

# Everybody benefits

A practical guide to improving take-up of welfare benefits among disadvantaged older people.



# Everybody Benefits

**A practical guide to improving  
take-up of welfare benefits among  
disadvantaged older people**

**Michelle Gibson-Ree**  
**Age Concern England**  
**June 2004**

© Copyright Age Concern England

Everybody Benefits

Age Concern England  
Astral House  
1268 London Road  
LONDON SW16 4ER

Telephone: 020 8765 7200

Fax: 020 8765 7211

Email: [ace@ace.org.uk](mailto:ace@ace.org.uk)

Website: [www.ageconcern.org.uk](http://www.ageconcern.org.uk)

Further copies of this guide, price £5, are available from Mail Order Dept, Age Concern England, Astral House, 1268 London Road, London SW16 4ER. Please enclose a cheque or postal order, made payable to Age Concern England, when ordering. Thank you.

Whilst all reasonable care has been taken in compiling this document, it is important to recognise that legislation and regulations, nationally and locally, are frequently subject to change. We strongly advise readers, who are developing or running projects/services, to seek the most up-to-date information from appropriate sources, many of which are listed in this pack.

Please also note that whilst organisations, companies and products mentioned in this document are known to Age Concern, inclusion does not constitute a recommendation by Age Concern for any particular product, company, service or publication.

<b>Contents</b>	<b>Page</b>
<b>Acknowledgements</b>	i
<b>Abbreviations and acronyms</b>	iii
<b>Section 1 Executive Summary</b>	1
Low cost tips for improving access	2
<b>Section 2 Key points in making Age Concern more accessible</b>	5
<b>Section 3 Information about benefit take-up</b>	9
Why are older people not taking up their entitlement to benefits?	9
Age Concern Policy on Means Tested Benefits	11
What can be done to increase benefit take-up, particularly by disadvantaged groups?	11
Where to start	11
<b>Section 4 Good Practice in providing access to Black and Minority Ethnic Elders</b>	15
Examples of how to open up access	16
Practical steps to opening up access	18
Additional sources of help and information	21
<b>Section 5 Good Practice in providing access to Older People with Poor Health and Disabilities</b>	23
Examples of how to open up access	24
Practical steps to opening up access	27

<b>Section 5</b>	<b>(continued)</b>	
	Sensory impairment	30
	Helpful facts on communicating with blind and partially sighted people provided by RNIB	31
	Providing services to older people with hearing impairments	37
	Producing accessible information, particularly for people with learning disabilities	37
	Key points in communicating with people who find it difficult to read	38
	Presentation of information is as important as what it says	39
	Additional sources of help and information	41
<b>Section 6</b>	<b>Good Practice in providing access to Older People in Rural Areas</b>	43
	Examples of how to open up access	45
	Practical steps to opening up access	47
	Additional sources of help and information	49
<b>Section 7</b>	<b>Good Practice in providing access to Older Lesbians, Gay Men and Bisexuals</b>	51
	Examples of how to open up access	52
	Practical steps to opening up access	53
	Additional sources of help and information	55
<b>Section 8</b>	<b>Sources of Funding</b>	57
	Age Concern England	57
	Department for Work and Pensions	58
	Other potential funding partners	59



## Acknowledgements

I would like to thank John Edwards of Age Concern England for his input, advice and patient support throughout the development of this guide. I would also like to thank Claire Ball, Liz Barker, Richard Baker and Sally West of Age Concern England for generously sharing their advice and expertise and providing constructive comments on earlier drafts of the guide.

I am grateful to the many staff in Age Concern Organisations and Groups who have willingly given their time, shared their experience and provided examples of good practice. There are too many to list, and it would be unfair to pick out a few, so I will simply say thank you to you all. In addition, the amount of good practice within the federation is too great for me to include all of the examples I have collected so instead I have included examples from a few Age Concerns and drawn on the remainder to develop the suggestions of how to open up access to information and advice.

Finally thanks to Elspeth Rodwell and Roger Seeley of Age Concern England for their valuable help and support with the production of this guide.

**Michelle Gibson-Ree**



## Abbreviations and acronyms

<b>AA</b>	Attendance Allowance
<b>AC</b>	Age Concern
<b>BME</b>	Black and Minority Ethnic
<b>CAB</b>	Citizens Advice Bureau
<b>DLA</b>	Disability Living Allowance
<b>DWP</b>	Department for Work and Pensions
<b>HABIT</b>	Health Advice Benefits Initiative team
<b>I&amp;A</b>	Information and Advice
<b>ONS</b>	Office of National Statistics
<b>NAO</b>	National Audit Office
<b>OLGB</b>	Older Lesbians, Gay Men and Bisexuals
<b>OLGM</b>	Older Lesbians and Gay Men
<b>REC</b>	Race Equality Council
<b>RNIB</b>	Royal National Institute of the Blind
<b>RNID</b>	Royal National Institute for Deaf People



# Section 1

## Executive Summary

This guide aims to give practical advice for Age Concerns in making their services, specifically benefit take-up work, more accessible for older people. It has practical suggestions on improving access generally, but also looks in detail at four specific groups of older people, which have been identified in the federation's Information and Advice (I&A) Strategy (and by others such as the Department for Work and Pensions) as having particular difficulties in accessing services. These are black and minority (BME) elders, people with poor health or disabilities, those in rural areas and older lesbians, gay men and bisexuals (OLGB).

Putting some of the suggestions into action will not only improve access to your services, but also be evidence of how you are meeting quality standards such as the Community Legal Service Quality Mark and the Age Concern federation standards. Much of the guidance will be applicable to I&A services as a whole, and indeed to other Age Concern services, but we are focusing on benefit take-up because:

- Age Concerns have a vital role to play in ensuring older people take up their benefit entitlements - we have an annual campaign (Your Rights Week) on just this issue
- it's an important way in which we can make a positive and tangible difference to older people's lives
- we have had the resource of the Maximising Benefits Officer, seconded from the Department for Work and Pensions (DWP), and we have the Income Maximisation Project
- there is a great deal of under claiming, and this is exacerbated among disadvantaged groups.

## Low cost tips for improving access

There are a number of actions that can be taken to improve access with minimal cost. For example:

- Make sure distribution lists for newsletters, invitations to events etc. include community groups who work with disadvantaged groups
- Provide information in a variety of ways and publicise the availability of information in other formats in the printed version of your documents. If resources are limited attach a sticky label to existing material and signpost clients to organisations that can provide further help. If storage is an issue, store information on disc and produce copies as required or in small quantities
- Obtain leaflets from other local and national organisations. DWP and local authorities have some leaflets, posters and guides available in community languages and Age Concern England is currently piloting information sheets in community languages and these should be available shortly. Fact-sheets in large print are also available from Age Concern England and these can also be ordered in Braille or on audio cassette, if required. DWP also has some leaflets in large print and on audio cassette
- Local radio is a powerful medium with many older people listening to it. If you have published, for example, guides in large print send the local radio station a press release. Local community radio e.g. local Asian radio stations, can be a very effective means of reaching particular BME groups
- Local newspapers, especially free editions, are widely read by older people and when placing articles in the local press consider placing them in those aimed at disadvantaged groups, for instance, Asian newspapers and newsletters produced by relevant organisations and community groups
- When developing new or updating existing written information use a minimum of 14 pt text and include a prominent statement in large print (16 pt or above) advising clients of the availability of information in alternative formats including face to face. Use images such as photos, drawings or symbols to support your text and aim to make the subject of your material clear at a glance, even to a non-reader

- Ensure that information about Age Concern is located in places that older people visit e.g. GP surgeries, health centres, hospitals, chemist shops, libraries including mobile libraries, day care centres, care homes, community centres, places of worship
- When conducting outreach work consider including locations that older people from disadvantaged groups attend or live e.g. sheltered housing, day care and community centres, Churches, Mosques
- Widely promote an existing I&A telephone service as this can meet the needs of people who prefer personal contact in the privacy of their own homes or are unable to travel to access I&A services.

Other activities to reach older people from disadvantaged groups have been identified as requiring additional resources and more information is given in the guide including information about how to obtain funding from Age Concern England, DWP and other potential funding sources (see **Section 8**).



## Section 2

### Key points in making Age Concern more accessible

There are a number of common issues that Age Concern Organisations and Groups need to take account of when considering how to reach people from disadvantaged groups, but these will also be useful when considering the effectiveness of the provision of I&A to all older people. These are:

- Awareness of Age Concern and its role must be increased and people must feel it's for them. Many Age Concerns are aware that older people from disadvantaged groups, in particular, do not access their services. If there has been little contact in the past with individuals and groups they may initially be unsure about the value of Age Concern, especially if they do not see us as a natural source of support for them

**AC North Craven** serves a large rural area and is aware that some older people living in outlying villages perceive them as only being for those who live in Settle, where AC North Craven is based, and feel more closely associated with local community groups. An outreach worker has been appointed and by visiting local groups, day care centres etc. and issuing a bi-monthly newsletter to 1500 older people they are breaking down barriers.

In 2001 **AC Durham County** undertook research in partnership with the Legal Services Commission to establish where older people go for advice. 50 participants were interviewed (80% female and 20% male, all described themselves as British and white). Only 10% of participants associated Age Concern with an advice service, 40% were not able to suggest anything about the sorts of problems Age Concern might help people with and Age Concern was frequently confused with Social Services and the services they provide.

- Partnership working with local groups and organisations that work with and for older people from disadvantaged groups is vital to successfully increasing the take-up of benefits as older people have trust in community and voluntary groups. Events held in partnership with community groups and organisations can have multiple benefits, for example, they raise the profile of Age Concern, build trust, provide an opportunity to gather feedback and information about the needs of the community and make older people feel valued

**AC's in Lancashire and Blackburn and Darwen** brought nearly 100 Asian older people together to ascertain their views regarding a range of services – specifically information and advice, housing, health and education. The main aim was to gather feedback about all local services e.g. local authority, health, but valuable feedback was gained about Age Concern products and services and about access to all local information and advice services.

- Building links with local community groups is vital to the success of making older people aware of Age Concern and encouraging them to use the services. Local organisations are in the best place to judge what services are most needed in their area. Outreach should be extended beyond the most obvious community groups and include smaller groups, for example religious organisations, who are not explicitly offering I&A as this will provide access to older people who are not incorporated in to the advice network of statutory or voluntary organisations

**AC Selby** achieved benefit take-up of around £250,000 in 2003 and this level of success can be attributed to the long term investment by their outreach worker in building trust and respect with clients and community groups in outlying areas. Many of the clients who contact AC Selby do so because friends and neighbours have benefited from past contact with Age Concern – this 'word of mouth' publicity has enhanced the reputation of Age Concern. Although expensive in terms of time, the value of personal contact through giving talks and building relationships creates an opportunity to emphasise rights and overcome the perceived stigma in claiming benefits.

- Strategies aimed at understanding each community in an area and providing services tailored for them need to be developed. These will provide an opportunity to identify gaps in service and agree the contribution of Age Concern with older people and their representatives
- ‘Open to all’ strategies are insufficient. If we are to genuinely open up services and include all disadvantaged groups it is first essential to send out a clear message of inclusion and welcome and this must be open and visible. Publicity material should reflect the diversity of older people and include images of a range of people, for example, BME elders, people with disabilities, although care should be taken to ensure that images used are a realistic reflection of the services available and don’t inadvertently raise unrealistic expectations, for example, that there will be Urdu speaking staff available because publicity material contains images of Pakistani elders. Age Concern England has a photo-library of images of older people for all Age Concerns to use. This resource will be constantly updated and the aim is to include images of a wide range of diverse groups. Available images can be found at [www.acbrandguidelines.org.uk](http://www.acbrandguidelines.org.uk) (contact the Marketing Department of Age Concern England for details of how to obtain the required password)
- Diversity should be promoted as a positive strength and receptionists and other frontline staff in services and Age Concern shops have an essential role to play as they are often the first point of contact for many older people. Training may be necessary to raise awareness of the needs and issues of disadvantaged groups, for example, to develop an understanding of the cultural and religious practices of BME elders, how to communicate with someone who lip-reads or has communication difficulties or awareness of the issues faced by OLGB. Age Concern trustees may also need training to improve their understanding and encourage engagement with disadvantaged groups

Age Concern Training has a number of courses available, for example, Culture Awareness, Working with OLGB, Working with Older People with Learning Disabilities and courses designed to identify the skills required to successfully communicate with older people with sight, hearing and other communication difficulties. Staff can attend open courses which are advertised in the Age Concern Training brochure or in-house courses can be arranged if there is a group of staff needing training on the same topic.

## Section 3

### Information about benefit take-up

Each year the DWP publishes figures on the take-up of income related benefits. The most recent results show:

- Between 28% and 37% of pensioners entitled to Minimum Income Guarantee did not claim it in 2000-2001
- Between 37% and 43% of pensioners entitled to Council Tax Benefit do not claim it – this represents up to 1.76 million pensioners households
- Between 10% and 17% entitled to Housing Benefit do not claim it
- Overall in 2000-2001 between £1,550 million and £2,560 million of income-related benefits went unclaimed by pensioners.

Similar information about take-up of disability benefits is not available. However a report by the (then) Department of Social Security in 1998 gave preliminary estimates of take-up of Attendance Allowance (AA) and Disability Living Allowance (DLA). For both allowances take-up was estimated to be only 40%-60% suggesting many ill or disabled people are missing out on these important benefits.

### Why are older people not taking up their entitlement to benefits?

In their report, 'Tackling Pensioner Poverty: Encouraging take-up of entitlements', which can be found on the National Audit Office (NAO) website at [www.nao.gov.uk](http://www.nao.gov.uk) (search under DWP), the NAO state that take-up of entitlements amongst pensioners is lower than amongst the population as a whole. From their survey of low-income pensioners, fieldwork with Benefits Agency offices (now DWP), local authorities and Age Concerns the NAO identified ten key barriers to take-up (see overleaf):

**Complexity of overall system** – including rules that vary between benefits and frequently change, and complex linkages between benefits

**Means Testing** – requiring pensioners to provide sensitive information about their incomes and capital

**Leaving the initiative to the pensioner** to start the claims process – many pensioners assume they will be informed of entitlements

**Unresponsive or inaccessible channels of communication** – the means of communication to obtain information or make a claim may not be appropriate for the client group

**Access to information** – many pensioners perceive information as difficult to obtain

**Ignorance of, and misconceptions about, the benefits available** – many pensioners have little or no knowledge of benefits available, especially if they have had little contact with advice agencies

**Difficulty completing forms** – some forms are time consuming and difficult to complete and many pensioners assume the whole process will be difficult

**Fear of stigma and humiliation** – associated with the belief that benefits are ‘handouts’

**Fear of losing independence** – claiming benefits is seen by some as being dependent on the state

**Perception that making a claim is not worth the effort** – some make a judgement as to whether the expected gains are worth claiming for, given the assumption about the arduous process

## Age Concern Policy on Means Tested Benefits

Age Concern would like to see improvements in state and private pensions so that the need to claim means-tested assistance is reduced. However until that happens, means tested benefits have an essential role in increasing the income of many older people. Assisting older people to gain their full entitlements is an important aspect of Age Concern's work and we work with the DWP and other statutory and voluntary organisations at national and local levels to try to improve take-up.

### What can be done to increase benefit take-up, particularly by disadvantaged groups?

The NAO concluded there needs to be a specific strategy aimed at understanding each community in an area and providing services tailored for them. This requires:

- An understanding of the organisations that work with them
- Knowledge of where older people meet and specific issues facing that community
- Strategies to take account of particular difficulties faced by some groups e.g. Asian women or OLGB
- Services need to cover all sections of an area i.e. rural areas, small pockets of BME elders
- Strategies are most effective when developed in partnership as older people have trust in community and voluntary groups.

### Where to start

A starting point is to get an accurate profile of the population in your area. Useful information about age, gender, ethnic origin, religion etc. can be obtained from census figures which can be accessed via local authorities or via the website [www.neighbourhood.statistics.gov.uk](http://www.neighbourhood.statistics.gov.uk).

However, it is worth bearing in mind that local returns on the current census may be in-accurate, particularly under recording of older people, students and some minority communities. The census also puts Europeans and many others in one 'white' category which has the effect of making 'invisible' some minority groups such as Polish and Turkish. Reviewing data on 'place of birth' can give an indication of other ethnic groups in the area but local surveys may well be a better method of gaining an understanding of local communities.

Guidance on producing a community profile is available in the Age Concern England publications 'Running Information & Advice Services: A 'How To' Guide', and in more detail in 'Get Fit for Funding'. The 'How to Guide' also has guidance on, and an example of, a user profile survey, and more detailed guidance is in preparation. A profile of users of your services allows you to see whether certain types of user e.g. from a particular village or with a specific language need, are not accessing your services. You can then go on to find out the reasons for this and what action you may want to take.

Age Concern England has commissioned research, as part of the Regions for all Ages Programme, which aims to highlight the importance of population ageing to the economic and social development of the English regions. The report, to be launched shortly, will include a listing of data and information sources, a selection of which is given below:

- [www.statistics.gov.uk](http://www.statistics.gov.uk) contains information from the Office of National Statistics (ONS), the agency responsible for both the population census and several standing (continuous or repeated) nationally representative surveys. The website is large but easy to navigate and provides invaluable guides to numerous sources of information, including online datasets and statistical publications
- The 10 yearly population census (the most recent 2001) is the primary source for national, regional and local data on the socio-demographic characteristics of the population and households. The results of the census are available at [www.statistics.gov.uk/census2001/census\\_news.asp](http://www.statistics.gov.uk/census2001/census_news.asp)

- [www.statistics.gov.uk/StatBase/product.asp](http://www.statistics.gov.uk/StatBase/product.asp) is a non-technical online bank of statistics which can be viewed or downloaded for local areas of many subjects including population, crime, health and housing
- The Omnibus Survey, [www.statistics.gov.uk/services/surveyOmnibus.asp](http://www.statistics.gov.uk/services/surveyOmnibus.asp), is a multi-purpose inquiry developed by ONS for non-profit making organisations. The Omnibus allows customers to receive results quickly while retaining the hallmark of high quality and provides a fast, cost effective and reliable way of obtaining information on topics too brief to warrant a survey of their own, and for topics of immediate interest, for example, measuring the effectiveness of publicity campaigns, building up information on sub-groups and minority populations
- The Gerontology Data Service has been developed to help people who need information that is more detailed than that published in reports, but do not have the time or expertise needed to access the huge government data set. It provides data and analysis aimed specifically at supplying information about people 50 and over. Services range from the supply of single statistics or simple tables to complex analyses combining several data sources. More information can be found at: [www.kcl.ac.uk/kis/schools/life\\_sciences/health/gerontology/gdsnews.htm#INTRO](http://www.kcl.ac.uk/kis/schools/life_sciences/health/gerontology/gdsnews.htm#INTRO). Inquiries may be made by telephone (020 7848 3035) or by email [gds@kcl.ac.uk](mailto:gds@kcl.ac.uk)
- The Family Resources Survey (FRS) is a continuous survey of private households and was commissioned by DWP. It aims to monitor social security benefit take-up and expenditure and to inform social security policy. Summary statistics can be accessed through the FRS Home Page [www.dwp.gov.uk/asd/frs](http://www.dwp.gov.uk/asd/frs)



## Section 4

# Good Practice in providing access to Black and Minority Ethnic Elders

The 2001 Census revealed that the UK is more culturally diverse than ever before. The 4.6 million people from a variety of non-white backgrounds are not evenly distributed across the country and tend to live in large urban areas. However, some BME elders live in rural areas and are therefore doubly disadvantaged due to experiences of racial discrimination in a wide range of contexts and lack of contact with other ethnic communities and community support networks.

It is often suggested that BME elders do not use existing services because their needs are being catered for by families or others. This assumption that BME elders live in supportive and close-knit families is a simplistic generalisation. These traditional family patterns are changing as family members move away to find work or more adequate housing and there are significant variations in family size/structure between ethnic groups, in terms of patterns of marriage, co-habitation, rates of child birth, numbers of children, size of family and proportion of single parent families – all of which contribute to a diverse and changing pattern of family structure in Britain. In order to understand the advice needs of BME elders and how best they can be met Age Concern needs to make links with and consult local BME elders groups and communities. It takes time and persistence to develop relationships and will involve speaking to a wide variety of people in both formal and informal groups but in return they can often provide translation, interpreting services and provide cultural awareness.

Research published by the DWP examines the barriers to benefit take-up among pensioners from black and minority ethnic groups. Many of the themes that emerged were similar to previous studies that had not focused specifically on pensioners from BME elders groups but some important differences were identified, including language barriers, concerns about the impact of claiming on residency status and difficulties from not having a national insurance number (this particularly affected Asian women).

Other barriers were felt to be more prominent amongst BME elders, such as literacy problems, ignorance about the benefits system (and sometimes the concept of benefits) and apprehension about contact with statutory service providers.

## Examples of how to open up access

### Example

Although older people's forums were held in each District Council area twice a year, **AC Oxfordshire, City and County** was aware that attendance by BME elders had been limited. The experience of working with Oxfordshire County Council to run an Asian Lunch Club gave them confidence to undertake more work with BME elders and an idea for a forum for BME elders took shape. AC Oxfordshire, City and County was proactive in trying to reach as many communities and people as possible, providing transport and interpreters, where necessary, and circulating invitations widely and making personal contact with BME elders and the people who work with them. With help from an Age Concern England grant two events were held in comfortable, accessible and acceptable venues and separate workshops were held for men and women. There were many outcomes from the event but greater contact between Age Concern and local community groups has been one that has opened up opportunities for I&A surgeries at locations relevant to BME elders. With financial assistance from Age Concern England, AC Oxfordshire, City and County has been able to act on another recommendation from the Forum and appoint development workers with language skills to facilitate work with BME elders.

### Example

A workshop held by **AC London** in September 2001 provided a number of lessons to take in to account in devising a strategy for reaching BME elders. For example:

- ensuring access to I&A services for BME elders can require a targeted response to different populations
- outreach in the community and having staff with language and cultural knowledge within mainstream and targeted services can encourage the take-up of benefits and ensure an effective service

- access to translation and interpreting services is required
- racism can exist among trustees, staff, volunteers and users of Age Concern services and must be tackled.

Existing work with BME elders revealed that although translated materials describing Age Concern services and explaining local services were identified as particularly valuable, their use was limited and the general consensus was that staff with language skills is of most use to those whose main language is not English. AC London has now set up the Pathways Project, which brings together ethnic minority and older people's organisations across London to share experience and best practice and the Region as a whole has committed itself to implementing the I&A BME elders strategy. A Regional I&A Development Officer for BME elders will shortly be appointed to increase supply and development of I&A services to BME elders and their carers, and build the capacity of Age Concerns to provide such services.

**Example**

In September 2003 **AC Leeds** launched their Report on I&A provision to BME elders in Leeds. Funding was provided by the Single Regeneration Budget and the work carried out in partnership with the Association of Blind Asians. Although 6% of the population in Leeds is from non-white origins less than 1% of enquires to the I&A service were from BME elders and AC Leeds recognised the need to address this issue. The project concentrated on older Asian immigrants and used pilot areas to operate the service, and the results were evaluated as the work proceeded. Outreach points were identified in three centres and I&A sessions were held in each. Leaflets in different languages were used to advertise the events and distributed throughout each area, house to house and at local shops. Age Concern posters were displayed at the advice centre venues. Venues where people already attended were well used but, despite enthusiastic support from the local neighbourhood group, one location had no clients during the 3-month trial.

However, several weeks after moving the service, AC Leeds received an enquiry about the specialist service for Asian people at that venue, highlighting the importance of a locating services where people already attend, the need for a consistent presence, and the need to allow time for local people to become accustomed to the service being available.

Over the duration of the project 103 people aged over 60 were seen. The majority of problems were income-related, with the largest number centring on health and disability. Other conclusions included,

- there is a need for older Asian people to have help and advice at their homes as many people were not able to attend any of the three centres and some older Asian women often do not leave the home
- advice sessions should be within walking distance of the majority of the community, they should be based within the community centres that are well known and well attended by the majority e.g. Hindu Temples, Mosques, Islamic Centres
- it should not be assumed that people will be able to read printed material, even in their mother tongues. Many Asian languages and dialects are spoken only, and for many older Asian people, if they have learned to read it is likely to be in English – and only to a limited extent
- there is urgent need for more specific, targeted and specialised assistance to BME elders, as often they do not readily use existing provision, for a variety of reasons. These reasons may be cultural and linguistic, but are also likely to include lack of awareness of the help available.

## Practical steps to opening up access



SUGGESTIONS

### Suggestions (no cost or low cost)

- Explicitly include BME elders and do so openly and visibly. 'Open to all' strategies are insufficient and the 'welcome' has to be visible. Displaying leaflets and posters in relevant community languages can give a welcoming message even when a client has no need of an interpreting service, but take care not to raise unrealistic expectations about the availability of staff who speak community languages

- Receptionists and other frontline staff in services and Age Concern shops have an essential role to play as they are often the first point of contact for many older people. Make sure they are aware of the barriers BME elders face and have received training in how to assist them
- Contact your local Race Equality Council (REC) to find out which are the main ethnic groups in your area and what REC is doing to support BME elders communities locally. Details your of local REC are available via [www.cre.gov.uk](http://www.cre.gov.uk) or from their head office 020 7939 0000
- Make sure distribution lists for newsletters, invitations to events etc. include community groups who work with BME elders. When placing articles in the local press or on local radio consider including specialist media relevant to BME elders, for example, Asian radio stations and Irish newspapers. It is not always necessary to translate information but community groups will be able to offer advice on this
- Provide information in a variety of ways but do not assume you have to translate all of your leaflets. Doing so is of little value for BME elders not fully literate in their own languages. Community groups consulted as part of the DWP research thought translated leaflets were only relevant when supplemented with face-to-face services. It is often useful to provide a summary in relevant community languages of what the information is about and signpost on to further information. If resources are limited a sticky label could be attached to existing material
- Obtain translated leaflets from other local and national organisations. DWP and local authorities have some leaflets, posters and guides available in community languages. Age Concern England is currently piloting information sheets about disability benefits in community languages and these should be available shortly. If storage is an issue, provide signposting to organisations that can provide further help or store information on disc and produce copies as required or in small quantities. Translated information about a variety of issues including welfare benefits can be obtained from a website managed by the London Advice Service Alliance [www.multikulti.org.uk](http://www.multikulti.org.uk)



SUGGESTIONS

### Suggestions (resources required)

- Make contact with groups in your area that work with BME elders. If there has been little contact in the past with existing groups they may initially be unsure about the value of Age Concern working in this area especially if they do not see us as a natural source of support for BME elders. Age Concerns need to make it clear that it is not their intention to take over or replace existing services but to help identify gaps and consider if there are ways we can work together to fill these. Agreement should be reached with the local community groups about the appropriate contribution from Age Concern. The DWP research revealed that it is not always necessary for staff to be of same ethnic background as the community. Although there is a preference for this those consulted felt it was more important for the advisor to gain the trust and respect of the community
- Support the development of local Forums for BME elders and their organisations as they can provide a good starting point for discussion about issues of particular concern for older people from BME communities, and to identify priorities for improvements in existing services and/or development of new services, whether provided by Age Concern or statutory bodies. Age Concerns in Leicester, Leicestershire, Nottingham and Oxford are currently supporting such Forums
- Hold I&A surgeries and events in locations that BME elders visit e.g. Mosques, Temples, Churches, Irish community centres etc. and have sessions on different days for men and women, where appropriate
- Ensure that language barriers can be overcome by providing interpreting services (either external, employing bi-lingual staff or using community leaders). Reliance on family members to interpret is not appropriate if sensitive issues are to be discussed. Not all ethnic minority groups will have language barriers and some will be related to accent rather than language e.g. Caribbean or Irish older people

- Consider using Language Line, a provider of language services that handles over 120 languages. Interpreters can participate in 3-way conference calls (no specialist equipment is required) or attend face-to-face meetings, if you are able to book these in advance. Their 'Text to Speech' service can also be useful in gaining a general understanding of short documents or extracting specific information e.g. medical information in a letter from a doctor. More information is available on their website [www.languageline.co.uk](http://www.languageline.co.uk) or telephone 0800 169 2879
- The DWP research revealed that home visits would be welcomed by some BME elders, especially those with mobility problems but not everyone was comfortable with home visits and the Irish community found this would be a particular deterrent to benefit take-up. A telephone help line staffed by Bengali, Cantonese, Mandarin and Punjabi speakers was also mentioned but only for older people to make initial contact, or for those isolated or immobile
- Ensure that female advisors are available and home visits are gender matched where appropriate
- Consider producing translated information on audiocassette or video

## Additional sources of help and information

Age Concern England has produced a resource pack and good practice guide for working with BME elders called 'Beyond Rhetoric'. These are available electronically via JANet or in paper formats from Age Concern England.

The 'National Minority Ethnic Network Report of a Workshop on BME elders living in Rural Areas' provides additional information and is available electronically via JANet or in paper format from Age Concern England.

A copy of the DWP research report 201 – 'Delivering benefits and services to Black and Minority Ethnic Older People' is available at [www.dwp.gov.uk/asd/asd5](http://www.dwp.gov.uk/asd/asd5) (*under Research Report Services, 2003*).



## Section 5

# Good Practice in providing access to Older People with Poor Health and Disabilities

The Disability Rights Commission reports that there are 8.6 million disabled people in Britain – that's one in seven of the population. Disability covers everyone who has a physical, sensory or mental impairment, which seriously affects their day-to-day activities – including people with heart disease, diabetes, dyslexia, epilepsy, Downs syndrome and many other types of impairment.

Access to I&A for people with disabilities is not solely concerned with physical access to premises but includes matters such as communication, staff attitudes and awareness, policies and procedures which may affect disabled people.

When providing information for disabled people priority should be given to the information they need in order to receive benefits and access services. Care should be taken to identify the target audience and consider which media will be the most effective in providing the information. There are many organisations that can offer advice and guidance on communicating with disabled people. Some of these are listed in at the end of this section.

People who may require information in a variety of formats include those who:

- have a learning disability (there are about 1.5 million people in the UK who have a learning disability)
- cannot hear spoken information or use a voice telephone e.g. people who are deaf or hard of hearing
- cannot see text, images or moving pictures
- have dexterity problems, which make it difficult to hold or manipulate printed documents.

This section starts with a number of examples from Age Concerns of their work in this area, and then looks at practical suggestions on how to improve benefit take-up for older people with disabilities. It then goes on to look at, in some detail, how to address the particular needs of older people with sensory impairment, and older people with a learning disability.

## Examples of how to open up access

### Example

**Age Concern Gateshead** ran a small-scale pilot scheme (with no funding) for older people in sheltered housing. The scheme, which ran for 12 months and delivered talks to around 85 sheltered housing schemes, proved to be an extremely popular and very effective service. Gateshead Council, who were primary partners in the venture, held information that was invaluable, such as who was already claiming full benefit, who wasn't claiming AA and who was not on any benefits apart from state pension. This allowed accurate targeting of benefit take-up work. Initial results from the pilot show that take-up of benefit was increased by over £116,000 pa.

### Example

Between April 2000 and March 2003, **RNIB** ran a series of welfare rights take-up campaigns in Yorkshire and Humberside, with support from the Community Fund. Although the campaign was not solely targeted at older people, as 53% of customers who made contact were over 60 the findings from the campaign are relevant to identifying good practice in encouraging take-up of benefits.

Publicity for the campaign included a campaign leaflet, issued to intermediaries (e.g. day centres, local societies, social workers, Age Concern, Hospitals, places of worship), who were in a position to pass information on to blind and partially sighted people. 'Books on Cassette' services were asked to send a taped version of the leaflet to all their subscribers and libraries were sent a poster with a request that it be displayed near the large print books section. Press releases were sent to talking newspapers, local newspapers and radio stations, presentations were given to relevant organisations and a mail-shot was sent to people on sight registers.

As a result £916,000 pa of additional income was generated. A telephone survey of customers revealed 41% of customers heard about the take-up campaign through the press (local newspapers, local radio and talking newspapers) making this the most effective publicity avenue. Mail-shots generated 21% of calls, 15% were referred via social services and 6% through local societies for blind and partially sighted people.

**Example**

**AC Liverpool** has received 3 years funding from the Legal Services Commission to work with primary health care teams to encourage take-up of welfare benefits and services by older people aged 75 and over and identify their preferred method of communication. Their Health Advice Benefits Initiative Team (HABIT) established a methodical system for targeting people over 75 through a new alliance with doctors. Joint letters are sent to all their patients aged 75 and over to encourage them to use HABIT plus drop in facilities at practices and home visits. Primary health care staff received tailor made training and expressed surprise at the wealth of knowledge they gained from HABIT. GPs and practice staff now actively encourage their patients to contact HABIT highlighting the benefit increased income can have on their patients' health. The endorsement of the project by doctors/nurses has removed much of the stigma surrounding welfare benefits. One GP commented "I'm delighted to hear that our patients are so happy with this new service. It is a good example of joint working and demonstrates the many benefits for older people".

Over £2million in welfare benefits has been generated for older people as well as increased access to services. AC Liverpool is now providing information on tape, in English and other languages, using 14 pt fonts as a minimum on all correspondence and leaflets, and producing information in large print. However, the alliance with primary health care teams who are communicating directly with their patients and encouraging them to claim their entitlement has also been part of the major success of HABIT.

**Example**

Health care professionals are often well placed to identify those who might benefit, and health centre and GP surgeries can be useful bases to reach people. **AC Milton Keynes** received funding from the local council to work with GPs in the area to raise awareness of benefit entitlement, particularly AA and DLA. The local authority contacted all GPs to make them aware of the project and Age Concern undertook follow up visits to those who expressed an interest. Currently 11 GP surgeries are participating in the scheme, which is run in partnership with Citizens Advice Bureau (CAB) and the Welfare Rights Unit. Initially GPs issue an information pack, prepared by Age Concern, to patients who then return a prepaid slip to Age Concern indicating that they would like to be contacted. Age Concern then make arrangements to either telephone or visit the client to undertake a full benefit check but also signpost to other services e.g. advocacy, occupational therapy, special equipment etc. Funding began in 2001 for 3 years and to date around £800,000 in extra benefits has been generated.

**Example**

With funding from Help the Aged and British Gas **AC Dorchester** has recruited volunteers to raise awareness of benefit entitlement across the County. Contact has been made with a number of service providers including Sheltered Housing Associations and I&A sessions held for residents, both in groups and by individual home visits. Articles describing the project and its aims and objectives placed in the local free paper and on local radio have raised awareness of the project and articles in parish magazines have been particularly successful in recruiting volunteers.

**Example**

**AC Wirral** employs Carer Support Workers specifically to provide help and support to the carers of older people with dementia who attend their day care centre. The Carer Support Workers visit carers in their homes and provide information and advice on a range of issues, including benefit entitlements for themselves and the older person they care for.

## Practical steps to opening up access



SUGGESTIONS

### Suggestions (no cost or low cost)

- Explicitly include disabled people and do so openly and visibly. 'Open to all' strategies are insufficient and the 'welcome' has to be visible. Displaying leaflets and posters that include positive images of disabled people can have the effect of reassuring them that they will get a warm welcome. Include images of disadvantaged groups who may have multiple barriers e.g. BME elders who are disabled
- Offer an appointment at a 'drop in' centre for someone who experiences fatigue and finds it difficult to wait and support a dyslexic older person by helping them to complete an application form
- Publicise the availability of information in other formats in the printed version of your documents. Friends and family who can be key 'information brokers' may pass on the information
- Receptionists and other frontline staff in services and Age Concern shops have an essential role to play, as they are often the first point of contact for many older people. Make sure they are aware of the barriers disabled people face and have received training in how to assist them, for example, they know how to communicate with someone that lip-reads or has communication difficulties. Having helpful and well-informed staff is a valuable asset
- A centralised telephone I&A service can meet the needs of people who prefer personal contact in the privacy of their own homes or are unable to travel to access I&A services. Setting up, or expanding, an effective telephone I&A service will require significant resources but many Age Concern's already provide such a service and promoting this more widely should incur relatively low costs
- Make sure distribution lists for newsletters, invitations to events etc. include community groups and organisations that work with disabled people and their carers, including those groups that are in contact with disabled BME elders, disabled older people in rural areas and disabled OLGB

- Local radio is a powerful medium with many blind and partially sighted people listening to it. Some stations have special programmes for visually impaired people or older people and if you have published, for example, a guide in large print send the local radio station a press release. Include specialist radio stations e.g. Asian radio
- Local newspapers, especially free editions, are widely read by older people. When placing articles in the local press consider including it in the local talking newspaper, (Talking Newspaper Association of the UK, National Reading Centre, Heathfield, East Sussex TN21 8DB, tel: 01435 866102, [info@tnauk.org.uk](mailto:info@tnauk.org.uk)) and newsletters produced by relevant community groups etc.
- When developing new or updating existing written information use a minimum of 14 pt text and include a prominent statement in large print (16 pt or above) advising clients of the availability of information in alternative formats including face to face. The statement could be printed on sticky labels, which can be added to leaflets produced by other organisations
- Using images such as photos, drawings or symbols to support your text in information leaflets or posters will make the subject of your material clear, at a glance, even to non-readers
- Ensure that information about Age Concern is located in places that disabled people visit, GP surgeries, health centres, hospitals, chemist shops, libraries including mobile libraries, day care centres, care homes, places of worship etc.
- Obtain large print leaflets from other local and national organisations, including ones in community languages. DWP and local authorities have some leaflets and guides available and Age Concern England has fact sheets in large print. If storage is an issue, provide signposting to organisations that can provide further help or store information on disc and produce copies as required or in small quantities. Audiocassette and Braille versions of the information sheets are available on request from Age Concern England



SUGGESTIONS

## Suggestions (resources required)

- Make contact with groups and service providers in your area that work with or care for disabled people. If there has been little contact in the past with existing groups they may initially be unsure about the value of Age Concern working in this area especially if they do not see us as a natural source of support for disabled people and Age Concerns need to make it clear that it is not their intention to take over or replace existing services but to identify and help with any gaps. Agreement should be reached with the local community groups about the appropriate contribution from Age Concern. Your local Social Services Department will know who has been registered as blind or partially sighted and be able to put you in touch with local groups
- Conduct outreach work in locations that older disabled people attend or live e.g. sheltered housing, day care centres, places of worship. Home visits should be available for those who are less mobile
- Provide information in large print. The unit cost will be higher as the document will be longer but print cost will be lower as a smaller number will be required. Having the information on disc so small quantities can be printed off or copies printed as required can reduce costs. This will also make updating the information easier and cheaper
- Consider the needs of disabled people who may be particularly disadvantaged, for example, those from BME communities. RNIB has experience, resources and suggestions about working with BME blind and visually impaired people and groups
- Many disabled people find reading difficult and consideration should be given to providing information on audiocassette or video
- Consider providing information on video with British Sign Language, CD-Rom, Braille or arranging access to information in these formats and making this known by stating this facility clearly in all material
- Consider the provision of sign language interpreters

## Sensory impairment

Many people will lose their sight or hearing in later life. Many will regard it as an inevitable part of getting older and because this is so gradual they may not realise how bad their sight or hearing has become and so do not request assistance or advice. In addition, they may be resistant to claiming welfare benefits as they may not consider themselves disabled.

The Royal National Institute of the Blind (RNIB) report that sight loss is one of the commonest causes of disability with around 360,000 people registered blind or partially sighted, and a further 750,000 who are eligible to be registered but have not yet done so. Everyday, over 100,000 people will start to lose their sight and 1 in 12 of us will become blind or partially sighted by the time we are 60, increasing to 1 in 6 by the time we reach 75. Many blind or partially sighted people simply do not come forward to request advice, for a variety of reasons. Many of the barriers they face duplicate those given in the NAO report but in addition, compared with the general population, blind and partially sighted people need more support when claiming welfare benefits. They often have difficulty completing forms, dialling unfamiliar numbers and reading letters and have low expectations of getting information in a way they can read, so they don't ask for it. This is often misinterpreted as lack of need.

Very few blind people see nothing at all and most have some residual vision. Many different eye conditions can cause loss of sight. Some people have no central vision, while others may see at the sides; others have tunnel vision, while others see everything as a blur. As a result there is no single, simple solution to information needs as blind and partially sighted people read information in different ways.

Many visually impaired people rely on someone else to read information for them. Yet this does not have to be the case. Most blind and partially sighted people could be independent if information arrived in a format they could read. More detailed guidance from RNIB about communicating with blind or partially sighted people can be found below.

The Royal National Institute for Deaf People (RNID) report there are 9 million deaf or hard of hearing people in the UK and 6 million of them are over 60 but only 9.7% of severely or profoundly deaf adults in Britain receive DLA. A survey of deaf people's experience of claiming DLA revealed that deaf people face huge barriers when claiming because of the lack of deaf awareness. The research showed that those that had received help in completing the claim form were more likely to be successful (77%) than those who completed the form themselves (58%). Many deaf people find it hard to communicate in writing and this problem is exacerbated by the length of claim forms. Some examples of the issues to consider in ensuring that older people with a hearing impairment are able to access our services can be found below.

## **Helpful facts on communicating with blind and partially sighted people provided by RNIB**

Blind and partially sighted people have the same information needs as everyone else but many people with sight problems will not be able to understand information unless it is made available to them in a suitable format. It is important to remember that there is no single method which suits all blind and partially sighted people all of the time. Even the same person will use different methods at different times and under different circumstances.

### **Print**

Nearly half of all people with sight loss can read ordinary print, but only with great difficulty. Reading a long document can be laborious, slow, and exhausting. The main advantage of ordinary print is that information is widely available in this format. The main disadvantage is that most people with a sight problem can't easily read it.

Clear Print is an approach to designing and producing your printed materials, which takes into account the needs of blind and partially sighted readers. Simply, a Clear Print document will find a wider audience. The solutions RNIB propose are straightforward and inexpensive, focusing on some basic design elements, for example font, type size, contrasts and page navigation. By following their guidelines, cutting edge design can also be inclusive design.

- Well-designed print forms using a minimum of 12 pt text is often sufficient although RNIB recommend 14 pt text as a minimum to reach people with sight problems. Make sure there is a good contrast between the type and the background. Black type on white or pale yellow gives a good contrast. If typing or photocopying make sure copies are black on white and not grey on white
- The weight of type is important. Avoid light type weights; medium or bold is much better than using ordinary typeface. Never print text in capital letters and avoid thin paper because type can show through and glossy paper produces a glare
- Keep the information concise and use short sentences and paragraphs. Put extra spacing between lines of text and paragraphs

Many people, especially those who have lost their sight in later life, can still write by hand, even if they can't read what they have written! This problem can be solved for some people by printing each character, using a thick black marker pen in order to make it clearer.

Signing documents and filling in forms can also be difficult, especially when they can't see where on the form they are supposed to write. This first problem can be solved by the use of signature guides, which show the blind person where to sign. Designing more legible forms can solve the latter.

### **Large print**

For many blind and partially sighted people, larger print is essential. No single size is suitable for everyone but most people prefer their large print in the range of 16 to 22 point. If possible, for example with personal communication, always ask your customer which size best suits their needs. You can produce simple large print documents yourself in-house, but more complex jobs may need to be sent to a commercial printer.

## **Audio tape**

There are various kinds of cassette recorder/players available to blind and partially sighted people. Each has its own advantages and disadvantages. Age is the key factor in determining use with few people over 65 possessing a tape machine of any kind and many older people find the controls on the recorder/players too difficult to use.

## **Personal readers**

Many people with impaired vision use other people to read to them on a regular basis. The advantage of using another person to read to you is that it is simple and effective. A drawback is that you have to rely on the other person and you may not wish someone else to read materials, which are private or confidential.

## **Telephone**

The telephone is a lifeline for many people with sight problems, especially those who can't get out by themselves. The major plus point of the telephone is that people can ring other people, instead of relying on other people to come to them. The main disadvantage is that not all blind people can afford a phone and some blind people are also deaf or hard of hearing.

## **Word of mouth**

Word of mouth is probably the most important method of communication used by people with sight loss. Its main advantage is that it is simple and effective. Its main disadvantage is that some blind people find conversation difficult because they can't make eye contact with the other person or read their body language. They may not even realise the other person is there.

## **Braille**

Braille is a system of raised dots which people can read with their fingers. Whilst the numbers of blind and partially sighted people who read Braille fluently is quite small, many people know enough Braille to find it helpful on labels, for example. Braille may be produced in-house if you have the right software, training and an embosser (Braille printer). It is more common for it to be produced by a transcription agency.

## **Moon**

Moon is a system of reading and writing in which tactile symbols based on lines and curves are used to represent letters, numbers and punctuation marks. Moon is used by a very small number of people, most of whom are older people. The advantages of Moon over Braille are that the system is easier to learn, the letters are easier to distinguish by touch, and it is easier for sighted people to understand. The main drawbacks of Moon are that it can't be written by hand, it is even bulkier than Braille and there is very little literature available.

## **Magnifiers and access technology**

There is a wide range of equipment which can be used by blind and partially sighted people to help them access information:

- simple hand-held magnifiers
- Closed Circuit Televisions which magnify print up to 48 times the original size
- speech software which can read the computer screen to the user
- Braille translation software which can translate information on a computer screen into Braille that the user reads on a specially adapted keyboard
- screen enlargement software that enables the user to magnify the text on their screen to a suitable size.

The advantages and disadvantages of each type of equipment depend on the type of equipment, as well as the manufacturer and model. Generally speaking the more hi-tech a device the fewer people who are likely to use it. Most blind people prefer low-tech devices. There are a number of reasons for this including fear of new technology, lack of training, lack of money (most hi-tech devices are very expensive) and the fact that hi-tech devices are not always appropriate. Many blind people, for example, prefer to listen to a human being rather than a mechanical voice. This said, hi-tech devices offer exciting new opportunities for some people with impaired vision to communicate on a level with sighted people.

## Internet

The Internet is one of the most significant communication developments since the invention of Braille. For the first time ever, many blind and partially sighted people have access to the same wealth of information as sighted people and on the same terms.

For example, using some of the technology detailed above, a blind internet user anywhere in the world can now read today's issue of The Times, locate the best restaurants in Paris or search records in the Library of Congress, in exactly the same way as a sighted person might.

However, to enable people using this technology to access information on a website, the website must be correctly designed.

## Deafblind people

There are around 23,000 people in the UK who have a severe loss of both sight and hearing. About 200,000 have less serious dual sensory loss. Some deafblind people have enough hearing to use the telephone if background noise is kept to a minimum, and the caller speaks clearly and at a pace which suits the individual. Other deafblind people use textphones (or minicomms) or Tynetalk, which is a free national relay service using operators. The deafblind person uses a textphone to contact the operator and then the operator rings you and relays the message.

## Systems for deaf people

Some deaf blind people retain enough sight to be able to use systems used by deaf people such as lip reading or British Sign Language or the Deaf Alphabet. It usually helps if the deafblind person has the light to the rear so that he or she can see the other person's face and hands more clearly. The benefit of lip reading is that sighted people don't have to learn a new system although a drawback is that it requires a great deal of effort and concentration on the part of the deafblind person. The disadvantage of British Sign Language and the Deaf Alphabet is that both parties have to learn the system. The Deaf Alphabet is quicker to learn than British Sign Language but the latter is much more flexible and faster to use.

## People with additional disabilities

Many visually impaired people have additional disabilities, which may affect the manner in which they communicate. People with diabetes for example are less likely to be Braille users if they have lost the tactile sensitivity in their fingertips. People with arthritis may find some cassette recorder/players too difficult to operate.

## Ethnic minorities

People with sight problems from ethnic minorities may face additional communication difficulties. There is very little material available in large print or Braille or on tape in ethnic languages.

## Further information

RNIB's See it Right initiative aims to encourage information providers at all levels to produce materials in a format which blind and partially sighted people can read. If you would like further information on the initiative please contact [seeitright@rnib.org.uk](mailto:seeitright@rnib.org.uk) RNIB, 105 Judd Street, London WC1H 9NE. Telephone 020 7391 2397.

## Useful literature

The See it Right pack gives practical advice on designing and producing accessible information in a range of formats. It also helps to develop an accessible information strategy. The pack is a series of 12 individual booklets which detail the issues and design guidelines associated with each format. The complete pack is available for £17 for not-for-profit organisations. A ten per cent discount is given to bulk orders of 5 or more copies.

## How to order

**Email:** [cservices@rnib.org.uk](mailto:cservices@rnib.org.uk)

**Phone:** 0845 702 3153

**Fax:** 01733 37 15 55

[See it Right order form](#)

### Post:

RNIB Customer Services

PO Box 173

Peterborough PE2 6W

## Providing services to older people with hearing impairment

Many older people have a hearing impairment and we need to ensure that they are not disadvantaged in accessing our services. Organisations such as the RNID or Hearing Concern can offer guidance but the following questions should be considered.

- Do you have induction loop in interview rooms and are staff and volunteers trained to use them?
- Do you have a text-phone or minicomms so that hearing impaired clients can contact you over the phone?
- Do you have a fax machine, and is the number advertised as a way of contacting you?
- Have staff undergone deaf awareness training?
- Do you have links with local hearing impaired groups?
- Do you have access to a British Sign Language interpreter, and are staff and volunteers trained to work with them?
- Are there any barriers to your service, such as entry-phone systems?
- Do you keep records of how many hearing impaired clients you deal with?
- Do you publicise your service to hearing impaired clients?

## Producing accessible information, particularly for people with learning disabilities

Mencap, [www.Mencap.org.uk](http://www.Mencap.org.uk), provides a wide range of quality services for people with a learning disability and their families and carers. In addition, they can edit your documents or write accessible documents for you. This involves writing in plain language, adding pictures and images to support the text and looking at layout and design. They can also produce scripts and record audiocassettes.

For a free copy of their guidelines for accessible writing 'Am I making myself clear?' contact 020 7696 6965 or 020 7696 5551 or email [accessibility@mencap.org.uk](mailto:accessibility@mencap.org.uk)

## Key points in communicating with people who find it difficult to read

Many people find reading difficult. They may prefer to get information on audio tape or face-to-face as you can stop the tape or the conversation and go over something they did not understand. If you have to provide written material there are ways to make it easier to understand. You should aim to make the subject of your material clear at a glance, even to a non-reader. To do this:

- **Know your audience** - Thinking about your intended audience, and its abilities and needs, is the key to producing accessible information
- **Make sure the information is relevant** - Ask what information is relevant to your intended audience. Cut out any confusing or unnecessary detail, while making sure the essential information is very clear. Always use plain English. Wherever possible involve your audience in the creative process. Seek the advice and ideas of people with learning disabilities as early as possible
- **Remember that you are writing for adults** - If the words or pictures that you use are inappropriately childish they will meet no-one's needs. But if you do the job well you may find that everyone prefers the "accessible" version
- **Plan what you want to say** - Cut out the unnecessary detail and present the important information in a logical sequence, one step at a time
- **Try to write as you speak** - Don't use jargon, unnecessary technical detail or abbreviations. If you need to use difficult words, include a 'dictionary' or 'list of useful words' to explain them
- **Keep sentences short** - if you remember to have only one main idea per sentence this will happen naturally. See if any sentences using commas or joined with 'and' could be broken in two
- **Use simple punctuation** - Avoid semicolons(;), colons (:), hyphens (-) or sentences broken up with too many commas
- **Use active and personal language** - Talk to your readers directly using active and personal language. Using "you" and "we" makes your writing more direct and understandable

- **Be consistent** - For important concepts, use the same words and phrases consistently even if it sounds repetitive. Don't begin writing about 'the delegates' before using different words, such as 'attendees' or 'participants', to describe the same thing
- **Use the number and not the word** - If you are writing largely for people with a learning disability, always use the number and not the word even for small numbers. Use 3 instead of 'three'. Try not to use percentages or large numbers. You could say 'a few' instead of 7% and 'many' instead of 1,552

## Presentation of information is as important as what it says

A page of dense typescript is off-putting for everyone, so:

- **Use larger print.** If your audience includes a reasonable number of people with learning disabilities the type should be at least 12 point, with the most important information in 14 point
- **Use a clear typeface** such as Arial or Univers and avoid ornate fonts. *Fancy and ornate fonts are much harder to read than plainer fonts*
- **Make sure there is good contrast** between type and paper. This is especially true if using coloured paper. Avoid yellow type. Avoid reverse type (white out of a colour)
- **Use good quality matt paper.** The writing on the other side won't show through, and there won't be a glare to make it hard to read
- **Do not run writing** over the top of a photo or drawing
- **Avoid block capitals, italics or underlining.** They all make text harder to read. Use sentence case and highlight important points with bolding
- **Use a ragged right edge** rather than justified
- **Do not break up words with a hyphen** at the end of a line
- **Always start and finish a sentence on the same page.** Don't let articles run onto another page
- **Break the text into short chunks** with plenty of white space around it

- **Keep the line length short.** Running across the width of an A3 page is too long
- **Use bullet points and fact boxes** to make the main points clear
- **Provide clear contents lists** and section headings
- **Write all addresses as they appear on an envelope**, not on one line separated by commas
- **Keep the layout consistent** for a regular publication. Try to put similar articles in the same place or page each issue
- **Consider using a larger A3 format.** It can feel friendlier and lets you use larger print and images
- **Use images to support your text**, this could be a photograph, drawing or symbol. Supporting plain English text with images is one of the best ways to make writing easier to understand as well as more attractive but it needs to be clear which part of the text each image relates to. Usually this is by placing the image alongside the text. Some people like to use an image for each main idea or paragraph. It is important that images help explain the text and are not just there to make the material 'look accessible'

## **Additional sources of help and information**

### **Royal National Institute for the Blind**

Their campaign report 'Can't Hear, Can't Benefit' is available on their website (*search under campaigns*).

**Help line:** 0845 766 9999

**Website:** [www.rnib.org.uk](http://www.rnib.org.uk).

### **Partially Sighted Society**

Queens Road  
Doncaster DN1 2NX  
**Tel:** 01302 323132

### **Royal National Institute for Deaf People**

**Help line:** 0808 808 0123

**Website:** [www.rnid.org.uk](http://www.rnid.org.uk)

### **[www.disability.gov.uk](http://www.disability.gov.uk)**

[www.disability.gov.uk](http://www.disability.gov.uk) gives information about disability legislation and what the Government is doing to promote the rights and improving opportunities for disabled people.

### **Dial UK**

Dial UK is a national organisation for a network of 140 local disability Information and Advice line users run by and for disabled people. The national contact number is 01302 310123 or their website address is [www.dialuk.org.uk](http://www.dialuk.org.uk)



## Section 6

# Good Practice in providing access to Older People in Rural Areas

Rural areas in England contain a slightly higher proportion of older people in the population than is the case in urban areas. Depending on how the terms 'rural' and 'older people' are defined the figure given by the Countryside Agency is about 20% but the proportion of older people varies depending on where you look. For many, the rural environment is able to offer a high quality of life, but it also has the potential to negatively affect those who lack sufficient resources to enjoy it. Those most likely to be disadvantaged are those without adequate income or the means to get it, for which the problems of distance and limited opportunity can make the rural environment anything but idyllic. Older people are among the most likely to be disadvantaged, particularly if living alone and on low income.

Whilst physical barriers to accessing services, such as, distance, cost and lack of transport are the most obvious barriers there are also social and cultural barriers to accessing services in rural areas. These include the stigma associated with asking for help, a lack of anonymity or privacy, a lower level of expectation of what services can offer and a culture of self-reliance. Whilst many of the factors that drive or exacerbate disadvantage amongst older people in the countryside are found in urban areas too the main difference is that those experiencing disadvantage are more likely to be scattered and thus harder to identify as a group. Poorer individuals are more likely 'hidden' within communities that may appear outwardly wealthy and active and a smaller proportion of older people scattered across a wide area may present greater challenges, both for them as individuals and for service providers, than a greater concentration in or around larger settlements.

The dispersed nature of rural communities presents major challenges to those delivering any service. The size of settlements, the geography and scattered population means that many areas simply cannot be served from a single location.

Economies of scale are lost, recruitment of trained staff can be costly, some types of communication e.g. mobile phones do not work effectively, there is more unproductive travel time for staff and the extra cost of accessing training and other support all impact on the ability to deliver an effective service in rural areas.

Multi service outlets offer one way of delivering services with organisations sharing resources, particularly buildings and staff. This is useful where service providers cannot justify a full time person and sharing facilities and offices suit their needs. However, for the more isolated rural areas, individual based services are required and this means going out to people in their localities rather than expecting them to travel.

Rural locations are generally seen as having their own character and some are typically 'hard to get into'. Some older people have known considerable poverty in their time and have developed a high degree of self-sufficiency coupled with low expectations of service provision, particularly where there is a perception that the service might not be maintained beyond a certain period. If a service is to become part of the community it must be owned by the community. This means identifying and including key people, using existing networks and consulting local opinion before plans are finalised. Integrating the service through local networks will ensure that the service reflects local needs and reduces the danger of it closing due to lack of support. Half of England's rural population is under the jurisdiction of Parish and town councils and these can provide a valuable forum to debate and take forward actions.

BME elders living in rural areas face particular difficulties as they are generally very small numbers so relatively 'insignificant' statistically (and often sighted as such in terms of service provision) but problems of isolation (cultural, linguistic, social etc.) can be more acute for the relatively few BME elders living in rural areas. Finding out where BME elders are is an important starting point and mapping may identify clusters of BME elders rather than communities which will require different approaches, support and resources.

Older people in rural areas face greater isolation than those living in urban areas. For many OLGB that sense of isolation can be increased, especially as the majority of lesbian and gay services are centred in urban areas, making it harder to identify, reach and inform them. Some of the problems faced by OLGB living in rural areas include, lack of information, poor transport and social facilities, no services specifically targeted at them, denial by service providers that OLGB exist in the area, difficulty recruiting OLGB volunteers, invisible pressure to conform to rural stereotypes and lack of choice.

## Examples of how to open up access

### Example

**AC Fylde** has outreach services in 3 rural locations each week. One particularly successful example is located in a local church. I&A is provided alongside social activities and light refreshments. Although many people from the immediate locality attend, other clients are brought to the centre by an Age Concern minibus, which has proved invaluable. When the I&A surgery began 2 years ago the outreach worker promoted the service by visiting and writing to other organisations and groups in the area, including statutory bodies. Although the launch event was well attended attendance fell immediately afterwards and some time passed before the service became well used, demonstrating a need for patience and long term planning, and possibly funding, although AC Fylde do not receive any additional funding for these services. When asked what they would do differently if they were to start another outreach service, AC Fylde said they would take time to ask people what services they wanted.

### Example

Pendle Rural Information Service was established in November 2003 in partnership with **AC Lancashire** and Pendle District CAB and funded by Community Legal Services to provide a one-stop I&A service for rurally isolated people. Two project workers who are each based at one of Pendle's CAB offices provide access to I&A to excluded groups in rural Pendle, particularly older people, people with disabilities, learning difficulties and mental health problems. They deliver the service through home visits, appointments/drop in sessions in the office and community based surgeries.

They also offer educational surgeries on topics relevant to the client group, for example, information about welfare benefits, Community Care etc. Future work includes developing links with advocates and legal advice providers, to liaise with community groups, voluntary organisations etc. to ensure a single access point for I&A. Volunteers will be recruited to provide support to the project officers.

**Example**

**AC Bromyard and District** receives funds from the Community Fund to run an Infobus which allows them to run day trips for older people in their area. The venues for the trips are varied and take account of the needs of disabled people to encourage them to participate. A group of around 9 volunteers pick up the more isolated or less mobile older people and take them to the pick up point for the bus. On the journey to the venue I&A staff hold a quiz, focusing on a topical issue. Last year Pension Credit was the topic on one trip. Clients were given a list of questions and the general Pension Credit leaflet, which contained all the answers. A small prize is given to the winner. Since the introduction of the bus 1075 people have been on a day trip and in 2002/3 over £98, 000 was generated in benefit take-up. This was a 35% increase on previous years and the amount generated in this year is on target to create a further 35% increase.

**Example**

Many smaller communities no longer have a central place where older people meet e.g. Post Office, community centre. To overcome this barrier **AC Eden**, which covers a rural area of over 800 square miles, has had to find new ways to reach more isolated older people. Outreach workers have developed strong relationships with other service providers in the area including local and mobile shops. In addition they have a mobile I&A bus which visits areas of the region, particularly locations without a natural meeting place. Advanced publicity of where the bus will visit has been important with advertising on local radio and in the local press. Take-up of the services has not always been good on the day but many people contacting AC Eden at a later date report that they were aware of their services because they had seen the bus or their advertising.

**Example**

**AC North Lincolnshire** found having outreach services in locations already used by older people to be vital in ensuring their services were used. They had outreach surgeries in 3 locations that were made available to them but found that interest in using the I&A service quickly fell as they were not located where older people normally congregate. **AC Cambridgeshire** has information services in 5 market towns and have found that services are well used on market days when older people are already travelling to town to shop.

**Example**

**AC Nottingham and Nottinghamshire** undertook outreach work in the north of the county, generating in excess of £1million per year in welfare benefits, plus a further £500,000 in disability benefits. Little need for publicity existed since staff and volunteers were kept fully occupied by referrals from Social Services, GP practices, local advice groups etc. The key component of the outreach work was home visits to disabled older people in harder to reach areas or in areas without alternative advice practitioners. Funding lapsed after 5 years but following a successful bid for funds from another source the project is now operative again, focusing on Pension Credit and Disability Benefit take-up, and they are inundated with work.

**Example**

Finding information about BME elders in rural areas is difficult but there are some local initiatives, for example, **AC in the Eastern Region** is commissioning a research/mapping study to identify specific need/issues for BME elders living in rural areas (in partnership with MENTER, the BME Community and voluntary sector network for the Eastern Region).

## Practical steps to opening up access



SUGGESTIONS

### Suggestions (no cost or low cost)

- A centralised telephone I&A service can meet the needs of people who prefer personal contact in the privacy of their own homes or are unable to travel to access I&A services. Setting up, or expanding, an effective telephone I&A service will require significant resources but many Age Concern's already provide such a service and promoting this more widely should incur relatively low costs

- Offer appointment times to clients that fit in with the existing public transport timetable and/or work in partnership with community transport schemes which play a part in transporting people in rural areas to appointments
- Ensure that information about Age Concern is located in places that local people visit e.g. GP surgeries, health centres, local shops, places of worship, pubs. Mobile libraries and shops are more likely to be in contact with isolated older people and can play a vital role in putting them in touch with Age Concern
- Make sure distribution lists for newsletters, invitations to events etc. include community groups and organisations, particularly those in contact with very isolated people and those that have multiple barriers e.g. BME elders, people with disabilities and OLGB
- Consider placing articles in local newspapers and on local radio as these are useful ways to reach to older people who are less mobile
- Receptionists and other frontline staff in services and Age Concern shops have an essential role to play as they are often the first point of contact for many older people. Make sure they are aware of the difficulties which older people living in isolated rural areas may have in using Age Concern services, and the particular barriers faced by BME elders, disabled people and OLGB



SUGGESTIONS

### Suggestions (resources required)

- Make contact with groups, service providers and organisation in the local area and give talks and presentations. Experience has shown that rural communities can be particularly resistant to services which seem to be imposed from outside. It is essential to put time and effort to generate interest and support and to involve potential users of any new services. Personal contact and word of mouth are very important and local shop keepers and mobile shops can be a good source of information and put clients in touch with Age Concern
- Home visits may be more appropriate for those less mobile or very isolated although clients may be reluctant to receive a home visit if there is possibility of their neighbours becoming aware they have asked for help

- Mapping or profiling the BME community/individuals can often reveal a wide diversity of families and individuals of which service providers and professionals are often unaware

## **Additional sources of help and information**

Age Concern England has produced a resource pack, 'Developing Rural Services for Older People', which is available electronically via JANet or in paper format.

'The Hidden Store – older people's contribution to rural communities' looks at a number of issues faced by older people in rural areas and examines the work of Age Concern with rural communities. A copy of the report is available from Age Concern England.

The Countryside Agency, [www.countryside.gov.uk](http://www.countryside.gov.uk), is funded by the Department for the Environment and aims to improve the quality of life for people in the countryside.

Action with Communities in Rural England, [www.acre.org.uk](http://www.acre.org.uk), is a national charity whose purpose is to support sustainable rural community development and provide a national platform for its founder member Rural Community Councils, other bodies and individuals who work at a local, country, regional and national level to alleviate rural disadvantage in England.



## Section 7

### Good practice in providing access to Older Lesbians, Gay Men and Bisexuals

Older lesbians, gay men and bisexuals have many things in common with heterosexual people in respect of ageing, reduced income following retirement, concerns about health or estrangement from friends and family members. But there are differences. Often there is no legal recognition of their relationship (pension provision, welfare benefits), there can be lack of acknowledgement by family members and friends and there is little specialised provision (housing, residential care). During their lives, many OLGB are victims of harassment and verbal and physical attacks. Others may not have experienced such hostility but have lived in fear of doing so. Many OLGB may have spent much of their lives concealing their sexuality, especially from 'officialdom'. As a result it is hardly surprising that some may find it difficult being open about their sexuality. Some may feel isolated, or ignored, unwelcome, marginalized and unacceptable and are unable to sufficiently trust people to be 'out' and therefore visible. In addition OLGB may face discrimination because of their age, race or disability.

The effects of this caution are particularly important when people are most vulnerable, when they are likely to need help but are less likely to access services and will do so on limited terms. In order to make services accessible and inclusive it is important that services providers understand the process of coming out. Very few OLGB people come out once and for all. Most OLGB people come out to individuals only as and when they feel it is necessary and safe to do so. Therefore any service, which seeks to include OLGB, must demonstrate, by use of language and images that it is safe.

OLGB are as diverse as any other section of society and can face multiple barriers of discrimination – in ethnic, cultural and religious backgrounds. As well as the additional difficulties OLGB from ethnic minority groups face, there can be different cultural and spiritual attitudes towards homosexuality. It is important to recognise that such beliefs come from the punitive (such as traditional Christian and Islamic teaching) to the accepting (e.g. Buddhism and North American traditions).

Many people with disabilities experience discrimination. For OLGB with disabilities the choice of safe and welcoming venues is likely to be limited and that choice is further reduced if they face physical access problems.

## Examples of how to open up access

### Example

Age Concerns in the North West have raised their profile by participating in the Euro-Pride event in Manchester. Their presence in the parade was well received and having a drop-in tent provided an opportunity not only to share information but also to gather feedback about the needs of OLGB in the area. **AC Stockport** has sent out a clear message of inclusion and welcome to the OLGB community by having a section in their regular newsletter, issued to local organisations and individuals, focusing on OLGB issues. **AC Scarborough** worked with a local gay men's group to develop leaflets containing information and advice specifically for older gay men.

### Example

Around 7 years ago **AC Brighton, Hove and Portslade** commissioned research in to the needs of older lesbians and gay men (OLGM) in their area and worked with the people interviewed as part of the research to develop an OLGM Forum. There was some initial resistance from existing groups to working with Age Concern as we are not seen as a natural support service for OLGM and AC Brighton, Hove and Portslade needed to be clear that it was not their intention to take over or replace existing services but to identify and help with any gaps. To reinforce this message, the first meeting was deliberately held at a neutral location. Whilst initially support from Age Concern was high the intention was always for the Forum to be independent and have its own identity. Age Concern premises are used to provide administrative support to the Forum and it's the location of a confidential telephone line for members of the Forum to keep in touch and potential new members to get information but it is not a service provided by Age Concern. Whilst AC Brighton, Hove and Portslade don't keep statistics about the sexuality of their clients they are confident that as a result of their work with the Forum the number of OLGM that use their I&A services has increased.

Other benefits have also arisen, for example, AC Brighton, Hove and Portslade provide a home visiting service for 300 people where self-employed staff visit older people in their homes and help them with every day tasks and provide practical support. As a result of their work with the OLG community, members of the Forum volunteered to set up the same service for OLG and services are now provided by OLG, for OLG. There has also been a visible increase in the number of OLG who apply for paid and voluntary work with Age Concern.

### Example

**AC Enfield** recognised the need to establish links with OLGB and took the first step by setting up a network group for older gay men. Through advertising in the local press 8 men came forward to participate in the group and meetings were held over an 8 week period, with guest speakers invited to share information e.g. police, advocacy worker. As a result of this work 3 gay men have been recruited as volunteers to work in AC Enfield and a consultation day for OLGB is being held. With no existing groups in the area it has been difficult to find delegates to attend the consultation day but widespread publicity, contact with other organisations and statutory bodies and notices on website forums and discussion groups has yielded results.

### Example

**AC Nottingham and Nottinghamshire** felt that their services were not being fully utilised by the OLGB community so took the opportunity to promote Outhouse, a community centre for lesbians, gay men and bisexuals through their Age Concern 'Lifestyles' newspaper. This has led to a greater number of OLGB people using the Outhouse project and a commitment from Age Concern to continue to develop this work.

## Practical steps to opening up access



SUGGESTIONS

### Suggestions (no cost or low cost)

- Organisations and services should explicitly include OLGB and do so openly and visibly. 'Open to all' strategies are insufficient as OLGB and bisexuals are unfortunately all too used to being invisible and ignored. Specific promotion work is required to engage OLGB.

Ways of ensuring this can begin simply by using inclusive language – partner as well as spouse for example, by using the words lesbian, gay, bisexual or transsexual whenever appropriate

- Notices on relevant websites can also be a useful way to reach OLGB and if you have a newsletter consider having a regular column on issues of relevance to OLGB
- As materials need reprinting or new ones are being developed check that inclusive or neutral language is used when referring to relationships. Forms present particular difficulties for OLGB who live as a couple. Questions such as, are you single? or; are you married? can be answered in ways, which are technically correct, but yield information which is incorrect in respect of benefit entitlement
- Receptionists and other frontline staff in services and Age Concern shops have an essential role to play as they are often the first point of contact for many older people. Make sure they are aware of the barriers OLGB face and have received the relevant training
- Placing your literature in lesbian and gay venues gives a strong and clear positive message. If you do not have resources to produce materials consider placing a sticker on your regular material inviting OLGB to contact you. Send copies of your literature to lesbian and gay friendly solicitors in your area. Details can be found on [www.GayLawNet.com](http://www.GayLawNet.com). There are now many local and national lesbian and gay days of celebration and campaigning which often include an opportunity to have an information stand. Statutory services such as health, social services and the police often run consultation events. Having a presence at such an event will be noticed
- Make sure distribution lists for newsletters, invitations to events etc. include community groups who work with OLGB people and when placing articles in the local press or on local radio consider including relevant specialist media and magazines and publications. For example, The Pink Paper, [www.pinkpaper.com](http://www.pinkpaper.com)
- A telephone service is likely to be the only option for OLGB who do not wish to identify themselves publicly. Though many local and national help lines exist they are unlikely to be equipped with information on, for example, pensions, wills and estate planning.

Many Age Concerns already provide a telephone advice service and this should be promoted amongst the OLGB community at a relatively low cost, although setting up a new telephone advice service will require significantly higher costs

- Use images of OLGB in literature and promotional materials. This could be anything from a colour leaflet with photographs to a simple photocopied sheet. The critical issue is getting your message across and the most effective means is to address them directly. Lesbian and gay groups can help you make sure you get it right in terms of language and tone



SUGGESTIONS

### Suggestions (resources required)

- Establish contact with lesbian and gay services and groups and develop friends and allies in lesbian and gay groups – organisers and members. Lesbian and gay communities are tight-knit so word of mouth can help your message reach those who do not attend such groups. As with any minority community, word of mouth is the most important and effective means of reaching people. If one OLGB person receives a positive service from you, word will spread. However bad news travels fast, so it is important that your service is good. If there has been little contact in the past with existing groups they may initially be unsure about the value of Age Concerns working in this area especially if they do not see us as a natural source of support for OLGB and may be initially resistant to working with Age Concern so time and energy will be required. Agreement should be reached about the appropriate contribution from Age Concern
- Have an information stand at the many local and national days of celebration and campaigning e.g. Mardi Gras, Gay Pride

### Additional sources of help and information

More information is available in the Age Concern England Resource Pack, 'Opening Doors working with Older Lesbians and Gay Men' which is available electronically via JANet or in paper format.

'Beyond Rhetoric' is a good practice guide produced by Age Concern England that aims to provide more information about the key issues involved in working with BME elders. It is available on JANet or in paper format.

Stonewall works to achieve legal equality and social justice for lesbians, gay men and bisexuals. Their website address is [www.stonewall.org.uk](http://www.stonewall.org.uk)

## Section 8

# Sources of Funding

Some activities to reach older people in disadvantaged groups require additional resources. Funding for these activities may be available from:

### Age Concern England

#### Grants and loans available to members of the Federation

- **Organisational grants** are available to AC Organisations and Groups to assist with the development of the organisation and its infrastructure. Allocations are quarterly up to a maximum £15,000 (a ring-fenced section of the fund is reserved for grants of up to £5,000 to improve access to services or premises). Grants of up to £5,000 are also available for new computer equipment to support significant developments
- **Major Grants** of up to £50,000 over 3 years may be awarded for major developments in new or substantially expanding AC Organisations
- **Service Support Grants** are one-off grants of up to £15,000 to AC Organisations and Groups to assist them to develop services. Allocation is quarterly
- **Small Grants** are one-off grants of up to £2,000 to smaller voluntary organisations towards the direct cost of new or expanding projects benefiting older people. Allocation is monthly
- **Small Grants (Clubs)** are one-off grants of up to £120 for Over 60's clubs to help with the provision of equipment or facilities. Allocation is monthly
- **Information and Advice Strategy Grants** are grants for regional and sub-regional partnerships to implement and develop the AC I&A strategy. Allocation is quarterly
- **Other Grant Funds** are grants funded by corporate sponsors and are available for specific purposes from time to time

- **Loan Funds - Business Development Scheme** loans are available to AC groups to assist development of non-charitable trading activities. The maximum loan is £20,000 interest-free, repayable over 5 years. Allocation is quarterly. Further information is available from the regional Commercial Development Manager
- **Opportunities for Volunteering Schemes.** Age Concern England is an agent for this Department of Health scheme. Grants are available for new projects that involve volunteers in providing services of benefit to older people in the fields of health and social care. Many grants are used to employ a volunteer organiser, to develop services for ethnic minority groups, or to fund activities such as Home from Hospital or befriending schemes. The maximum grant is £20,000 per annum and no project may be funded for more than 3 years. Applications must be received by the end of September for funding in the following financial year

For more information about grants contact **The Grants Unit**, Age Concern England. **Tel:** 020 8765 7738. **Fax:** 020 8679 9154. **Email:** [grants.unit@ace.org.uk](mailto:grants.unit@ace.org.uk)

## Department for Work and Pensions

The Government is offering short-term funding to local and national organisations and community partners, including the voluntary sector, to:

- Improve the take-up of older people's benefits particularly by people from disadvantaged groups
- Promote the independence of older people
- Integrate joint working between partners
- Improve access to services
- Gain a better understanding of older people's needs in a specific community, religion, including the needs of BME elders.

Funding has been secured for the financial years 2004/05 and 2005/06. The allocation of funds will be made based on the quality of proposals received, the relevance of the proposals and the extent to which the proposals meet the key objectives outlined above. Funds will be allocated in the form of a project/service contract.

It is intended that the contracts will promote innovative schemes and projects and extend provision. Awards will not be made for services that are already funded from existing sources.

Individual local authorities, including town and parish councils in rural areas, and community and voluntary organisations are being invited to apply. Applications to support benefit take-up amongst traditionally disadvantaged groups, such as those living in rural or remote areas, the severely disabled and housebound elderly, or BME elders including those whose first language is not English, will be particularly welcome.

Applications for 2004/05 funding can be received at any time up until **12 noon on 30 June 2004**. More information is available on The Pension Service website [www.pensionservice.gov.uk](http://www.pensionservice.gov.uk) or contact The Partnership Fund team by email at [ThePartnershipFund@dwp.gsi.gov.uk](mailto:ThePartnershipFund@dwp.gsi.gov.uk); or by post at The Partnership Fund, PO Box 44795, London SW1P 2XQ.

## **Other potential funding partners**

Funding is also available from other sources and projects which aim to increase access to benefits and services are often welcomed. A list of potential funding partners is included in *Section 6* of the **Running Information and Advice Services – A How to Guide**.