

# Ethnic minority customers of the Pension, Disability and Carers Service: An evidence synthesis

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## Aim

The aim of this project was to review and synthesise available evidence that could throw light on: why Black and Minority Ethnic (BME) customers are less satisfied with the Pension, Disability and Carers Service (PDCS); why BME individuals eligible for the PDCS benefits are less likely to apply for them; what interventions might be successful at raising levels of take-up and satisfaction with PDCS services; and what important gaps exist in research evidence to answer these questions.

## Main findings

The evidence can be described in terms of factors affecting satisfaction and uptake; and these factors can be placed under three headings: personal factors; local factors; and PDCS system factors. These factors interrelate; for example, poor English language skills become a major issue only if the system has insufficient provision to deal with it.

### *Personal factors*

These are factors that in a sense belong to the individual customer, his or her characteristics. The evidence suggests a number of personal factors that might adversely affect BME satisfaction and uptake.

- Poor English language skills: the mechanisms through which this appears to increase dissatisfaction include i) inadequate translation and interpretation services; ii) the use of terminology that is hard to translate or which has specific negative cultural resonance (particularly the term 'disability'); iii) difficulty for the customer in arguing a case for their benefit.
- Level of awareness: BME customers, particularly new migrants are disadvantaged in terms of knowledge of the benefit system; there is also some evidence of false beliefs, particularly the belief that different parts of the health and welfare system will communicate with each other to ensure entitlements are given.
- Attitudes and beliefs: there is little or no evidence of unease about claiming benefits from the state; some carers or those cared-for might resist hands-on care from strangers but that is a different matter. Some people dislike the terms 'carer' and 'disability' to an extent that could inhibit claims. And there is some evidence that families attempt to keep hidden the presence of disability in their family; this is something which could inhibit use of local organisations for information about, for example, Disability and Living Allowance (DLA). On the other hand, BME individuals might feel isolated from mainstream 'White' society in ways that make them distrustful or reluctant to approach statutory services.

## Local factors

These are factors in the local community and area, such as the extended family or local organisations.

- Attitudes and beliefs: in some communities, women are expected to take multiple caring roles; women in this situation are likely to find the process of claiming onerous and may also be more likely to have other limiting factors, such as poor English language ability. Some in the local community express negative attitudes towards claiming some benefits, particularly those to do with disability, or towards disability itself.
- The extended family: it is sometimes said that some BME individuals are able to draw on the resources of their extended family and that this could explain, for example, lower uptake of benefits. There is some evidence that extended families will help support those in need, particularly older people. However, in relation to disability the evidence is mixed, with some individuals complaining of little help but much 'moral policing' from relatives. Besides this, there is no evidence that extended family members would refuse financial benefits in helping care for a relative.
- Local organisations: formal and informal networks give advice and help to individuals who are or might become PDCS customers. PDCS outreach work links with some of these organisations. There is evidence that some individuals prefer these to be their first point of contact, particularly where the organisations are BME-group focused. However, there are problems with such organisations. They are usually resource-poor and the quality of their help is variable. Their coverage is uneven; this means some individuals may have access to more help than others in dealing with the PDCS. Finally, they can promote dependency in an individual.

## Factors in the PDCS and welfare system

These are factors in the PDCS processes and procedures that could affect the satisfaction of BME customers. The issues highlighted can be placed under four headings.

1 Access: issues relating to access include:

- Difficulty in speaking English well enough to meet the needs of claiming, for example, using the telephone and presenting a case;
- Lack of professionals with specialist understanding, rendering some groups so-called 'hard-to-reach';
- Complexity of the system, which is an issue of particular importance to BME customers as opposed to others because their cases are more likely to have layers of complexity;
- Problems of eligibility for self-employed people disproportionately affect BME customers of TPS as such customers are more likely to be self-employed;
- Routes to welfare rights are ad hoc and uneven;
- Over reliance on translated written materials when there is limited literacy in a mother tongue;
- Some poor quality interpreting services.

2 Outreach: missed opportunities for health and social care professionals to inform people of their benefit entitlements.

3 Attitudes: stereotyping of BME groups as, for example, not taking up benefits because they prefer to 'look after their own'.

4 Monitoring: poor data on take-up of Pension Credit by ethnicity; no data relating to take up of other PDCS benefits by ethnicity. This does not affect satisfaction directly but it makes it more difficult to pick up and tackle ethnicity-related issues.

The PDCS has an action plan addressing some of these issues and it is probably too early to judge the success of this.

## Conclusion

### *Why are BME customers less satisfied with the PDCS?*

A number of personal, local and system factors are implicated and interrelate. For example, English language is an important area of difficulty. The provision of good interpreters and translation services should help. However, this would not necessarily overcome the problems related to the complexity of the system and the need for individuals to make their case for benefits, something that requires high-level language skills. Another important issue is the presence of multiple problems for some individual customers; a woman with poor English skills and multiple caring roles will find the process of claiming especially difficult, for example.

### *Why are eligible BME individuals less likely to use the PDCS?*

Many of the personal, local and system factors implicated in lower satisfaction will also have their effect here. There is little evidence of individuals being averse to the general principle of claiming state benefits. However, perceptions of problems in the system can deter people from seeking to claim.

### *What interventions help?*

The PDCS has an action plan outlining a number of interventions. These have not been yet been evaluated but on the face of it they should help with issues of access, attitudes, monitoring and outreach. However, insofar as the PDCS works through non-statutory organisations to do this there may be a concern about the uneven quality and coverage of such organisations. However, there are examples of other statutory organisations, such as PCTs, acting to improve benefit uptake; the PDCS might consider fostering this type of activity.

## *What are the gaps in the evidence?*

The evidence base specific to BME individuals as customers of the PDCS is small. What exists is dominated by evidence relating to Bangladeshi and Pakistani customers. However, these groups may be of most concern to the PDCS given the health and poverty profile. There is little evidence relating to the first step of the customer journey; that is, how the customer comes to approach the PDCS in the first place.

The full report of these research findings is published by the Department for Work and Pensions (ISBN 978 1 84712 818 8. Research Report 684. September 2010).

You can download the full report free from: <http://research.dwp.gov.uk/asd/asd5/rrs-index.asp>

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