voluntary-sector groups. They said that they saw considerable numbers of vulnerable and isolated Irish older people. Workers in these groups felt the need to be in touch with information from statutory services, and tried to keep abreast of changes to benefits rules. However, they did not always have the time or funding to attend off-site training or keep themselves fully informed. Funding for these groups was often charitable rather than statutory, or they relied on Irish Government funding. Some said that they did not feel that they were well connected with statutory funders and their income was therefore limited.

‘There was a huge surge of people coming through all the agencies, Irish agencies all around London, to the point where the capacity wasn’t there.’

Adviser at community-specific voluntary group (IrVol1)

There were also numbers of Irish older people in hostels or sheltered housing. These older people often seemed to have little control and knowledge of their financial affairs and were very reliant on the community group staff to keep them up to date with benefits. However, these staff reported that they did not always know a great deal about benefits and were very stretched in terms of their time and workload. Thus, the staff found it helpful when outreach workers came in to give advice, help and information.

Even where this outreach was happening, not all the older people in a host organisation were claiming what they were entitled to. This was attributed by staff to a variety of reasons. Older people would not always be present when outreach workers came (for instance because of memory problems, alcohol issues or mental health difficulties). Additionally, older people themselves and community workers commented that various attitudes (discussed below) made them reluctant to approach such workers. Some older people said that they might still want to rely on the staff in the host organisation, whom they found it easier to trust.

Some of those older people, who were not in touch with Irish community organisations, worried whether approaching them about benefits might lead to gossip. This led them to prefer to access advice in another context, such as their church or in an organisation more removed from the community, such as a Citizens Advice Bureau. Those older people interviewed who had consulted more mainstream organisations tended to be rather more educated and confident, and to have more understanding of the system and feel more equipped to take in information from leaflets and forms than some of those who had been unwilling to approach such organisations.

10.1.4 Relationships among organisations

Some links existed between the local authority and the Department, and some joint work was carried out. However, The Pension Service local service was in its infancy and thus there had not yet been a development of a strategic approach to relationships between the organisations. Both the local authority and the Department had some contact with the larger Irish groups and with some homeless shelters or hostels. However, this seemed to be fairly ad hoc.

There were apparently some liaison meetings to bring together the Department, local welfare groups and the community. However, there did not appear to be any specific targeting of minority ethnic or Irish groups, and these meetings did not seem to be well known among Irish organisations. There was
some contact between the main or umbrella Irish groups and the Department prior to the introduction of The Pension Service (for example, staff attending an information day about a benefit), but this did not appear to be regular.

The relationship between the Department and Irish voluntary organisations prior to the introduction of The Pension Service was felt by Department staff and community groups to be quite ‘them and us’, partly because of problems with particular cases in the past. Some groups resisted the Department’s help or involvement because it was seen as ‘snooping’ – statutory staff ‘checking up’ on the groups’ clients or the organisations’ operations. The groups also said that older people had not been comfortable with it. Shelters and hostels seemed more open to Department staff visiting them and giving help. It was believed by community and statutory workers that it would require considerable staff time, resources, commitment and persistence to build relationships with the Irish voluntary sector.

There was a suggestion that it would be helpful if Irish staff were involved in outreach, as voluntary organisations tended to believe that these staff would have a better understanding of the needs of older people. Not all older people felt that they needed to be served by Irish staff, particularly where they were more confident in their communication skills. However, others felt strongly that they would find it much easier to trust and communicate with Irish staff.

Some larger community groups were acting as support and information sources for smaller ones. They were doing their best to create links between groups and support them, and were also working to inform the statutory organisations about the needs of the Irish community. However, they reported that they were limited in the resources and time they had for networking.

Some organisations remained isolated, or had some contact with larger ones but were not able to draw much support from them. The outreach work that took place tended to be in larger organisations or in homeless shelters. It did not seem to have reached smaller organisations, less high-profile ones or churches.

10.2 Barriers to take-up

Irish older people’s attitudes formed very important barriers to claiming benefits. Older people said that they were concerned about the possible consequences of claiming, such as losing benefits or savings. They also placed a high value on privacy, leading to a strong reluctance to give financial details to Government officials. There was also a sense that older people did not view their stay in England as permanent, and were therefore unwilling to plan for the future.

Additionally, older people’s personal resources and knowledge represented key barriers. Older people felt confused about how statutory services operated, how systems worked and who administered different services. Some older people also said that they believed that there were links between the police and other statutory services. In addition, older people, and the community groups working with them, reported that they faced difficulties in dealing with officials, managing money and communicating their concerns or questions.

Social capital was very important in helping older people to overcome these barriers. Irish community groups were vital sources of encouragement and help for older people. The approach taken by staff in these organisations was felt by staff and older people to be a key element of their success in helping older people, with an informal, chatty style being important in enabling older people to trust them and open up to them. Without this approach, community groups felt that older people would often not give information and were very reticent.
Elements of the claims process (prior to the introduction of The Pension Service) were sometimes very off-putting for older people. They sometimes resented the idea of means-testing and found forms confusing and hard to complete. Some elders also said that the way in which staff had treated them in the past, and the atmosphere in benefits offices (under the Benefits Agency) also increased their reluctance to claim.

External factors played a part in older people’s difficulties too, for example not having a National Insurance Number or acceptable identification. Finally, macro factors also played their part.

### 10.2.1 Personal resources

Older people’s level of knowledge about benefits or the benefits system was low. The term ‘Income Support’ and the pension were sometimes familiar, but older people did not necessarily understand exactly what they were or who was entitled to them. Older people easily confused different departments and sometimes assumed there were automatic links between benefits agencies and the police. Additionally, confusion in distinguishing between the Irish welfare system and the British one increased uncertainty.

Language was not a barrier for older people, but accent was for some. This was particularly the case for those whose first language was Irish, but also for others. They said that their accent sometimes made it difficult for them to communicate over the telephone and even face to face. Occasionally, older people reported experience of Department staff in the past correcting their accent, which they found distressing.

Literacy, in English and sometimes at all, was also an issue because some older people had very limited schooling. Even if they could read to some extent, they sometimes found it very hard to deal with the complex language of forms and leaflets.

Older people also encountered difficulties in claiming because of memory problems, finding it hard to remember dates or what they needed to tell benefits workers. This problem was exacerbated in situations where they did not feel comfortable and did not know the staff.

Physical health problems and disabilities (such as mobility problems, sight and hearing difficulties) made it harder for older people to access sources of help, and made them more reluctant to try to do so. They also made it harder to communicate on the phone and to read and fill in forms. However, such conditions also sometimes triggered a claim. For instance, one older man said that he went into hospital and met an Irish nurse he felt comfortable talking to who told him about benefits and encouraged him to claim.

Community workers reported that some Irish older people lacked some social skills, either finding it hard to ask questions or assert themselves in interviews, or tending to be argumentative. This was supported by the accounts which some older people gave in interviews of their behaviour when they visited benefits offices. Older people also sometimes said that they had found it hard to communicate with staff. This was, in part, due to a lack of communication skills, but could also reflect some cultural differences, as the staff in Irish centres said that they found it far easier to understand Irish older people than they thought statutory workers did.

Older people were not always confident in money management. Some were very capable, but others – especially those living in hostels – did not have bank accounts and did not really think beyond having their rent paid and a little money in their pockets. They tended not to plan or to think much about their overall income sources.
Older people often reported feeling very apprehensive about contacting statutory services. They worried that statutory organisations might have connections to the police, and were concerned about being harassed or penalised for past illegal working. There was also uncertainty as to whether they might lose one benefit if they applied for another, or whether their savings would be affected. Some older people also worried that they would be penalised because they had not paid tax or National Insurance contributions. Additionally, older people were sometimes concerned about how they would be treated by staff. Finally, those who were staying with friends were sometimes apprehensive that their friends might be affected negatively if they made contact with statutory services.

10.2.2 Attitudes to benefits and Government

Community workers believed that the reticence about claiming benefits which they saw in their older Irish clients was related in part to their attitude to living in England. They felt that older people often had an expectation or dream of going back at some time. This made planning, saving or investing for the future and retirement in England a problematic idea and was sometimes felt to mean that they had not gained much familiarity with the system in England.

‘They need a lot of support... because they still feel they are in Ireland, in spite of the amount of years they've been in England, they always focus on Ireland.’

Advisor at community-specific voluntary group (IrVol2)

Older people’s experiences in England were also believed by community workers to have been affected by the type of work they had found and the tendency to have been in insecure jobs where National Insurance was not paid by employers. This led them to feel reluctant to claim benefits and to wonder if they would be held accountable for unpaid contributions.

Older people sometimes reported that they saw claiming as being like ‘begging’ and an admission of failure. They also placed a high value on privacy, particularly in their financial affairs. Some thus said that they resented means-testing and worried about the consequences of ‘the Government’ knowing about their life.

Older people seemed inclined to ‘put up with their lot’ in a stoical manner, rather than being proactive in finding out what they could get and arguing for their rights. Community workers said that they tended to accept what they were told by people in authority, and would often have to be persuaded by advocacy workers into challenging what they had been told. In common with older people in other communities, and in the wider population, they said that they assumed that they would be told about benefits automatically, either by a support worker or by the Government. Some of the older people reported that they worked long after retirement age (into their seventies) rather than finding out what benefits they might be entitled to.

10.2.3 Social capital

The Irish community had a number of religious and other groups active within it. However, many older people seemed to be isolated. They often said that their families were not in contact or near to them. There was little evidence that these older people received a great deal of day-to-day support from their children or relatives, in contrast to other case studies. Thus they were often highly dependent on community or religious organisations.

Word of mouth functioned as a powerful tool for spreading information about benefits and sources of help and support. However, older people were sometimes reluctant to discuss their financial situation, limiting the amount of information that was shared. Additionally, inaccurate or negative
information was sometimes passed on among older people, for instance, relating to savings limits for benefits or the service in statutory or voluntary organisations.

Irish older people reported being put off by a formal approach to providing support and advice, preferring a more relaxed and conversational style. They sometimes found it difficult to communicate their needs and trusted those they were giving information to. Irish older people, therefore, tended to say that they wanted to deal with agencies face to face and did not like using the phone. Community workers also commented that older Irish people needed persuasion and time, and also often needed more than one meeting to develop trust and to give advisers all the details they needed.

Some older people felt that it was easier for them to deal with another Irish person, as there was a more immediate sense of trust and ability to communicate.

‘English people are very nice and at the [mainstream voluntary group], I went there several times in the last twenty years on and off, you know. They are very nice, but somehow you feel more relaxed, more comfortable somehow, at least I do anyway. Well I’m a bit nervy anyway you know, especially for the first time with people, so I tend to feel more relaxed, more comfortable you know with an Irish person.’

Older person, 60, female, MIG claimant (IrE7)

However, staff in mainstream organisations sometimes stated that there were no significant differences between Irish and English older people. They felt that anyone with a ‘professional’ approach should be able to work successfully with Irish older people. This was refuted by some Irish community groups. They did not claim that only Irish staff could work with the Irish community, but emphasised the need for any staff to understand the context in which Irish older people lived and the type of approach which suited them.

10.2.4 External factors

A number of external factors had had an impact on Irish older people, prior to the introduction of The Pension Service, including the following:

- Not all Irish older people had National Insurance Numbers, having worked in informal jobs throughout their lives.
- Likewise, not all older people had a passport or acceptable photo identification, and were unsure how they could get one.
- The Department had not always accepted Irish birth certificates because they were not issued at the time of birth.

In addition, some older people said that they had been influenced by negative past experiences of benefits offices, feeling that some staff had not listened to them, had corrected their accent. For others, benefits offices (under the old Benefits Agency system) were felt to be uncomfortable places because of the formal atmosphere, staff attitudes and the other clients.

Forms and leaflets were also seen by older people, and some community workers, as complex and difficult, and some older people were afraid of the consequences of giving incorrect answers. They often reported having given up, or lost the forms, unless a support worker kept encouraging and helping them. The fact that they had to declare savings and income could also be a deterrent to older people. Finally, it was reported by community workers that a home visit used to be mandatory for MIG (or had been believed to be mandatory), which had deterred older people.
10.2.5 Macro factors

Three macro factors were believed to have affected Irish older people’s access to benefits:

- At the time of the research (before The Pension Service local service was fully operational) it was felt by community and statutory workers that there was insufficient outreach work specifically with the Irish community.

- The voluntary groups felt that they were under-funded, they were also sometimes suspicious of the statutory organisations, and did not think that they had sufficiently developed relationships with them or with one another. They commented that this limited the coverage and level of help they could give older people.

- Irish older people’s involvement with both the English and the Irish benefits system was reported by community and statutory workers, as well as some older people, to cause complications. One example that was given concerned the rules for claiming the Irish pension. It was reported that the system had been altered so that older people had to claim through (the then) Benefits Agency offices in England. However, it was said that local offices had not been informed of this procedure, so Irish older people and their support workers found it difficult to achieve a claim.

10.3 Suggested service developments

The suggestions that were made for service development did not reflect the services which a fully operational Pension Service local service would provide as respondents had not yet experienced this. Thus, their ideas for developments were based on experiences with the previous system. Developments were believed to be needed in three main areas: the statutory organisations’ approach to services; the use of appropriate channels for publicity and outreach; and the state and connections of the voluntary sector.

It was seen by community groups and some statutory workers as being important for statutory organisations to understand the attitudes of older Irish people, their cultural context and the approach needed to work effectively with them. Irish organisations suggested that they would be one source of this knowledge, as well as providing access to older people.

One suggestion made by community workers was that staff from the Department could shadow workers in hostels and Irish community groups in order to gain a better understanding of their clients and way of working.

The view of community workers and older people was that older people would profit greatly from having access to benefits advisers in environments where they felt comfortable. The Pension Service local service team could consider undertaking outreach to the Irish community (in addition to other communities) and providing talks and surgeries in community organisations, churches and other meeting places, once it is fully up and running.

Those currently working with Irish older people felt that this outreach would need to be undertaken by staff who had gained a good understanding of the Irish community and were prepared to take the informal, conversational approach preferred by Irish older people. Older people were also keen to be able to access the service face to face rather than over the telephone. There was a wide range of venues in which Irish older people met and which could be used for outreach work, including tea dances, luncheon clubs, social clubs, pubs and churches, as well as community centres.

Some voluntary groups said that they would not necessarily be immediately open to the involvement of Department staff in outreach work or training. They and some of the statutory staff agreed that
outreach workers would probably have to spend some time building relationships. Some voluntary groups also felt that it would be beneficial for the Department to employ more staff from an Irish background as it would help older people and community groups to feel a greater connection to the Department.

In order to be able to take this focused approach to reaching out to Irish older people, The Pension Service local team could consider developing a strategy for customer service, taking into account the needs of different types of customer, once it is fully operational. This would involve considering carefully the work needed for each community in their area, which organisations they could work in partnership with, and how they should approach them.

There were suggestions that more ongoing publicity was needed to encourage Irish older people to believe that they were entitled to benefits, and to inform them about the system. It was commented by community workers that older people responded best to adverts which used people who were seen as being similar to themselves, rather than to images of people they perceived to be richer, better educated and more integrated than themselves.

Irish newspapers, radio and televised Irish sports programmes were also suggested by voluntary group workers and older people as ways of conveying messages about benefits. Letters and leaflets sent from the Department to older people were agreed by older people and community workers to be a useful way of raising awareness. However, others felt that some older people might find such letters alarming or would simply throw them away. The most likely reaction of older people who acted on such communications was predicted by older people and community workers to be to ask a local community group or support worker about their contents.

Given the voluntary sector’s importance in meeting older people’s needs and providing access to the Irish community for benefits workers, it was felt that it would be beneficial for the Department to provide training for staff in helping older people to claim benefits. These groups reported that their limited staff and resources meant that they found it hard to release staff or volunteers for training off-site. Thus, they felt that on-site training might be more useful, as well as helping Department staff to develop better relationships with them.

In addition to training, the issue of funding and resources for voluntary groups was of concern. These groups felt that giving them access to existing or new funding could enable them to give more consistent and high-quality help to a greater number of older people.

It might also be possible to consider ways of increasing the support available to smaller voluntary organisations from the larger ones. There was a suggestion by community workers that staff from a large, established group could go to hostels or other organisations to give talks to their clients. However, larger groups would probably find it difficult to do this without increased funding. Additionally, the staff who made this suggestion pointed out that the host organisation’s staff would still need to be able to follow up such talks with help for clients, who might come to them afterwards rather than asking for help from the visiting staff.
10.4 Chapter summary

10.4.1 Services available

The area chosen for this case study was an urban area with a large, long-established Irish community, which was the largest minority community in the area. The Pension Service local service was at a very early stage in this area and was not fully operational. At this stage there was some outreach work being carried out by the Department and the local authority, but its extent with the Irish community was limited.

A strong Irish voluntary and community sector in the area was working to support and advise Irish older people. However, these organisations felt that they were limited by a lack of resources and also because of the limited relationships that they had with statutory service providers in the past and during this transition period.

Some older people reported that staff in benefits offices (prior to the introduction of The Pension Service) were supportive and responsive to their needs, although some others said that they had not felt that all staff were responsive to them. It was acknowledged by community workers that some Irish older people may have added to these problems by taking an aggressive or argumentative attitude.

10.4.2 Barriers to claiming

Older people’s attitudes formed barriers to claiming benefits. They often expressed apprehension about the possible consequences of claiming, wondering if it would affect their existing benefits or savings. Older people placed a high value on privacy, which led them to express reluctance to give financial details to Government officials. Community workers also believed that some older people did not view living in England as permanent, and were therefore unwilling to plan for the future.

Barriers also existed in older people’s personal resources and knowledge. Older people often said that they were confused about the way in which statutory services operated, and some believed that there were links between the police and other statutory services. Community groups and some older people said that they could also face difficulties in dealing with ‘officials’, managing money and communicating their concerns or questions.

Social capital was important in helping older people to overcome these barriers, and Irish community groups were felt by them to be vital sources of encouragement and help. The approach taken by staff in these organisations was identified by older people and staff themselves as a key element of their success in helping older people, with an informal style being important.

Some older people resented the idea of means-testing and found forms confusing and hard to complete. Their experience of visiting benefits offices (before the introduction of The Pension Service) varied, with some feeling that the atmosphere there and the approach which some staff took to them increased their reluctance to claim. External factors also played a part in older people’s difficulties, for example not having a National Insurance Number or acceptable identification.

10.4.3 Suggestions for service development

These suggestions were made without respondents having experienced The Pension Service local service in its fully operation state. Thus, they were based on experience of the previous system and the transition period between the Benefits Agency and The Pension Service. Community groups and statutory workers often felt that it was important for statutory organisations to understand the attitudes of older Irish people, their cultural context and the approach needed to work effectively with
them. Older people were also keen to have access to benefits advice in environments where they felt comfortable. Voluntary groups commented, however, that they would not necessarily be immediately open to the involvement of Department staff, but would want to build relationships with them first.

There were suggestions from community workers and older people that more publicity was needed to encourage older people to believe that they were entitled to benefits, and to inform them about the system. Irish newspapers, radio and televised Irish sports programmes were suggested as means of conveying messages about benefits. Voluntary groups also suggested that it would be beneficial for the Department to provide training for voluntary-sector staff in helping older people to claim benefits, and to possibly to consider providing additional funding for voluntary groups.
11 Other findings

This chapter explores the research findings in relation to four topics: the Social Fund; Attendance Allowance and Disability Living Allowance; the new Pension Service; and the new Pension Credit. They are discussed in this chapter rather than within the case-study chapters because of the great consistency in responses to them across the case studies.

11.1 Views on the Social Fund

There was great variance in knowledge of the Social Fund. Department staff and LA advice workers tended to know about the Social Fund and to have recommended it to older people, as well as helping them to apply for it. Among voluntary and community group workers, some were well informed about the Social Fund, in particular those who had received training and were experienced benefits advisers; others had never heard of it, or were aware of it but knew very little about it. Occasionally, older people had heard the term, but were unsure what it related to, or they had applied for a grant or a loan which appeared to researchers to be from the Social Fund (based on the older person’s description) but were unsure exactly what it was or who they had applied to for it.

Even where voluntary and community group advisers were well informed and trained, they sometimes still found the Social Fund confusing. They felt that it was very unclear as to how an older person would be eligible for a grant or a loan. Advisers found it very hard to predict whether a claim for a grant or a loan would be successful, and thought that little support was given to them in understanding the fund or enabling older people to make successful applications.

Voluntary groups often tended to recommend the grant rather than the loan. They were very reluctant to encourage older people to incur debt, and worried about older people’s ability to pay back a loan. Older people were also very reluctant to apply for a loan. They had often avoided debt all their lives and were very afraid that they would not be able to pay the money back. They also associated offers of a loan with commercial loan offers seen on television or posted to them, and with ‘loan sharks’.

Some older people were reluctant to accept help from the Social Fund because they viewed it as a sign that they could not cope and associated it with a loss of independence. However, others did not feel this and would welcome help, particularly to make improvements in their homes. However, they were still only willing to accept a grant rather than a loan. The older people interviewed were generally not able to discuss any experience of the process of successfully obtaining a loan, because they had often either not applied for one or were not sure if they had applied for one or not.
11.2 Views on DLA and AA

Discussion of the Disability Living Allowance (DLA) and the Attendance Allowance (AA) generally focused on the forms required. The first complaint was that these forms were very long, and took statutory and voluntary group workers between two and three hours to complete with an older person. This complaint was reported by local authority, Department and voluntary organisation workers. Some community and voluntary groups had decided that they could not cope with these forms, even where they helped older people with other forms.

The content of the forms was also felt to be a major barrier for older people. The questions were said to be extremely personal, detailed and intrusive. The forms were also felt to be repetitive and seemingly designed to trip older people up. Voluntary group workers helping elders reported that they sometimes found it hard to ensure that they did not contradict themselves when filling in the forms. It was commented that older people would be unable to complete the forms by themselves. Even when helped by an advice worker, some older people became discouraged and impatient with the form as they were filling it in and abandoned their claim, unless the worker could persuade them to continue.

‘Sometimes the paperwork’s too much you know, they get bored. Like when I fill in the Attendance Allowance form they’re saying ‘oh it’s too much, we don’t want to fill it in’ when I’m halfway.’

Worker at community-specific organisation (InVol4)

There was also confusion about the meaning of the terms ‘disabled’ and ‘severely disabled’. Older people were often unsure what these meant and were unwilling to accept such labels.

‘They just probably didn’t want to admit to themselves that they were disabled…it’s just the stigma attached they wanted to avoid.’

Adviser at community-specific voluntary group (BanVol2)

Older people also worried that their health problems were not severe enough to merit the benefit and that they might have to return the money later. This concern was exacerbated if they saw ‘severely disabled’ written on their documents, indicating a higher level of benefit. In contrast, other older people did not realise that there was an upper limit to the benefit and thought that it would continue to increase as their condition worsened, even if they were already receiving the highest level.

Finally, there was uncertainty about what AA was for and who it should be given to – whether it was for older people themselves or for those taking care of them.

11.3 Views on the new Pension Service

The Pension Service was not fully rolled out at the time the research was carried out. Respondents’ reactions to it were, therefore, based on their understanding of how it would function. This understanding was gained from the information that had been circulated in their areas, in some cases contact with staff who had been recently appointed to The Pension Service local service or from researchers’ description during the interview. The views that were expressed were, therefore, hypothetical, rather than being based on experience of the new service delivery model.

This section summarises the key points that were made when staff in statutory and voluntary sector organisations were asked to comment on the new service.
Department staff, local authority staff and voluntary groups welcomed the concept of focusing the new service only on older people and of having a local team doing outreach work. However, they expressed a number of concerns:

- The use of contact centres. They anticipated that many older people, particularly minority ethnic older people, would find it difficult to access services via the telephone and that some might not be willing to try to use this channel to find out about benefits.

- Additionally, some believed that, of those older people who did call the contact centre, some would only wish to use the telephone to obtain initial information and would then wish to make the claim face to face.

- It was pointed out that the liaison between the contact centres and local service teams would need to be very good to ensure that older people who did call the contact centre could be efficiently passed on to local staff if necessary and that claims made through local service staff were processed effectively.

- Some voluntary group and statutory workers also suggested that some older people would wish to follow up their claims with local service staff rather than through the contact centre.

- Some community group workers wondered whether staff at the contact centres would be trained to work with older people and to cater for their particular needs, such as needing explanations given several times or needing encouragement to continue the claims process.

- Some voluntary and community groups were unsure whether the increased outreach work that they anticipated local service teams would carry out would have any impact on their funding.

- Finally, some community workers remarked that the most effective outreach workers that they dealt with were those who could take on multiple roles. They commented that older people came to them with a wide range of problems and that initial enquiries could lead to other issues then being raised. They commented that outreach workers from The Pension Service local service might find this challenging but could tackle it by developing relationships with other workers or organisations who could deal with such questions.

### 11.4 Views on the new Pension Credit

LA and voluntary workers’ knowledge of Pension Credit was generally at a very basic stage when the research was carried out. Often they had little or no awareness of the new Pension Credit, and researchers had to explain the key elements of it to them.

Older people found it very hard to understand the new benefit sufficiently to comment on it when it was explained to them. When they did comment, they were positive about the increased income levels and the cessation of the savings penalty. However, they reported that they found it hard to keep up with changes in benefits. They wished the system could be simplified so that they did not have to understand all the different benefits.

Among statutory and voluntary group workers, there was a welcome for the higher income level and for the introduction of a reward for savings. The change in the treatment of savings was felt to be particularly positive. It would be especially beneficial in Asian communities, since saving for weddings, funerals and trips home was very important. Other communities also saved for funeral expenses, to help their families, for emergencies or for trips home, and were very keen not to be penalised for this. Older people were highly resistant to the idea of using their savings for day-to-day living expenses,
and were very resentful when they had been forced into doing this to survive. They were often willing to live on very small sums and to do without adequate levels of heating, food and clothing rather than use their savings.

Reservations were also expressed about the new Pension Credit. There was concern that older people would still have to disclose a great deal of financial information to claim it, and would still worry that their savings would be taken away, or that they might be made ineligible because of them. In addition, understanding of benefits rules changed very slowly. For example, older people often still believed that they would not be eligible for MIG if they had more than £3,000 savings (or sometimes if they had any savings at all), which was considerably out of date. It was commented that older people would find it hard to understand and believe that they were being asked for details of savings because they could benefit from them.

Some Department staff were also worried that Pension Credit’s simplicity (seen as one of its assets) could be reduced over time as policy changed. Additionally, community workers and LA workers had reservations about how the new Pension Credit might affect entitlement to other benefits.

Finally, there were concerns about the frequent changes made to benefit names and rules. Older people were not thought to have any hope of keeping up with these. Even advice workers said that it could be difficult to absorb all the necessary information.
12 Key themes across the study

The main themes to emerge across the case studies were as follows:

- How services were provided, including who provided them and what led to their success.
- The central barriers preventing older people from claiming.
- The underlying desire for a simpler system.
- The need to expand the reach of services to older people who were isolated and out of touch with support networks.
- The particular difficulties facing some women, especially in the three Asian communities.

Each of these themes is discussed in turn below. Since the research was carried out before The Pension Service local service was fully operational, the issues that were raised around service delivery should be viewed in the context of the previous system of service delivery. They may still provide useful insights into the priorities of older people and those working with them but should not be interpreted as comments on the new service.

12.1 How services were provided

A number of key factors influenced how services were provided and whether they served minority ethnic older people. The comments that were made related to respondents’ experiences under the service delivery model prior to the introduction of The Pension Service local service.

There was a tendency for service providers to overlook smaller communities. Areas which had good strategies and services for the main minority ethnic communities had often not extended these to other groups.

However, evidence from older people showed that being part of the predominant minority ethnic group did not necessarily guarantee receiving what was perceived to be a good service. In one case study there was a community that was the largest minority in the area, but the evidence indicated that this group could be overlooked. This community was newer to the area than other groups and, crucially, tended to be subsumed as part of the wider black community. Providers assumed that this group’s needs would be met by organisations’ services to the wider black population.
There was also a need to ensure that services covered all sections of an area. Services were sometimes be concentrated in key areas and did not reach into other parts of a city or into rural areas.

**Local authorities** emerged as key players in the level of service provision for older people. Some were leading the way in their area, and were providing targeted outreach work for older people in the main minority ethnic community. However, there was variation in the extent and nature of their work in the area.

A striking feature of the context in which services were provided was the trust placed in community and voluntary groups. Organisations working specifically with a minority ethnic group were felt by older people in that group to be vital in helping them to access services. Mainstream groups also played a leading role in some areas. However, this depended on whether they actively sought to work with that community and had looked at issues of language, the ethnic background of staff, and joint working with community groups.

Statutory organisations could become part of this trusted network through outreach workers, if they invested the staff and resources to understand a community and build relationships with it. In addition, the details of how outreach work was carried out could be vital in determining its success.

The following factors were particularly important:

- When and where outreach took place – older people often did not attend benefits awareness events unless they were held at a venue and under the auspices of a group they already knew and visited.
- The attitude of outreach workers – older people and community workers indicated that the approach adopted by outreach workers should involve patience, understanding, social interaction and willingness to respond to a range of concerns and build long-term relationships.
- Perseverance – the attitude taken by community groups and older people towards outreach workers from statutory organisations was sometimes quite negative and suspicious. These respondents indicated that staff needed to persevere in creating links, understanding and responding to the causes of this mistrust, and convincing people that they genuinely wanted to help the community. Outreach workers also needed to convince community groups and older people that they were not going to be moved on or withdrawn after a short time.
- An holistic understanding of the barriers facing older people and the social context in which older people moved.

A debate emerged from the research as to the importance of staff (particularly outreach staff) having the same ethnic background as the customer group they worked with. In all of the case studies there were some older people and community group workers who said that it was very important for the Department to provide staff from their ethnic background. They felt that this greatly increased the level of trust placed in them and the extent to which older people were comfortable confiding in them. However, there were also older people who said that they did not feel that it was necessary for workers to be from their ethnic group, as long as the worker had the right attitude and language barriers were addressed. There were examples within some case studies of workers from a different ethnic group successfully becoming an important, and trusted, source of help and advice. However, there were also examples of community groups and older people who were very keen for outreach staff to be from their ethnic group. The issues which were often central to this debate were: the level of understanding demonstrated by outreach workers of the community they were working with, how language barriers were addressed, the attitude taken by outreach workers, in particular, the patience and understanding shown by them.
Underlying many of the suggestions for how to increase claiming among minority ethnic older people was the recognition that some would require **face-to-face services**. There was felt to be a role for a telephone service, but also a strong message that, for many, it would probably only be used as an initial point of contact. The extent and nature of the barriers preventing older people from claiming indicated that some needed access to a service where they could relax, trust the person dealing with them, and be patiently encouraged, guided and assisted through the whole claiming process. This was felt to require face-to-face provision.

### 12.2 Key barriers to claiming

The key barriers to claiming highlighted in the research were:

- Lack of knowledge of benefits or of the workings of the benefits system.
- Language barriers and literacy problems.
- Apprehension and a lack of trust in, and comprehension of, statutory services.

Language barriers were crucial for those communities where older people tended not to speak English. However, the issue of language could not be tackled in isolation. It was linked to a range of other barriers related to personal resources, attitudes, social capital and external factors. Communities where language was not a barrier still felt that they needed services targeted specifically at them, and were often not fully reached by general or mainstream provision.

### 12.3 Desire for a simpler system

Underlying much of the discussion of the barriers to claiming was a **desire for a simpler system**. What older people and advice workers really wanted was for the whole system to be simplified so that older people did not need to know about all the different benefits, or have to go through the claims process to gain them. They wished that benefits could be given automatically to older people. Some believed that the Government held the information that would allow it to know which benefits older people should receive and pay these benefits to them. There was a strong desire to simply incorporate benefits into the pension so that older people did not have to cope with a benefits system at all. Workers in local authorities and voluntary organisations stated this as well as older people, though they knew it was highly unlikely to happen.

In tandem with this view was a desire among community and statutory organisation workers, as well as older people themselves, for the Government to **stop changing the benefits system**. It was remarked that benefits were changed so often that older people were never able to get to know them, and that workers in voluntary groups also found it hard to keep up. It was striking that older people knew MIG as Income Support, if they knew its name at all. Even some community group workers (those who were less well trained and expert about benefits) got confused when asked about MIG. Workers generally used Income Support rather than MIG in conversation.

The changes incorporated in the Pension Credit, with its higher income threshold and savings reward, were welcomed. But staff at statutory and voluntary groups, and older people, also expressed considerable fatigue when told that another new benefit was being introduced. There was concern that it might increase confusion among some older people as benefits continued to change, and that information passed by word of mouth would become progressively more out of date.
12.4 Reaching isolated older people

One issue which emerged during the research was that of older people who were not in touch with community groups or statutory organisations. Community workers believed that there was a need to reach out to older people who were very isolated and did not have the support of voluntary or community groups, as well as to increase the help given to those who did attend these groups.

There were no easy answers to this problem, though it was one that all of those working with older people worried about and tried to address. A number of steps were suggested to try to reach those older people who were less well integrated in the network of support organisations.

In the first instance, there was a need to extend outreach work beyond the most obvious community groups. Smaller groups, religious organisations and groups not explicitly offering an advice service all provided access to older people who were not incorporated into the advice network of statutory and voluntary organisations.

There was also scope for voluntary and community groups to conduct outreach work themselves. For instance, staff could spend time on estates talking to residents and visiting older people and others. Department staff could also do this, but there were concerns among older people and community workers that some people might not be comfortable being visited by, or sharing problems with, staff from the Department. Some community groups were keen to do this type of outreach work and to expand their services to a wider group of older people, but felt that they were restrained by lack of resources.

In some communities, certain radio stations, newspapers and even television channels were felt to provide a good way of conveying information to older people in their own language and through media they were quite likely to access. However, careful thought would need to be given as to how older people were expected to respond to this type of awareness-raising. It was felt by community workers and older people that they would be unlikely to respond by visiting benefits offices (because of the range of barriers to claiming). They therefore said that they would need to be directed to a source of further information and support in their own language and which they would be willing to contact. This could possibly be done through a combination of a helpline in the relevant language and directing older people to local voluntary groups. Consideration would be needed as to whether these groups would be willing to take part in this way, and whether they would have the resources to meet the increased demand for their services.

This kind of awareness-raising would not reach all older people. Not all of them would access the media concerned, and literacy problems and health issues might hinder their taking in the information or feeling able to act on it, as might attitudinal barriers. However, this type of media promotion could help to expand access to benefits to a wider group of older people. It could also alert their friends and relatives to the possibility of helping older people to claim, and direct them to a place that could assist them in doing so.

GPs and hospitals in some areas were already involved in awareness-raising to some extent. There could be scope to use these venues more effectively and consistently to reach older people. Giving out leaflets in relevant languages might help some older people, but would not necessarily prompt them to claim. However, the effect of such leaflets might be increased if they included directions to a language-specific helpline or local voluntary or community groups.

Finally, co-operation between statutory organisations and voluntary and community groups was felt by all of these groups to increase the help that they were able to give and the efficiency with which they used their resources.
12.5 Providing services for women

An issue raised by community workers in the three Asian case studies was the specific difficulties facing some women in their communities. These were said to arise from a number of factors. They reported that some women were not used to handling their own financial affairs or interacting with people outside their usual circle and had less access to social capital in the form of groups or places where they felt able to go to obtain advice about benefits. Additionally, some workers said that women were less well informed about benefits and were less confident in asking questions or making a claim. Workers and some women also commented that some husbands did not pass on information to their wives or wish them to contact advice-givers. These factors could create particular problems for widows, women whose husbands had returned to their original country or those whose husbands did not claim the benefits they might be entitled to.

Community workers highlighted the importance for The Pension Service of considering how best to provide services for women. They acknowledged the difficulty of doing this, because of the lesser likelihood of many women attending the places or groups which The Pension Service might partner with. However, they pointed out that there were some women’s groups, often small and struggling for funding, which were attempting to provide social contact and other services for women which might be able to provide access to benefits advice for them as well.

It was also pointed out, by statutory workers as well as community workers, that there was a need to provide services to women in a sensitive way. This included, for instance considering the gender of outreach workers, the places that women would feel comfortable attending and the customs that some followed, such as widows not leaving the house for a certain length of time after their bereavement.
13 Overcoming the barriers

Seven elements emerged as being key to helping older people to overcome the barriers to claiming benefits:

- Developing a strategy and targeting services.
- Using partnership working.
- Emphasising outreach and face-to-face services.
- Using language-specific helplines, leaflets and letters.
- Exploring the greater use of community media.
- Addressing the resources of the voluntary sector.
- Improving the response to minority ethnic older people from Department offices and contact centres.

As has been discussed earlier, the views that were expressed by respondents should be understood in the context of time at which the research took place. As The Pension Service local service was not fully operational, respondents were often commenting on their experience of the previous system of service delivery or of a transition phase between the Benefits Agency and The Pension Service. Likewise, the suggestions that they made were based on experience of the earlier system.

13.1 Strategy and targeting services

Black and minority ethnic older people faced barriers relating to their personal resources and attitudes, and the effects of external factors such as lacking a National Insurance Number and finding the claims process difficult to negotiate. Many reported that they had not received satisfactory services from statutory bodies.

Where organisations or areas had a strategy focused on increasing benefits take-up among a particular community, they were felt by older people and community workers to have been more effective than if they only had more generalised take-up programmes. Staff needed to focus on the particular community, investigate where its older people met, and find out which organisations worked with them. They also needed to understand older people’s attitudes and difficulties in order to develop a service that would be used by them. Without a specific strategy, minority ethnic older people tended to be missed by service providers, and were sometimes reliant on small numbers of under-resourced community groups and on the spontaneous help and knowledge of family members.
or friends. The need for specific strategies to ensure the minority ethnic older people receive appropriate services has also been emphasised in a policy paper issued by Age Concern England. This paper argued for the need for a strategic approach to these problems and for greater levels of consultation and involvement of older people from black and minority ethnic groups in service planning and decision making at local, regional and national levels.

### 13.2 Partnership working

Working in partnership gave statutory organisations access to understanding of older people and contact with them. It gave community groups, and the older people they served, access to benefits advice and expert help with claims. It enabled organisations to work together to find out what was needed by their community, how best to provide it, and how to use their resources efficiently. This helped them to avoid unnecessary overlap of services and coverage of areas.

In the Indian case-study area, the Better Government for Older People programme had been a key factor in the development of wide-reaching partnerships and a joint strategy. It had provided a framework and impetus for the strategy’s development, and for extensive, in-depth partnerships. Other case-study areas tended not to have developed this level of partnership, nor were their organisations working together sufficiently well to develop joint strategies, which was unsurprising given the very early stage of development of The Pension Service local service. The BGOP policy context aided work in the Indian case-study area, but it also depended on the individuals in the local authority, Department and voluntary groups who took the opportunity offered by BGOP and drove it forward. Additionally, the success of this work relied on the various organisations’ willingness and ability to commit resources to it.

The Third Age Service could provide further policy assistance to the development of services better matched to the needs and behaviour of older people. The essence of the Third Age Service is one of adopting a holistic approach to older people’s needs and providing single points of access for those services, rather than requiring older people to understand and deal with a number of Government bodies.

The way in which older people accessed help from voluntary and community groups supports this holistic model. Older people tended to find a group or individual they trusted, who helped them with one problem. They would then return to this group or person for advice and help with other issues. They did not look for a different group to help them with each type of problem, but focused on the willingness and ability of the primary source of help to access the services they needed. The confusion exhibited by older people in relation to the different statutory service providers also supports the concept of removing the need for older people to know which body administers each service, and how to contact that body.

Local authorities were a vital part of this partnership working and the provision of holistic services. They were key funders of the voluntary sector and therefore provided the bedrock of much of the work done to support ethnic minority elderly people. However, some also went beyond this role to take a leading part in partnership building and outreach work. In some areas, the local authority had chosen to fund outreach workers, who were able to help elderly people with a wide range of problems, ranging from housing and health to benefits. These outreach workers had often become very important sources of support for elderly people who did not tend to access other public services. They had also taken a lead in building partnerships and networks within the area.
13.3 Outreach and face-to-face services

Each of the case studies emphasised that the most effective way to reach older people was through staff visiting the organisations that older people already relied on, to give talks, advice and help. The new local service (part of The Pension Service) provides the basis for conducting this kind of work, and local teams were making plans to take this outreach approach.

However, successful outreach work depended on the details of how it was conducted. Highly important factors included which staff were involved and their attitude, understanding of the community and of older people, willingness to persevere, language skills and ethnic background. The range of community groups contacted was also a key factor, since a far wider range of organisations could provide access to older people than might at first be thought.

The study has presented evidence that indicates that many elders would benefit from and prefer face-to-face based contact with services. This was felt to be due to the need for a more in-depth approach, supportive service and rapport building which may not be possible over the telephone.

13.4 Language-specific helplines and letters

There was the potential for helplines in specific languages (and marketed as such) to be of great help, particularly for older people who had mobility and health problems. Such helplines would often not replace a face-to-face outreach service, but would provide a route by which older people could make initial contact without having to travel to an office or community centre.

In the same way, letters sent in older people's own languages, where appropriate, could help some to take the first step towards finding out about benefits. The impact of letters would be limited by illiteracy and the tendency of some older people not to read letters or to find them very hard to understand. However, such letters could prompt older people to visit a local advice-giver for more information, or could encourage family members to find out more about the benefit.

13.5 Using targeted media

The use of radio, newspapers and even television channels catering for the relevant community was felt to be one way of broadening awareness of benefits and how to find out more about them. However, the use of such media would need to take account of how older people would be likely to respond to information and consider how to cater for their preferred communication routes.

13.6 Resources of the voluntary sector

The importance of the voluntary sector in helping older people to claim and in providing a venue for, and encouraging trust in, statutory outreach workers was emphasised by older people as well as those who worked with them. It has also been demonstrated by previous studies, for example, the findings of Alice Bloch's 1994 study and of a MORI People's Panel in 2000.

Community and statutory workers felt that restrictions were placed on the sector's services, in terms both of the numbers of older people it could respond to (or had to send away) and of the quality and level of service it could give. These restrictions were believed by these workers to derive from organisations lacking staff, resources and training. This meant that they were not always providing a consistent service. They could not help all the older people who came to them, and they did not necessarily give the same help to all the older people in contact with them (for instance, in active encouragement to claim and help with filling in forms).
There was potential for the Department to address this problem by providing outreach workers and possibly training. But it was suggested by voluntary sector organisations that the Department could also consider helping to fund voluntary and community groups. This might help to address these groups’ apprehension that increased outreach work by the Department could lead to a reduction in their own funding. The need for such groups to work in partnership with Department staff made these types of concerns significant, since they could affect groups’ willingness to do so.

The funding of the voluntary sector was a complicated area. Local authorities and other bodies were heavily involved in funding voluntary organisations. They were also working to develop quality procedures which were robust but did not lead to the exclusion of small community groups because of their lack of capacity and experience. There could be a history of negative relationships between various community groups and the local authority, as well as dissatisfaction with the way in which the LA distributed funds and judged groups’ use of it. This could occur particularly where local authorities were attempting to ‘rationalise’ how funding was used.

In addition, voluntary groups were often affected by ‘politics’, with resentment evident where it was felt that the wrong group had received funding or was not truly using it to help the community. The Department might benefit from the experience and partnership of other voluntary-sector funders if it decided to enter this arena.

13.7 Department offices and contact centres

The views that were expressed regarding the service experienced by older people related to the previous system, prior to the introduction of The Pension Service. Likewise the suggestions that were made were not based on experience of the new service but on a hypothetical discussion of how it might operate.

There was felt to be a need to improve the experience of older people who came into contact with the Department’s services. Older people, and those who worked with them, emphasised that staff attitudes, the office environment, and how language barriers were tackled greatly affected older people’s overall attitude to claiming and to having any further contact with Government offices or staff. Likewise, their experience on the telephone affected their willingness to pursue information or a claim.

Older people and community workers also suggested that staff needed to be better trained in working with older people and understanding their requirements. For example, they felt that staff should expect to spend more time with older people than with younger customers; have to explain information simply and possibly several times to older people; and give them time to absorb it and ask questions. Additionally, they emphasised the need to ensure that staff in contact centres and the local service were in close contact.
Appendix
Methodological issues and sample breakdown

This appendix includes a discussion of the methodological issues tackled in the course of the research and a full sample breakdown for each case study.

Sample breakdown

This sample breakdown does not provide the specific number of local authority or DWP staff interviewed in each case study. This has been done in order to protect the anonymity of the staff that took part in the research.

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<td>15 x older people</td>
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<tr>
<td></td>
<td>- 10 women</td>
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<tr>
<td></td>
<td>- 5 men</td>
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<tr>
<td></td>
<td>- 7 eligible non-recipients</td>
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<td></td>
<td>- 8 MIG claimants</td>
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<tr>
<td></td>
<td>- all interviews conducted in Punjabi</td>
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<tr>
<td></td>
<td>- mix of Sikh and Hindu respondents</td>
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<tr>
<td></td>
<td>- Women aged between 60 and 80 (some ages not known)</td>
</tr>
<tr>
<td></td>
<td>- Men aged between 65 and 80 (some ages not known)</td>
</tr>
<tr>
<td>Local authority staff</td>
<td></td>
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<tr>
<td>DWP staff</td>
<td></td>
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<tr>
<td>5 x voluntary/community organisations</td>
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## Table 1  Continued

<table>
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<th>Respondent type</th>
<th></th>
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| Bangladeshi case study | 15 x older people  
- 7 women  
- 8 men  
- 3 eligible non-recipients  
- 12 MIG claimants  
- all interviews conducted in Bengali (some spoke some English as well)  
- Women aged between 60 and 80  
- Men aged between 65 and 80 (some ages not known) | Local authority staff  
DWP staff  
6 x voluntary/community organisations |
| Pakistani case study   | 15 x older people  
- 6 women  
- 4 men  
- 4 eligible non-recipients  
- 6 MIG claimants  
- Two interviews conducted in English. Other respondents only spoke Urdu or Punjabi (or spoke very little English)  
- Country of origin: Pakistan (or the area which later became Pakistan)  
- Women aged between 60 and 80  
- Men aged between 65 and 95 | Local authority staff  
DWP staff  
6 x voluntary/community organisations |
| Chinese case study    | 15 x older people  
- 8 women  
- 7 men  
- 5 eligible non-recipients  
- 10 MIG claimants  
- All interviews conducted in Cantonese (very little English spoken)  
- Countries of origin: Hong Kong, Vietnam  
- Women aged between 60 and 80  
- Men aged between 65 and 85 | Local authority staff  
DWP staff  
5 x voluntary/community organisations |
## Table 1  Continued

<table>
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<th>Respondent type</th>
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| African case study | 10 x older people  
|                  | - 6 women  
|                  | - 4 men  
|                  | - 4 eligible non-recipients  
|                  | - 6 MIG claimants  
|                  | - 3 non-English speakers  
|                  | - Countries of origin: Nigeria, Ethiopia, Sierra Leone, South Africa  
|                  | - Women aged between 60 and 80  
|                  | - Men aged between 65 and 80 (some ages not known)  
|                  | Local authority staff  
|                  | DWP staff  
|                  | 6 x voluntary/ community organisations |
| Caribbean case study | 15 x older people  
|                  | - 8 women  
|                  | - 7 men  
|                  | - 4 eligible non-recipients  
|                  | - 11 MIG claimants  
|                  | - all interviews were conducted in English  
|                  | - Countries of origin: Jamaica, St Kitts and other parts of the West Indies  
|                  | - Women aged between 60 and 80  
|                  | - Men aged between 65 and 90  
|                  | Local authority staff  
|                  | DWP staff  
|                  | 6 x voluntary/ community organisations |
| Irish case study | 12 x older people  
|                  | - 5 women  
|                  | - 7 men  
|                  | - 6 eligible non-recipients  
|                  | - 6 MIG claimants  
|                  | - all interviews conducted in English  
|                  | - Country of origin: Republic of Ireland  
|                  | - Women aged between 60 and 80  
|                  | - Men aged between 65 and 80  
|                  | Local authority staff  
|                  | DWP staff  
|                  | 6 x voluntary/ community organisations |
Methodological discussion

This section explores how the respondents were identified and recruited, and the considerations taken into account when conducting fieldwork.

Identification and recruitment of respondents

Each of the types of respondent required a different approach to identification and recruitment.

Local authority staff

The first approach to local authorities was made via a letter from the DWP to the chief executive. After this, the researchers made contact with the chief executive’s office by telephone, and were referred to the appropriate members of staff. In each case study, these initial contacts advised the researchers of the staff they should interview, but the researchers made their own judgements as to when they had gathered sufficient information about the local authority. In some case studies, this resulted in carrying out several interviews with local authority staff, ranging from face-to-face discussions lasting one to two hours, to 20-minute phone interviews focusing on a single issue. In other case-study areas, one face-to-face in-depth interview was felt to be sufficient to gain an understanding of the local authority’s work.

DWP staff

The Department provided the researchers with contact names in each area. Where The Pension Service had appointed a local service manager and a partner liaison officer, these were the contacts provided and interviewed. Where these individuals were not in post, interviews were carried out with local outreach workers or other staff of the former Benefits Agency.

Voluntary organisations

Identification of voluntary organisations in the areas began with desk research, using available literature and information on the Internet. Once contact had been made with the initial voluntary organisations identified in this way – and with the local authority and DWP staff – interviewees were asked to suggest other organisations which could be invited to take part in the research. Efforts were made to ensure that a range of voluntary and community organisations were included in each case study. They included mainstream and community-specific organisations, day-care centres, community centres, religious groups, carers’ groups, advice centres and housing organisations.

Older people

The main means of finding and recruiting older people to take part in the research was through voluntary and community organisations. However, this route carried three main dangers. The first was that one or two organisations would dominate the recruitment, and the issues raised might therefore be skewed towards their client groups or views. The second was that the research might not include older people who had been able to access benefits without the help of such groups (by dealing directly with the DWP or with the local authority). The third was that this method of recruitment would not provide access to older people who did not have the support of community groups, and thus it would not reflect their experience.
These challenges were tackled in several ways:

- It was ensured that at least four organisations or groups were involved in the recruitment of older people in each area.

- The local authority and DWP staff interviewed for the study were asked to aid the researchers in identifying older people from their own caseloads.

- An effort was made to include at least one or two older people who were recruited through ‘snowballing’ from other older people, rather than through community or other groups.

It was extremely difficult to identify and recruit older people who had no contact at all with community groups or other organisations. However, some older people were identified who had some connection with an organisation, but actually had very little contact with it. Additionally, older people and community-group workers were asked about their views of the experience of other older people who did not have access to these organisations, thus providing some insights into this group of older people.

The interviews with older people were split between those who were claiming MIG and those who were defined as eligible non-recipients of the benefit. It was not appropriate for the researchers to conduct in-depth investigations of older people’s financial circumstances in order to establish eligibility. Thus, simple criteria were agreed with the Department, which would be used to define eligibility.

The recruitment of both MIG claimants and ENRs was sometimes made more difficult by the confusion that some older people exhibited regarding their own financial affairs. Some found it difficult to state which benefits they were receiving or what their income was. A flexible and inclusive approach was therefore adopted, and a good deal of reliance was placed on advice workers’ knowledge of the finances of the older people they dealt with.

**Eligibility criteria**

For the purposes of the research a simplified definition was agreed with the Department to be used to ascertain if an older person could be recruited as claiming or eligible for the MIG.

Older people needed to:

- be aged 60 or over (or 65 for men);

- be either claiming MIG; or

- be on a low income (single pensioners need to have a weekly income of less than £92.15 and couples of less than £140.55); and

- not have savings or capital of more than £12,000.

If they have:

- up to £6,000 of savings/capital then it doesn’t affect the MIG;

- savings of between £6,000 and £12,000 then they can still get the MIG benefit but it is reduced (depending on exactly how many savings they have).
Conducting interviews

In conducting interviews with older people, a number of issues had to be considered. These included the ethnic background of the researcher, language barriers, the location of the interview, and the presence of family members or community workers during the interview.

The research team was structured so that two researchers worked on each case study. One had a similar ethnic background to the community being studied, while the other did not. This structure reflected the view that the ‘matching’ of researcher and respondent can have both positive and negative effects. Where the researcher comes from a similar ethnic background to the respondent, this can lead to the respondent’s feeling more comfortable in the interview, and to the researcher understanding more quickly the cultural context in which the respondent operates.

However, respondents may be more open with a researcher from a different background to their own, because of a belief that the researcher will not know the respondents’ family or friends. Additionally, an interview with a non-matched researcher can ask respondents to explain their thinking and reactions more fully than they would otherwise do, because fewer assumptions are made about shared cultural norms. BMRB has found that respondents’ preference for a matched or non-matched researcher varies greatly among individuals and is difficult to predict. Most important, however, are the personality and skills of researchers, regardless of their ethnic background. Gender matching was often more important than ethnic matching, since women, particularly, often felt more comfortable speaking to another woman, whatever her ethnic background, than to a man.

In several of the case studies, most of the older people who took part spoke little or no English. One of the researchers working on that case study was generally able to speak one or more of the languages used by respondents. However, where the language required was not spoken by the researcher conducting the interview, an interpreter was used. Where possible, these were professional interpreters who had conducted research previously. In some cases, however, older people wanted either a family member or an advice worker to act as interpreter.

The researchers’ preference was to interview older people away from the voluntary organisation through which they had been recruited, and without staff from that organisation present. It was felt that older people would then feel able to speak more openly about the service provided by that organisation. However, some older people were nervous about the interview and preferred to meet the researcher at the relevant organisation and to conduct the interview there, rather than allow the researcher to come to their home. Likewise, some respondents were very keen for an advice worker or family member to be present during the interview. The first concern of the researchers was to avoid causing any distress to the respondent. Thus, a flexible approach was taken to this matter, led by the wishes of the older people and the advice of those who worked with them.

Service developments

During the interviews, respondents were asked to suggest ways in which they could be better informed about benefits and helped to claim. They were first asked to make spontaneous suggestions for service developments. After this, researchers raised ideas which had been generated before the research or which other respondents had suggested, and then discussed whether the older person would find these ideas helpful. In reporting the findings, care has been taken to ensure that the highlighted suggestions for service developments are those that respondents felt would be genuinely helpful for themselves and for other older people.
Further reading

There is a growing body of research among older people in minority ethnic communities. For further reading on this theme see the fourth newsletter of the ESRC Growing Older Programme, which focused on ‘Ethnicity and Quality of Life’. It includes a number of articles discussing the methodological issues raised in studies with older people from minority ethnic backgrounds.

Additionally, the following is a list of the previous research which formed the basis for the comparisons between the findings of this study and those of research with the general population of pensioners (not focusing specifically on minority ethnic communities):

References


### Other research reports available

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