

# Just for the Record

Findings from the Pension Benefit Outreach Project 2007



Promoting Choice and Opportunities for Black & Minority Ethnic Communities



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## Introduction

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The Pension Benefit Outreach Project was a ground-breaking and innovative project which tackled in a highly practical, systematic and sensitive way the acute problem of poor take-up of pension and other benefits by older people in the Black Minority and Ethnic (BME) Communities.

The project, which was carried out by a Pension Benefit Outreach Worker (PBOW), was created through a partnership between Trust, Hanover (Scotland) and Bield Housing Associations and their existing Equal Opportunities Programme. The project received external funding for 18 months and commenced in 2005.

Intensive outreach work confirmed what independent studies had previously documented – that older people from BME communities are disproportionately over-represented in low income households and a disproportionate number are not claiming pension and other benefits to which they are entitled.

By taking the project into people's homes, places of worship, day care centres and even ethnic takeaway food shops, the Pension Benefit Outreach Worker, established relationships of trust with elder members of BME Communities. This resulted in the project gaining a unique insight into the factors which underlie and often perpetuate current disparities and inequalities in the benefits system when it comes to access to information and provision of services to BME communities. The project involved people from the Pakistani, Indian and Chinese communities and also people of Turkish, African, Iranian and Arab origin.

Critically, the project delivered tangible impressive results despite the fact that resources were limited to a single outreach worker funded for a limited period:

- It raised approximately £400,000 in benefits for BME older people
- Over 400 people were assessed
- Over 200 people received additional benefits
- Many were put in touch with other useful services such as Care and Repair, Social Services etc.

The project also yielded a number of less easily quantifiable but nevertheless equally important results:

- Identified systemic weaknesses related to the provision of benefits information and services to older BME people
- Identified specific attitudinal, linguistic, educational and cultural issues which act as barriers to uptake of benefits by older BME people
- Enhanced financial independence for older BME people
- Positive effect on self-esteem of older BME people

The backdrop to the project is that the Pension Service indicated that in 2004/05

- only between 61% and 69% of those entitled to Pension Credit actually claimed it.
- The total amount of Pension Credit unclaimed was between £1,460 million and £2,070 million (DWP national statistics -May 2006). The Pension Service does not currently record a person's ethnic origin so precise data on take-up by ethnic group are not yet available. However, ethnic minority groups are over-represented amongst the poorest pensioners in Britain, increasing the likelihood that they are also more likely than the general pensionable-age population to be entitled to means-tested benefits.

Consultations undertaken by the DWP and Pension service showed that while older people from ethnic minority communities face many of the same problems as their peers, for a number of reasons, they not only face them more intensely but they also face additional barriers which result in social exclusion.

The consultation identified specific barriers which prevent BME older people from achieving a good quality of life including:

- language
- inadequate access to culturally-specific services
- financial difficulties
- lack of training for staff on specific needs and racism

**“Black and minority ethnic elders do not enjoy the same quality of life as their peers, continue to have many unmet needs, from care to quality of life issues, which reduce their potential for participation, have witnessed changing family structures and are growing old in a country that many of them thought that they would not remain in after their ‘working period’. These experiences are in addition to a lifetime where discrimination and disadvantage have often been an everyday part of their experience.”(Policy Research Institute on Ageing and Ethnicity (PRIAE) consultation response)**





In 1999, Trust, Hanover (Scotland) and Bield Housing Associations commissioned research to examine the (lack of) take-up of housing services in Scotland by older people from BME communities. The research confirmed that, while demand for housing clearly exists amongst BME older people, a multitude of barriers (i.e. language, literacy, culture, age, isolation, health, frailty, etc.) result in dramatically less take-up of housing, benefits, services and information.

The Associations resolved to take a proactive approach by promoting fairness, equality and social inclusion for Scotland's BME communities, particularly, "hard to reach" groups such as the elderly.

The Trust, Hanover (Scotland) and Bield Housing Association's Equal Opportunities Programme was created as a joint partnership led by a full-time Housing Equal Opportunities Manager appointed in July 99.

The objectives of the programme are to:

- Encourage take up of services by Black and Minority Ethnic older people
- Develop policy and procedures concerning positive action with respect to current and amended legislation
- Develop initiatives and promotional and marketing campaigns to raise awareness about the needs of BME older people and communities
- Encourage BME communities to seek employment with the Associations
- Train staff and carers on equality issues

In the past six years, the programme has had great success in meeting these objectives. This is, due largely to the multifaceted work of the Housing Equal Opportunities Manager which includes: hands-on outreach work and networking at grassroots level; co-ordinated efforts with local and national authorities and public and private sector organisations; active participation and leadership of various race equality events, forums, committees, conferences, networks, groups; surgeries and speaking engagements; and both traditional and innovative promotional and marketing projects and campaigns.

Through the work of the Equal Opportunities Programme, Trust, Hanover and Bield Housing Associations felt more needed to be done to improve the take-up of benefits by older people in the "hard to reach" BME communities. The creation of the Pension Benefit Outreach Project was proposed and it was decided that this should be integrated into the associations' existing outreach work among older people in black and minority ethnic communities.

Funding was sought through the Pension Partnership Fund which was part of the Government's Link-Age strategy. The Pension Service Partnership Fund provided up to two years' funding to around 170 organisations across Great Britain. These included charities, local authorities, housing associations, NHS Primary Care Trusts, disability and carers groups, which deliver schemes of their own, designed to enrich older people's lives.

The Pension Benefit Outreach Project was awarded funding for 18 months and provided confidential, practical advice about benefits and assisting older people to apply for those benefits. These were identified by an initial benefit check and help was provided with completing applications for various benefits. The main purpose of this project was to help individual BME older people to understand what benefits and allowances they are entitled to and to help them receive these.

The uptake of benefits, especially Pension Credit was low among these communities due to many barriers. Through active outreach work in Scotland we were able to overcome barriers such as language and culture which many BME older people face when trying to access these services.

The success of this project underlined the importance of active outreach work. BME older people were offered a choice between home visits or open surgeries, allowing the older person to talk about their health and financial situation in an environment most suitable to them. Many individuals, community representatives and BME organisations in Scotland welcomed the project and helped it succeed by spreading the word and encouraging older people to get in touch with the project for advice. This resulted in growing confidence and a step towards tackling the many barriers faced by BME older people.





## Outreach Activities Undertaken

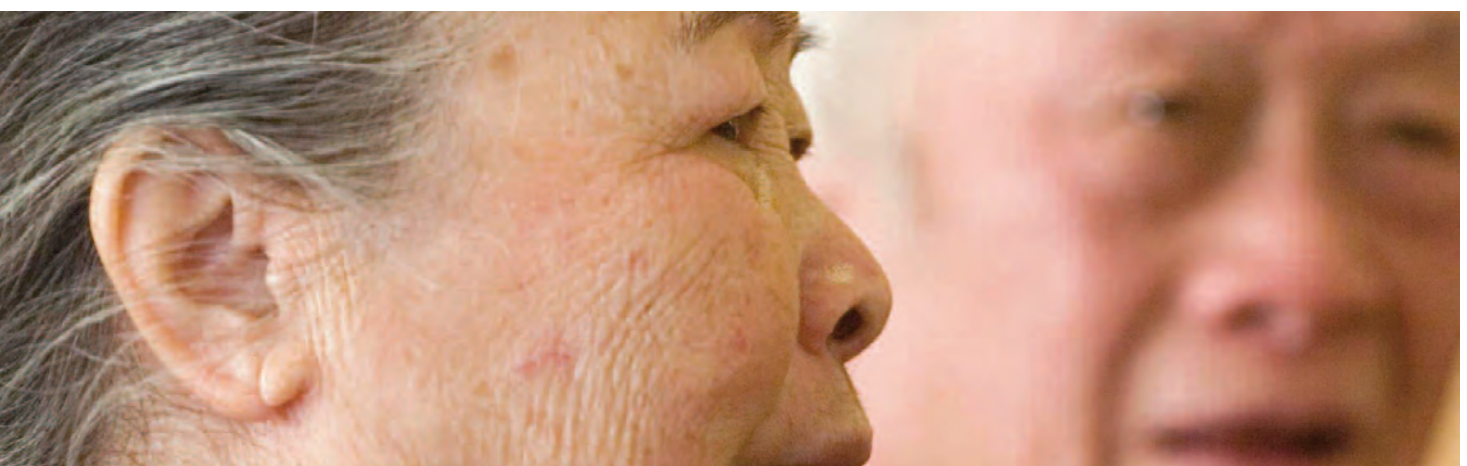
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A number of activities were undertaken to advertise the project and create awareness among the BME Communities about the benefits of the project. Below are several examples of advertising and marketing strategies used by the Pension Benefit Outreach Project to reach out to all BME communities. The Pension Benefit Outreach Project had an immediate access route to the “hard to reach” communities via the outreach work already done by the Equal Opportunities Programme; benefiting from the strategies and networks it has developed over the years to improve take -up of housing and other services.

- A letter introducing the Pension Benefit Outreach worker and the project was distributed throughout Scotland to over three hundred organisations including many individuals, community representatives.
- Updates of the Project was published in the Association’s “Housing for Older People” newsletter, which is published in several community languages and was distributed throughout Scotland to BME community organisations, service providers, individuals and many other relevant groups. This generated many requests to hold surgeries within the BME communities’ organisations.
- A leaflet was published in six different languages for BME communities, explaining the purpose of the project and help available in claiming their benefit entitlement. Leaflets were distributed throughout Scotland to BME organisations and religious places; local ethnic food shops, takeaways and other local businesses, in order to target those who may not attend day care centres or religious places but will visit these places regularly.
- A banner for information purposes and to promote the Project was also produced and was used to attend various events and conferences. This tool has been extremely useful in advertising and marketing the project and encouraging older people to seek advice to apply for benefits to which they may be entitled.
- Information about the project was also made available on the Association’s Equal Opportunities website [www.EqualityScotland.com](http://www.EqualityScotland.com) including contact details for the Project. The website which is in English and various community languages provides information such as housing, announces events and also highlighted the Work of the Equal Opportunities Programme. Many families obtained information through the website on behalf of the older person who then contacted the Project for further information and an appointment.
- Open surgeries were held on a request basis to maintain regular contact with BME older people at a grassroots level. This was also a great opportunity to discuss and remove misconceptions surrounding some benefits which have put off many older people from accessing them. During the project 80 surgeries were held in day care centres and religious places, with between 10 to 40 older people attending. The surgeries have resulted in more BME older people claiming benefits or asking for a follow-up visit.



- Surgeries have also been held further a field where there is not a large BME community at present, such as rural Scotland. Services in these areas were limited and many people found it extremely difficult to access them and were struggling to cope. Word-of-mouth generated many requests for visits and to deal with individual cases. Some groups set up advice sessions with the project, which were held in private homes. An individual would arrange for several people to come to their home during an afternoon and the Pension Benefit Outreach Worker would provide one-to-one consultations and help fill in application forms if required.
- Many community events, conferences and seminars were attended where information about the project was distributed. Some events organised in partnership with other organisations were extremely popular and were used to highlight the project, boosting the number of people requesting a benefit check. Therefore many older people have responded through advertising, distribution of information and word of mouth.
- Presentations were also held within BME voluntary organisations, benefit forums, seminars and conferences which have generated many questions, discussions and referrals.







- Home visits were exceptionally popular and by far the preferred method as many older people feel more able to talk freely in the comfort of their own homes. It also allowed their families to be present, making them aware of what they were applying for and helping them prepare necessary documents for the applications. However, a significant number of older people wished confidentiality and did not want family members to be involved or to be aware of the level of their entitlement. Due to their success, the waiting list for home visits lengthened and accounted for a large proportion of the travel budget. As a result, at a later stage home visits had to be reserved for people with disabilities or who were housebound and unable to attend surgeries.
- Visits to places of worship and other religious places were also a great success, as a large number of older people attend religious ceremonies on a regular basis. Again this extra step of attending various religious meetings proved to be very successful. Many older people felt comfortable in this environment and raised many questions regarding entitlements. This was also a great opportunity to remove many misconceptions surrounding the benefit system.
- Advertising in community newsletters, brochures and e-bulletins was very well-received and many individuals and organisations contacted the project for further information and to set up surgeries, and presentations for their user groups.



## Success in engaging with “hard to reach” groups

The project identified many barriers faced by BME communities in accessing services. Language was a big issue. However, the project highlighted other less obvious socio-cultural issues such as the fact that often older people from BME communities regard state benefits as a form of charity rather than an entitlement. This meant that although many were living in poverty, a sense of pride prevented them from accessing benefits. They felt that they should manage on the low income they have or their children should support them. The Pension Benefit Outreach Worker found it challenging to persuade these particular groups that they had a right to receive the benefits. The best method of encouraging uptake of benefits has been through one-to-one consultations which have allowed many older people to make an informed choice.

Specific efforts were made to ensure wider communities benefited from the project. An active approach was taken with Arabic and other “hard to reach” communities, who were under-represented. Visits were made to their places of worship and information material was also made available at various ethnic food shops and takeaways. Interpreters were hired to meet the language needs of these older people and research was carried out to make sure there was some understanding of their cultures and beliefs. One of the most common complaints among older BME people is a lack of understanding of their culture by benefit agencies, which results in (sometimes unknowingly) insensitive behaviour towards them. As a result of these efforts, a steady number of clients from these communities contacted the project for an appointment. Many older people successfully received extra monies with the help of the Project and this created more awareness about the importance of getting benefit checks done. Subsequently there was a sharp rise in contact from these communities seeking benefits checks and also help in accessing other services. Another tremendous effort was made with the Bangladeshi and Chinese communities with the help of dedicated support workers. Again several awards of Pension Credit and Attendance Allowance were achieved. The support workers promoted the Project within their own communities and encouraged many people to have their benefits assessed.

Due to the extra effort of the support workers, they were able to reach these otherwise “hard to reach” isolated communities.





Particular efforts were made to reach out in specific areas where services for the BME communities were not visible. For example, after many months of trying to promote and create awareness of the project in the Fife area, a breakthrough came when someone from the Dunfermline Women’s Group contacted the Project for information for a couple who wanted an appointment. A meeting was arranged and because one couple wanted their family members present, a weekend appointment was the only option available. Therefore special arrangement was made by the Pension Benefit Outreach Worker to visit them on a weekend and help them to assess their entitlements.

Through outreach work, and targeted advertising and other efforts to promote the project, it gained momentum and many people were referred by daycare centres or got in touch directly. Increased awareness through word-of-mouth and continually promoting the project through all channels helped increase the take-up tremendously within the BME communities.



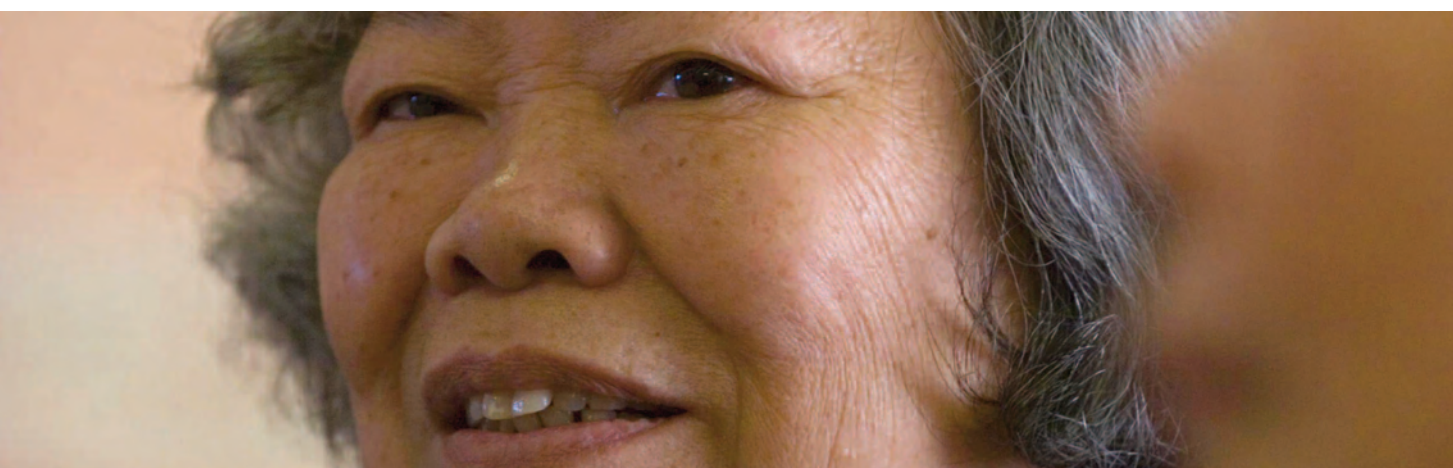
## Successes and Outcomes

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- The project has been very successful in not only meeting its target but exceeding it. The result was a long list of people waiting to be seen. This would not have been possible without the established contacts and the extensive outreach work carried out by the Housing Associations through the Equal Opportunities Programme.
- Over the 18 month period of the Pension Benefit Outreach Project has raised £394,950 in benefits for BME older people. Over 400 older people were assessed and over 200 people received extra benefits and many were put in touch with other services such as Care and Repair, Social Services and other service providers.
- This Project was about more than maximising income for older BME people. It also focussed on bridging the communications gap between BME older people and benefit agencies, providing knowledge and the basic tools to access a range of available services. Many people were able to apply for grants from the council for home adaptations and put in in touch with Social Services for occupational therapy visits. They were also told how to access the 'handyman service' provided by Care and Repair and various other services of which they were previously unaware.
- Through the project many older people did not just benefit financially, but also grew in confidence, as before they were very reluctant and even suspicious about accessing any kind of services, including benefits. The project not only provided advice and assistance in completing benefit applications, but also helped complex cases such as those requiring interviews for National Insurance numbers. This can be a lengthy process and was viewed as a barrier, particularly among women from BME communities. However the project was extremely successful empowering many older people to take the extra step to receiving the benefits to which they are entitled.

This was achieved through offering the applicant support and reassurance and explaining to them what would happen throughout the process. This informed and supportive process had the result of giving older people financial independence thereby boosting their confidence.

- The Project was able to identify gaps in accessing and providing services and by bridging these gaps, many BME older people were able to access services they desperately needed.





Many understood what kind of help they needed but were unaware of how to access it or who to contact. Furthermore, as English was not their first language, making initial contact was an issue. The Project provided assistance by providing information about the services available, identifying what kind of service was required and supporting them to make the first contact - or in most cases making contact on their behalf to the appropriate authorities/service providers.

- The main success of the Project was due to the extensive outreach work carried out, in accordance with its main objective to reach out to those older people who were isolated in their communities. Making that extra step by reaching out directly was welcomed by many older people who felt not enough was done to tackle these issues. They felt this initiative respected the confidential nature of their circumstances while providing easily digested advice which allowed them to make an informed choice.

## Constraints

The project ran very successfully but it was limited in what it could achieve by two key factors - a limited timeframe and insufficient funding to allow it to reach its full potential. This kind of project requires more time and appropriate funding to develop properly and to be implemented as a proper service within the BME communities. The project has only scratched the surface and as the project progressed it became increasingly evident that more needs to be done. The main concern is that just as older BME people have been made aware of this service, the project will no longer exist. All the effort and outreach work carried out will be lost when the project ends. Not only will older people potentially miss out financially as a result, but the cessation of the project could erode the goodwill and trust established with BME communities by the project worker.

# Barriers

## 1. Language Barrier

The project was able to identify gaps and barriers faced by BME older people. Language was the first issue, as many were not only unable to speak English but were also illiterate in their own language. By removing the foremost barrier which is language, we were able to engage with these groups. It was advantageous that the Pension Benefit Outreach Worker was multilingual and aware of cultural diversity and sensitivities. This meant that the majority of the BME communities were able to overcome an initial reluctance to discuss problems they faced. Many older people are unaware that a language line service is available to them when calling the Pension Service and the DWP. Those who do know about it feel uncomfortable using the service as many feel that this kind of advice should only be given by face-to-face contact rather than by phone.

### Case Study

Mrs Singh\* is a widow, in her 70's who lives with her daughter and her son-in-law in Scotland. Mrs Singh arrived to stay in the U.K permanently after her husband passed away as she had no family left back home. When she arrived here, she felt isolated and awkward even though she was staying with family. Her daughter and son-in-law were both professional people who worked long hours, leaving little time to be with her. Mrs Singh began to feel very depressed and isolated as she did not speak English and was not confident enough to access services in what she felt was a strange new country. However, through a neighbour she was able to join a lunch club for BME older people who met up once a week. Mrs Singh's daughter was too busy to assist and the complex nature of the benefit system discouraged her.

Due to language difficulties and her desire to retain confidentiality about her circumstances she felt that the services of the Pension Service were not within her reach. Mrs Singh attended a surgery held by the Pension Benefit Outreach Worker at the lunch club and decided to contact her privately. As the worker was bilingual she was able to speak to Mrs Singh on a one-to-one basis. It was an enormous relief for her to be able to talk to someone in confidence. Mrs Singh was awarded Pension Credit and found the whole process easier to go through with the support of the project. The speed and efficiency of the Pension Service in allocating her a National Insurance number and processing the claim also impressed her. She is now also contemplating the idea of getting her own accommodation and living a more independent life. She wants to live her life the way she prefers without feeling like a burden.





## 2. Family unwilling to support

There is too much reliance on the family to provide support and care to older people within BME communities. If family is unable to support due to lack of time or relationship breakdown, the older person feels a burden on the family and lacks independence and self esteem. Moreover, there are instances where even if he/she is supported by the family in claiming benefits, another family member is likely to take control of the benefits and how it is spent.

### Case Study

Another achievement concerns a member of the Bangladeshi Community. This older person had been living in this country as a permanent resident for almost eight years, and had tried to contact the Pension Service on numerous occasions before he approached the PBOW.

Due to the language barrier and relationship problems with the family, he was unable to communicate with the Pension Service and felt let down and stuck in his situation with no solution. This man relied on his family who were unwilling to support him anymore. The PBOW was able to contact the Pension Service on his behalf and made an appointment for an interview to allocate a N.I. number, a long and complex procedure. Overcoming barriers such as language and supporting the client through every step of the process paid off. He was awarded Pension Credit, which was also backdated. This gentleman felt his situation would have deteriorated if not for the help and support of the Project.





### 3. Cultural awareness

Other concerns raised were lack of culture awareness among the staff of the Pension Service and DWP and a lack of straightforward information readily available. Another thorny issue for many older BME people was the fact that they did not have a National Insurance number. Different conventions concerning names among BME communities can also cause major bureaucratic problems, particularly where couples may have different surnames. These issues prevent many BME older people from seeking benefits. Some women do not take their husband's surname for cultural and religious reasons. This causes problems, especially in award notices and in trying to trace National Insurance Numbers. This raises many questions among DWP/ Pension Service staff concerning identity issues and makes the whole procedure more difficult and stressful for the older person, which results in a negative impression. Training staff to deal with different cultures and overcoming language barriers would improve service delivery.

#### Case Study

In Sikhism most ladies traditionally carry the last name "Kaur" which means Princess and men are called "Singh" which means Lion. This does not represent the individual's surname. However this misconception leads to many problems where women are automatically named as "Mrs Singh" rather than Kaur which is stated on their passport. One client had said "My name is Mrs Narinder Kaur and we were receiving Pension Credit as a couple. After my husband passed away I tried to get benefits. It emerged that on the system I was registered as Mrs Singh, even though that is not my name. I tried to explain that I was married to the late Mr Singh but in our culture we do not have specific surnames. However they wanted evidence of this and when I showed them my passport, they accused me of giving them the wrong name in the initial claim of Pension Credit. I told them that is the same passport that I used as identity when my husband was alive and my name hasn't changed. After many stressful weeks, a letter from the Pension Service came through the letter box, addressed to Mrs Singh! At that point I couldn't be bothered with the hassle and decided not to contact them about this again."







## 4. Accessing Rural Communities

Many BME communities set up small social groups in their own homes without any help or support from local authorities. Evidence of social exclusion was apparent here and many were struggling with severe illnesses and financial difficulties, but not receiving any benefits, even though they would have been entitled to do so. Some felt let down by their Local Authority which was unable to provide adequate services for older BME communities in that area. However some also felt they did not know how to access services from their local LA or how to liaise with them to set up groups in more appropriate accommodation with proper services for their communities.

### Case Study

A visit was requested by a community member from Dunfermline to hold a surgery for the Fife area. However due to a lack of facilities such as social club or day care centre to host a surgery, the lady concerned kindly set up the surgery on an appointment basis in her own home. Approximately 10 older people from the Fife area attended the surgery, which was advertised through word-of-mouth. During the surgery it was apparent that one gentleman should be receiving Attendance Allowance. He duly made a successful claim. This resulted in him receiving the Disability Premium, as his wife was already in receipt of DLA (Disability Living Allowance) at the higher rate. As a result the couple were almost £160.00 better off each week in their Pension Credit, including Attendance Allowance. The gentleman told the Pension Benefit Outreach Worker: "I was not happy when my wife suggested we see you, as I did not want to apply for any benefits, as you always read about overpayments and asking to pay money back. I just don't want that hassle. However when we spoke to you, you explained things so easily and in simple terms and by answering all our questions honestly. You made sure we were entitled to this and helped us achieve this, thank you."





## 5. Adverse effects of new policies

In April 2003 the Government began phasing out the pension book system and replacing it with Direct Payment which involved pension and benefits payments being paid directly into a recipient's selected individual account. Direct Payment did not affect the level or frequency of payment and was introduced to make payments more secure and convenient than the old pension book system. It is no longer possible to have your pension or other benefits paid through an order book.

There are still many cases where there are problems with the Direct Payment system and the changes have negatively affected the majority of the BME older people. Many older people are suffering because they are unaware of their rights. They are finding it increasingly difficult to access their pension and other benefits as paying it directly into an account enables a family member to control their finances and restrict access to their money. Older BME women are particularly affected, since combined payments and Pension Credit are paid into one bank account (usually that of the husband) and they are finding it increasingly hard to survive. Many find their husbands unwilling to share or contribute to the household. In many cultures divorce is a taboo and many couples stay together into their old age rather than divorce, even though they live separate lives for fear of being socially ostracised. In situations like these women are very vulnerable and many have admitted borrowing money from friends and family in order to survive, even when they are in receipt of Pension Credit. This is a familiar situation faced by many BME older people.

The abolition of the order book payment system caused other problems related to literacy which have adversely affected other groups of the population besides BME older people. However, a relatively high proportion of BME older people cannot speak, read or write in English, and many are illiterate in their own language. Many women found opening bank accounts extremely difficult and relied on their husbands or their children to help them. Unfortunately many family members have taken advantage of this situation and have either moved payments to their own account or set up joint accounts, depriving their older relatives from the only income they have.

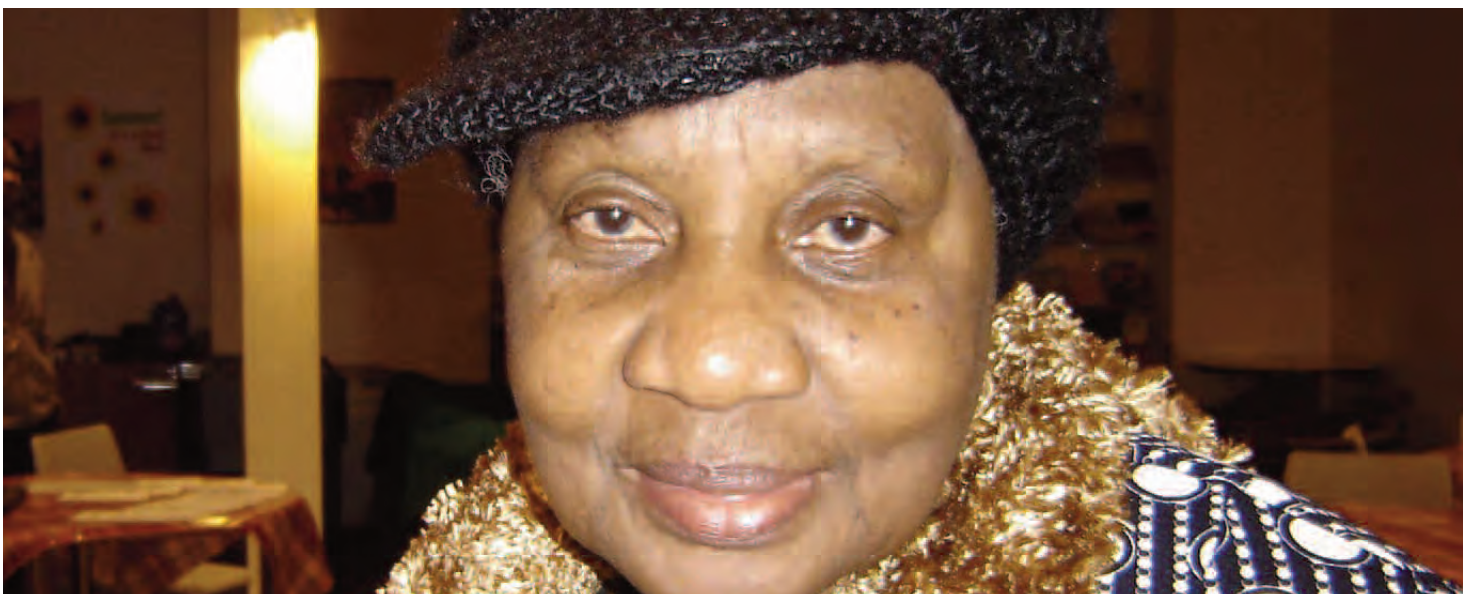
### Case Study

Mr and Mrs Ali\* have lived and worked in Scotland for over 40 years. They own their own home and their children live nearby. They are in their early 80's and both suffer from severe health and mobility problems. They have never contributed towards pensions. Mrs Ali, who stayed at home to look after the children does not speak English. However, Mr Ali has worked and was in receipt of State pension and was also receiving Pension Credit. Mrs Ali confided that even though they live together, they lead separate lives. She would never leave her husband for a number of reasons, including her religion and beliefs but also her age, fear of social stigma and being ostracised by the community. However Mrs Ali was receiving less than £20 per week and was struggling to survive. She had many times requested that her husband share the Pension Credit, so she could get basic things for the home and be able to pay for a home help. Mrs Ali's daughter also spoke to the Pension Service to find a solution, but they did not understand the cultural issue surrounding their case and therefore were unable to help. The Pension Benefit Worker found this kind of situation very common among t BME older people.



Mrs Ali contacted the Pension Benefit Worker for help after seeing her at her local religious place. The meeting was arranged at her home at a time when her husband would not be present. At the meeting, it was evident that Mrs Ali would be entitled to Attendance Allowance and the worker helped her apply for this. Mrs Ali expressed concern over the abolishment of the Pension order books as she did not have her own bank account nor did she know how to open one. Hence, she and her husband's pensions, as well as the Pension Credit were combined and lodged to the one account belonging to her husband. With the help of her daughter she opened a post office account into which her state pension was paid. However the majority of their joint income is in the exclusive control of her husband who chooses not to contribute to the household.

Mrs Ali was awarded Attendance Allowance. Mr Ali was already in receipt of this benefit therefore an award of the disability premium was also paid to him. Mrs Ali was very grateful to the worker and was referred to Social Services for assistance in personal and home care tasks. Mr Ali still refuses to share the Pension Credit as he feels it belongs to him. Mrs Ali believes that if the Pension Service employed more staff from BME communities and were aware of social and cultural issues surrounding gender and behaviour they would have understood her better. Mrs Ali said: "I wasn't asking for more money I just wanted them to split it fairly, so I would get my share." Her daughter felt intimidated in trying to explain the situation to the Pension Service when she contacted them as they found the case unusual and difficult to believe. In fact, this kind of situation is common within BME communities. Mrs Ali states that she and her husband have lived separate lives for quite a while and have nothing in common and try to live as civilly as possible.





## 6. Stigma attached to claiming benefits

Another common and deeply expressed concern was that of confidentiality and also stigma attached to claiming benefits. Some of the perceptions of older BME people on these issues stemmed from rumours and a lack of available information. Many older people were confused about Pension Credit and felt they did not have enough knowledge to make an informed choice. As a result fear and lack of confidence prevented many from applying. Another factor is bad press and negative comments associated with many benefits, particularly Pension Credit. This makes would-be recipients fearful of applying for it.

Many do not apply out of a sense of pride while others believed that seeking language assistance meant sacrificing confidentiality. On top of this, a lack (or in some cases non-existence) of bilingual BME staff within the pension service also made it difficult for older people to claim the benefits to which they are entitled in Scotland. Another common misconception was: "I never worked in this country, I won't be entitled to any benefits." The project worker was able to demonstrate that this was incorrect in a high number of cases, as many older BME people have lived in this country more than 10 years and are permanent residents of the U.K. On a positive note, Pension service staff are keen to do more to help in these issues.

### Case Study

One couple in particular knew about Pension Credit but had always felt that if in receipt they would have to pay it back. Therefore they decided not to apply and ignored letters from the Pension Service. The Pension Benefit Outreach Worker held a surgery at a day care centre which they visited, but they did not make an appointment nor attempt to make any contact with the PBOW. During lunch the PBOW asked the lady why she would not like a benefit check done. She answered: "If I was entitled to anything I would just receive it". After a lengthy chat, the lady confided that her husband was too proud to admit that they were struggling and relied financially on their children. After a few days, the lady rang the PBOW, asking if she would make a home visit to explain to her husband what Pension Credit is actually about. The PBOW visited them and encouraged them to apply for Pension Credit, and also helped them through the process. As a result Pension Credit was awarded and was also backdated, which amounted to a relatively large figure. The couple were ecstatic and very appreciative of the PBOW of taking time to talk to them about it, especially as they had not made an effort to make first contact. "I was really impressed with the commitment of the girl (PBOW). She not only helped us apply but stayed with us right through the process until we received the money".

### Case Studies

The Pension Benefit Outreach Project has included these case studies to reflect the difficulties that Black & Minority Ethnic Older People face with today's system in accessing services through the Pension Service and the D.W.P.

\*To protect the identity of the participants all names have been changed.



## Conclusion

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Older people from BME Communities were found to be the lowest group to apply for benefits. A number of stages had to be completed before an older person could achieve the end result of a successful claim. These stages entailed psychological and in some aspects also physical challenges. In order to succeed in obtaining benefits, older people have 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.

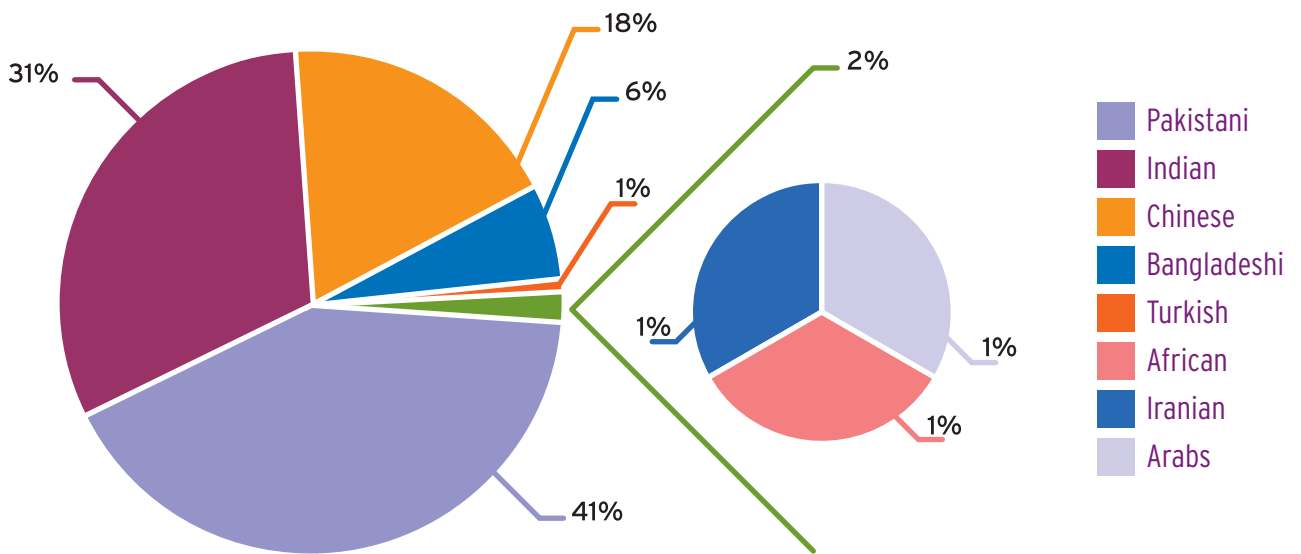
These are all important factors that need to be considered by the Pension Service if they are to tackle low uptake of benefits among BME older people. There are also many concerns within older members of BME communities surrounding language, cultural barriers, and a lack of straightforward information readily available. Lack of expertise on benefits by support staff and a lack of bilingual BME staff within the pension service remain crucial barriers for older people seeking to claim the benefits to which they are entitled in Scotland.

The majority of BME older people feel that they have been let down, as these problems were not considered before recent changes and they struggle to resolve their current situation. Many older people are still unsure as to what to do in delicate situations directly involving a spouse (mainly a male spouse) and other family members.. They are frightened or lack confidence to speak up about such problems and so tend to suffer in silence.

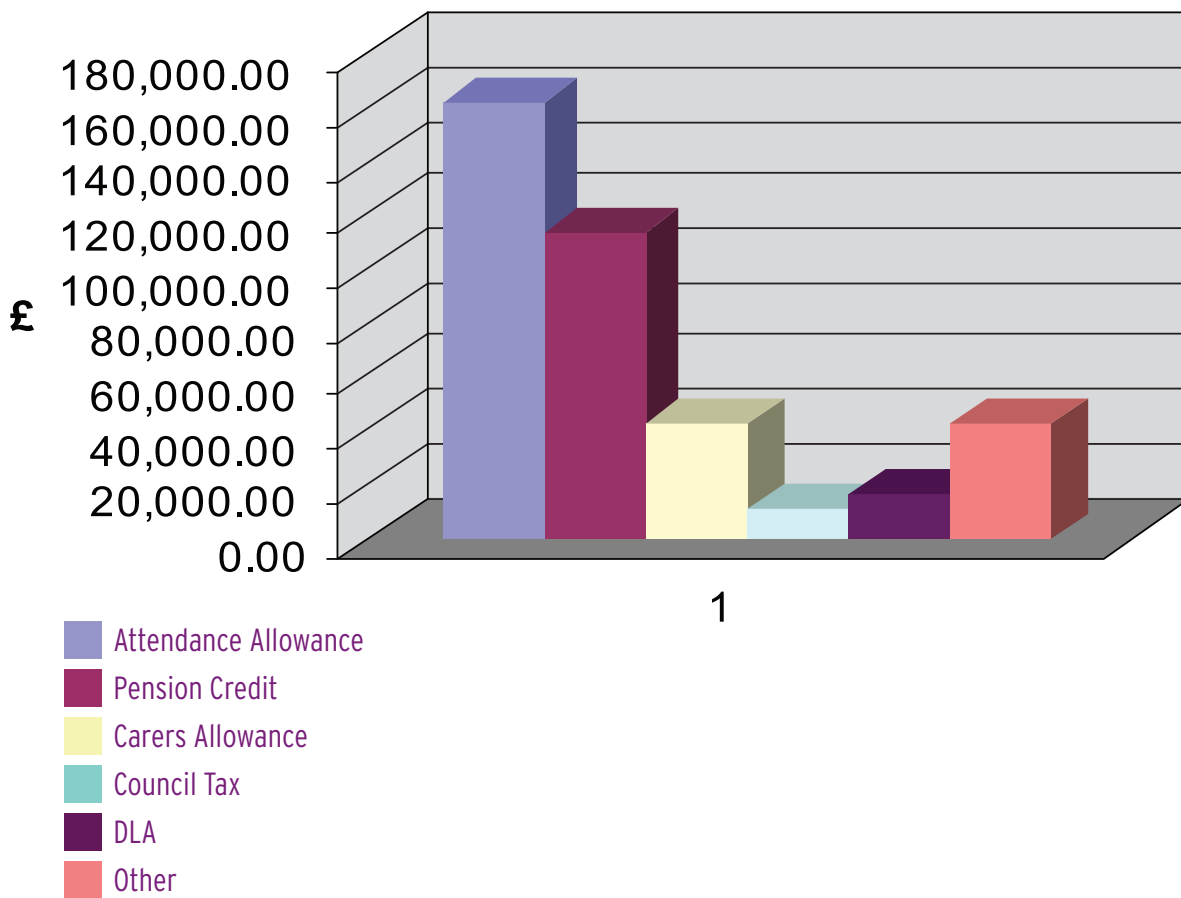
Support workers and managers working for older BME people also feel let down by a dearth of adequate training or advice which might equip them to resolve these kinds of problems. They emphasised that staff attitudes can affect older people's overall approach to claiming benefits and also to having any further contact with Government services. They feel the government is not doing enough to tackle serious issues such as ensuring that staff handling benefit applications have an understanding of cultural norms and practices concerning management of family finances in BME communities and particularly its effect on older members of the community.

# Appendices

## BME Communities Assesed in Scotland



## Breakdown of Benefits Used





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Trust / Hanover (Scotland) / Bield Housing Associations "Equal Opportunities Programme"

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