

New  
Philanthropy  
Capital

# Targeting support

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## Needs of groups helped by the Bankers Benevolent Fund



bankers  
benevolent  
fund

# Targeting support

**Needs of groups helped by the  
Bankers Benevolent Fund**

# Summary

The Bankers Benevolent Fund (BBF) is a London-based charity that aims to help individuals who work or have worked in the banking sector, and their dependants, across the UK. The Fund aims to help current employees, ex-employees and their families, who are experiencing poverty, sickness or disability; and to help children from low-income families achieve their educational potential. Using its funds, it makes grants in response to applications from eligible people in need.

As part of a review of its strategy, the Fund commissioned this research on the range of needs faced by the community it aims to help and the types of support needed. This report documents the findings of the research. It aims to inform the Fund's decisions about how it should target its support and how that support should be provided, in conjunction with research which the Fund itself has undertaken on the size and composition of its community.

The aims of the Fund are the relief of poverty and sickness among bank employees, ex-employees, their families, children and dependants, and the advancement of education among the children of bank employees or ex-employees. This report examines the fields of health, poverty and education in the UK in turn. It focuses specifically on the ways in which *individuals* can be supported directly, as this is the type of support that the Fund provides. Therefore the needs and types of support identified do not include activities that work at a community, policy or societal level, such as research or advocating policy improvements.

A summary of the needs, and the approaches to supporting individuals, is provided below and illustrated in Figure 1—a full list is given in the Appendix. For the purposes of the research, it is assumed the needs of members of the banking community experiencing disadvantage are the same as those of others experiencing similar disadvantage.

## Health and sickness

Health and sickness is a broad area of activity with many groups of people who have different needs, such as people with mental health problems, disabilities, life-limiting diseases or specific health conditions such as cancer.

Disabled children and adults can suffer from isolation and financial hardship, and struggle to get the help they are entitled to. The need for constant care places stress on carers and families. Financial support can help pay for breaks for disabled children and adults, for equipment or for modifications to housing. Activities for disabled children and adults break down isolation, and information, advice and advocacy can help disabled people fight for the services they need.

## The need for constant care places stress on carers and families.

Children and adults at the end of their lives want to spend their final days in a comfortable environment—at home or in a hospice. Those that wish to die at home need access to nursing care, however a lack of publicly-funded services means that many cannot do so, and instead die in a busy hospital. A number of charities provide nursing care, hospice care and emotional support to people at the end of their lives. Financial support can help carers who often struggle financially when caring for people at the end of their lives, or after bereavement.

Children and adults with mental health problems face stigma due to poor public perception and can be isolated due to the nature of their conditions, which can cause them to become withdrawn. Families are placed under pressure when a family member becomes mentally ill. Adults with mental health problems can struggle financially and lose their jobs or housing due to the difficulties they face. Therapy and counselling provided by charities,

often difficult to access on the NHS, can help people improve their mental health. Support and information can help people with mental health problems and their families understand their conditions and cope better. Financial support can help people who are struggling financially or who need support for extra therapy.

## Poverty

The research on poverty focused on older people and children living in poverty, and acute problems faced by working-age people in poverty.

Older people living in poverty face isolation and hardship, and can lack a sense of purpose in their lives. Activities such as volunteering and exercise can help them get more out of their lives, while benefits advice can help them maximise their income and improve their homes. As well as being more likely to struggle at school, children living in poverty do not have access to the same opportunities for skills development such as clubs or after-school activities that more affluent peers can afford and that research has shown to be important for employment and success in life. Grants and organised activities can help children gain the skills they need to achieve their potential.

## Older people living in poverty face isolation and hardship, and can lack a sense of purpose

Two acute problems faced by people living in poverty are problem debt, which creates anxiety, stresses family relationships and can be costly; and poor housing, which can lead to health problems and a poor environment for families. Debt advice can help people out of debt, and financial education can prevent future crises. Financial support and advice on repairs can help people make repairs to their homes while advice on housing can enable people to avoid homelessness and find better housing.

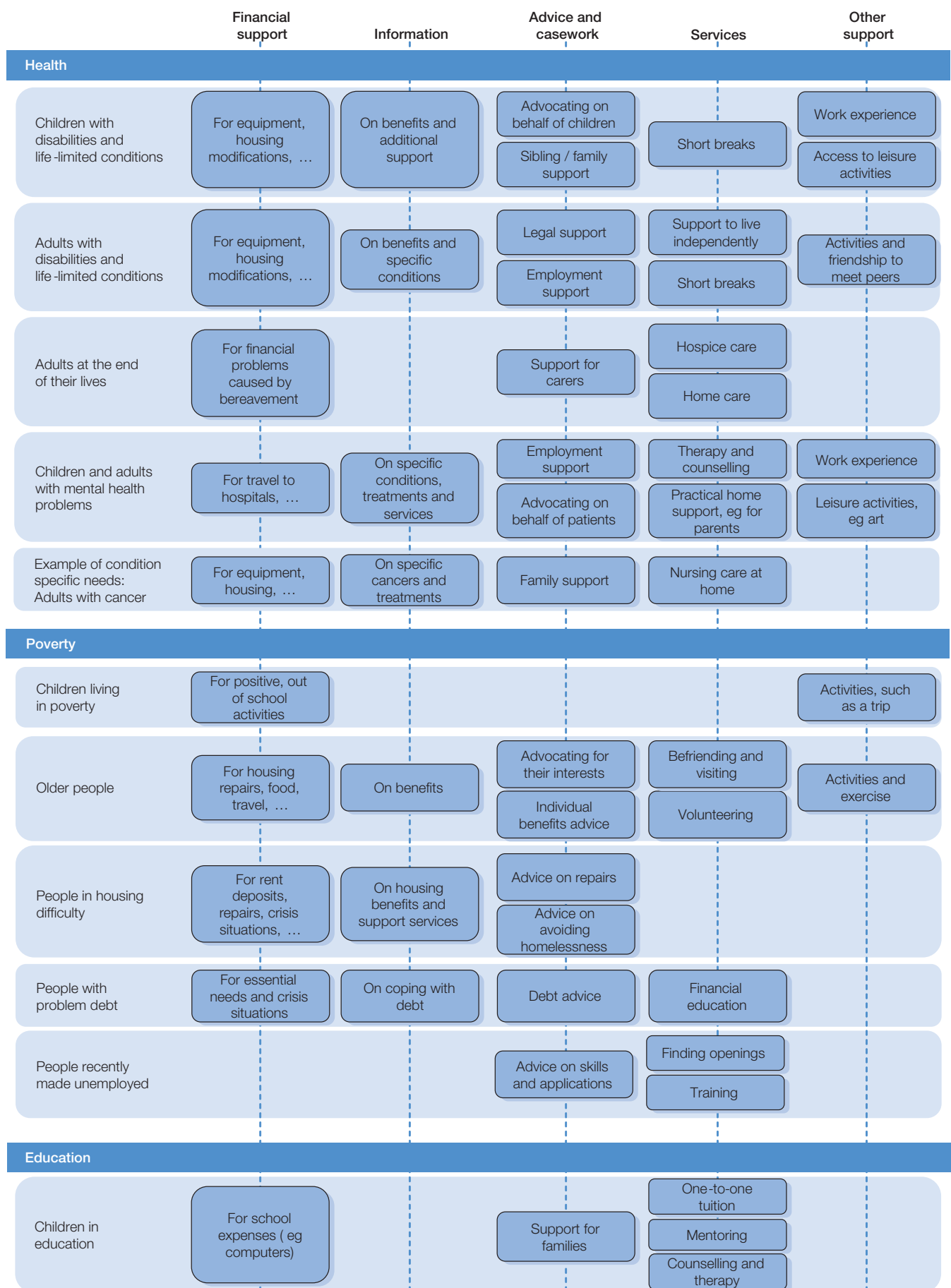
## Education

Children living in poverty fare worse at school than average. Living in poverty can leave children without aspirations or enough opportunities to learn. Children with special educational needs can particularly struggle to gain full benefit from the education system to achieve the most that they can. It can be difficult for children that fall behind in basic skills such as literacy and numeracy to catch up without extra help.

## Living in poverty can leave children without aspirations and enough opportunities to learn

Financial support can break down some of the barriers that exist for children in poverty by helping to pay for the cost of school uniforms, for school trips and for computers or desks to help children study. One-to-one tuition helps children improve their reading, writing and maths so they do not fall behind their peers. Counselling, mentoring and work with families and parents can help provide children with emotional support and a stable home environment to help them learn.

Figure 1: Illustration of support needs of individuals by group and type of support





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# Introduction

## Background and aims of report

The Bankers Benevolent Fund is the independent occupational benevolent fund for the banking community. Established in 1883, its original primary purpose was the establishment of an orphanage for the children of deceased bankers and those no longer able to care for their children. Since then, it has evolved and now provides financial support to ex-bank employees and their families in need, with a particular focus on older people in poverty and people with disabilities. In 2007, trustees launched a partnership with the National Autistic Society to provide support to a new sub-group within their community of benefit.

The Fund estimates that its community of benefit includes over 1.9 million people, who have a wide range of needs. To learn more about the needs of its community of benefit and how they can be supported, the Fund commissioned New Philanthropy Capital (NPC) to research the community it serves to identify and understand its needs. This report contains the findings of this research.

The research identified the groups within the Fund's community, their needs for support and the ways charities and others provide support to address these needs.

## The Fund's mission and the areas explored in this report

The Fund's mission includes:

- Relief of poverty and sickness among bank employees and ex-employees, their families, children and dependants
- Advancement of education among the children of bank employees and ex-employees.

This report therefore looks at the needs of children and adults with disabilities or suffering from mental or physical ill-health (Chapter 1); the needs of people in poverty, looking specifically at children and older people in poverty and the issues of problem debt, poor housing and people recently made unemployed (Chapter 2), and needs of children and young people in education (Chapter 3).

## Methodology

In each of the three areas, NPC defined sub-groups based upon the needs they experience. NPC then compiled a list of ways in which they can be supported by charitable activities, drawing on existing activities of charities.

The report provides an overview of the needs facing individuals within the Fund's remit—health, poverty and education in the UK. The Fund's current approach is to provide support, typically financial, to individuals based on applications. Therefore given its current set of skills, some needs and approaches to providing support are naturally more suited to the Fund (for example, financial support for children to participate in activities after school), than others (for example, the problem of bullying faced by children in school, or home nursing care needed by people approaching the end of their lives). The report deliberately highlights the full range of needs that individuals face, in order to help the Fund consider its role.

The report focuses on the ways in which *individuals* can be supported. Some issues that charities tackle need to be addressed through approaches that affect policy or influence society. For example, it may require changing policy to make it easier for disabled children to get state-funded support, or campaigning in the media to challenge the stigma faced by people with mental health problems. The Fund's work focuses on supporting individuals directly, and so the scope of this research is limited to needs that can be met through direct support. For the purposes of the research, it is assumed the needs of members of the banking community experiencing disadvantage are the same as those of others experiencing similar disadvantage.

In producing the research, NPC drew on its existing research, which is informed by literature, and on discussions with experts and charities. It also conducted additional research to explore needs it had not already researched and to better understand the activities undertaken by charities to support individuals.



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# Health and sickness

Health is a fundamental concern of all people and a basic aspect of well-being. There are approximately 60 million people in the UK with a wide range of needs in relation to health and disability.

The needs of people with health problems can be divided into three broad areas: needs relating to treatment and healthcare, which is mainly provided by the NHS; needs relating to people's social care, which is provided by local authorities; and other needs such as emotional support and social contact which neither the NHS nor local authorities meet. Charities provide support to meet needs in all three areas but most active in social care and support to meet other needs

The NHS is the main provider of treatment and healthcare. It has a budget of £96bn and provides almost all services 'free at the point of access', often referred through GPs in the community. Despite record levels of investment in the NHS, services remain stretched and struggle to meet all patients' needs. The situation is improving, but lengthy waiting lists and bed shortages remain problems, and many people with life-limiting conditions find hospitals uncomfortable and unhappy places to spend their final days. Current policy is focused on treating more people in the community and increasing patient choice, whilst also meeting the needs of an ageing population and addressing long-term causes of ill-health such as obesity, alcohol abuse and smoking.

People with health problems have many needs that lie outside direct treatment. For example, an adult with a disability may also need help with access to employment, appropriate housing, mobility and transport, assistance with childcare, education, social activities, and so on. These are provided by social care services in local authorities. Unlike most health services, they are not accessed via a GP, but are subject to eligibility criteria and are 'means tested', which means that they depend on the income of the recipient. Stretched local authority budgets mean that often only the most severe cases are eligible, and many people do not get the support they need. Language and cultural barriers, and the stigma attached with certain conditions (for example, mental health) also prevent people from getting support that is available.

Barriers to state treatment and care—such as waiting lists, eligibility criteria, patchy provision and stigma—mean that it often falls to charities

to provide essential support to vulnerable individuals and families. Charities are sometimes funded by government to provide these services, but income from donations is also required in many cases. Charities provide more flexible and informal services, which people value. Their services are sometimes deemed 'non-essential' by government, but they greatly improve the quality of life of individuals and families. This chapter identifies a range of common health problems in which charities play a meaningful role. It covers the needs of, and the types of support required by, the following groups:

- Children with disabilities and life-limiting conditions;
- Adults with disabilities and degenerative diseases;
- Cancer;
- End of life care; and
- Mental health.

## Children with disabilities and life-limiting conditions

There are 770,000 disabled children in the UK.<sup>1</sup> There are also 25,000 children with conditions that have no reasonable hope of cure and from which people will die prematurely.<sup>2</sup> These are referred to as 'life-limiting' conditions, and examples include muscular dystrophy and cystic fibrosis. Children with life-limiting conditions have similar, and often more complex, needs to other disabled children and also face specific needs around end of life care.

### Needs

Disabled children have the same needs as other children: to learn, have fun, make friends, play and go on holiday. However, they face many barriers that prevent them from doing these things, leading to loneliness, frustration and missed opportunities. Common problems for children include:

### Activities/play

Disabled children rate 'fun things to do' as the most important missing element of their lives. They miss out because of difficulties of access such as inadequate information, bad attitudes from staff, lack of toilets and other accessible facilities and high cost.

Lengthy waiting lists and bed shortages remain problems

**Box 1: Families often fail to get the equipment they need**

Henrietta Spink, a mother of two disabled children, describes her battle with the local authority to secure funding for the equipment her children need.

*'We were recently driven to take our case to the High Court out of sheer desperation because of the need for special equipment for our boys. Our local authority has always maintained that we should apply for a Disabled Facilities Grant (DFG). Because we have more than £15,000 in assets, we would be means-tested and we knew this would result in us having to meet the whole cost ourselves.'*

*'The difficulty with means-testing is that it doesn't take into account our debts or outgoings— we have no spare cash to buy £40,000 worth of equipment. Loving the boys has cost us our livelihoods as we simply don't get enough hours of domiciliary care to enable Michael or I to work. As a result, the children are left with nothing and the local authority walks away.'*

In October 2004, the Spinks lost their High Court battle for help towards funding the £40,000 worth of equipment their disabled boys need.

Parents need regular breaks from caring to relieve these pressures.

**Friendship**

It is harder for disabled children to make and meet with friends, particularly able-bodied people their own age. Disabled children see a lack of respect and bullying as among the biggest problems that need to be addressed.

**Education**

Getting formal acknowledgement of extra requirements through a statement of needs is often a battle for parents. Mainstream schooling is favoured by the state, but rarely comes with appropriate support. There is a lack of choice of specialist schools in some areas. In a recent survey, 'the right to a good education' came third of all things that disabled children would change if they could, after 'more fun things to do' and 'more respect for disabled people'.<sup>3</sup>

**Equipment**

Vital equipment from hoists to feeding aids is hard to access, provided slowly and is subject to funding disputes between local authorities and health services (see Box 1).

**Transport**

Lack of accessible public and private transport can leave children isolated. This prevents them from participating in social or leisure activities, which can make it hard to make friends. As disabled children get older, lack of accessible transport prevents them from doing things independently.

**Safety**

Disabled children in residential settings are more vulnerable to child abuse and less well equipped than non-disabled children to report it. 13,000 disabled children are placed away from home in special schools, hospitals and residential homes, often many miles from their

families.<sup>4</sup> Complex disabilities can mean that many have serious difficulty communicating, so when they feel isolated, lonely or unsafe, there is rarely someone who can understand them. Disabled children are more than three times more likely to be abused than other children

Almost all disabled children live at home where they are valued and cared for. Unfortunately, many families of disabled children live in poverty and are unable to work due to intensive care requirements. They face many financial, practical and emotional challenges that other families do not experience. These include:

**Mental and physical demands on parents**

Often parents become full-time carers for their disabled children. They may regularly have contact with up to ten different professionals each year and make more than 20 visits to hospitals and clinics. One seven-year-old disabled girl had 745 more appointments in her life than her non-disabled brother—her mother had driven 11,004 miles and spent a total of 4,942 hours on appointments. As a result of relentless care requirements, three quarters of parents report suffering from stress or depression.<sup>5</sup> Other problems include chronic tiredness, financial difficulties, problems at work and relationships under pressure. Nearly half of parents feel that caring for a disabled child has caused them relationship problems.

**Lack of breaks**

The physical and emotional pressures of full-time care can place enormous strains on family life, and in extreme cases it can lead to family breakdown and children going into care. Parents need regular breaks from caring to relieve these pressures. Disabled children equally need independence from their home lives, and to have relationships outside the family. However, families of disabled children do not have access to the same range of childcare options as other families and are often left to cope on their own. 'Short breaks' are when disabled children spend a short time away from their family, being looked after by a volunteer family, a paid carer, or in a residential care home. Short breaks are the service most requested by parents of disabled children. However, most short break schemes have a waiting list and use eligibility criteria to ration their limited places—consequently, only 2% of families that need breaks get them and it is often difficult to find carers for children with complex needs, autism or challenging behaviour.

There is also a lack of emergency care breaks. When a disabled child is ill, they may need to be taken to hospital at short notice. However, it is difficult to find a carer to look after other members of the family in an emergency. Social services may provide some support but it is often inflexible and unavailable at a moment of crisis.

## Difficulty of getting statutory support

Most families need help from local authorities to meet the needs of supporting disabled children. However, local authorities have limited resources and parents spend a lot of time arguing for their children's needs to be recognised—particularly where children are on the boundary of eligibility criteria. There is often a lack of information on the entitlements of children with complex needs.

## Demands on siblings

A disabled child can absorb a parent's time and attention, with siblings left feeling forgotten. Siblings find it hard to have a normal life at home—perhaps without space for homework and often thrust into adult or caring roles. At school, they are more likely to be bullied than children without disabled siblings.

## Poverty and debt

More than half of families with a disabled child live in poverty. Four in five families are in debt. Disabled children cost three times more to raise than non-disabled but caring for a disabled child reduces time and energy available for employment. Families with a disabled child are two and a half times more likely to have no parent in work. Disability benefits are not in line with extra costs, and are often complex to claim, with restrictive terms and tough enforcement.

## Inappropriate housing

Without suitable adaptation, normal living is hard (for example, play, access to the toilet, mobility or finding quiet spaces). As many as three in four families with disabled children live in unsuitable housing.

The needs of children with life-limiting conditions substantially overlap with those of children with disabilities. In addition to the problems already discussed, they face the following distinct concerns:

### Psychological burdens

Fear of one's death and its impact on one's family can traumatise children with life-limiting conditions. There is inadequate psychological support in hospitals, which focus on treatment and managing physical symptoms.

### Dying at home

Lack of round-the-clock nursing care for the last days of ill children's lives means many are unable to die at home.

### Nursing and hospice care

There is inadequate supply of nursing and hospice care. Less than half of affected families

have used nursing services and only just over a half have used hospice care.

## How can individuals be supported?

### Information and support

Providing families with timely information and support helps them to deal with practical and emotional issues that affect their daily lives, whether claiming disability benefits, helping a disabled child to sleep, or lobbying a health authority to provide additional therapy services. These services are provided by many charities through telephone helplines, information packs or face-to-face support workers visiting families in the home.

### Short breaks

Short breaks enable a child to regularly spend time outside their home with another individual or family. They give disabled children the chance to make friends and enjoy fun activities with a 'second' family, while giving parents a vital rest from full-time care. Charities help recruit and support carers to provide short breaks for disabled children.

### Access to leisure activities

Charities work with disabled children and leisure providers, from Brownie groups to sports centres, to make play accessible. They ask disabled children what leisure facilities, or activities, they would like to use in their local area, and then work to break down the barriers. This may involve: training and providing play workers to support disabled children; offering advice, support and training to leisure providers; lending equipment (such as sensory equipment and portable ramps) to leisure facilities to improve physical access; and signposting children and families to accessible services which are inclusive and welcoming.

### Work experience

Through volunteering, disabled young people gain confidence, skills and experience of the workplace, with many going on to regular volunteering or paid employment. Employers have an opportunity to provide help with the transition to adulthood by offering work experience or volunteering opportunities.

### Advocacy on behalf of children

Charities provide one-to-one support for disabled children living away from home. Advocacy workers visit children regularly to ensure that their rights and views, from food preferences to where they want to live, are heard. Independent advocates help to ensure the comfort, safety and rights of disabled children.

More than half of families with a disabled child live in poverty

Grief or a sense of loss is common for people who lose function later in life

### Support for siblings

Charities, local authorities and hospices run groups supporting siblings of disabled children. These are places where siblings can meet, share experiences and feelings, and do activities which help them to cope with difficult situations.

### Financial support

There is a large overlap between poverty and disability, so small grants could help families meet many needs from buying equipment to paying for a carer.

### Adults with disabilities and degenerative diseases

There are around 10 million disabled adults in the UK, including people with longstanding illnesses.<sup>6</sup> The reasons for disability vary widely: a person may have been born with a condition and experienced disability since childhood, or may develop a disability later in life through illness or injury. This affects people's experiences: grief or a sense of loss is common for people who lose function later in life. On the other hand they may have had opportunities earlier in life that are denied people who were born with a disability or developed it in childhood. Disabilities range from common problems (two million experience sight loss), to very rare problems where there are only a handful of people with the condition. Well-known disabilities experienced from birth include cerebral palsy (2-2.5 in 1,000 births), Down's syndrome (one in 1,000 births), or autistic spectrum disorders (one in 100 people).

Degenerative diseases vary widely, with life expectancies at diagnosis ranging between

one and 30 years. Most strike in later life, but some are found in childhood and others become symptomatic in middle age. Overall numbers affected are difficult to estimate, but it is known that 1.5 million people in the UK are affected by a neurological condition and over 7 million people have long term health problems due to arthritis and related conditions. Dementia, of which the most common form is Alzheimer's, affects more than 700,000 people in the UK, with one in six people over 80 suffering.<sup>7</sup> As the UK's population ages over the next two decades, this figure will rise to about one million, placing an immense strain on the health, social and community services that support people with dementia and their carers. Dementia in all its forms is estimated to cost over £17bn a year.<sup>8</sup> Disability often arises from such conditions. Some conditions result in reduced cognitive ability. Others result in substantial pain.

### Needs

#### Information and emotional support

People affected by these conditions often lack information on how to cope, where to get support, and other people to talk to. This is also a problem for carers.

#### Social isolation

Loneliness can be caused by immobility or reduced ability to communicate. Those with communication difficulties may find it difficult to make themselves understood. Transport and leisure are often problems for both people with mobility problems and communication difficulties. Many disabled people say they have few or no friends.



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## Employment

People may find it difficult to get jobs in the first place, or those who develop disabilities may find themselves unable to stay in work or lose their work, despite current disability legislation. Lack of work can be demoralising, isolating and reduces income.

## Legal support

The rights of disabled people are covered by a range of national acts and laws. However, local authorities, health services and employers often fail to fulfil their legal obligations to disabled people. As a result, disabled people often do not receive the benefits and services they are entitled to, and are denied opportunities. Disabled people and their families are usually unable to afford private solicitors. Many more people living in deprived areas, particularly people from black or ethnic minority (BME) communities where language is a barrier, are unaware of their rights. As a result many disabled people lose out on support which they should receive.

## Caregivers

Family members may face protracted periods of care, sometimes round-the-clock, with few breaks. There are over 5.2 million unpaid carers in England and Wales, of whom over a million provide more than 50 hours of care per week.<sup>9</sup> If the problem is degenerative and results in behavioural or cognitive impairments, there may be the added grief of 'losing' the person — friend, spouse, family member — whilst witnessing their deterioration and distress.

## Financial hardship

Financial hardship can be a real problem if it is the breadwinner that is taken ill or the breadwinner has to give up work to care for someone.

## Housing

Many people with disabilities live in housing that is not adequately adapted to their needs. Many experience problems with mobility and cannot afford to make the necessary adjustments. The state has some responsibility to house people and make adaptations, but in reality people do not get what they need or have to wait too long for it.

## How can individuals be supported?

Charities in this field vary considerably: some charities support disabled people generally, other charities are condition specific. Not all condition specific charities offer all forms of services or support.

## Information

Most condition specific charities have websites containing information. Some have developed online forums for their users. Others have help lines to answer detailed queries about the condition, how to manage it and what services are available.

## Activities and friendship

Some charities have groups for people to attend, get advice and help, and meet people. Other charities have developed community schemes, such as befriending.

## Employment support

Employment support can help people with disabilities get jobs and keep them. Pre-work activities and training schemes can enable people to become more 'work ready' and acquire life skills. Promoting diversity can help employers and individuals understand and value equality and difference. For example, Shaw Trust, a large charity, specialises in employment for disabled people with many different conditions. There are also several condition-specific charities such as the National Autistic Society and Autism West Midlands which help people with autistic spectrum disorders get jobs and retain them.

## Support to live independently

Many charities, such as Sue Ryder Care and autism charities, support people in their own homes or specialist accommodation so that they can have as normal and independent lives as possible. Some of this support is intensive. The state pays for much of it, but occasionally charities need extra donations to develop new ways of providing support or develop new posts to deliver it. For example, the charity, Dementia Care, developed the posts of Admiral Nurses that specialise in helping patients with dementia.

## Legal support

When disabled people or families face battles with local authorities or employers, legal support can help them receive the benefits, services and opportunities they are entitled to. The charity, Disability Law Service (DLS), provides free legal services for disabled people throughout the UK. It gives confidential legal advice and handles cases for disabled people, their carers and families.

## Short breaks

For people who care for a loved one long-term, the availability of someone to take over the caring for short periods is vital in order for the carer to have a life of their own, or even complete household chores. This is not always available from the state, although many charities actively campaign for better service provision and a better deal for carers.

One in three people will get cancer, with one in four dying of the condition eventually

Around half of acute hospital complaints relate in some way to end of life care

## Financial support

Direct grants to individuals and families can go towards one-off needs, such as changes to housing to improve access or mobility.

## Cancer

One in three people will get cancer, with one in four dying of the condition eventually.<sup>10</sup> So almost everybody in the UK is affected either directly or through their loved ones.

More people every year are being diagnosed with cancer—we are an ageing population, and cancer is primarily a disease of old age. The most recent figures show over 293,600 new cases in 2006,<sup>11</sup> with an estimated 1.2 million people now having cancer in the UK. This figure is expected to rise to 3 million by 2025, partly as a result of the ageing population, but partly because cancer treatments are continually improving, and so increasing numbers of patients are living with the disease for many years.<sup>10</sup>

The need for treatment, care and support for cancer patients is huge. In terms of treatment, cancer represents around 5% of total health spending, and the area is a priority for government, although resources are finite. Also cancer patients and their families need information, support and advice, and sometimes need care outside the health service.

In a 2006 survey called *Worried Sick*, the cancer charity, Macmillan Cancer Support, questioned 1,751 people—cancer patients, carers and the public.<sup>12</sup> A quarter of patients felt abandoned by the health system when not in hospital, and half of those who wanted advice, information and support were unable to get it. The survey also found that half of patients experienced depression, and found the emotional rather than the physical effects of cancer were hardest to cope with. Four in ten carers also experienced depression. A diagnosis of cancer can often bring practical problems too: around a third of patients and carers said that family relationships were put under enormous strain, and 90% suffered financial difficulties. Financial difficulties arise when people have to stop work, either because they are ill, or because they have to care for someone. Yet Macmillan calculate that over £100m benefits are unclaimed by people with cancer.

## How can individuals be supported?

The cancer sector is well-served by large and medium-sized charities supporting people with cancer generally, or with specific types of cancer. The biggest player is Macmillan Cancer Support (£126m income in 2008<sup>13</sup>), but other charities such as Maggie's Centres and cancer-specific charities such as Breakthrough Breast Cancer also offer a range of services.

## Information on specific conditions and treatments

Macmillan has recently merged its helpline with Cancer Backup to form a service that includes detailed advice on a range of cancers. Both Macmillan and Cancer Research UK have comprehensive information on their websites.

A more direct cancer support model involves cancer centres in hospitals or close by. Both Macmillan and Maggie's Centres offer this approach: a chance to pop in somewhere, pick up leaflets, chat to an expert, discuss a diagnosis, or plan a conversation with a consultant. Maggie's Centres even offer cups of tea in a cosy kitchen.

## Family support and nursing care at home

Macmillan has developed hundreds of nursing posts and family support posts, which are then taken on by the state after three years. Children's cancer charities, such as CLIC Sargent, also provide family support and nursing care in the home.

## Financial support

Macmillan has piloted a benefits helpline which has been very successful, helping 7,000 people claim on average over £1,000 per person. Macmillan also gives hardship grants to people who struggle financially.

## End of life care

In the last year of life, patients typically experience pain, uncomfortable symptoms and psychological distress. End of life care (often referred to as 'palliative care') has a well-established role in alleviating this.

Four in five people would like to die at home or in a hospice.<sup>14</sup> However, at the moment only a quarter of deaths take place in these settings; most people spend their final days in hospital. People hope to avoid a hospital death with good reason: around half of acute hospital complaints relate in some way to end of life care such as patient dignity or communication with relatives. Cancer patients tend to get better care than patients with other conditions: although they account for only a quarter of deaths, over 90% of hospice beds are given over to cancer patients, and more die at home or in their care home. But other patients have equally pressing needs: the 90-year-old who is becoming frailer daily with a variety of ailments may need as much pain control for arthritis and spiritual comfort as a 60-year-old with a tumour.

The quality of care at the end of life is as important as place of care. People's personal needs should be attended to with dignity. Symptoms, such as pain or nausea, should be

controlled. Psychological and spiritual support for patient and loved ones is vital. Patients need time and calm: not something readily found in hospitals. And patients and carers should be intimately consulted on care and treatment options. Carers should be supported in their bereavement. In a hospice a 'good death' is assured. At home this is achievable if the patient is under the care of a hospice or a palliative care nursing service such as Marie Curie Cancer Care or good community nursing team that has enough resources. And a care home with fully trained staff can also ensure that people are comfortable, physically and psychologically, at the end of their lives.

However services have not been configured to provide this type of service at the end of life, which is why the government has launched an End of Life strategy to correct deficiencies. Care is often poorly planned. The NHS primarily aims to cure, rather than comfort or relieve suffering. Some medical staff may be ill-prepared when confronting death, and try too hard to save someone already dying—admitting them to hospital unnecessarily, or trying yet one more invasive intervention. Resources are too stretched in a hospital to provide generous time and space for the dying. Ironically reconfiguring services to help the dying more do not need to cost more in the long term: a nurse at home costs no more than a bed in an acute care unit. Also the non-medical, softer needs of patients and loved ones are not well-addressed by the state.

### How can individuals be supported?

The charitable sector in palliative care is powerful, and has been the driving force behind a transformation of end-of-life care in the last few decades which is continuing into the next decade. Ironically, charities have been at the forefront in reconfiguring NHS services to plan care better.

#### Hospice care

Around 200 hospices in the UK provide high quality in-patient accommodation for around 40,000 dying patients. Hospices are able to cope with most medical eventualities, and are centres of excellence for symptom control and psychosocial support. Around a third of costs are paid for by the state, the rest comes from voluntary income.

#### Home care

Many hospices also provide care at home in their catchment areas: well over 100,000 people are supported in this way. Marie Curie Cancer Care, a charity, provides nursing care to nearly 20,000 people each year. It is running pilot projects in partnership with the British Heart Foundation in several locations to demonstrate the cost-effectiveness of well-run home nursing teams to government.

#### Support for carers

Hospices and Marie Curie Cancer Care are very active in providing support to carers eg, through respite care (usually nursing), a listening ear, and bereavement counselling.

#### Financial help

Bereavement can result in financial hardship. Macmillan, as mentioned before, runs a grant scheme for people affected by cancer, and also has a benefits advice line.

#### Mental health of children and adults

One in four people will experience mental distress at some point in their life, and one in six at any one time.<sup>15</sup> One in ten children and young people has a diagnosable mental health disorder. Around a quarter of a million people have severe and enduring mental health problems.<sup>16</sup>

#### Needs

##### Lack of support in employment

Work is generally good for mental health—a good working environment reduces symptoms, isolation, hospital admissions and service use while increasing confidence and self-esteem. However, there are significant barriers to getting work or staying in work for people with mental health problems: fewer than four in ten employers would recruit someone with a mental health problem.<sup>17</sup> The effect of this discrimination is marked: 900,000 people claim incapacity benefit due to mental health problems.<sup>18</sup> Only 24% of people with long-term problems are in work.<sup>17</sup> People are often discriminated against or not supported correctly in the work place, so they drop out into long term unemployment. If formal employment is not possible, then somewhere to go and participate in meaningful activity (gardening, cooking, music/arts) is vital.

##### Lack of access to support or therapy

Waiting lists for children who are not in crisis can be very long. A report in 2006 found that one in six children and young people had been waiting for over six months for an appointment with a specialist.<sup>19</sup> Without prompt support and treatment, children and young people's mental health can rapidly deteriorate. Around 25,000 young people are admitted to hospital every year after harming themselves.<sup>20</sup> During adolescence mental health problems deepen yet services becoming increasingly hard to access.

There are significant barriers to getting work or staying in work

**Box 2: Helping someone with mental illness rebuild their life**

One day Robert started to hear voices. After a while he lost his job as a security guard and the voices became more menacing, telling him to harm people. Over the next few years, Robert's condition deteriorated. Robert did everything he could to help himself, including starting new jobs, even working abroad, but in the end he just could not cope. He was diagnosed as a paranoid schizophrenic and was admitted to a psychiatric hospital. For the next two years, he was in the horrible revolving cycle of being admitted to hospital then sent home over and over again.

When Robert left hospital the last time, he went to the Richmond Fellowship's Hawthorns project in Ipswich. Hawthorns is a rehabilitation home that works with people with mental health problems to help them lead more independent lives. Whilst there, he made new friends amongst other residents and the staff and was encouraged to do new things and allowed to express himself. He really benefited from the way he was treated there, all the people were very helpful and at last he felt that people actually cared about him. Eventually he stopped hearing the voices altogether.

Now Robert lives independently. He has started a college course learning basic internet skills but hopes to become a care worker.

**Stigma**

The general public has poor perceptions of people with mental health problems. Stigma results in day-to-day humiliation and abuse: nearly half of people in mental distress report physical or verbal abuse in public, and over half experience discrimination within their own family. Many people in the UK are at the receiving end of such attitudes. The isolation and hurt induced by stigma inhibit recovery and positive management of conditions. Stigma reduces people's self-esteem and acts as a barrier to accessing employment and services including health and housing.

**Isolation**

Four in five people with mental health problems report feeling isolated. Part of this may be due to the nature of the condition itself—eg, depression makes people withdrawn, but equally the isolation may be due to loss of employment or stigma. In turn, isolation hinders recovery. So there is a need to help people form friendships and social networks.

**Families and carers**

Up to 420,000 people in the UK care for someone with a mental health problem.<sup>21</sup> Parents caring for children with a mental health problem may have to give up work: for example, to look after a child with a serious eating disorder. Parents also lack information about what to do if their child has a mental health problem. Conversely, children with a parent who has a mental health problem are twice as likely to develop a problem themselves.<sup>22</sup> There is therefore a need to support families, rather than adults and children separately.

**Housing**

Having a mental health problem increases the risk of losing one's home. At the same time being homeless increases mental health problems—a quarter of homeless people commit suicide. People with mental health problems on incapacity benefit should receive housing benefit, but people with mental health problems sometimes struggle with the benefits system.

**Lack of support in care**

Inpatients need access to information about their rights and treatment and care options. They need help voicing their concerns to the mental health professionals caring for them, and practical support accessing the services they are entitled to, both inside and outside the hospital. Young people admitted to psychiatric inpatient wards find the experience frightening and distressing. A lack of local provision means that some children and young people end up being sent to psychiatric units that are far from home. This can be even more alienating and makes it difficult for family and friends to visit.

**How can individuals be supported?****Information**

Helpline staff and volunteers give support by phone, email or face-to-face providing information and signposting callers to services in their area. Help lines also provide support to parents who may not understand their child's condition. Websites offer further information on a number of mental health related issues.

**Therapy and counselling**

Many charities provide accessible therapy or counselling to support people who are not helped by mental health services. They offer people the opportunity to be listened to in confidence, and accepted without prejudice, which can alleviate despair and suicidal feelings (see Box 2). Self-help groups can reduce isolation, give sufferers and families the opportunity to share experiences, and motivate sufferers to seek treatment. Self-help groups are also a valuable source of support after people leave in-patient care or other treatment.

**Advocacy on behalf of patients**

People in inpatient units often need guidance on their rights and support to request changes to treatment/care. Young people moving between services need support and, where possible, continuity of treatment, so they do not feel abandoned. Local charities can help with this by providing support workers who act as advocates. These ensure that the rights of people with mental health problems are protected and that they are adequately involved in decisions about their treatment and care.

## Work experience

People with mental health problems benefit from work experience and employment opportunities. Charities such as First Step Trust offer a wide range of work including painting and decorating, print design, gardening, building maintenance, office work, IT and contract cleaning. Charities such as Mosaic Clubhouse and First Step Trust both arrange work placements as a step to fulltime employment. Staying in work when mental health problems develop (often temporarily) is also important but can be hard to achieve unless employers understand how to manage someone with a mental health problem. The charity Mind is working with employers to keep people in work.

## Practical home support

Family-focused work can support parents with mental health problems. Work includes counselling for a parent, helping a child understand their parent's illness through play and pictures, or working with the whole family to put in place simple routines for breakfast, bath time and bedtime; as well as helping families to plan for periods of crisis. This can ensure the healthy emotional development of their children.

## Financial support

Charities such as Family Action make donations to individuals or families in need. In mental health cases, this might involve payments for parents who need to travel to visit a child in a psychiatric unit a long way from home. Payments could also be used to provide additional therapy, either by direct funding to the family or via a charity. The website of Mind, a mental health charity, includes tips about budgeting and managing debt.

## Leisure activity

Community arts programmes, clubhouses, day services involving meaningful activities all help people to gain confidence and reintegrate into society. Such places are particularly important after people leave psychiatric inpatient units.

## Employment support

A number of charities help people with mental health problems to find and keep jobs. They also work with employers seeking information or advice on good employment practices in relation to mental health.

People with mental health problems benefit from work experience and employment opportunities



Contributed by iStockphoto

# Poverty

Poverty is a very broad term and can be about more than a lack of money or material goods. It can be about the lack of opportunities to succeed in life, or the lack of relationships or aspirations that most of us take for granted. The problems affecting any individual will be different.

Two groups who are disproportionately affected by poverty are children and older people. Families in the UK receive benefits to ensure that they have the basic material goods that they need to provide for their children. But children from poor families often still suffer from having fewer educational and social opportunities than their more affluent peers. For example, they are less likely to go to good schools or take part in extra-curricular activities. The parents of children in poorer families may have lower aspirations for their children, which can also affect their achievement.

Older people's quality of life is affected by the low incomes many receive. Struggling to make ends meet and not being able to afford activities or transport leaves many older people feeling lonely and isolated from wider society.

Obviously, poverty affects the wider population in many ways. Two particularly acute symptoms of poverty are housing problems and debt. Given the significant costs of housing in the UK, people on low incomes have to live in poor quality housing in deprived areas. People on low incomes disproportionately suffer from problem debt, often at interest rates well above the rates other people pay. People who have recently become unemployed face challenges in adjusting to a reduced income and finding new jobs.

## Children living in poverty

Just under four million children in the UK live in low-income households after housing costs.<sup>23</sup> Poverty affects children's development, health and educational achievement which in turn impacts their long-term prospects in life. For example, children in low income households disproportionately suffer from obesity. The chapter on education highlights the impact of poverty on educational achievement and the role of financial support, one to one tuition and other approaches in addressing it. This section focuses on the lack of opportunities for young people living in poverty and the impact of this on their lives.

Poverty causes children to miss out on opportunities and experiences that are available to their peers. Activities outside of school are important in developing children into well-rounded individuals. Personal and social skills are equally as influential as literacy and numeracy in determining the prospects of young people. According to the Institute of Public Policy Research, personal and social skills became 33 times more important in determining life chances over the space of just over a decade, based on its research of young people born in 1958 and 1970.<sup>24</sup> While education is paid for by the state, affordability is a key barrier to children taking part in extra-curricular activities. While affluent families can afford music lessons, holidays and sports clubs, children from disadvantaged or low-income backgrounds cannot. A government survey in 2004 showed that 12% of lone parents cannot afford celebrations with presents,<sup>25</sup> and so celebrate birthdays and Christmas without the things most of us take for granted.

Another reason why children may miss out is because they live in areas where opportunities do not exist. For example, children in the Scottish highlands may reach adulthood without having been to the cinema or a sports game. A third reason why children might miss out is that their experiences are limited by the aspirations of their families, who may not want or encourage them to play sport or learn a musical instrument. Varied and fun activities are important for children's well-being and development. Missing out on these experiences is missing out on an important part of childhood.

## How can individuals be supported?

### Financial support

The most direct way of helping children and young people is to offer individual grants. Funds could be used to buy football boots or subsidise trips abroad. For children who do not have access to opportunities, funds could be used to pay for travel to avail of opportunities.

### Activities and opportunities

Another approach to helping young people is to run activities that will help them develop new skills and have experiences they would otherwise not have access to. A number of charities work with disadvantaged young

One in three people aged 50 or over report feeling 'left out'

people to give them opportunities. For example, the charity CHICKS provides disadvantaged children with the chance to spend a week or two in the countryside at one of its centres in Devon or Cornwall. Children come from a variety of different backgrounds, including children growing up in poverty, children of prisoners, and children who are young carers. Similarly, Kid's Out provide short breaks and day's out for disabled children and families who cannot afford them.

### Older People

There were 13.3 million people over the age of 60 in the UK in 2007 (22% of the total population).<sup>26</sup> That number is predicted to grow to 19.4 million by 2031 (30% of the total). This demographic shift is part of an international pattern affecting, amongst others, the US, Europe and Japan—as birth rates remain low and longevity increases, populations as a whole are ageing. Such demographic changes bring challenges: smaller numbers of tax-paying working age adults support larger numbers of pensioners; and healthcare costs rise as people live longer, but are not always in good health.

Yet the term 'older people' is in many ways a strange label to apply to a large section of the population. It presupposes that this group is homogeneous, and that older people all face the same issues. From NPC's research it is clear that they do not. Instead, it is useful to think of two groups of older people—those in the 'third age' and those in the 'fourth age'. As a simplistic label, the third age is used to refer to those who are reaching or passing retirement age and living in good health, with active lifestyles and high levels of engagement in their communities. In contrast, the fourth age can be thought of as one of declining health, limited activity and greater dependence on health and care services.

### Needs

Ongoing improvements in healthcare and lifestyle mean that, for many, the third age is lasting longer, and the fourth age may only be entered for a few months or years at the end of life. However, due to inequalities in access to healthcare and healthy, active lifestyles, older people living in deprived areas are less likely to have a good third age, progressing too rapidly into a fourth age of decline.

#### Lack of a sense of purpose

One in three people aged 50 or over report feeling 'left out'. This is a huge loss in itself, but communities are also missing out on the time, energy and skills that older people have to offer.

### Poverty

17% of pensioners live in poverty (on less than £108 per week after housing costs).<sup>27</sup> Poverty limits older people's opportunities to join in social activities and even their ability to buy necessities—over one million older people have to cut back on food to afford to heat their homes.

Take-up of income-related benefits is low: 31–40% of pensioners entitled to Pension Credit, worth an additional £31.75 per week, do not claim it.<sup>28</sup> This means that up to two in five of the poorest older people are needlessly living in poverty because they do not know what benefits they can claim, or they have trouble with applications.

### Discrimination

Discrimination against older people because of their age is still legal in all contexts apart from employment and adult learning. Charities such as Age Concern England, Age Concern Cymru, Age Concern Scotland and Help the Aged campaign on a national level to redress this. However, discriminatory attitudes are pervasive and deeply ingrained.<sup>29</sup> One in three adults surveyed by Age Concern said that they viewed people over 70 as 'incapable and incompetent'.<sup>30</sup> Part of the problem is that older and younger people often do not interact, and as a result, older people may be assumed to be different or inferior.

### Isolation

Older people are increasingly encouraged to remain in their own homes, and most prefer to do this, rather than going into residential care. But independence does not necessarily lead to a high quality of life. Almost 30% of people aged 60 and over sometimes or often feel isolated from others.<sup>29</sup> Isolation and inactivity lead to depression and poorer health.

Older adults in deprived areas are more likely to be isolated, partly because there are fewer places for them to go in their neighbourhood.

Among older people, women, the over 75s, disabled people and those living alone are those most likely to suffer from isolation and consequential ill-health.

### Abuse

Although most older people do not face abuse or mistreatment, when it does occur it is crucial that someone independent is there to help. A 2007 report found that 342,000 older people—1 in 25—had experienced mistreatment in the past year.<sup>31</sup> This included neglect and financial, psychological, physical and sexual abuse. Many older people do not get what they are entitled to in terms of care services or housing, for example, and many are discriminated against.

Older adults in deprived areas are more likely to be isolated

## How can individuals be supported?

### Financial support

Grants can help older people living in poverty who are struggling to afford basic necessities in life or who have unexpected costs that they need to meet. Grants to older people are usually provided in conjunction with benefits advice (see Benefits advice below) to maximise their overall income. For example, the charity Elizabeth Finn Care, assesses individuals' situations and gives them a regular weekly allowance to cover bills and food. It also makes one-off grants for essential household items or house repairs.

### Volunteering

Volunteering helps address a number of different problems faced by older people. It improves health, counters the stereotype of dependency in later life and also helps the people with whom volunteers work—from school children to people with disabilities. Older people who volunteer have a significantly reduced risk of depression—the most common mental health problem among older people in the UK. One in four older people has a high depressive score, and the majority never discuss this with their GP. Volunteering also boosts older people's social networks, reducing isolation and improving health (see Box 3).

### Activities and exercise

Activities and exercise help reduce older people's isolation. Those who regularly participate in such activities are much more likely to have better physical and mental health. Analysis of the Health Survey for England 2005 suggests that regular participation in a few organised activities reduces the risk of bad health by 30% for men and 23% for women.<sup>32</sup>

For example, half of the older people questioned by Search Project, a local charity in a severely deprived part of Newcastle, said that they would be sitting at home watching television alone if they did not come to activities run by the charity. The charity offers a one-stop-shop for older adults, providing exercise groups, complementary therapies, IT and arts classes. Many other local charities provide similar activities across the country.

### Advocacy

Information and advice for older people and their families is crucial to ensuring that they get what is rightfully theirs. Advice can come from specialist organisations, such as Counsel and Care, a national charity that helps older people to get the best out of the care system. It provides fact sheets for older people, their families and carers on issues such as paying for

care homes and negotiating the care system. It also has a dedicated national advice line.

However, sometimes information is not enough. Older adults may need help to challenge a local authority decision that prevents them from obtaining appropriate healthcare, or to resolve a case of abuse. The Older People's Advocacy Alliance (OPAAL) is a national organisation working with advocacy schemes around the country to improve the quality of independent advocacy for older people around the UK. These independent advocates make sure that older people's rights and interests are represented. If necessary, they deal with professionals and service providers on their behalf.

### Information and advice on benefits

Helping an older person to claim their full entitlement to benefits is a simple and cost-effective approach which can increase the income of the poorest older people. Charities such as local Age Concerns and Citizens Advice Bureaux advise older people on the benefits they can claim and help them with completing the necessary paperwork. As an approach it is very cost effective—for example, Age Concern Swansea benefits advice service claims on average £360 for every £10 in costs they incur. In 2007, it secured £2.2m in extra income for its older clients—the equivalent of £26 per person per week.

### Befriending and visiting

Befriending services, provided by volunteers, are an excellent way of creating relationships to tackle older people's exclusion and isolation.

Befriending services come in many shapes and sizes. They often involve a regular meet-up with a cup of tea and a biscuit, but relationships can also be built up over the phone or through letters. Most befriending happens on a one-on-one basis, but some charities provide befriending services indirectly through group activities, such as reading groups or knitting circles.

Befriending can be a formal service, with an isolated older person matched with a volunteer who will make visits every week or so. But there are other, more indirect or informal ways

Helping an older person to claim their full entitlement to benefits is a simple and cost-effective approach

#### Box 3: Volunteering can help reduce isolation

Mary worked as a cashier in her local Co-op in Newcastle until she retired. After her husband died, she found herself completely at a loose end. She became depressed and missed the social life she had shared with her husband. *'I don't want to make new friends'*, she said. *'They only die'*.

Shortly after her 75<sup>th</sup> birthday, Mary saw an advert looking for older volunteers to read with school children. Mary's GP encouraged her to join, and she started going into their local school four times a week to help special needs pupils with their reading. It lifted her spirits and built her confidence. *'It's a new life'*, she says. *'It keeps you in touch and it's spontaneous.'*

of befriending an isolated older person. This might occur through ‘disguising’ befriending in activities that older people can get involved in. For example, the east London intergenerational arts charity, Magic Me, runs a creative writing group that reaches housebound older people through visits and phone calls.

## Housing

An acute symptom of poverty is poor housing. Overcrowded housing places stress on families which can result in relationship breakdown and impact children’s educational achievement. In 2006/07, 554,000 households in England were overcrowded<sup>33</sup> and more than one million children in England were living in bad housing.<sup>34</sup>

Living in a house that has fallen into disrepair can damage health. If basic services such as heating cannot be maintained, then the impact can be severe. Many people on low incomes cannot afford to live in decent homes and are not deemed high priority enough by local authorities to qualify for the limited amount of social housing that is available.

People on low incomes struggling with debt, or people whose circumstances change suddenly for example due to the death of the main earner in a household, can fall into arrears and be at risk of becoming homeless.

## How can individuals be supported?

### Financial support

Financial support can help people make repairs to their houses that they would not otherwise be able to afford. There are a number of public sources of funding for house repairs for which people on low incomes can qualify. Loans or

grants can be obtained from the Government’s Social Fund for urgent, high priority expenditure such as house repairs. Local authorities often run their own grant schemes for people on low incomes but eligibility and the types of repair funded vary by area.

### Advice on repairs

Home Improvement Agencies are government sponsored, locally based, not-for-profit organisations. They help older, disabled and vulnerable homeowners or private tenants to repair, improve, maintain or adapt their homes. They can also advise on benefits and grants available to help people fund repairs.

### Advice on avoiding homelessness

A number of charities provide advice on housing, finance and benefits to help people avoid rent arrears and debt. The giant in the area is Shelter, which runs a network of 50 housing aid centres and also provides information and advice through phone lines, email and its website. It helps families living in overcrowded accommodation apply for better housing, as well as helping people when they find themselves in rent arrears. Advice is also available from Citizens Advice Bureaux and from local authorities themselves. Most of the advice services that charities run in this area are funded by the public purse.

### Problem debt

Credit can be a useful tool—it helps people to manage their money, provides access to cash in an emergency, and makes it possible to spread out the cost of assets, such as property, over time. But some people get into trouble with their credit. Debt can become a burden



Contributed by Kristian Buus

and even spiral out of control, reducing income and causing anxiety. Problem debt occurs when people struggle to repay what they owe, suffering real hardship as a result.

The level of personal debt in the UK is high—at the end of February 2008, it stood at £1.4 trillion. Average household debt, excluding mortgages, was £9,550.<sup>35</sup>

There is no magic number that defines over-indebtedness. On objective measures:

- An average of 298 people are declared bankrupt or insolvent every day.
- 13,000 homes were repossessed in the last three months of 2008 and this figure is continuing to rise.
- 7% of households are at least two months behind on at least one credit or bill payment.<sup>36</sup>

Many people consider their own debt a problem. 13% of households contain someone who identifies credit or bill repayments as representing a heavy burden. Three million people find it 'a constant struggle to keep up with commitments'.<sup>37</sup>

The millions of people having trouble with debt certainly include people from all walks of life, but there are several characteristics that appear to be correlated with problem debt. Over-represented groups include tenants, lone parents, younger adults and families where the head of household is not working full time.

The most important factor, however, appears to be low income, which overlaps with the groups mentioned above. A report from the Personal Finance Research Centre has found that more than half of all households with problem debt have incomes of less than £7,500 a year.<sup>38</sup> The relationship between problem debt and poverty means that levels of arrears are strongly associated with deprived areas and the experience of hardship.<sup>39</sup>

## Needs

Problem debt results in a number of knock-on problems for families:

### Cost

Problem debt is expensive, as interest and charges can mount up, and be potentially in excess of the original amounts borrowed. The poorest families can find this hard to cope with on an already tight budget and with few savings to fall back on.

## Stress

Problem debt is bad for health, causing stress, anxiety, guilt, and loss of self-esteem—often at a surprising degree of intensity. Research from the Legal Services Research Centre (LSRC) has found that 89% of the debt advice clients it surveyed report worrying about their money problems 'most' or 'all' of the time. '48% of clients described the impact of problems on their health as "great", and 43% felt that their health had suffered "to some extent". Around three in five clients reported having received treatment, medication or counselling as a result.'<sup>40</sup> On this evidence, the majority of people who seek help for their debt problems are experiencing significant mental or physical health problems as a result of their over-indebtedness.

## Relationship problems

Related to the stress of problem debt is the relationship problems it causes. Almost half of debt advice clients stated that problems had a negative effect on relationships with partners, and qualitative interviews revealed particularly distressing impacts on parents' relationships with their children.<sup>40</sup>

## Employment

Again related to the stress that it causes, problem debt has been found to have a negative effect on people's working life. Some people worry about moving from benefits into work because of the income gap it would leave in the interim. Others work very long hours to try and ease financial pressures.

## Legal consequences

Problem debt can result in disconnection of utilities, the bailiffs coming round, or bankruptcy. It can involve being taken to court and can even end in homelessness. The Council of Mortgage Lenders forecasts that 45,000 homes were repossessed in 2008 by lenders after people fell behind with repayments.<sup>41</sup>

## How can individuals be supported?

### Financial education

While it is surely optimal for people to manage their money well to prevent debt crisis, education is still important once a crisis has occurred, both to solve the current situation and to prevent it from happening again.

A small number of charities are dedicated money education charities. For example, the Personal Finance Education Group is a national charity that helps schools to give

Almost half of debt advice clients stated that problems had a negative effect on relationships with partners

financial education to pupils. Credit Action is a national money education charity that produces thought-provoking marketing materials and educational booklets. A lot of money education also comes from a subset of debt advice providers (including 86 Citizens Advice Bureaux).

**Debt advice and information on handling debt**

Debt advice services come in many different forms, both free and fee-charging, and from light-touch to in-depth. Help typically revolves around a debt adviser who offers, crucially, an independent view. Services can include budgeting advice, income maximisation (such as benefits checks) and expenditure minimisation (such as finding a cheaper energy supplier).

Often the debt adviser will also liaise with creditors to try and reach an agreement on affordable repayments and to freeze interest and charges. As mentioned above, creditors appear to be more likely to cooperate when a third party is advocating on behalf of the borrower. Advisers can also offer legal help, including information on court action, Individual Voluntary Arrangement, bankruptcy and County Court administration orders.

Finally, some debt advice agencies draw up and administer debt management plans (DMPs) on behalf of the borrower. After creditors have agreed reduced payments, DMPs allow the borrower to make one regular affordable payment, which is then distributed by the agency to all creditors.

**Financial support for essential needs and crisis situations**

Financial support can help people in debt with essential needs, such as meeting rent payments or replacing broken household equipment. It can also help them deal with crisis situations which have led to a loss in income such as sickness or unemployment.

**People recently made unemployed**

People who have just been made unemployed face a number of challenges. The loss of income can result in them being unable to meet their financial commitments. While they may be able to adjust their expenditure down in the medium term, the financial shock that they experience can be difficult to absorb if they do not have sufficient savings or redundancy payment. In the 2008/09 recession, the number of people being made unemployed grew rapidly: 300,000 people were made redundant in the first quarter of 2009 alone.<sup>42</sup> People recently made unemployed also need to find new work. The harsh economic conditions of 2009 mean that this can take much longer than before, with some workers needing to move location or train in new skills to increase their chances of gaining employment.



Contributed by Age Concern Swansea

## How can individuals be supported?

Advice and support for unemployed people is provided by the Government agency, Jobcentre Plus. A number of charities also work with unemployed people though they have mainly focused on people who have been long-term unemployed or who are low-skilled.

### **Advice on skills and applications and finding openings**

Individuals need advice on the types of jobs they can apply for and on making applications. They also need help finding available opportunities. Jobcentre Plus helps people with finding opportunities in their area. It also provides advice and guidance on making applications and taking part in interviews. New Deal schemes provide more intensive support to specific groups of people searching for jobs who find it challenging to enter work. Often, charities, as part of New Deal partnerships, help people with writing job applications and preparing for interview.

### **Training**

There is also limited training available to people who have been made unemployed. This is provided by Jobcentre Plus and by New Deal schemes and is directed at people who lack basic skills to make them employable.



Contributed by Reading Matters

# Education

All children should have the opportunity to grow up to become happy, capable and confident individuals, and to find a place in the adult world that matches their skills and potential. In childhood and adolescence, support from the home and in school is crucial in achieving this. There are 12.8 million children in the UK.\* The purpose of education is to provide the opportunity for every child to fulfil his or her potential. Children learn through their experiences at school.

- **Pre-school years (ages 0 to 5):** children start learning as soon as they are born. Reading aloud to children, talking to them, taking them out to feed the ducks or letting them play with other children can encourage and enhance communication, curiosity and creativity. When they reach the age of three children may attend nursery school. Responsibility for children's early education falls on the parents and family.
- **Primary and secondary school (ages 5 to 16):** at age five, children begin primary school, where they learn to read and write, and begin to develop their interests and personalities. At the age of 11, they move on to secondary school where teaching becomes more specialised and varied. School equips individuals with the skills and qualifications to succeed in adult life. However, school also serves an immediate need for children and young people: it gives them enjoyment, enriches their lives with new experiences and keeps them safe.
- **Post-16 education:** after completing compulsory schooling at age 16, young people begin further study or enter employment. In the UK, 79% of 16 year olds continue to further education, either in sixth-forms or at college. At age 18, 63% remain in education, either at college or in university, and 23% are employed.<sup>43</sup> The remaining 14% are unemployed.

## Impact of education on young people's lives

Success in school is often a precursor to success in the wider world. Studies reveal the importance of education in determining employment, future earnings and socio-economic mobility.<sup>44</sup> Educational achievement has also been linked to health,

happiness, longevity and successful personal relationships.<sup>45</sup> Young people who do poorly in school are more likely to end up unemployed or in unskilled jobs, are more likely to experience depression and are more likely to have a criminal conviction. For many children, education is the only route out of poverty and offers the best chance to improve their standard of living.

Education is seen as an investment, creating a skilled workforce that will yield returns in the future. A skilled workforce is an asset of increasing importance in a global economy. School is also arguably the most important shared experience of our lives and can be a source of common understanding between diverse groups.

## The role of the charitable sector

The education sector is dominated by the activities of government, which runs and pays for schools, colleges and universities. Charities work alongside schools to improve children's education, offering services in addition to what the state provides.

Charities typically focus on disadvantaged young people and usually focus on specific problems or issues. NPC estimates that charities' income in this area/sector is around £940m, equivalent to around 2% of the total spend on schools and colleges.<sup>46</sup>

Box 4 gives a range of statistics that indicate some of the weaknesses in the UK education system.

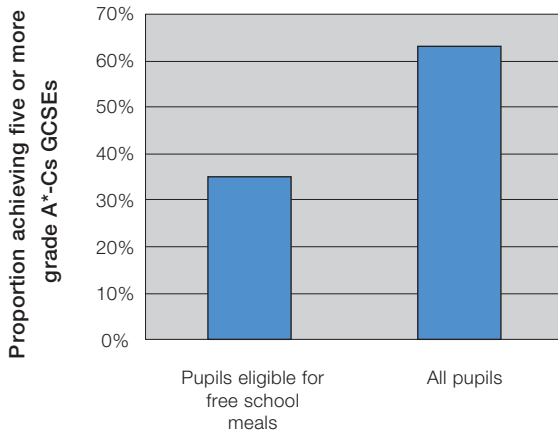
### Box 4: Weaknesses of the education system

- 7% of young people leave primary school not being able to read the back of a cereal box.
- There are 8,680 pupils expelled from school every year, costing society a total of more than £550m in lost earnings, tax revenue, and costs to the education, health and criminal justice system.
- At least 16 children commit suicide each year in the UK due to bullying.
- 9% of children in care achieve the benchmark five A\* to Cs at GCSE. The national average is 59%.
- The UK is 27<sup>th</sup> out of 30 wealthy countries in the number of young people staying on in education after age 16.
- 81% of children whose parents are professionals go to university. This compares to just 15% of children whose parents do manual work.

Educational achievement has also been linked to health, happiness, longevity and successful personal relationships

\* A child is defined as an individual under 16 or an unmarried 16 to 19 year old in full-time education.

**Figure 2: Poor pupils achieve less at school**



**Needs**

Although by international standards the quality of education in the UK is generally good, there are still many young people who do not get the opportunities they deserve. Individual young people in the education system face a number of significant issues:

**Poverty**

In the UK there are 3.9 million children living in poverty.<sup>47</sup> They lack a stable, safe environment in which to grow up. Many live in poor-quality housing or without access to good nutrition. Poverty is strongly linked to low educational attainment, which in turn is linked to future unemployment and poor health in adulthood.<sup>48</sup> By the time they are seven, children from low income households have been left behind by their better-off peers at school.<sup>49</sup>

At GCSE level, just 35% of pupils who are eligible for free school meals—the most common indicator of poverty—achieve five or more grade A\* to Cs, while 63% of their fellow pupils who are not eligible for free school meals achieve this benchmark (see Figure 2). One-fifth of students whose parents are not professionals gain two or more A levels, compared with just over half from professional backgrounds.<sup>61</sup> Poverty also excludes young people from participating in activities with their peers, such as school trips. Young people from poor backgrounds are far less likely to enter professional jobs, such as law, accountancy and medicine.<sup>50</sup>

**Poor or inadequate parenting**

Children’s early development relies on forming good relationships with their parents or carers. Young children need a home environment that is stress-free and loving. Good parenting requires consistent and positive communication, and is essential to a child’s happy and healthy development. All children need positive role models.

Parents’ jobs, financial situation and marital status affect their children’s home experience and aspirations. Children as young as five, who live in low-income households, say they worry about their family circumstances.

**Learning basic skills**

Literacy is the building block of learning. Anyone who cannot read and write well has a very limited range of economic and personal opportunities, is more likely to end up unemployed or in low-paid employment, and is more likely to spend time in prison. In 2008, one in five 11 year olds left primary school with literacy skills below the expected standard.<sup>62</sup> Included in this figure is 7% of children—or around 38,000—at or below the standard expected of a 7 year old.

Poor numeracy can also be a severe hindrance to living a fulfilled life. In 2007 nearly half of 16 year-olds did not achieve a good GCSE pass (grade C or above) in Mathematics.<sup>51</sup> Government figures suggest that one in six British adults has numeracy skills at or below those expected of an 11 year old, and one in twenty is at or below the level of a seven year old.<sup>52</sup> Unlike poor literacy, the effects of poor numeracy may not be immediately obvious but the advantages of good numeracy skills are great. One study shows that an ‘A’ Level in Mathematics can increase a person’s earnings by 10%, or £136,000, on average over a lifetime.<sup>53</sup>

**Social and emotional health**

Not everyone gets the same start in life. Some children suffer abuse, witness domestic violence, or see the effects of drug addiction or alcoholism. Others may experience big changes such as parental separation, bereavement, or the transition between different schools. At such a delicate phase of development, these events can be very damaging to a child’s social and emotional development. Studies shows that 1 in 25 of children aged between 5 and 15 have emotional disorders.<sup>54</sup>

If a child’s social and emotional needs are neglected, this may be reflected in their behaviour and achievement in school. They may become isolated and withdrawn, or angry and disruptive. This may cause them to regularly play truant, self-harm, develop phobias and panic attacks, or develop eating disorders. Poor emotional health also affects academic achievement, personal development and general well-being.

**Bullying**

Bullying is the act of intimidating a person and causing physical or emotional pain. Bullying is known to be widespread in schools: half of primary school pupils and more than one in four

By the time they are seven, children from low income households have been left behind by their better-off peers at school

secondary school pupils said they had been bullied.<sup>55</sup> Bullying is the single biggest reason for children to call ChildLine, the national helpline for children.

For a long time, bullying was accepted as a 'normal' part of growing up. It is now understood that its effects can be widespread in a person's life. Persistent bullying makes children feel anxious and afraid, and can affect academic attainment. Research has also shown that depressive and suicidal thoughts are significantly higher among adults who were bullied at school.<sup>56</sup> At its most extreme, bullying can lead to drastic action including suicide.<sup>57</sup>

### Special educational needs

Around one in six children, or around 1.8m, has special educational needs (SEN), which means that he or she has some aspect of learning difficulty that requires 'additional or different' educational provision in school.<sup>58</sup> This ranges from mild reading difficulties through to complex problems related to Down's syndrome, autism and cerebral palsy.

The state has a commitment to provide an education for all children, regardless of the complexity of their needs. For pupils with special educational needs, the state often fails this commitment. Without an adequate education, the long-term consequences for children with special educational needs can be severe. They are more likely to be poor, unemployed and socially excluded.<sup>59</sup>

### How can individuals be supported?

The issues described above apply to many children and young people. Addressing the needs of individuals can be approached in a number of different ways. These are:

#### Financial support

Donations to individuals or families in need make an important difference. For poor families, small amounts of money can have a significant impact. For example, some schools find that poorer children come to school without having washed their clothes, and as a result may be bullied by other children because they smell. Funds could be used to help the family purchase an extra school uniform or a washing machine to prevent this situation from arising again. Or funds could be used to subsidise school trips or pay for other equipment, such as a computer or a desk.

There are other organisations who have more contact with young people in need that may be willing to partner in giving grants. Individual schools often have grants available to help

pupils. The charity School-Home Support works with young people and families, and often helps them apply for small grants. The Frank Buttle Trust and the Family Fund makes hardship grants to individuals and families in need. Elsewhere, the Ogden Trust makes grants to send talented young people from low income families to independent schools.

#### One-to-one tuition

Where young people have fallen behind in reading, writing or arithmetic, evidence shows that individual, one-to-one support is the most effective way of helping them to catch up (see Box 5).<sup>60</sup> However, schools lack the resources to help every young person who needs extra help, and extra funding is needed.

There are a number of organisations that support young people alongside schools. The charity, Every Child a Chance Trust, funds 'Reading Recovery' and 'Numbers Count' — two approaches that use trained specialist teachers to work with children who have fallen behind in the first few years of primary school. The charity, Volunteer Reading Help, places volunteers in primary schools to support children of all ages.

#### Counselling and therapy

Counselling helps children and young people with social and emotional problems, or who have just experienced a trauma and are struggling to cope in school. Counselling involves one-to-one or small group discussions with a trained professional. It may also involve other established therapeutic techniques such as art therapy or play therapy.

Many schools employ learning mentors, who have a pastoral role and are responsible for the welfare of pupils. There are also a number of

Schools lack the resources to help every young person who needs extra help, and extra funding is needed.

#### Box 5: Children's experiences of one-to-one tuition

Without adequate attention, poor readers will often be demotivated and develop a poor attitude towards reading. The example of one 8-year-old boy illustrates this:

*'I [the child's teacher] pick up the book and ask if we can read ... together. He hesitates and looks away ... He picks up the book a few minutes later and tries to read the title. He spells the word and sounds out each letter but cannot blend them. He is frustrated and says "I don't know the cover, how can I read it?" ... his frustration is visible. He gives up and says that he is rubbish and can never read.'*<sup>61</sup>

Extra support can help children develop strategies towards reading that they may not have picked up in class. With continual encouragement, children can develop a better attitude. The example below of a 7-year-old child illustrates this:

*'I break the word into little bits and then read it quickly from the beginning. I pulled "polished" out all in a string to make the right word and for "personages", I squashed "person" and "aged".'*

charities that work alongside schools to help children with emotional problems. For example, the Place2Be runs drop-in centres in primary schools where it also runs group work and one-to-one sessions for children.

### Mentoring

Mentoring describes the formal or informal exchange usually between two people: the person who is experiencing the problem (the 'mentee') and the person who is there to listen and provide support (the 'mentor'). It is the

most widespread approach for addressing social and emotional problems and is especially suitable for young people with the most severe difficulties.

There are different types of mentoring schemes. For example, mentoring can take place between a young person and an older, more experienced adult (such as a teacher, chaplain or professional counsellor). Mentoring can also take place between peer groups. A young person experiencing difficulties is paired with another who has experienced similar problems (sometimes called befriending). One example of successful mentoring is used by the charity Chance UK, which works with children with behavioural difficulties in the London boroughs of Hackney and Islington. Chance UK matches children with volunteer mentors who regularly visit the child's school to meet and talk about problems.

### Support for families

The home environment is frequently the source of children's difficulties but also the best place to solve their problems. Where the needs of children are complex, support is most effective if parents and carers are involved. This approach depends on the cooperation of parents or guardians, and is focused on helping parents to understand how they can work with the school to best support their child's needs.

An example of an organisation that successfully uses this approach is School-Home Support that works with pupils and parents in London and York, providing support workers to handle cases on a one-to-one basis. Family Welfare Association (FWA) also works with pupils and parents. It has community units all across the country and a history of close involvement with social services and schools. By offering support to pupils and their families, FWA is able to help individuals to improve attendance, reduce the risk of exclusion and engage children in the classroom more effectively.



Contributed by TreeHouse

# Appendix

This appendix contains a list of the needs and approaches to supporting individuals in the three areas examined in this research: health and sickness, poverty and education.

## Health and sickness

### *Children with disabilities and life-limiting conditions*

Needs	How can individuals be supported?
<p><b>Needs of children:</b></p> <ul style="list-style-type: none"> <li>• Activities/play</li> <li>• Friendship</li> <li>• Education</li> <li>• Equipment</li> <li>• Transport</li> <li>• Safety</li> </ul> <p><b>Needs of families:</b></p> <ul style="list-style-type: none"> <li>• Mental and physical demands on parents</li> <li>• Lack of breaks</li> <li>• Difficulty of getting statutory support</li> <li>• Demands on siblings</li> <li>• Poverty and debt</li> <li>• Inappropriate housing</li> </ul> <p><b>Additional needs for children with life-limiting conditions:</b></p> <ul style="list-style-type: none"> <li>• Psychological burdens</li> <li>• Dying at home</li> <li>• Nursing and hospice care</li> </ul>	<ul style="list-style-type: none"> <li>• Information and support</li> <li>• Short breaks</li> <li>• Access to leisure activities</li> <li>• Work experience</li> <li>• Advocacy on behalf of children</li> <li>• Support for siblings</li> <li>• Financial support</li> </ul>

### *Adults with disabilities and degenerative diseases*

Needs	How can individuals be supported?
<ul style="list-style-type: none"> <li>• Information and emotional support</li> <li>• Social isolation</li> <li>• Employment</li> <li>• Legal support</li> <li>• Caregivers</li> <li>• Financial hardship</li> <li>• Housing</li> </ul>	<ul style="list-style-type: none"> <li>• Information</li> <li>• Activities and friendship</li> <li>• Employment support</li> <li>• Support to live independently</li> <li>• Legal support</li> <li>• Short breaks</li> <li>• Financial support</li> </ul>

*Conditions specific needs: adults with cancer (example)*

Needs	How can individuals be supported?
<ul style="list-style-type: none"> <li>• Care outside hospital</li> <li>• Advice and information</li> <li>• Emotional support</li> <li>• Financial support</li> </ul>	<ul style="list-style-type: none"> <li>• Information on specific conditions and treatments</li> <li>• Family support and nursing care at home</li> <li>• Financial support</li> </ul>

*Adults at the end of their lives*

Needs	How can individuals be supported?
<ul style="list-style-type: none"> <li>• Ending life in a comfortable environment</li> <li>• Bereavement support for carers</li> <li>• Financial support for carers</li> </ul>	<ul style="list-style-type: none"> <li>• Hospice care</li> <li>• Home care</li> <li>• Support for carers</li> <li>• Financial support</li> </ul>

*Mental health of children and adults*

Needs	How can individuals be supported?
<ul style="list-style-type: none"> <li>• Lack of support in employment</li> <li>• Lack of access to support or therapy</li> <li>• Stigma</li> <li>• Isolation</li> <li>• Families and carers</li> <li>• Housing</li> <li>• Lack of support in care</li> </ul>	<ul style="list-style-type: none"> <li>• Information</li> <li>• Therapy and counselling</li> <li>• Advocacy on behalf of patients</li> <li>• Work experience</li> <li>• Practical home support</li> <li>• Financial support</li> <li>• Leisure activities</li> <li>• Employment support</li> </ul>

**Poverty**

*Children living in poverty*

Needs	How can individuals be supported?
<ul style="list-style-type: none"> <li>• Access to opportunities for social and emotional development</li> </ul>	<ul style="list-style-type: none"> <li>• Financial support</li> <li>• Activities and opportunities</li> </ul>

*Older people*

Needs	How can individuals be supported?
<ul style="list-style-type: none"> <li>• Lack of a sense of purpose</li> <li>• Poverty</li> <li>• Discrimination</li> <li>• Isolation</li> <li>• Abuse</li> </ul>	<ul style="list-style-type: none"> <li>• Financial support</li> <li>• Volunteering</li> <li>• Activities and exercise</li> <li>• Advocacy</li> <li>• Information on benefits</li> <li>• Advice on benefits</li> <li>• Befriending and visiting</li> </ul>

*Housing*

Needs	How can individuals be supported?
<ul style="list-style-type: none"> <li>Affordable, uncrowded housing in a good state of repair</li> </ul>	<ul style="list-style-type: none"> <li>Financial support</li> <li>Advice on repairs</li> <li>Advice on avoiding homelessness</li> <li>Information on housing benefits and support services</li> </ul>

*People with problem debt*

Needs	How can individuals be supported?
<ul style="list-style-type: none"> <li>Cost</li> <li>Stress</li> <li>Relationship problems</li> <li>Employment</li> <li>Legal consequences</li> </ul>	<ul style="list-style-type: none"> <li>Financial education</li> <li>Debt advice</li> <li>Information on handling debt</li> <li>Financial support for essential needs and crisis situations</li> </ul>

*People recently made unemployed*

Needs	How can individuals be supported?
<ul style="list-style-type: none"> <li>Support in finding new roles and making applications</li> <li>Development of new skills</li> </ul>	<ul style="list-style-type: none"> <li>Advice on skills and applications</li> <li>Training</li> <li>Finding openings</li> </ul>

**Education**

Needs	How can individuals be supported?
<ul style="list-style-type: none"> <li>Poverty</li> <li>Poor or inadequate parenting</li> <li>Learning basic skills</li> <li>Social and emotional health</li> <li>Bullying</li> <li>Special educational needs</li> </ul>	<ul style="list-style-type: none"> <li>Financial support</li> <li>One-to-one tuition</li> <li>Counselling and therapy</li> <li>Mentoring</li> <li>Support for families</li> </ul>

# References

- 1 Contact a Family website, [www.cafamily.org.uk](http://www.cafamily.org.uk) [accessed 30 July 2009].
- 2 Joy, I. (2005) *Valuing short lives*. New Philanthropy Capital.
- 3 Every Disabled Child Matters (2007) *'If I could change one thing...'*.
- 4 The Children's Society website [accessed 30 July 2009].
- 5 Contact a Family (2003) *Relationships between Parents who have a Disabled Child: A survey of over 2,000 parents in the UK*.
- 6 Department for Work and Pensions (2007) *Review of the Disability Living Allowance Advisory Board*.
- 7 Alzheimer's Society website, [www.alzheimers.org.uk](http://www.alzheimers.org.uk) [accessed 29 July 2009].
- 8 Knapp, M. and Prince, M. (2007) *Dementia UK: Summary of key findings*. Alzheimer's Society.
- 9 Office of National Statistics (2001) *Census 2001: National Report for England and Wales*.
- 10 McKenzie, D. et al (2004) *The hidden assassin*. New Philanthropy Capital.
- 11 Office for National Statistics (2009) *Cancer Statistics registrations: registrations of cancer diagnosed in 2006, England*.
- 12 Macmillan Cancer Support (2006) *Worried Sick*.
- 13 Macmillan Cancer Support (2009) *Annual report and accounts 2008*.
- 14 Joy, I. and Sandford, S. (2004) *Caring about dying*. New Philanthropy Capital.
- 15 Mind website, [www.mind.org.uk](http://www.mind.org.uk) [accessed 30 July 2009].
- 16 Green, H., McGinnity, A., Meltzer, H., Ford, T. and Goodman, R. (2004) *Mental health of children and young people in Great Britain, 2004*. Office for National Statistics.
- 17 Social Exclusion Unit (2004) *Mental Health and Social Exclusion*. Office of the Deputy Prime Minister.
- 18 Joy, I., and Miller, I. (2006) *Don't mind me*. New Philanthropy Capital.
- 19 Department for Education and Skills and Department of Health (2006) *Report on the implementation of Standard 9 of the NSF for Children, Young People and Maternity Services*.
- 20 Jackson, C., Hill, K., Lavis, P., ed. (2008) *Child and adolescent mental health today: a handbook*. Pavilion.
- 21 Social Exclusion Unit (2004) *Mental Health and Social Exclusion*. Office of the Deputy Prime Minister.
- 22 Cabinet Office Social Exclusion Task Force (2007) *Reaching out: think family*.
- 23 Department of Work and Pensions (2009) *Households Below Average Income (HBAI): An analysis of the income distribution 1994/95 – 2007/08*.
- 24 Margo, J. and Dixon, D. (2006) *Freedom's Orphans: Raising youth in a changing world*. Institute for Public Policy Research.
- 25 Barnes, M; Willitts, M et al. (2004) *Families and Children in Britain: Findings from the 2002 Families and Children Study (FACS)*. DWP Research Report No. 206. CDS: Leeds.
- 26 Office of National Statistics (2008) *Population estimates for UK, England and Wales, Scotland and Northern Ireland - current datasets*.
- 27 Department for Work and Pensions (2007) *Households Below Average Income Series 1994/95-2005/06*.
- 28 Department for Work and Pensions (2007) *Income Related Benefit Estimates of Take-Up in 2005-06*.
- 29 Banks, J. (2006) *Retirement, health and relationships of the older population in England: The 2004 English Longitudinal Study of Ageing (Wave 2)*. Institute of Fiscal Studies.
- 30 Age Concern (2005) *How Ageist is Britain?*
- 31 O'Keeffe, M., Hills, A. and Doyle, M. (2007) *UK Study of Abuse and Neglect of Older People: Prevalence survey report*. National Centre for Social Research.
- 32 Department of Health (2007) *Health Survey for England 2005: Health of older people*.
- 33 Communities and Local Government (2007) *Survey of English Housing Preliminary Results 2006/07*.
- 34 Shelter (2006) *Against the Odds*.
- 35 Credit Action (2008) *Debt facts and figures: compiled 2<sup>nd</sup> June 2008*.
- 36 Department for Business Enterprise & Regulatory Reform (2007) *Tackling over-indebtedness: Annual report 2007*.
- 37 Financial Services Authority (2006) *Financial Capability in the UK: Establishing a Baseline*.
- 38 Kempson, E. (2002) *Over-indebtedness in Britain: A report to the Department of Trade and Industry*. Personal Finance Research Centre.
- 39 Kempson, E., McKay, S. and Willitts, M. (2004) *Characteristics of families in debt and the nature of indebtedness*. Personal Finance Research Centre.

- 40 Pleasence, P., Buck, A., Balmer, N.J. and Williams, K. (2007) *A Helping Hand: The Impact of Debt Advice on People's Lives*. Legal Services Research Centre.
- 41 Council of Mortgage Lenders (2008) *CML's quarterly arrears and possessions data explained*.
- 42 Chartered Institute of Personnel and Development (2009) *'RedundancyWatch' suggests high rate of redundancies set to continue into second half of 2009*. Press release.
- 43 Department for Children, Schools and Families (2008) *Participation in education, training and employment by 16-18 year olds in England*.
- 44 Department for Education and Skills (2003) *Education and skills: the economic benefit*.
- 45 Hammond, C. (2003) *How education makes us healthy*. London Review of Education, 1(1).
- 46 Copps, J. (2006) *On your marks: Young people in education*. New Philanthropy Capital.
- 47 End Child Poverty website, [www.endchildpoverty.org.uk](http://www.endchildpoverty.org.uk) [accessed 29 July 2009].
- 48 Joseph Rowntree Foundation (2007) *Experiences of poverty and educational disadvantage*.
- 49 Feinstein, L. (2003) *Inequality in the Early Cognitive Development of British Children in the 1970 Cohort*. *Economica*, 70(277): p. 73-98.
- 50 Copps, J. (2005) *What next? Careers education and guidance*. New Philanthropy Capital.
- 51 DCSF (2007). *GCSE and Equivalent Examination Results in England 2006/07 (Revised)*.
- 52 DfES (2004). *The Skills for Life Survey: A National Needs and Impact Survey of Literacy, Numeracy and ICT Skills*.
- 53 L. Kounine et. al. (2008). *The Value of Mathematics Reform*. See also A. Wolf (2002). *Does education matter? Myths about education and economic growth* (Penguin).
- 54 Joy, I., van Poortvliet, M. and Yeowart, C. (2008) *Head's up: a guide for donors and charities*. New Philanthropy Capital.
- 55 Thomas Coram Research Unit (2003) *Bullying: How to beat it*.
- 56 Roland (2002) *Bullies, depressive symptoms and suicidal thoughts*. *Educational Research*, 44(1).
- 57 Marr and Field (2001) *Bullycide: death at playtime*.
- 58 Boyle, D. and Burton, E. (2005) *Making sense of SEN: special educational needs, a guide for donors and funders*. New Philanthropy Capital.
- 59 Dockrell, J., et al, (2002) *Literature review: meeting the needs of children with special educational needs*. Institute of Education, University of London.
- 60 Copps, J. (2007) *Read on: children's literacy skills*. New Philanthropy Capital.
- 61 Department for Education and Skills (2005) *Statistical First Release: National Curriculum Assessment, GCSE and Equivalent Attainment and Post-16 Attainment by Pupil Characteristics in England 2004*.
- 62 Department for Education and Skills (2006) *National Curriculum Assessments at Key Stage 2 in England, 2006 (Revised)*.

# Other publications

Research reports are focused on specific areas of charitable activity in the UK unless otherwise stated.

## Community

- **Breaking the cycle:** *Charities working with people in prison and on release (2009)*
- **Short changed:** *Financial exclusion (2008)*
- **Lost property:** *Tackling homelessness in the UK (2008)*
- **Hard knock life:** *Violence against women (2008)*
- **When I'm 65:** *Ageing in 21<sup>st</sup> century Britain (2008)*
- **Not seen and not heard:** *Child abuse (2007)*
- **A long way to go:** *Young refugees and asylum seekers in the UK (2007)*
- **Home truths:** *Adult refugees and asylum seekers (2006)*
- **Inside and out:** *People in prison and life after release (2005)*
- **Grey matters:** *Growing older in deprived areas (2004)*
- **Side by side:** *Young people in divided communities (2004)*
- **Local action changing lives:** *Community organisations tackling poverty and social exclusion (2004)*
- **Charity begins at home:** *Domestic violence (2003)*

## Education

- **Inspiring Scotland:** *14:19 Fund (2008)*
- **After the bell:** *Out of school hours activities for children and young people (2007)*
- **Lean on me:** *Mentoring for young people at risk (2007)*
- **Misspent youth:** *The costs of truancy and exclusion (2007)*
- **Read on:** *Literacy skills of young people (2007)*
- **On your marks:** *Young people in education (2006)*
- **What next?:** *Careers education and guidance for young people (2005)*
- **School's out?:** *Truancy and exclusion (2005)*
- **Making sense of SEN:** *Special educational needs (2004)*

## Health and disability

- **Heads up:** *Mental health of children and young people (2008)*
- **A life less ordinary:** *People with autism (2007)*
- **What price an ordinary life?:** *Financial costs and benefits of supporting disabled children and their families (2007)*
- **Don't mind me:** *Adults with mental health problems (2006)*
- **Valuing short lives:** *Children with terminal conditions (2005)*
- **Ordinary lives:** *Disabled children and their families (2005)*
- **Out of the shadows:** *HIV/AIDS in Burundi, Democratic Republic of Congo and Rwanda (2005)*
- **The hidden assassin:** *Cancer in the UK (2004)*

- **Caring about dying:** *Palliative care and support for the terminally ill (2004)*

- **Rhetoric to action:** *HIV/AIDS in South Africa (2003)*

## Environment

- **Green philanthropy:** *Funding charity solutions to environment problems (2007)*

## International

- **Philanthropists without borders:** *Supporting charities in developing countries (2008)*
- **Going global:** *A review of international development funding by UK trusts and foundations (2007)*

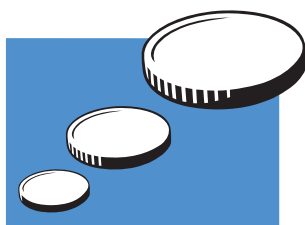
## Cross-cutting research

- **Critical masses:** *Social campaigning (2008)*
- **Striking a chord:** *Using music to change lives (2006)*
- **Everyday cares:** *Daily centres in Italy and the UK (2009)*

## Improving the charity sector

- **Feelings count -** *Measuring children's subjective well-being for charities and funders (2009)*
- **What place for mergers between charities?** *(2009)*
- **Board matters:** *A review of charity trusteeship in the UK (2009)*
- **How are you getting on?** *Charities and funders on communicating results (2009)*
- **Granting success:** *Lessons for funders and charities (2009)*
- **Valuing potential:** *An SROI analysis on Columba 1400 (2008)*
- **More advice needed:** *The role of wealth advisors in offering philanthropy services to high-net-worth clients (2008)*
- **Turning the tables:** *Putting English charities in control of reporting (2008)*
- **Turning the tables:** *Putting Scottish charities in control of reporting (2008)*
- **On the bright side:** *Developing a questionnaire for charities to measure children's well-being (2008)*
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- **Trading for the future:** *A five-year review of the work of the Execution Charitable Trust and New Philanthropy Capital (2007)*
- **Funding success:** *NPC's approach to analysing charities (2005)*
- **Surer Funding:** *Improving government funding of the voluntary sector (2004, published by acevo)*
- **Full cost recovery:** *A guide and toolkit on cost allocation (2004, published by NPC and acevo)*
- **Just the ticket:** *Understanding charity fundraising events (2003)*
- **Funding our future II:** *A manual to understand and allocate costs (2002, published by acevo)*





# New Philanthropy Capital

New Philanthropy Capital (NPC) is a charity that maximises the impact of donors and charities—it does this through independent research, tools for charities and advice for donors. Its research guides donors on how best to support causes such as cancer, education and mental health. As well as highlighting the areas of greatest need, NPC identifies charities that could use donations to best effect.

Using this research it advises clients and their trusted advisors, and helps them think through issues such as:

- Where is my support most needed, and what results could it achieve?
- Which organisation could make the best use of my money?
- What is the best way to support these organisations?

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