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Tackling Pensioner Poverty Initiative evaluation

East End Community Foundation

May 2026

Evaluation funded by:

Rothesay Foundation

East End COMMUNITY FOUNDATION

Executive summary

The East End Community Foundation (EECF) Tackling Pensioner Poverty Initiative (TPPI) is a place-based programme designed to reduce pensioner poverty by increasing the uptake of unclaimed benefits, particularly Pension Credit. Working through a network of community organisations across Tower Hamlets, Newham, Hackney and the City of London, the initiative combines training, outreach and personalised one-to-one support to help older people access financial entitlements.

This report presents the findings of a rapid, independent evaluation commissioned by EECF after three years of delivery. The evaluation draws on administrative data covering 807 engagements, alongside interviews with delivery partners and EECF staff. It assesses programme reach, financial outcomes, delivery models and variations in performance, and considers the enablers and barriers to success. It also sets out a framework for future growth and provides recommendations for strengthening delivery, targeting, and evaluation.

Key findings

- Significant financial impact - the initiative generated over £2.57 million in financial gains, the majority (£2.46 million) through statutory benefits, demonstrating strong success in increasing income for older people.
- High levels of engagement and outcomes - a total of 807 residents were engaged, with 569 receiving a financial gain, 443 of whom received a statutory benefit.
- Increased impact over time - engagement nearly tripled between Year 1 and Year 2, while total financial gains increased from approximately £351,000 to over £1.24 million annually.
- Strong performance with underserved populations - the programme successfully reached ethnically diverse communities, particularly BAME groups, who accounted for the majority of both engagement and financial outcomes.
- Core role of Pension Credit as a gateway benefit - Pension Credit was the most significant intervention, supporting 190 individuals and generating over £1.05 million, as well as unlocking additional entitlements such as housing and council tax support.

Recommendations

- Maintain focus on trust-based, local delivery
- Expand outreach where there is a risk of saturation
- Prioritise certain referral routes
- Complement existing providers with new, targeted delivery partners
- Balance awareness-raising with targeted engagement
- Expand the initiative with a test-and-learn approach
- Broaden the offer to address wider drivers of poverty
- Develop and implement a consistent, shared evaluation framework
- Consider proportionate ROI analysis, with periodic SROI

The TPPI has demonstrated that a community-led, trust-based approach can deliver significant financial and social impact, particularly for underserved populations. As EECF looks to expand the programme, the priority should be to scale impact, not just activity, through more targeted outreach, stronger referral systems, and a more robust evaluation framework.

1 Introduction

1.1 Pensioner poverty across London's East End is higher than the UK average with thousands of older people having to choose between heating their homes and eating. At the same time, essential sources of financial support - most notably Pension Credit - remain underclaimed. This underutilisation is often attributable to a lack of awareness regarding benefit entitlements, difficulties in completing application processes and uncertainty about the information required.

1.2 The East End Community Foundation (EECF) Tackling Pensioner Poverty Initiative (TPPI) operates in partnership with eleven organisations across, Tower Hamlets, Newham to support older individuals in accessing financial assistance. The initiative delivers targeted training to frontline organisations, equipping them to:

- Identify individuals who may be eligible for additional financial support
- Undertake benefit and entitlement assessments
- Assist with applications for both statutory and non-statutory financial support
- Facilitate access to one-off payments and enhance ongoing income
- Provide broader advice and appropriate referral pathways.

1.3 In year one, the project was supported through the EECF's Life Chances Campaign. In years two and three, it has been co-funded by the Rothesay Foundation.

The evaluation

1.4 Following three years of programme delivery, EECF commissioned Campbell Tickell (CT) to undertake an independent, rapid evaluation of the TPPI initiative. This report presents an evidence-based analysis drawing on administrative data collected over the three-year operational period. It examines:

- Levels of engagement
- Financial outcomes achieved
- Success rates in securing support
- Demographic trends
- Organisational performance
- Changes and developments over time.

1.5 In addition to the review of administrative data, eight people from the delivery organisations were interviewed in order to understand the variations in implementation models, enablers and barriers to success and opportunities for further growth. Interviews were also held with staff at EECF.

1.6 This report also outlines considerations for EECF when designing future iterations of the TPPI, including a review of performance metrics and evaluation approaches. Please note that the research conducted for this evaluation was rapid and small-scale and as such, should be used as the basis for more in-depth conversations.

2 Implementation models

2.1 The delivery partners varied by organisational types and delivery models, reflecting differences in mission, capability, and approach to reaching older people. Some of the organisations were already working with the EECF and were approached by the funder to join the initial pilot, whereas others responded to a funding call. All providers were being funded for the current year. See Appendix 1 for a summary of the organisations.

2.2 Across the programme, delivery partners broadly fell into three categories:

- Community-based holistic service providers - established, place-based organisations with broad service offers
- Culturally specific / community-led organisations - rooted in specific ethnic, linguistic, or cultural communities, led by members of the communities they serve
- Advice specialists and system enablers – one organisation had formal expertise in welfare, debt, and housing advice and was used to train and support the other providers.

2.3 All organisations leveraged their existing client-base, reaching people primarily through a mix of regular activities and outreach work, and working with existing partners to get referrals. The new initiative was integrated in existing provision and promoted through dedicated drop-in sessions, presentations at specific venues/groups, flyering (where the group had a physical location), 1:1 targeted contact and opportunistic contact with older people through their existing programme of activities. There were also some instances of broader outreach. For example, getting permission from a local bank to approach older clients who were visiting the bank. Others invested in building new contacts, such as, collaborating with new faith groups or GP practices previously unknown to the organisation.

2.4 The providers had a shared core delivery pathway, offering an initial eligibility assessment, followed by support to make an application where relevant and ongoing support and contact until an outcome was received. This is, however, a significant simplification of the actual work undertaken which often included multiple touch points with the older person, and sometimes their family, before there was sufficient levels of understanding and trust to be able to share sensitive financial information. One organisation described a six-session programme they had developed in order to build confidence and knowledge around financial security more generally, and then be able to submit an application. Many talked about needing to have several informal chats with people on a 1:1 basis, with few service users feeling comfortable to talk about finances in a group setting. Some providers took it as an opportunity to do a broader holistic check of the person's digital skills, review any high-cost outgoing that could be reduced (e.g. to phone companies) or any signs of health issues or social isolation.

2.5 The outcome of an application is received directly by the service user and as such, the delivery partner must contact the individual in order to know what happened. This process often worked well but there were some instances of contact being lost.

3 Assessing impact

Interpreting the data analysis

3.1 The data analysis is based on operational service provided by the delivering partners to EECF. The dataset includes 807 recorded engagements across the three years. Before presenting the results, it is important to note the limitations of the data:

- Some records classified as “ongoing” include financial values. It is unclear in all cases whether residents had already received part of the payment or payments were projected but not yet realised. Where a monetary value has been included in the entry, it has been retained within the analysis to avoid underestimating potential impact.
- Some forms of support, particularly Freedom Passes and TV licence-related support, have been recorded inconsistently.
- The point at which a case was recorded varied across providers. Some included any form of 1:1 conversation with an older person about the initiative even when it became apparent that they did not need or want an eligibility assessment. Some recorded when an eligibility assessment had taken place but others recorded only when an application had been made.

3.2 As such, the assessment in this report focuses on the financial gains rather than number of records or rates of success by provider. Where the analysis uses the word “success”, this refers to a resident receiving any financial payment or financial gain. Where the analysis refers to “Statutory success” this is specifically when a resident has received a statutory benefit payment (e.g. Pension Credit, Housing Benefit, free TV license).

Overall delivery

3.3 Across the three years, the service generated over £2.57 million in direct financial outcomes. The majority of financial gains (£2.46 million) came through statutory entitlements.

Table 1: Scale of delivery

Measure	Total
Residents engaged	807
Residents receiving any payment	569
Residents receiving statutory payment	443
Total financial gains	£2,570,112
Total statutory gains	£2,464,132

3.4 The difference between mean and median values indicates a highly skewed distribution (see Table 2). While many residents received relatively modest gains, a smaller number experienced significant increases in income. This is particularly evident in annual payment calculations, where the average gain is £6,890 but the maximum is £22,334. These findings suggest the service is addressing both immediate financial hardship and longer-term income insecurity.

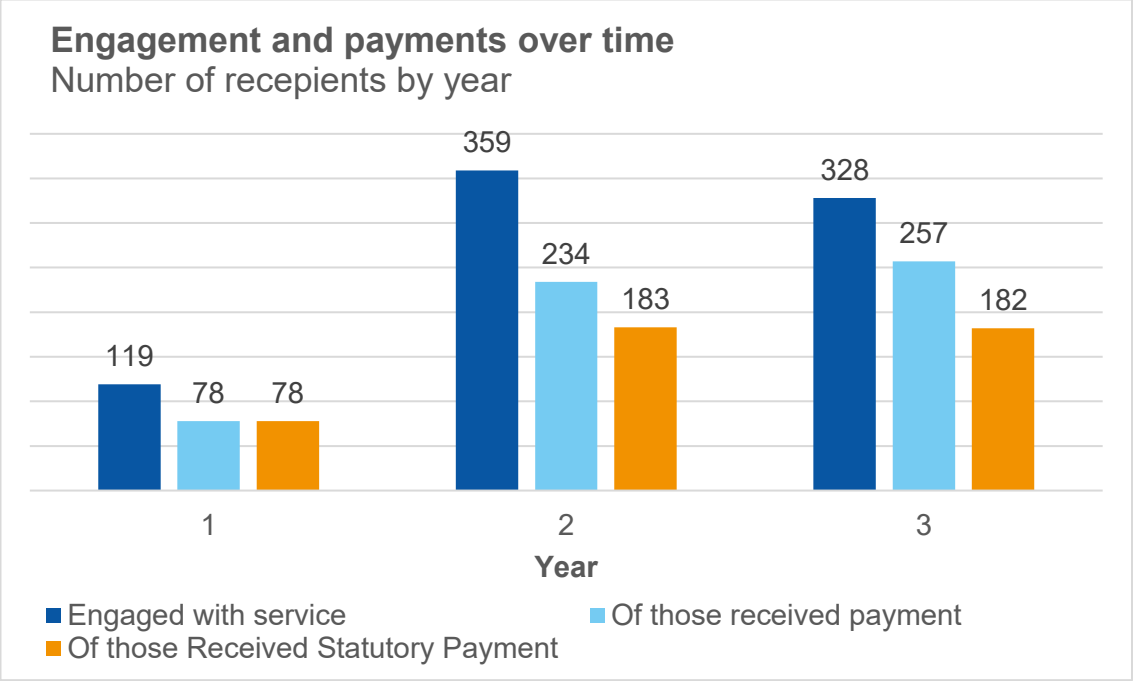
One-off payments and vouchers provide short-term stabilisation support, while annualised statutory gains represent more sustained changes to household income.

Table 2: Distribution of Payments

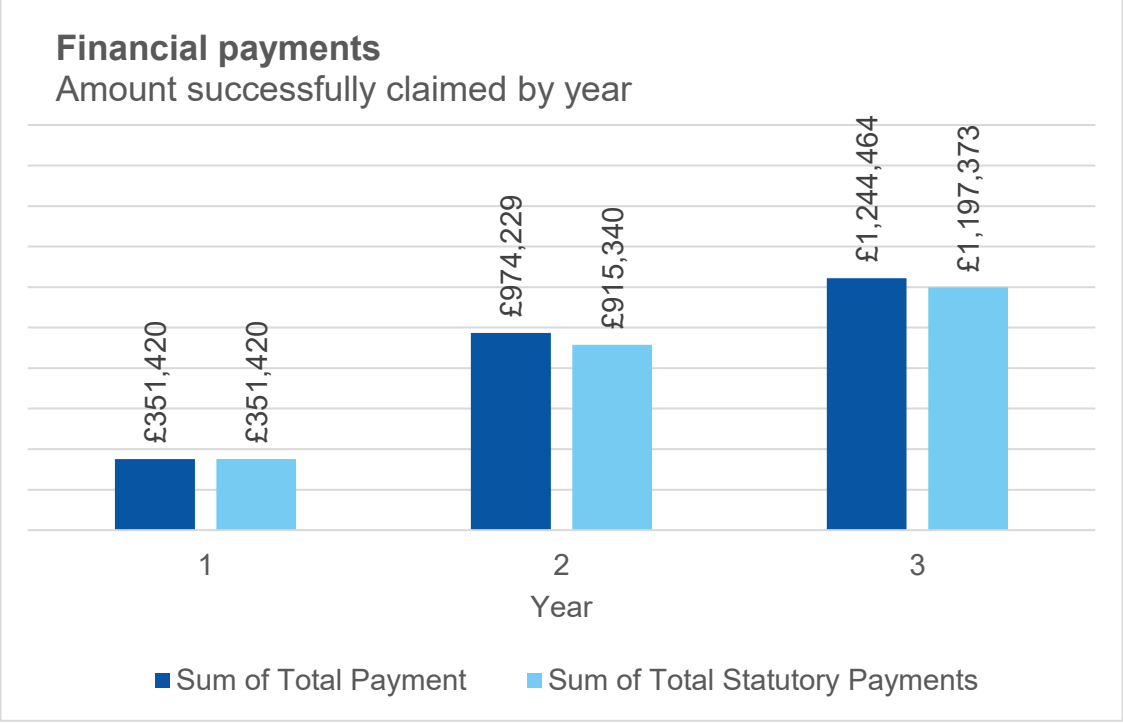
Payment Type	Number of recipients	Maximum	Mean	Median	Total payment
Vouchers / non-benefits	131	£12,376	£410	£50	£68,145.50
Bill checks / savings	17	£4,300	£2,226	£2,400	£37,835.00
One-off payments *(Statutory)*	191	£10,855	£688	£175	£176,812.94
Annual payment calculations *(Statutory)*	332	£22,334	£6,890	£5,645	£2,287,319.04
Total payment	807	£24,905	£3,185	£240	£2,570,112.48

Trends over time

3.5 The service expanded rapidly after Year 1. Engagement volumes nearly tripled between Year 1 and Year 2, before remaining high in Year 3. This is the result of an increase in delivery partners in addition to increased awareness, improved referral pathways and stronger partnership working.



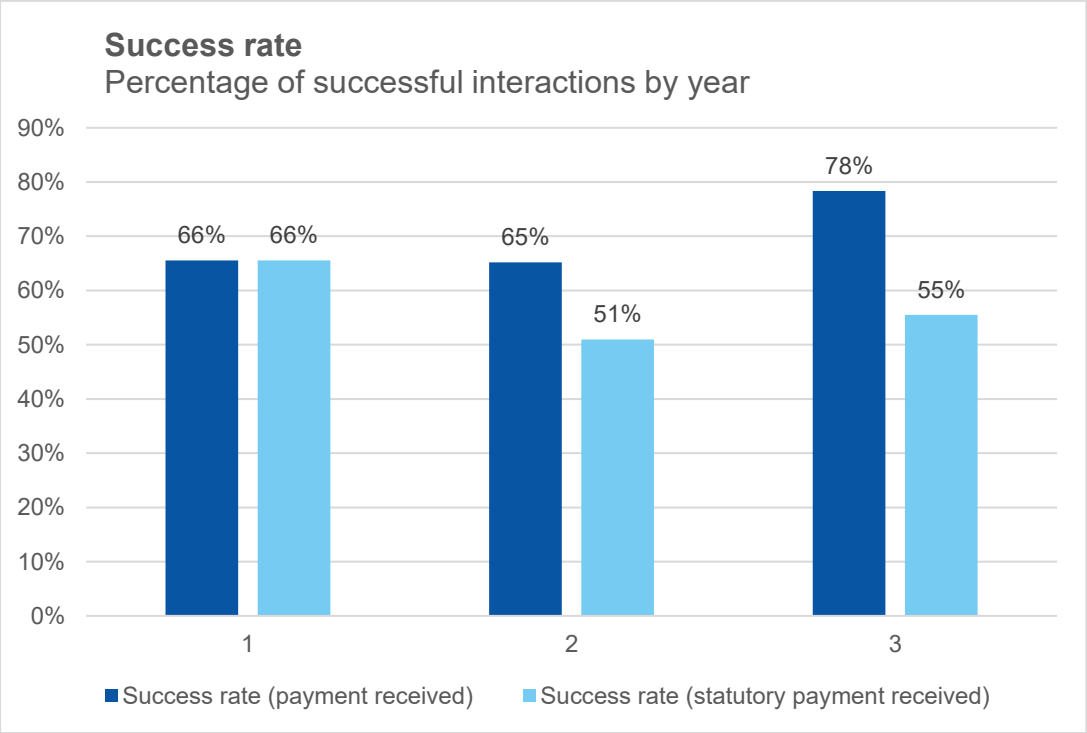
3.6 Financial impact also increased over time. Total gains more than tripled between Year 1 and Year 2, whilst Year 3 produced the highest overall financial impact. In addition, statutory outcomes increasingly dominated total gains. The increase from £351,000 to over £1.24m annually demonstrates substantial scaling capability.



3.7 Presented below is analysis of the “Success” metric. However, the limitation of this analysis is outlined in Section 3.1 where there is a description of the variance in how and when data was recorded. The graph below indicates that:

- Year 1 achieved fairly high success rates. This may indicate a smaller, highly targeted, and potentially easier-to-reach cohort.
- Year 2 saw rapid expansion and increased complexity. Success rates fell slightly despite much larger overall impact. Possible explanations include the programme’s expansion into more complex populations, increased referrals, broader outreach, more preventative or exploratory casework or operational pressure during scale-up.
- Year 3 shows recovery and improvement in overall success rates while maintaining high volume. This suggests the service has adapted effectively following expansion.

3.8 Importantly, even where percentages dipped, the total financial gains increased substantially, as indicated above. In this context, lower conversion rates do not necessarily imply reduced effectiveness. Instead, they may reflect increased complexity of need, more preventative engagement, greater outreach activity, work with residents requiring more intensive support or a change in how the data was recorded.



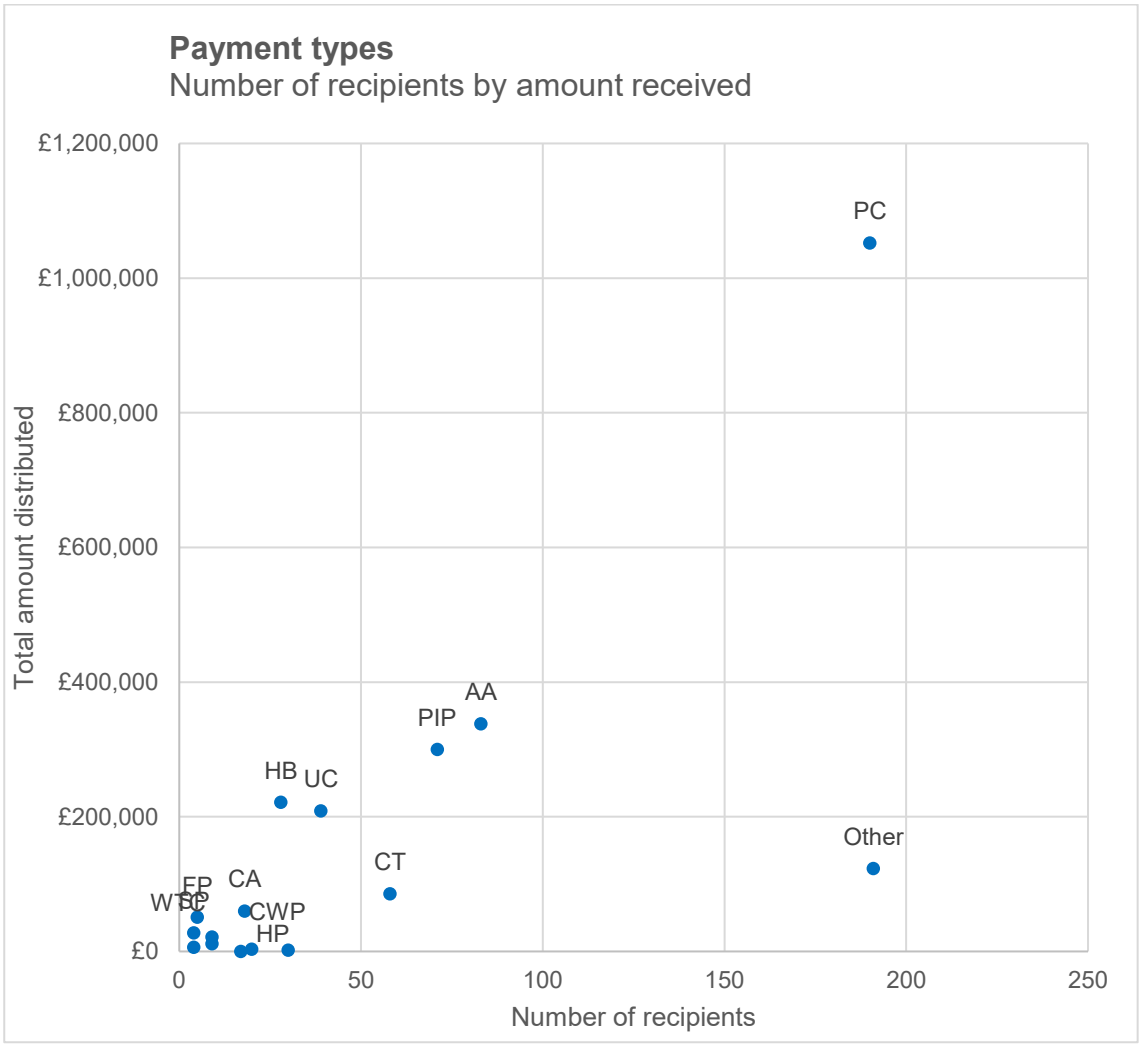
Types of support and benefit outcomes

3.9 The service provides a diverse range of support outcomes, with the most frequent being Pension Credit, Attendance Allowance, Personal Independence Payment (PIP), Council Tax support, and Universal Credit.

Payment type	Number of recipients	Average payment	Total payment
Pension Credit	190	£5,538.14	£1,052,246.01
Attendance Allowance	83	£4,070.96	£337,889.50
PIP	71	£4,227.82	£300,175.40
Council Tax	58	£1,478.97	£85,780.33
Universal Credit	39	£5,351.85	£208,722.15
Housing Benefit	28	£7,912.39	£221,547.05
Cold Weather Payment	20	£154.25	£3,085.00
Carer's Allowance	18	£3,326.26	£59,872.60
Freedom Pass[1]	18	£3,326.26	£59,872.60
Housing Payment	9	£1,246.11	£11,215.00
DLA	9	£2,382.53	£21,442.80
State Pension	4	£6,950.73	£27,802.91
Working Tax Credit	4	£1,541.01	£6,164.05
Other[2]	191	£644.09	£123,020.48

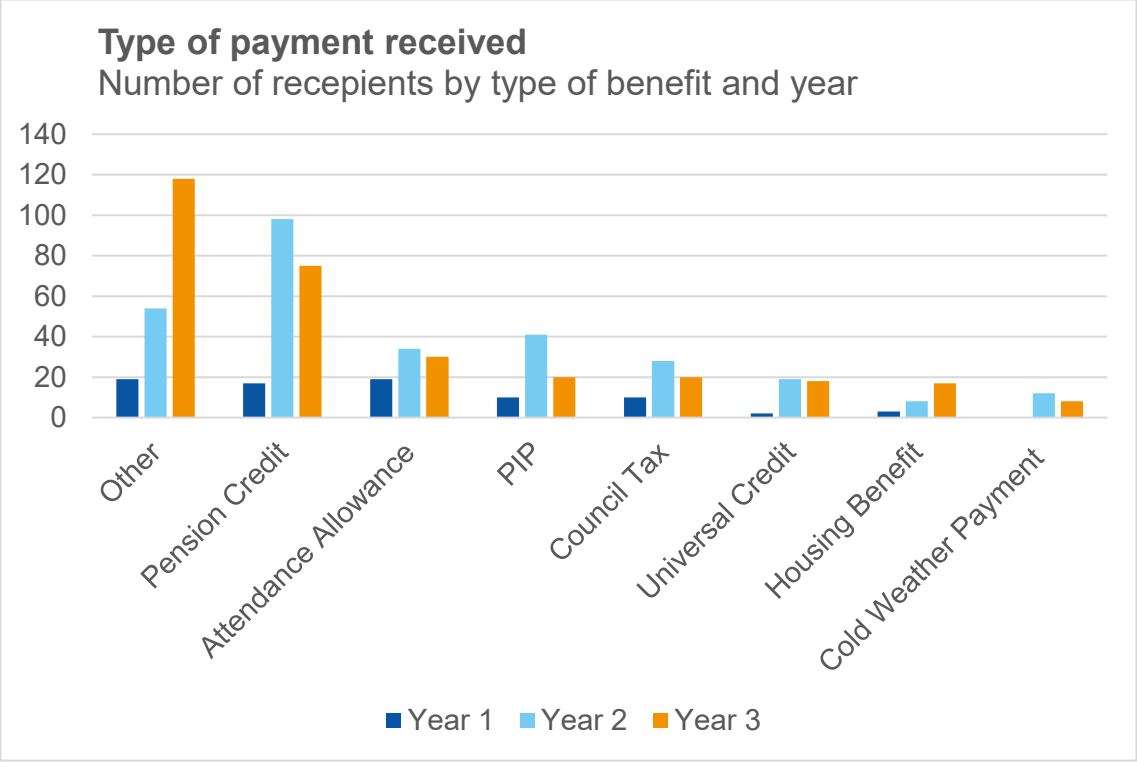
3.10 As expected due to the focus on the initiative, Pension Credit stands out as the most common intervention, consistently recorded across all years. Its significance lies in its function as a gateway benefit, enabling recipients to access additional support such as Housing Benefit, Council Tax Reduction, Cold Weather Payments, and free TV licences. As shown in the graph below, Pension Credit is a benefit that was commonly provided to service users *and* high value. This contrasts to 'Other' payments, such as shopping vouchers, which were frequently distributed but with a much lower value.

[1] Figures for Freedom Pass are estimated savings as opposed to additional income.
[2] 'Other' generally refers to non-benefits such as vouchers.



3.11 Attendance Allowance and PIP are also prominent outcomes. These benefits are frequently underclaimed by older individuals, often due to complex application procedures, limited awareness or reluctance to identify as disabled. They are also annual payments meaning that recipients will continue to receive the benefit unless their circumstances (or eligibility) changes.

3.12 The graph below examines how the distribution of benefits has changed over the past three years. It demonstrates that the second year of operation was particularly successful in terms of the number of Pension Credit and other statutory benefits claims. While there was a decrease in incidence of several payment types in year 3, the magnitude of these payments often increased, as seen in Section 3.6. The result is that despite fewer claims in year 3 compared to year 2, the total amount of money claimed was higher. (Note that there will be contextual explanations for the change over time related to the number and type of delivery partners involved and the required lead in time for training and awareness raising.)



3.13 Beyond direct financial gains, the dataset records broader outcomes, including debt advice, homelessness prevention, referrals, application support and case management. These forms of assistance contribute to wider financial security and poverty reduction, even though they are not always systematically documented. They also indicate the service's role in identifying hidden needs and facilitating access to benefits and support systems that residents may not manage independently. This is especially relevant for those experiencing age-related disability, declining health, social isolation and/or unmet care and mobility needs.

Impact by organisation

3.14 Across the three years Neighbours in Poplar (NIP) and Aishah Help (AH) account for the largest engagement volumes. NIP appears especially effective at converting engagement into statutory outcomes.

Table 3: Volume, reach and success by organisation

Organisation	Number engaged	Received Payment (%)	Received Statutory Payment (%)
Neighbours in Poplar	220	165 (75%)	163 (74%)
Aishah Help	200	165 (83%)	82 (41%)
Island House Community Centre	107	72 (67%)	52 (49%)
Families Support Group	103	70 (68%)	65 (63%)
Toynbee Hall	55	29 (53%)	29 (53%)
Skills Enterprise	40	37 (93%)	21 (53%)
Ocean Regeneration Trust	29	6 (21%)	6 (21%)
Wapping Bangladesh Association	25	10 (40%)	10 (40%)
West Ham Foundation	19	6 (32%)	6 (32%)
Island Advice Centre	8	8 (100%)	8 (100%)

3.15 Analysing success rates by organisations, several patterns emerge.

- NIP combines high engagement volume, strong success rates and very high statutory conversion.
- FSG demonstrates particularly strong statutory success rates. This may indicate specialist expertise, stronger case management or highly targeted referral pathways.
- Some organisations show lower success rates but may be working with harder-to-reach residents, more complex needs, residents requiring intensive engagement or be recording their data differently.

3.16 Therefore, more analysis and consistent data reporting is needed in order to make any definitive conclusions. Lower success rates should not automatically be interpreted as a reflection on their performance.

3.17 With respect to payments gained, NIP generated the largest total financial impact (see Table 5). Together, NIP, FSG, and AH account for the majority of all financial gains. With respect to the

average payment, this was highest for the Island Advice Centre, Families Support Group and Skills Enterprise.

Table 5: Financial outcomes by organisation

Organisation	Total Financial Gains	Average Payment
Neighbours in Poplar	£793,269	£3,606
Families Support Group	£523,898	£5,086
Aishah Help	£377,623	£1,888
Island House Community Centre	£337,096	£3,150
Toynbee Hall	£199,360	£3,625
Skills Enterprise	£181,069	£4,527
Island Advice Centre	£59,710	£7,464

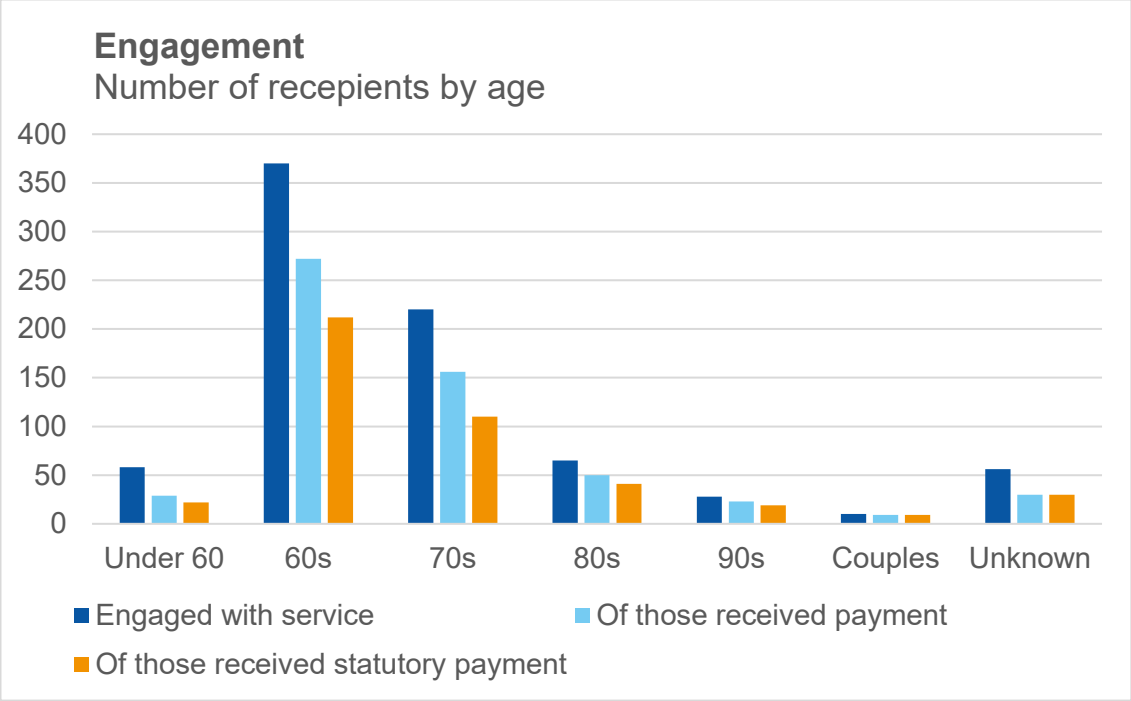
Impact by demography

Age

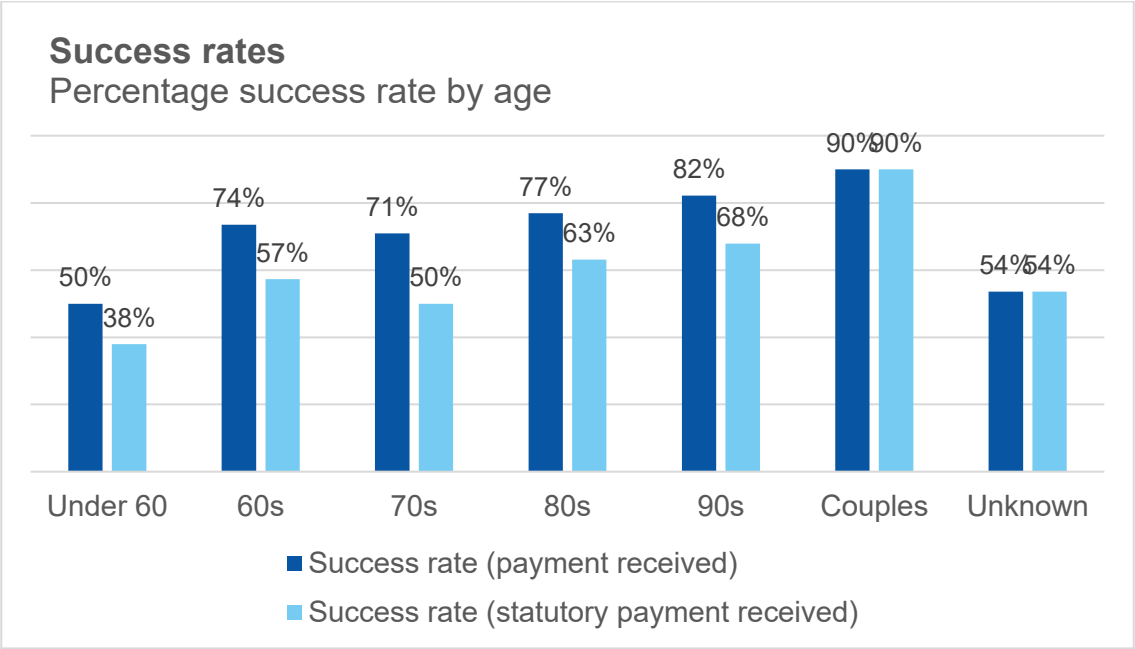
3.18 Residents in their 60s represent the largest proportion of service users which is unsurprising given this group includes many newly retired residents and individuals approaching or entering pension-age support systems.

3.19 By comparison, uptake among those in their 70s is notably lower at 220 users—around 40% fewer than the 60s cohort. Engagement drops further in the 80s group, with only 65 users, representing roughly an 80% reduction compared to those in their 60s. Smaller numbers are seen in the Under 60 group (58) and those aged 90+ (28), while unknown age cases account for 56 users. Couples represent a very small proportion of overall engagement (10 users).

3.20 Overall, the data shows a clear concentration of service use in the 60s cohort, with a marked step-down in engagement across each subsequent age band.



3.21 Success rates increase significantly with age with the oldest residents experiencing the highest success rates. This is most pronounced in the 80s and 90s cohorts, where almost all engaged residents progressed to statutory payment. In contrast, under 60s and unknown groups show noticeably lower success rates, indicating weaker outcomes outside the older age brackets.



3.22 The services have been most successful among people in their 60s with £1.3million going to this age group over the 3 years, accounting for 51% of the total financial gains. The group with

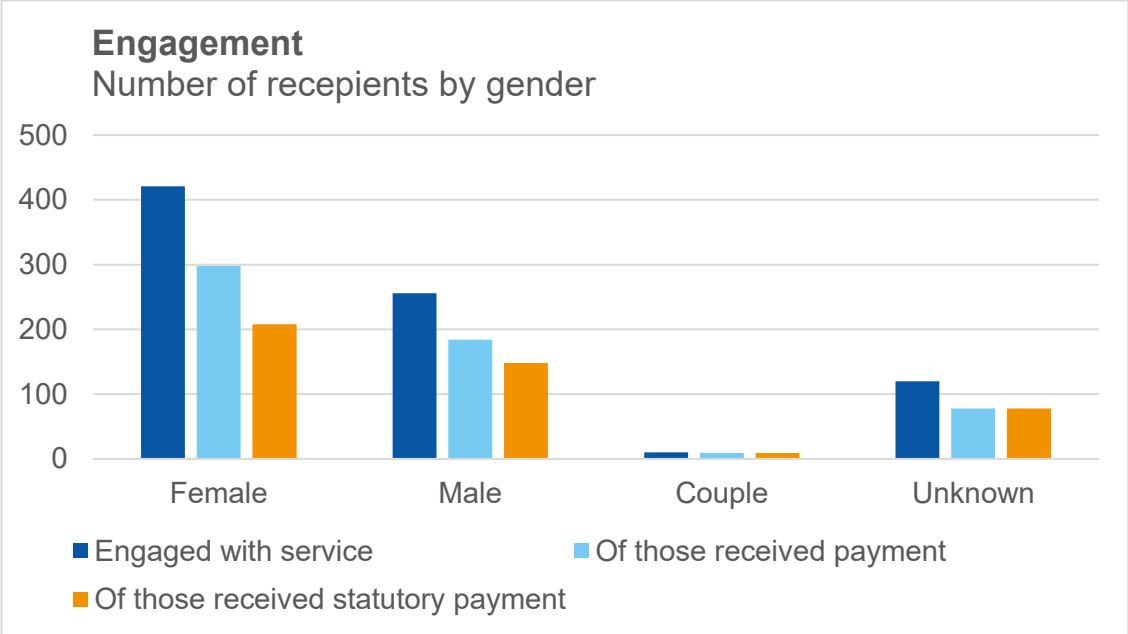
the lowest total gains is those in their 90s, however where they did receive money, they received more on average than any other group.

Table 6: Financial gains by age group

Age Group	Total Financial Gains	Average Financial Gains
Under 60s	£147k	£2,544
60s	£1.30m	£3,510
70s	£546k	£2,482
80s	£174k	£2,682
90s	£104k	£3,702

Gender

3.23 Women make up the majority of service users, accounting for 421 (52%) of 807 engaged cases compared with 256 (32%) males. The remaining 16% is made up of couples and unknown cases. This represents a clear gender gap in uptake and may reflect a gender bias in the types of service provision, women's longer life expectancy, greater likelihood of living alone in later life, lower pension wealth or stronger engagement with support services.



3.24 Overall payment success is similar across genders. However, men show higher proportion receiving a statutory payment. Potential explanations could include differences in existing benefit uptake, differing claim types or variations in financial circumstances. With respect to the amounts received, women receive the largest total gain at £1.16m compared to £960k for men overall, though this is largely due to higher engagement volumes.

Table 7: Outcomes by gender

Gender	Payment Success	Statutory Success
Female	71%	49%
Male	72%	58%

Ethnicity

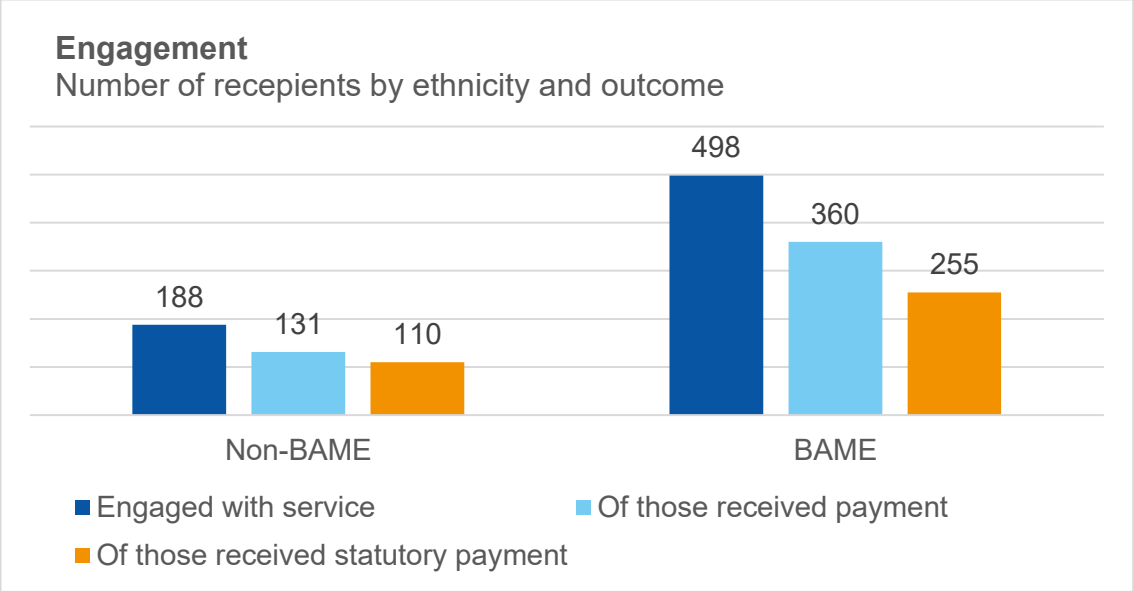
3.25 The service shows strong engagement with ethnically diverse communities when comparing BAME and Non-BAME residents. In particular there is very high engagement among Bangladeshi residents.

3.26 A larger proportion of service users are from BAME backgrounds, and this group also accounts for the majority of both financial outcomes and statutory benefit awards. This indicates that the service is not only reaching ethnically diverse populations in greater numbers but is also achieving substantial levels of successful intervention within these groups.

3.27 National data often shows lower benefit uptake among ethnic minorities, linked to factors such as language barriers, digital exclusion, limited awareness of entitlements, and mistrust of institutions[3]. However, this service appears to successfully identify unmet needs and entitlements once residents engage (see Appendix 2 for case studies).

3.28 However, a clearer difference emerges when examining statutory outcomes specifically. Non-BAME residents show a lower statutory success rate compared with their overall payment success, indicating that a smaller proportion of successful cases translate into ongoing or entitlement-based benefits. In contrast, BAME residents show a smaller drop between overall payment success and statutory outcomes, suggesting a relatively higher proportion of their successful cases result in statutory benefit awards BAME individuals gained £1,465,687 in statutory payments in total compared to non-BAME individuals who gained £647,025.

[3] Barriers and facilitators to healthcare access for older ethnic minority adults in the UK: a scoping review | British Geriatrics Society



3.29 One of the clearest findings within the dataset is the strong engagement and high financial impact among three ethnic communities:

- Bangladeshi residents
- Black African residents
- White British residents.

3.30 The particularly large Bangladeshi cohort is notable both in terms of engagement and financial outcomes.

Table 9: Outcomes by ethnic sub-group

Ethnicity	Success rate (payment received)	Success rate (statutory payment received)	Number engaged
Asian/Asian British - Pakistani	96%	46%	26
Asian/Asian British- Other Asian background	80%	50%	15
Asian/Asian British - Indian	79%	48%	29
Other ethnic group	75%	77%	4
Asian / Asian British – Bangladeshi	73%	47%	260
White British	70%	62%	172
Black/Black British - African	68%	44%	117
White - Other	67%	33%	15
Asian / Asian British – Chinese	65%	50%	20
Unknown	64%	25%	121
Black/Black British - Caribbean	56%	47%	16
Black/Black British - Other Black background	50%	59%	6
Mixed	50%	64%	6

Feedback from delivery providers

3.31 In addition to the monitoring data, delivery partners were asked to describe who they reached, how they defined success and what impact they felt their intervention had achieved.

Reach

3.32 Across the programme, delivery partners had a particular emphasis on older people experiencing or at risk of poverty who are underserved by institutions and mainstream advice and support services. This included those:

- From marginalised or minority ethnic communities
- Digitally excluded
- Isolated or living alone
- Managing long-term health conditions or early cognitive decline
- Dependent on family members for financial management.

3.33 A notable feature of the cohort reached was the strong representation of ethnically diverse and migrant communities, particularly among partners working in specific localities or with defined cultural groups. These included individuals facing language barriers, stigma around claiming benefits and distrust of formal systems, which can significantly reduce take-up. Several partners also reached those who were digitally excluded or lacked confidence navigating online systems, highlighting how the programme extended beyond general poverty alleviation to focus on those at the intersection of multiple forms of exclusion. Overall, the delivery model was effective in reaching people who are typically less visible to statutory services and less likely to engage with traditional advice provision.

Defining success

3.34 Delivery partners tended to define success in practical and immediate terms, most commonly centred on successful benefit claims and increases in individual income. Securing Pension Credit or related entitlements was often seen as the clearest indicator of success, alongside measurable outputs such as the number of people supported, claims submitted and positive outcomes achieved. For many organisations, particularly those newer to benefits advice, success also included building the internal capacity and confidence of staff or volunteers to deliver accurate and effective support.

3.35 However, definitions of success were not limited to financial metrics. Many partners -especially community-based and culturally specific organisations - placed equal importance on softer outcomes, such as increased awareness of entitlements, improved confidence in engaging with services and reduced stigma around claiming benefits. Success was also framed in terms of relationship-building and trust, particularly where engagement with older people had previously been limited. In this sense, success was understood as both transactional (claims and income gains) and relational (building pathways into support that could be sustained over time).

Impact

3.36 Delivery partners consistently reported that their interventions had a meaningful financial impact on individuals, particularly where claims were successful. Accessing previously unclaimed benefits was described as helping older people to better meet daily living costs, reduce financial stress and in some cases improve their overall quality of life. The provision of one-to-one support was seen as critical to these outcomes, especially given the complexity of the benefits system and the barriers many beneficiaries faced in navigating it independently.

3.37 Beyond financial gains, partners highlighted wider impacts, including:

- Reduced anxiety and stress
- Improved mental wellbeing
- Increased confidence and understanding
- Protection from financial abuse
- Reduced isolation and increased social connection
- Referrals to other services where needed
- Improved digital literacy.

3.38 Additionally, the programme was seen to have strengthened the local support ecosystem, both by increasing the advice capacity of community organisations and by enhancing referral pathways between partners. While the scale of impact varied depending on organisational capacity and delivery challenges, the overall perception was that the intervention contributed to both immediate financial relief and longer-term improvements in access to support.

4 Understanding impact

4.1 This section of the report presents the enablers and barriers to the implementation of TPPI as reported by the delivery partners in the interviews undertaken. It also outlines their top learning points and feedback to the EECF.

Enablers

4.2 Delivery partners identified a consistent set of enablers centred on trust, accessibility, partnership working and personalised support.

Pre-existing trust

- **Trusted relationships and community presence** - existing relationships with local residents enabled organisations to engage people more effectively and build the trust needed for individuals to discuss sensitive financial issues.
- **Integration into existing services** - embedding benefits advice within ongoing activities allowed organisations to reach people organically and reduce the stigma associated with seeking financial support.

Flexible, personalised approach

- **Culturally appropriate and language-specific delivery** - delivering services in community languages and culturally familiar settings helped overcome communication barriers and created a more comfortable environment for engagement.
- **Outreach-based and flexible delivery models** - the use of outreach, drop-ins and home visits made services more accessible, particularly for individuals with mobility issues or those less likely to attend formal settings.
- **One-to-one, personalised support -** providing tailored, individual support enabled beneficiaries to navigate complex systems more effectively and increased the likelihood of submitting a claim.

Capacity building

- **Training and capacity-building support** - access to training and ongoing mentoring improved staff confidence and capability, enabling organisations to deliver higher-quality advice.
- **Use of volunteers and peer support models** - volunteers and peer-led approaches expanded capacity and helped build trust, particularly where support was delivered by individuals with shared experiences.
- **Partnership working and referral pathways** - strong partnerships with other organisations ensured that individuals could be referred seamlessly for more specialist or complex support when needed.

Barriers

4.3 The enabling factors sat alongside a range of structural and behavioural barriers including stigma, low awareness, digital exclusion and system complexity. While the programme design helped mitigate many of these challenges, organisational capacity constraints and difficulties in converting engagement into completed claims remained key limiting factors.

Structural issues

- **Reluctance to talk about money** - providers needed to engage with residents multiple times before they would consider having an assessment and often in those early conversations, money or benefits was intentionally not mentioned. Providers focused on outcomes (e.g. what it meant to live a fulfilling, healthy later life) before moving onto discussing how financial security could help residents achieve these goals.
- **Stigma associated with claiming benefits** - negative perceptions and feelings of pride discouraged some individuals from seeking help, particularly in certain communities.
- **Trust and fear of systems** – by design, this initiative is targeting beneficiaries who are hesitant to engage with formal systems or share personal information. This made progress unpredictable and the work more time intensive than originally conceived.
- **Low awareness of benefits** - many older people were unaware of their entitlements, meaning significant effort was required to raise awareness before support could begin.
- **Digital exclusion** - a lack of digital skills and access created significant barriers to completing online applications and required intensive support from staff.
- **Language and communication barriers** - limited English proficiency made it difficult for some groups of individuals to understand which paperwork was necessary to undertake the benefit check, increasing reliance on community-based providers.
- **Complexity of the benefits system** - the complexity of eligibility criteria and application processes made it difficult for individuals to navigate the system without sustained assistance.

Initiative design or implementation

- **Capacity constraints within organisations** - limited funding and staffing affected some providers' ability to maintain follow-up and capture data.
- **Challenges converting engagement into take-up** - some organisations found that high levels of engagement did not always translate into successful claims, sometimes due to lack of eligibility or reluctance to proceed. Relatedly, some providers talked about the long lead in time required from initial conversations and awareness raising to undertaking the eligibility check.
- **Reaching the most isolated individuals** - individuals who were not connected to services or networks remained difficult to engage, even with proactive outreach efforts.
- **Health, mobility, and accessibility issues** - physical and mental health challenges limited individuals' ability to attend sessions or complete application processes. A couple of providers talked specifically about safeguarding and vulnerability, and not being entirely clear about how to judge / what actions to take if they were concerned about a client showing possible signs of dementia or other capacity issues. This should be explored as a possible training need to support and protect both delivery partners and service users.
- **Fragmented monitoring and evidence capture** - inconsistent data collection made it difficult for this evaluation to compare delivery partners or assess the breadth or reach and impact. For example, the data does not capture the total number of people who have been approached (although this might be covered in the written feedback reports to EECF). There is also a limitation, without a reliable solution, that it is not possible to know who the provider has influenced to undertake an online eligibility assessment independently.

Challenges and mitigations

4.4 Delivery partners were also asked to discuss anything that had not worked as well as they had expected and how they mitigated the situation. A key issue - raised by multiple organisations - was the difficulty in translating engagement into successful benefit claims. While partners were often successful in reaching older people through activities, drop-ins and outreach, this did not necessarily lead to take-up of a benefits assessment. In part, this reflected the reality that some individuals were either already receiving their entitlements or were hesitant to pursue claims, despite initial contact. In response, several providers emphasised strengthening one-to-one follow-up and repeated awareness raising in group settings. A related challenge was that this extensive engagement had often not been factored into the original budgeting and was not always reflected in the monitoring data.

4.5 Another commonly reported constraint related to capacity and delivery resourcing. Delivery often depended on a small number of staff which, in some cases, affected both the scale and consistency of activity. Where staff were overstretched, this had a direct impact on performance. At least one organisation responded by increasing staffing allocation to the project, aiming to improve resilience and continuity. Alongside this, a number of partners highlighted their developing experience in benefits advice as a limiting factor, which could affect confidence and efficiency in delivery. This was being addressed through training and ongoing support from specialist advice organisations, helping to build capability over time.

4.6 Finally, providers noted ongoing challenges in engaging individuals on financial issues due to stigma, trust and communication barriers. In response, organisations emphasised the importance of culturally appropriate delivery, trusted settings and personalised engagement approaches to build confidence and encourage participation, although these approaches did not always fully overcome underlying reluctance.

Limitations of the data

4.7 Delivery partners highlighted a number of challenges in relation to data collection, monitoring and evidencing outcomes. Many partners embedded benefits advice within wider activities, meaning that data reporting was not always systematic. As a result, while organisations reported headline figures and case studies as part of their monitoring data and periodic written reports some felt that this did not capture the full extent of their outreach. .

4.8 Partners also noted difficulties in tracking outcomes beyond initial engagement or claim submission. While many maintained contact with individuals until claim decisions were made, longer-term follow-up - such as sustained financial improvement or wellbeing impacts - was harder to capture. This was compounded by capacity constraints, as frontline staff prioritised delivery over monitoring, and by the fluid and sometimes informal nature of engagement, particularly in community or culturally specific settings. In some cases, organisations also found it difficult to attribute outcomes clearly to their intervention, especially where beneficiaries were accessing support from multiple services simultaneously.

4.9 More broadly, there was recognition that existing monitoring approaches did not always capture the full range of ‘softer’ outcomes that partners considered central to their work, such as increased awareness, confidence, trust and reduced stigma. These impacts were often

observed qualitatively but not consistently recorded or measured. As a result, partners felt that the available data provided only a partial picture of programme effectiveness, underrepresenting the relational and preventative aspects of their work alongside the more easily measurable financial gains.

Recommendations for future providers

4.10 Providers were asked to give their top recommendations and learning points for any future providers joining the scheme. The feedback included:

- Embed delivery in trusted, community-based settings - working through familiar environments and existing relationships is critical for building trust and encouraging people to discuss financial issues.
- Use culturally appropriate and accessible delivery approaches - tailoring services to language, culture, and accessibility needs remains key to reaching those least likely to engage with mainstream provision.
- Combine outreach with structured one-to-one support - while outreach and group activities are effective for engagement, providers should prioritise 1:1 follow-up casework to convert this into successful claims.
- Undertake training and maintain links to specialist advice services - strong internal capability, supported by ongoing access to expert advice and referral pathways, is essential for delivering accurate and effective support.

Feedback to the East End Community Foundation

4.11 Delivery partners' feedback for the EECF was overwhelmingly positive, with particular emphasis on the value of allowing them to build on their existing relationships and tailor delivery to the needs of their communities, rather than adopting a rigid or one-size-fits-all model. The emphasis on partnership working and building a learning network among the delivery partners, was also seen as a strength, helping to build confidence among frontline organisations and supporting an open, honest relationship with EECF. The inclusion of specialist advice support was also valued, ensuring that more complex cases could be managed appropriately. All providers talked about a positive relationship with EECF staff, who were described as approachable, responsive and willing to adapt.

There was also recognition that delivery would benefit from more consistency around impact reporting, while still recognising the capacity constraints of smaller organisations. Relatedly, questions were raised about the length of funding and ability to effectively cost an unpredictable service user journey.

5 A framework for growth

5.1 In this section, considerations for expanding TPPI are outlined. The first few sections assume that the focus of the initiative – pensioner poverty and Pension Credit uptake – remain the same.

Vision and need

5.2 There is clear and ongoing evidence that pensioner poverty remains a significant and persistent issue, both nationally and within London. Despite sustained national campaigns, large numbers of eligible older people still do not claim Pension Credit, with hundreds of thousands missing out on support worth several thousand pounds per year. This reflects a continuing gap between eligibility and access, driven by low awareness, stigma and structural barriers - challenges that were also consistently identified by delivery partners in this programme.

5.3 The charts below use external data to show the proportion of different ethnic groups across boroughs that EECF works in and their overall London-wide poverty rate. The data demonstrates the ongoing need for a programme such as the TPPI.

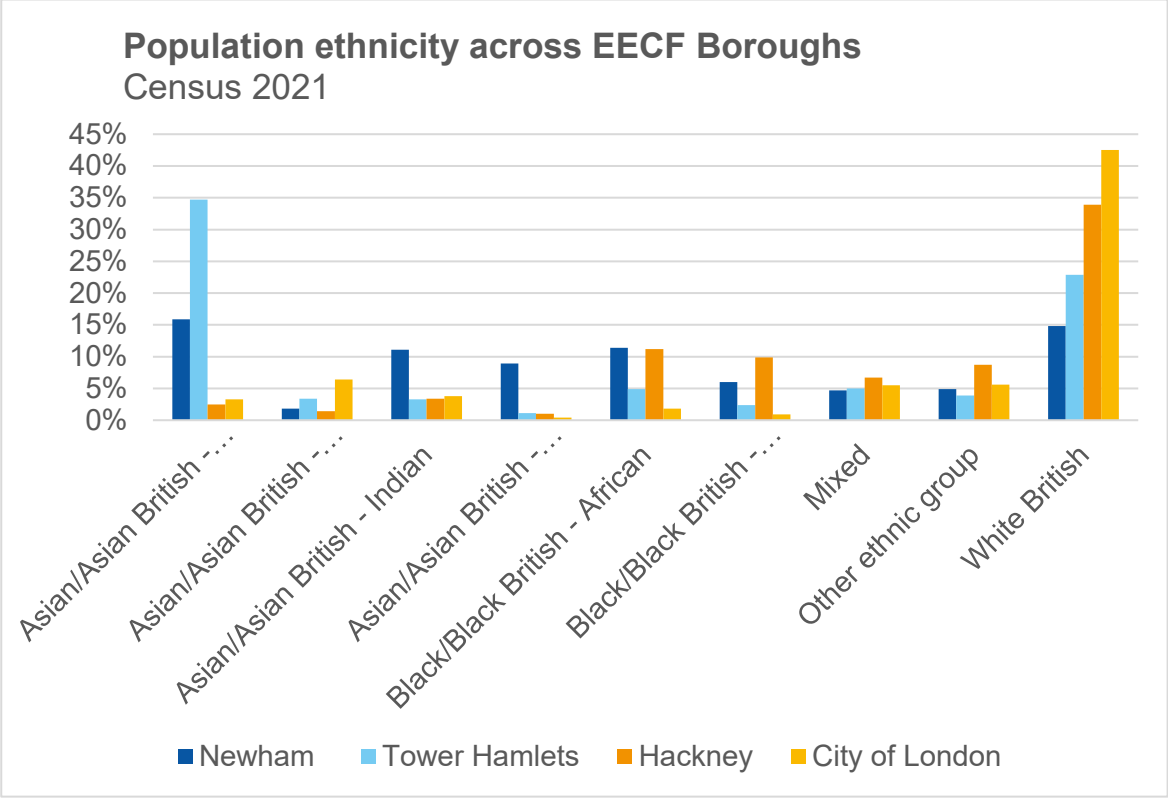
5.4 Two thirds of Bangladeshi households in London are living in poverty (62%) - the highest of any group – and they make up a large proportion of the population in the East London. This is particularly the case in the Borough of Tower Hamlets (35% Bangladeshi) and Newham (16% Bangladeshi). The relatively high proportion of people of Black Caribbean origin and Pakistani origin in Hackney and Newham respectively, as well as their relatively high level of poverty, provides opportunity for EECF to engage more with these groups in the future. This is also the case for those from 'Other ethnic groups' which includes a wide range of self-described ethnicities, most notably Arab.

5.5 Analysis of the reporting data demonstrates that current delivery partners have higher engagement with women compared to men and particularly high success rates with older pensioners. Both older people and men may be less likely to attend in-person social events. Varied outreach may uncover further unmet need among these groups.

5.6 The persistence of unmet need highlights the importance of locally tailored, proactive approaches. Evidence from across the UK demonstrates that locally delivered initiatives can significantly increase uptake, particularly where they complement national campaigns and provide direct support to individuals. However, this also underscores the scale of the task: pensioner poverty is not a short-term issue, but a structural one, requiring ongoing, sustained intervention rather than time-limited programmes.

Key points

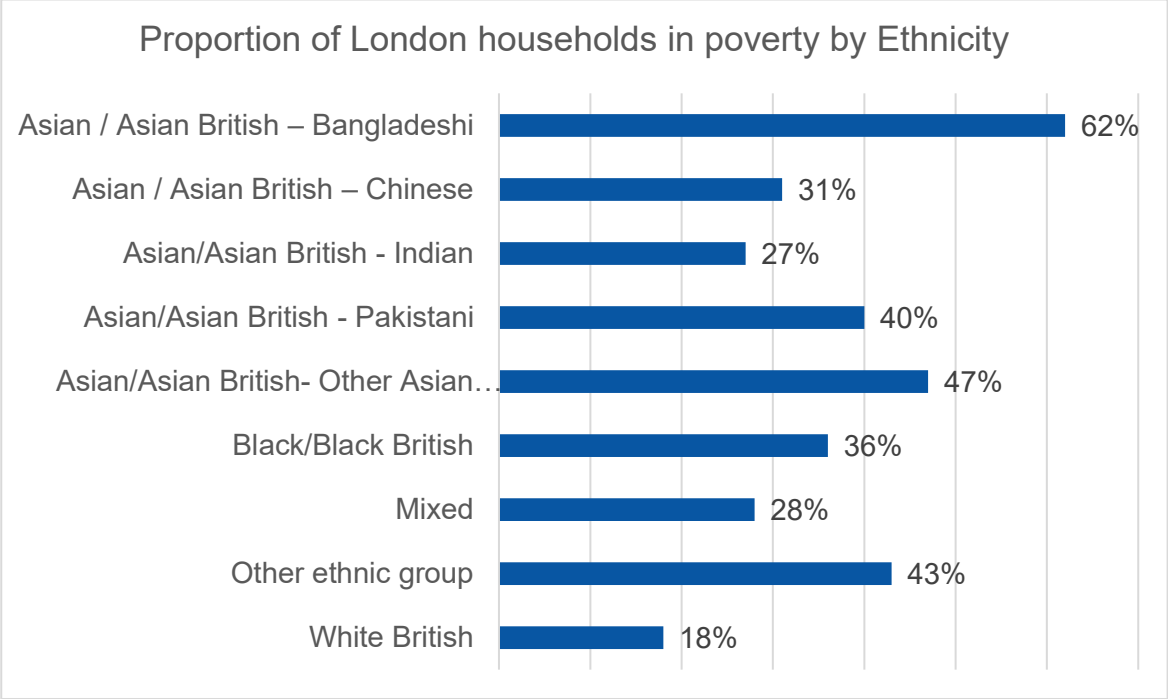
- There is still a need for an initiative in East London focused on addressing pensioner poverty.
- EECF could step up targeted approaches to delivery partners that work with ethnic groups particularly at risk of poverty and financial insecurity (i.e. as was done with Aishah Help and Skills Enterprise), and consider different ways to reach older age groups and men.



45

[4] Source: [Census 2021: ethnic diversity and deprivation | Trust for London]

[5] Note: Some ethnicities included in previous charts have been omitted as they were not available in the data, hence the charts do not add up to 100.



[67]

Building on what works

5.7 A central lesson from the programme is that what works is deeply rooted in trust, place and relationships. Delivery partners were most effective where they were able to draw on existing community connections and operate within familiar, trusted environments. This aligns with wider evidence on community-based provision, which shows that hyperlocal organisations play a critical role in building trust and engaging those who do not access formal or statutory services.

5.8 This points to a clear and distinctive role for EECF. As a place-based funder embedded within local communities, EECF is well positioned to support organisations that can reach individuals who are unlikely to approach local authorities, navigate online systems or engage with larger national charities. Community foundations are specifically designed to connect resources to local need and support grassroots organisations over the long term, drawing on deep local knowledge and relationships. This hyperlocal approach is not easily replicated at scale through centralised models.

5.9 Crucially, the programme also demonstrates that pensioner poverty is a complex, trust-sensitive issue, requiring more than transactional interventions. Effective delivery depends on time, relationship-building and sustained engagement, often alongside wider support services. As such, there is a strong case for EECF to view this work not simply as a grant programme but as part of a broader role in incubating, sustaining and strengthening community infrastructure over time.

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[6] Source: Poverty in London by ethnicity (updated 2025) | Trust for London
[7] Note: Some ethnicities included in previous charts have been omitted as they were not available in the data, hence the charts do not add up to 100.

Key points

- A hyperlocal approach is the USP of this initiative and what makes it distinctive from other, national programmes aimed at increasing pensioner poverty.
- Pensioner poverty is a complex, trust-sensitive issue that requires sustained engagement. The relationship between the delivery partners and their service users is based on many years of dedicated time and attention on a range of issues. TPPI adds another layer to this relationship and increases the service offer (rather than building something from scratch).
- EECF should continue to explore how it can build capacity in the delivery partners and contribute to their sustainability.

Routes to expansion – maintaining current focus

Expanding provision with the same providers

5.10 A key consideration in scaling the programme is whether existing providers have reached the limits of their current audience. Evidence from the evaluation suggests that some providers may have largely engaged individuals already connected to their services, including those who are already maximising their entitlements. This raises questions about diminishing returns if delivery continues without adaptation.

5.11 Future expansion through existing providers would therefore need to focus on reaching new groups, which may require them to operate beyond their current networks. This could include targeting underrepresented groups - for example, men who do not attend social activities - or strengthening outreach models that go beyond existing service users. Critically, expansion will depend on strengthening referral pathways, particularly with health services, housing providers and other frontline actors who are in contact with older people who may not engage with community activities.

5.12 There is also a strong case for embedding more responsive monitoring systems, enabling providers and funders to identify early whether approaches are successfully reaching new individuals or simply engaging existing networks.

Working with new providers in the same geographic areas

5.13 Another route to expansion is to introduce additional providers within existing geographic areas, particularly those that can reach niche or underserved populations. The evaluation highlights the importance of culturally specific and community-led organisations in engaging groups facing language, trust or stigma-related barriers. Expanding the provider base could therefore help address gaps in reach across different communities.

5.14 In doing so, EECF would need to consider the capacity and readiness of new providers, particularly where organisations have limited experience in benefits advice. The programme demonstrates the importance of training and access to specialist support, suggesting that any expansion should be accompanied by a structured approach to capacity-building and quality assurance.

5.15 There is also a role for EECF in mapping local ecosystems, identifying where unmet need remains and which organisations are best placed to respond. As a community foundation, EECF is uniquely positioned to do this, drawing on its knowledge of local groups and wider funding networks

Expanding the geographic area

5.16 Expanding the initiative into new geographic areas raises questions about how to identify areas of greatest need and opportunity. This could include using local data on Pension Credit uptake, deprivation and demographic profiles, alongside insight from regional partners.

5.17 There is also potential for EECF to work with other community foundations or neighbouring local authorities. Community foundations operate as a national network with strong local roots, enabling models to be adapted and replicated in different areas while retaining local relevance. This creates an opportunity to scale the approach without losing the key strengths of place-based delivery.

5.18 In this context, EECF's role would likely evolve towards one of facilitator and convenor, supporting knowledge transfer, maintaining quality and ensuring that expansion remains grounded in local need.

Awareness raising and peer supporters

5.19 Regardless of the route to expansion, awareness-raising remains a critical component of any future model. National evidence consistently shows that low awareness is one of the primary reasons for low uptake of Pension Credit and that targeted, local campaigns can make a significant difference.

5.20 An effective approach to awareness-raising would likely combine broad messaging with targeted outreach, working through trusted intermediaries and frontline services. Delivery partners highlighted the importance of referral routes such as GP practices, other community organisations and housing providers, suggesting that these should play a central role in any future strategy. Evidence from wider initiatives also shows that multi-agency campaigns and targeted communications can generate substantial increases in claims, particularly when combined with direct support. At the end of this chapter, considerations are outlined as to whether in-person outreach should be complemented by a digital campaign using social media or not, depending on the connectivity of the target audience.

5.21 There is also scope to explore more innovative approaches, including peer advocacy and community champions. Using people from within the community who have a positive story to tell and can break down trust barriers with potential recipients can be an extremely effective mechanism. It is often resource intensive but turning the recipient into an activist for the cause can be rewarding for all those involved.

Key points

- Some of the delivery partners were confident about being able to increase their reach if they were given additional funding to expand their activities. Close attention would need to be given to expanding referral routes and monitoring impact. Support from EECF to further develop relationships with local community connectors and social prescribers, for example, could be a useful way for the funding to support broader sustainability and impact of the organisations across their work.
- There is potential to work with new community organisations in the same geographic area who are targeting different groups of older people, where the organisations exist. Balance will need to be found between giving these organisations adequate time to undertake the training and embed the activities, and monitoring results.

- TPPI in East London has been successful on the whole. Working with other community foundations to spread the model to other areas could be beneficial, if accompanied by sufficient levels of funding.
- Awareness raising is not a single, standardised process. The target audiences speak different languages, interact with different forms of communication (some online, some not) and will respond to different messaging. Consideration will need to be given as to what will work locally and the role of EECF in providing some back-office support. The use of community champions and peer advocacy is widely seen as a positive and impactful approach.

Routes to expansion – broadening the focus

5.22 While increasing benefit uptake is an effective lever for addressing pensioner poverty, it is only one part of a broader set of challenges. Evidence from both the programme and wider research suggests that pensioner poverty is shaped by multiple, overlapping factors including living costs, health, housing and social isolation.

5.23 There is therefore potential to broaden the initiative to include wider forms of financial and practical support such as help with energy costs, food access and budgeting. These are undoubtedly important for older people on a day-to-day basis but they are unlikely to result in significant changes to financial security as the receipt of an annual statutory benefit. This change in focus would also require EECF to undertake a new mapping of referral partners and signposting (e.g. to local authority grants that support people with making their homes more energy efficient, for example) and ensuring that funding does not overlap with existing schemes.

5.24 There may also be value in exploring earlier age interventions. Pension Credit requires an application even when someone is in receipt of benefits at the point at which they become eligible for State Pension, and alerting people approaching pension age may reduce the amount of unclaimed benefits. Additionally, greater consideration could be given to older people of pensionable age who are still in low-income work. In these cases, there could be an exploration of reducing hours worked and a replacement of that income with Pension Credit (noting that sometimes employment has wider benefits, such as for health and wellbeing, depending on the security and suitability of the role).

5.25 Such an approach would align with evidence that holistic, community-based models are more effective in addressing complex needs, particularly where individuals require ongoing support across multiple domains. It would also reflect the reality that benefits uptake is often an entry point into a wider set of needs, rather than an end in itself.

Key points

- Access to Pension Credit and other annual statutory benefits remain the most significant way in which to improve a low-income older person's financial security. These are high value and repeated payments that surpass the impact of changing utility providers or food bills. This should remain the focus of the TPPI, particularly in East London where pensioner poverty is still an acute problem.
- The design of the TPPI should recognise, however, that the scheme supports with signposting to a whole range of services and activities that can improve an older person's health and wellbeing, social isolation and financial security. These secondary impacts should

be both captured and funded (e.g. acknowledge that it is important for frontline staff to be able to undertake benefits checks, identify potential safeguarding or health issues and signpost accordingly).

Other considerations

5.26 Several wider considerations emerge from the evaluation that should inform future development. First, the importance of time and funding stability is clear. Trust-based, community-led work requires sustained investment and short funding cycles can limit the ability of organisations to build relationships and reach those most in need.

5.27 Second, the programme highlights the importance of holistic delivery models. Many partners were only able to deliver effective outcomes because benefits advice was embedded within a wider offer supported by other funding streams. This suggests that future models should explicitly recognise and support this integrated approach.

5.28 Third, improvements in monitoring and data will be important. While flexibility is essential, there is a need for more consistent approaches to tracking reach, outcomes and impact, enabling both providers and funders to adapt over time.

5.29 Fourth, there is a clear role for EECF in supporting partnerships, training and infrastructure. This includes continuing to convene providers, facilitate learning, and provide access to specialist expertise. It may also include exploring new approaches to awareness-raising, such as providing training for peer advocates and community champions.

5.30 Finally, EECF could support the development of a clearer understanding of the local older population to ensure that outreach and delivery routes are appropriately tailored. An example typology is set out below. What it seeks to highlight is that each typology or persona will have its own set of motivators and triggers for disengagement. Layered on top of this are additional variables such as access to technology. For example, a social media campaign could be effective in reaching a target audience that are digitally active – either older people themselves or family members.

a. Already supported and maximising entitlements - **reached but limited need**. Older people who are already engaged with services and receiving the benefits they are entitled to. They are easy to reach but offer limited scope for additional impact.
b. Aware but reluctant - **resistant or hesitant**. Individuals who have some awareness of benefits but are hesitant to pursue claims due to stigma, pride, mistrust or discomfort discussing financial issues.
c. Unaware and underserved - **hidden need**. Those who are eligible for benefits but unaware of their entitlements and often not connected to services. They represent high potential impact but are harder to identify and reach.
d. Facing structural barriers - **constrained access**. Individuals who face barriers such as language, digital exclusion, health or mobility issues that prevent them from accessing or completing claims without intensive support.
e. Culturally marginalised or distrustful - **hard-to-reach except through trusted routes**. Groups whose engagement is shaped by cultural norms, stigma or distrust of formal services and who respond best to culturally appropriate and community-led delivery.

f. Digitally excluded but potentially engaged - **support-dependent engagers**. Individuals who are willing to engage but lack the digital skills or confidence to navigate application systems independently and therefore require hands-on support.

g. Well-informed and independent - **self-sufficient navigators**. Those who are aware of their entitlements and able to manage applications independently without external support. They are unlikely to require intervention beyond light-touch information.

h. Financially stable and ineligible - **no entitlement**. Individuals whose income, savings, or circumstances mean they are not eligible for benefits. They may engage initially but ultimately have no need for support from the initiative.

6 Embedding evaluation

6.1 As EECF expands the Tackling Pensioner Poverty Initiative, its approach to evaluation should shift from periodic reporting to a more formalised, learning-driven evaluation model that supports both accountability and continuous improvement. EECF already has a working model in place – covering both numerical reporting and feedback / learning sessions – however, the introduction of new providers will require time and capacity to onboard and thought will need to be given as to the role of existing providers and their capacity to support shared learning.

6.2 At the centre of this approach could be a clear, shared evaluation framework, developed and led by EECF[8]. This would include a theory of change (see Appendix 3 for an example), a consistent set of outcome and process measures and standardised tools for data collection (with checks to ensure it is being completed uniformly). By establishing this foundation, EECF would be able to ensure that any new delivery partners are working towards the same objectives and generating comparable, high-quality data, while still allowing flexibility in how services are delivered locally. Importantly, this framework could go beyond measuring activity and income gains to include conversion rates (from initial discussion to an assessment), reach into underserved groups and wider outcomes such as wellbeing and financial resilience.

6.3 When used effectively, evaluation can be a tool for capacity-building and shared learning across delivery partners (see Section Evaluation Examples below). EECF should continue with its current mixed-methods approach – with quantitative data (e.g. numbers reached, claims secured) complemented by qualitative insight (e.g. case studies, partner reflections) to understand not just what is working but why. EECF should also continue and strengthen its role as a convener, creating structured opportunities for partners to review data collectively, share challenges and learn from each other. This could include regular learning sessions focused on specific themes (e.g. converting engagement into claims, reaching isolated groups), supported by simple, accessible data dashboards. In this way, evaluation becomes not just a reporting requirement, but a mechanism for improving practice across the network.

6.4 EECF need to be clear that they are operating a genuine “test and learn” model where the initiative can be refined quickly and difficult decisions can be made to stop funding where the demand levels or delivery approach means that certain providers are not delivering. This approach is also vital for replicating the initiative in other areas and supporting scaling up.

Process and outcome metrics

6.5 The following list provides some example evaluation questions that could be explored. These are divided between process, outcome and return on investment. Note that some of these could be explored in a group feedback session – e.g. qualitatively – and this list should not be read as a suggestion of additions purely to the regular monitoring form. Different approaches to evaluation are set out in Appendix 4.

Process metrics

6.6 These metrics assess how effectively the programme is being delivered.

[8] Evaluation Support Scotland have a helpful checklist, available at: https://evaluationsupportscotland.org.uk/resources/embedding-evaluation-checklist/

Reach and engagement

- Number of older people reached through outreach, campaigns and events
- Number attending drop-ins, workshops or community sessions
- Number of initial eligibility assessments completed

Targeting and access

- Proportion of beneficiaries from priority or underserved groups (e.g. ethnic minorities, isolated individuals)
- Number of first-time service users (not previously engaged with support)
- Demographic profile of beneficiaries

Referral pathways

- Number and source of referrals (e.g. GP, community group, self-referral)
- Conversion rate from referral to assessment
- Conversion rate from assessment to submission of a benefit request

Delivery intensity

- Average time spent per case
- Number of contacts per beneficiary (e.g. follow-ups required)
- Average staff/volunteer caseload

Service quality and delivery experience

- Beneficiary satisfaction (e.g. ease of access, clarity of support)
- Drop-off rates at each stage (engagement to application to outcome)
- Time taken from first contact to claim submission

Partnership and system functioning

- Number of active partner organisations
- Volume of cross-referrals between organisations
- Attendance and participation in learning sessions

Outcome metrics

6.7 These metrics assess what difference the programme makes.

Core financial outcomes

- Number of successful benefit claims
- Total value of additional income secured (including annualised and backdated payments)
- Average increase in income per beneficiary
- Proportion of beneficiaries moving above the Minimum Income Standard (or similar threshold

Financial resilience

- Reduction in household financial stress (self-reported ability to afford essentials)
- Number of beneficiaries reducing household expenditure (e.g. through bill checks or switching providers)
- Estimated annual savings achieved per household
- Reduced reliance on emergency support (e.g. food banks, crisis grants)

Health and wellbeing outcomes

- Changes in self-reported wellbeing (e.g. life satisfaction, anxiety, stress)
- Reduction in financial anxiety or worry
- Increased confidence in managing finances
- Changes in social isolation (e.g. participation in activities, sense of belonging)

Awareness raising

- Number of beneficiaries previously unaware of entitlements
- Number of beneficiaries who had not previously claimed benefits
- Increased awareness of available support among target communities

System and capacity

- Increased skills and confidence of delivery partner staff in providing benefits advice
- Number of organisations able to deliver advice independently
- Strength and sustainability of referral networks (e.g. NHS, voluntary sector links)

Return on investment

6.8 Return on investment is a type of analysis that monetises the outcomes of an initiative. There are two types – a traditional return on investment and a social return on investment.

- Return on investment (ROI) – whether the programme delivers good value relative to the resources invested in it. 'Good value' can be defined as direct return to the beneficiaries, wider economic value, public sector savings and/or preventative value.
- Social Return on Investment (SROI) – is wider than a normal return on investment as it tries to capture wider social outcomes in monetary terms.

6.9 ROI requires relatively simple data on programme costs and financial gains for beneficiaries, making it a practical and robust measure for routine reporting. SROI builds on this by incorporating wider outcomes such as wellbeing, financial resilience and reduced service demand and requires additional data collection, use of financial proxies and more complex analysis. While more resource-intensive, SROI provides a fuller picture of a programme's value and is best used periodically to complement core ROI analysis. The table below compares the two approaches.

Aspect	ROI	SROI
Focus	Financial gains only	Financial + social outcomes
Data complexity	Low–Medium	High
Data types	Quantitative (financial)	Quantitative + qualitative
Monetisation	Direct	Requires proxies
Resource requirement	Moderate	High
Output	£ financial return per £1	£ social value per £1

6.10 For a social return on investment analysis, financial proxies could include:

- Wellbeing-based proxies (subjective outcomes) – e.g. reduction in stress
- Public service cost savings – e.g. fewer GP visits, reduced demand on social care, reduced use of crisis services
- Financial behaviour and resilience – e.g. better ability avoid debt, interest saved from avoiding a high-interest loan
- Social and community outcomes – e.g. reduced isolation, ability to live independently for longer.

6.11 Example sources of this information include:

- HACT Social Value Bank[9]
- Public sector cost data – e.g. NHS reference costs[10], social care unit costs[11], Local Authority data
- Academic and sector research.

Example social return on investment evaluations

6.12 Set out below are some example evaluations that use social return on investment approaches. The detail below includes the estimated savings and the original source, provided as a footnote, will give more details as to the precise methodology. The impacts reported include cost savings through reduced use of public services and values associated with improved wellbeing, confidence and social connection.

[9] Available at https://hact.org.uk/tools-and-services/uk-social-value-bank/
[10] Available at https://www.england.nhs.uk/publication/2024-25-national-cost-collection-data-publication/
[11] Various publications available from the Care and Outcomes Research Centre https://research.kent.ac.uk/corec/

- A study that explored Citizens Advice on Prescription – the provision of welfare advice and link worker social prescription support to people experiencing or at risk of experiencing financial or social hardship - found a positive social return on investment of between £1 - £3.40 - £4.69[12]. It demonstrated the importance of financial security on addressing the wider determinants of health and wellbeing.
- An evaluation of benefits advocacy services commissioned by Macmillan Cancer Support for older people with cancer found that every £6.70 was generated for every £1 spent. Across the nearly 900 cases reviewed in the evaluation, this equated to a £6.31m net financial, economic and social benefit[13].
- A review of the social return on investment of interventions that tackle loneliness and social isolation in older people found consistently positive results[14]. The review found that benefits reached beyond the service users to their families and volunteers, and reduced healthcare use.
- An evaluation of the impact of benefits and debt advice that were located in a health practice found that on average, recipients received £15 for each £1 spend by the funder[15]. Individuals whose advice resulted in positive outcomes had improved wellbeing scores and common mental health disorders were reduced among women and Black recipients[16].
- Another study of a Citizens Advice Bureau in a mental health setting found that service users increased their income by £4,274 and generated cost savings by reducing inpatient length of stay, prevention of homelessness and prevention of relapse[17].
- A study that analysed the impact of home exercise and community referral for people with early dementia found a social return on investment of between £3.46 to £5.94 for every £1 investment[18]. The study also provides figures for the social value per year and per person.
- A Public Health England (2020) review of public health interventions provides examples for more traditional return on investment evaluations of local initiatives, including befriending, help at home, coaching and so on[19].

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[12] Granger et al (2025) *Social Return on Investment (SROI) Evaluation of Citizens Advice on Prescription: A Whole-Systems Approach to Mitigating Poverty and Improving Wellbeing* International Journal of Environmental Research Public Health

[13] EY (2017) *Society's return on investment (SROI) in older people's cancer advocacy services*. Available at: https://opaal.org.uk/wp-content/uploads/2023/01/Society_s_Return_on_Investment_in_Older_Peoples_Cancer_Advocacy_Services___Confirmed_FINAL_Oct_2017.pdf

[14] Sillcox et al (2026) *Social Return on Investment of Interventions Supporting Aging in Place: A Systematic Review* Journal of the American Medical Directors Association

[15] Woodhead et al (2017) *Impact of co-located welfare advice in healthcare settings: prospective quasi-experimental controlled study* Cambridge University Press

[16] Reece et al (2022) *A review of the effectiveness and experiences of welfare advice services co-located in health settings: A critical narrative systematic review* Social Science and Medicine

[17] Parsonage (2013) *Welfare advice for people who use mental health services* Centre for Mental Health

[18] Hartfiel et al (2022) *Social Return on Investment of Home Exercise and Community Referral for People With Early Dementia* Gerontology and Geriatric Medicine

[19] Public Health England (2020) *The older adults' NHS and social care return on investment* tool https://assets.publishing.service.gov.uk/media/5e2ad80a40f0b62c49e4dd57/Older_adults_NHS_and_social_care_return_on_investment_tool_-_Final_report.pdf

6.13 There are also particular organisations and websites that have interesting research and policy reports that might help EECF and delivery partners consider their next steps and how to demonstrate impact. The Local Trust policy spotlights and The National Lottery Community Fund insight reports are good examples.

7 Conclusion

7.1 This evaluation demonstrates that the Tackling Pensioner Poverty Initiative (TPPI) is a highly effective, locally embedded intervention that is generating substantial financial and social benefits for older people across the East End. Over three years, the initiative has supported more than 800 residents and secured over £2.5 million in financial gains, the majority of which is sustained through ongoing statutory income. These outcomes are significant not only in scale but in their depth of impact, addressing both immediate financial hardship and longer-term income poverty.

7.2 The programme's effectiveness is closely linked to its delivery model, which combines trusted community-based organisations, culturally appropriate engagement and intensive one-to-one support. This model has proven particularly successful in reaching groups that are traditionally underserved by mainstream services, including ethnically diverse communities, those experiencing isolation and individuals facing language or digital barriers. The evaluation highlights that trust, relationships and flexibility are not peripheral elements of delivery but central to achieving outcomes in this area.

7.3 At the same time, the evaluation identifies important limitations and challenges. These include difficulties in converting engagement into completed claims, variability in provider performance, capacity constraints within organisations and inconsistencies in monitoring and data collection. These challenges reflect the complexity of working with populations facing multiple barriers and the realities of scaling a relational, community-led model.

7.4 With respect to growth, there is substantial unmet need in the East End and a clear opportunity to expand the initiative. However, the review also underlines that expansion must be approached carefully. Simply scaling existing activity risks diminishing returns particularly where providers are already working with their existing client base and there is little turnover. Future growth will therefore depend on more targeted outreach, stronger referral systems and continued investment in local community infrastructure.

7.5 Finally, the evaluation highlights the importance of embedding a stronger, more consistent approach to evaluation and learning. While the programme already generates valuable insight, the current data provides only a partial picture of impact. Strengthening evaluation will be critical to ensuring that the initiative can scale effectively, demonstrate value for money and continue to refine its approach over time.

7.6 Overall, TPPI represents a strong, evidence-based model for tackling pensioner poverty at a local level. Its success lies in combining financial outcomes with relational, community-led delivery. The next phase presents an opportunity not only to expand reach but to deepen impact, improve targeting and strengthen the evidence base for long-term sustainability and replication.

Recommendations

Maintain focus on trust-based, local delivery

7.7 As the programme scales, it will be critical to retain its core strength: hyper-local, trust-based engagement. Expansion should not dilute this approach and EECF should continue to invest in the sustainability and capacity of local organisations.

Expand outreach where there is a risk of saturation

7.8 EECF should place greater emphasis on identifying and engaging older people with the highest levels of unmet need, rather than relying primarily on existing service users. This should include using local data, referral intelligence and the typology developed in this report to target groups such as those who are unaware of entitlements, socially isolated or facing structural barriers.

Prioritise certain referral routes

7.9 Expansion should include a stronger focus on systematic referral pathways, particularly through GP practices, housing providers and other frontline services. While community outreach remains essential, these routes offer more direct access to individuals with unmet need.

Complement existing providers with new, targeted delivery partners

7.10 To avoid saturation, EECF could expand its provider base by working with organisations that reach different or previously underserved populations. This should be supported by structured onboarding, training and ongoing capability-building. Consider the adequacy of support for safeguarding issues.

Balance awareness-raising with targeted engagement

7.11 While awareness campaigns are important, EECF should ensure that these are complemented by proactive, targeted outreach and one-to-one follow-up, particularly for groups less likely to engage through digital or passive channels.

Expand the initiative with a test-and-learn approach

7.12 Geographic and thematic expansion should use continuous feedback loops. EECF should be prepared to adapt or discontinue elements that are not delivering impact.

Broaden the offer to address wider drivers of poverty

7.13 Building on the existing model, EECF should further develop complementary interventions (e.g. bill reduction, financial capability, food and energy support) to address the wider determinants of pensioner poverty and maximise overall impact.

Develop and implement a consistent, shared evaluation framework

7.14 EECF should establish a standardised evaluation framework across all delivery partners, including:

- A clear theory of change
- Core process and outcome metrics
- Consistent data collection tools.

7.15 This will enable more reliable comparison, improved targeting and stronger evidence of impact.

Consider proportionate ROI analysis, with periodic SROI

7.16 EECF could routinely calculate return on investment (ROI) based on financial gains and consider periodic social return on investment (SROI) analysis to capture wider impacts such as wellbeing and reduced service demand. This will strengthen the case for continued funding and scaling.

Summary

7.17 The TPPI has demonstrated that a community-led, trust-based approach can deliver significant financial and social impact, particularly for underserved populations. As EECF looks to expand the programme, the priority should be to scale impact, not just activity, through more targeted outreach, stronger referral systems, and a more robust evaluation framework.

Appendix 1: Funded groups – background information

Set out below is a description of the funded delivery partners and how they have implemented the TPPI. The information was provided to the evaluation team by EECF (and has not been edited or amended).

Neighbours in Poplar (NiP)

Organisation:

Five members of the NiP have been trained in providing benefits advice, with one of their outreach workers taking a lead role in accessing professional development and supporting other team members. NiP's approach is as follows:

TPPI Project:

Firstly, raising awareness directly with those they support, their carers, family members, neighbours, GPs etc. about the financial help pensioners are entitled to and how their project can help them. NiP undertake outreach sessions across Poplar, including estate-based support with Tower Hamlets Homes, and have established a referral process with local GPs.

NiP undertake an initial eligibility assessment with all residents who are willing to engage in the project. Checks can be undertaken during sessions such as luncheon clubs and NiP also provide 2 x weekly drop ins for residents to access the service. For those with mobility issues, outreach workers will provide advice sessions at people's homes.

Secondly, once an eligibility assessment is complete, the team then identify who can claim additional benefits and provide one-to-one support to gather information and make the benefit claim online. Regular contact is maintained between the NiP case worker and resident until the outcome of the claim is known.

For complex cases, or appeals, NiP make referrals to Island Advice Centre.

Aishah Help

Organisation:

Aishah Help is a UK-based, women-led charity founded, led, and managed by people from the BAME community. They work with BAME communities, vulnerable individuals, children, and families, reaching those most in need, including those facing hardship, disadvantage, isolation, or marginalisation, helping them become independent.

TPPI Project:

Aishah Help incorporate benefits advice into their existing community activities and deliver stand-alone community drop-in sessions. Personalised, one-on-one support, including home visits, where required, are provided. Aishah Help partner with local organisations, such as the Idea Store (Tower Hamlets Libraries), Nar Centre (women's hub in Tower Hamlets) and Hason Raja Community Centre (Whitechapel), and faith institutions, mosques, and churches. By using familiar, communal venues

and providing support in languages such as Bengali, Urdu and Arabic, drop-in sessions they create a comfortable and reassuring environment for those who might feel apprehensive, detached, overwhelmed and/or reluctant to discuss their financial situation. Their delivery follows the pattern of undertaking eligibility checks, supporting those eligible in making claims and follow up to identify the outcome of claims. Aishah Help are also active in securing additional funds to distribute food vouchers.

Island House Community Centre

Organisation:

Island House has 50 years' experience of addressing the mental, physical and spiritual wellbeing of people of all ages, backgrounds, abilities and faiths in the Isle of Dogs and wider Tower Hamlets. Their mission is to support the wellbeing of local people, especially the disadvantaged and marginalised, and equipping them to live healthy and fulfilling lives within a vibrant and thriving local community. Island House work closely with local partners to offer a wide range of effective services - HEALTH (health and wellbeing sessions), SKILLS (language, employability and digital skills training) and HUB (their building is used by local groups).

TPPI Project:

Island House Community Centre work directly with local older people in the Isle of Dogs to increase the uptake of unclaimed benefits. They identify older people who are entitled to additional benefits providing individual appointments to assess circumstances, eligibility and apply for appropriate benefits. Island House Community Centre identify beneficiaries from the range of projects they run at the centre and referrals from their network of partners, including Island Advice Centre, local medical centres, housing associations, churches, schools and other community groups. Over the last year Island House struggled in delivering the project as their Project Manager, the only staff member allocated to the project, had extended time off. This year they have allocated two staff members to this project to better manage capacity and ensure continuity in the absence of one team member.

The Families Support Group

Organisation:

The Families Support Group (FSG) facilitate the social inclusion of the French and Lingala Black African community; to prevent them from becoming socially excluded; to relieve the needs of those who are socially excluded and to improve their health and their quality of life and enable them to participate fully in society. FSG do this by working in partnership and providing culturally appropriate project that enable people to socially interact, access advice and information and achieve better health outcomes,

TPPI Project:

FSG work with the French- and Lingala-speaking older people who are less likely to access benefits due to the stigma associated with claiming benefits, language barriers and lack of culturally appropriate services, digital skills, awareness and trust. Workshops respond to these needs, reduce isolation and increase feelings of belonging, improving physical, mental and emotional health. FSG

are based within Saint Mary & Saint Michael Church, delivering services from there, and engaging with the local community through the church and word of mouth.

Skills Enterprise

Organisation:

The vision of Skills Enterprise is to include and empower vulnerable people in Newham, especially those from marginalised communities. They support Newham residents experiencing barriers such as homelessness, debt, language, food insecurity, unemployment, low income and digital exclusion. They predominantly serve BAME residents, helping them to address the racial discrimination they face when seeking support. More recently, their service has extended to domestic violence and lack of support networks. Skills Enterprise have a strong track record of providing financial support and advice.

TPPI Project:

Skills Enterprise will deliver 1:1 advocacy/advice and digital drop-in/peer support through the following:

Pension advocacy: 1:1 pension and welfare benefits advocacy sessions at Aston Mansfield Centre and Manor Park Library. The advocacy address hardship, calculating pension credit entitlements, raising awareness of eligibility, help with claiming pension credit and advocating for related benefits. Budgeting and money saving skills workshops equip older people with practical tips to manage costs and prepare for financial challenges.

Digital Literacy: Skills Enterprise's Digital Drop-In Café support individuals to build their confidence in accessing information, financial support resources and cost-saving opportunities independently online. Trained and licenced Digital Champion volunteers facilitate the drop-in and peer support sessions with Energy Champions providing advice on energy efficiency, home improvement grants and reducing energy bills.

Skills Enterprise work with a range of partners Subco (Asian elders organisation), Pinnacle Housing and are members of Newham Council's Anti-Poverty Alliance and their Digital Strategy to promote collaboration and complement existing services.

Island Advice Centre

Organisation:

Island Advice Centre (IAC) provides a free, independent, friendly advice service and improves the lives of residents of Tower Hamlets and surrounding areas. Their aims are to relieve poverty in Isle of Dogs and surrounding area in the field of welfare and individual rights. Through qualified staff they provide free housing, debt, welfare and generalist advice to residents in Tower Hamlets and nearby areas, and an accessible service in terms of location, disability and language. They lead the Tower Hamlets Community Advice Network (THCAN) partnership which builds capacity of voluntary sector groups and provides a platform for cross referrals including referrals from GPs.

TPPI Project:

Over the last two years IAC have collaborated on EECF's Tackling Pensioner Poverty programme primarily through a four-day training programme for frontline voluntary and community groups providing and introduction to benefits, and sessions on pension benefits such as pension credit, attendance allowance and making claims. They also provide ongoing access to professional advice and mentoring, enabling community groups to provide direct advice and support older people complete applications for benefits. Voluntary and community groups highly rate the quality of training and support received by IAC.

Over the coming year we are funding IAC to support a new strand of the project, in engaging NHS staff. IAC will provided training to improve the ability of NHS frontline workers in the London Borough of Tower Hamlets to identify pensioner poverty and confidently guide older adults toward the welfare benefits they are entitled to. This project focuses on introductory training around welfare benefits for older adults, ensuring NHS staff can recognise eligibility and make timely referrals to help individuals access trusted community-based services. The initiative involves delivering 8 targeted training sessions that cover the key aspects of pensioner income maximisation, the range of benefits and entitlements available including pension credit and disability benefits eligibility, practical tools for discussing money matters and income maximisation.

Bonny Downs Community Association

Organisation:

Bonny Downs Community Association (BDCA) has been serving residents of the London Borough of Newham since 1998. Over time, BDCA has grown to deliver wide-ranging services through previously derelict local venues that they have renovated back into community use. From their transformed venues, BDCA deliver targeted projects that address specific local needs: Children & Families, Youth, Over 65s, Sports, Gardening and Poverty Relief. The vast majority of their team live in the neighbourhood that they serve and their work benefits members of their community from all ages, cultures, religions and backgrounds.

TPPI Project:

BDCA were supported with a grant in 2025 to develop their advice service. They are one of the largest providers of support to older people in Newham with weekly coffee mornings, exercise classes, arts & darts and dementia groups. BDCA also runs a weekly Food Club offering discounted groceries for people on tight budgets and a debt advice surgery for people with serious money worries.

They recruited two local staff members who accessed training from Island Advice before attending BDCA's busy drop-in Elders activities to meet with Over 65s. Despite attending sessions and raising awareness of the project there was no take-up from their service users. BDCA were unable to identify why this was, other than older people accessing their services may have already been claiming their entitled benefits. The project ran to December 2025 and has not been continued.

Appendix 2: Case studies

This case study was kindly provided by **Aishah Help.**

Mrs FB is a 66-year-old Bangladeshi woman living in Tower Hamlets. Before reaching State Pension age, she was receiving Universal Credit, including housing support. Despite this, her income was very low, and she struggled to meet basic living costs in London. She often had to choose between food, heating, and other essentials. Mrs FB felt embarrassed to ask for further help, as stigma around claiming benefits made her reluctant to seek support.

Mrs FB heard about Aishah Help through others in her community who told her the service supports women like her, offers support in Bengali, and is delivered by female staff. This gave her the confidence to attend a drop-in information session, where she came simply to find out if she might be eligible for anything else.

At the session, staff identified that Mrs FB had recently turned 66 and was now eligible for Pension Credit, which she had not been told about. She had received official letters but was unable to read or understand them. With one-to-one support in Bengali, staff explained her entitlements clearly and supported her to submit a Pension Credit application. She was also made fully aware of all the entitlements and additional support available to her now that she had reached State Pension age, including the wider benefits and concessions that come with this stage of life.

Mrs FB's claim was successful, and she now receives £9,175 per year in Pension Credit, significantly improving her financial stability. She was also provided with a digital device and training, a supermarket voucher, and signposted to a gardening course, helping to reduce isolation and improve wellbeing.

Mrs FB said she would not have accessed this support if she had not been brave enough to attend the information session. She now feels more confident, less stressed, and better able to manage daily life.

"I was struggling and didn't know I could get any more help. I was too embarrassed to ask. When I came to the session and someone explained everything to me in Bengali, I finally understood my rights. Now I feel relieved, more confident, and able to manage my life without constant worry."

This case study was kindly provided by **Neighbours in Poplar.**

Mr. and Mrs. X, referred via social prescribers, faced significant financial and logistical challenges. Mr. X, housebound due to a heart attack he suffered three years prior, relied solely on his state pension. Mrs. X was only a month away from receiving her state pension. The couple struggled financially and lacked the IT skills and language proficiency necessary to navigate online services. This combination of health issues, financial strain, and digital illiteracy left them unable to access the benefits and support they were potentially eligible for.

The Outreach Worker took several steps to support Mr. and Mrs. X, including:

- *Benefits check: The Outreach Worker conducted a benefits check using Turn2Us, which flagged that Mr. X was eligible for Attendance Allowance and Mrs. X could claim Universal Credit.*
- *Attendance Allowance Application: The Outreach Worker supported Mr. X in completing the Attendance Allowance form. This included ordering the form and assisting in gathering the required evidence.*
- *Blue Badge Application: To improve Mr. X's mobility and ease his transportation to regular hospital and GP appointments, the Outreach Worker completed an online Blue Badge application for him. This also required gathering of further information.*
- *Pension Credit Application: Once Mrs. X turned 66 and was eligible for her state pension, the Outreach Worker helped both Mr. and Mrs. X apply for Pension Credit online.*
- *Council Tax Reduction and Housing Benefit Applications: The Outreach Worker also supported them in applying for Council Tax Reduction and Housing Benefit via the LBTH Portal, ensuring they received all the financial assistance they were entitled to.*

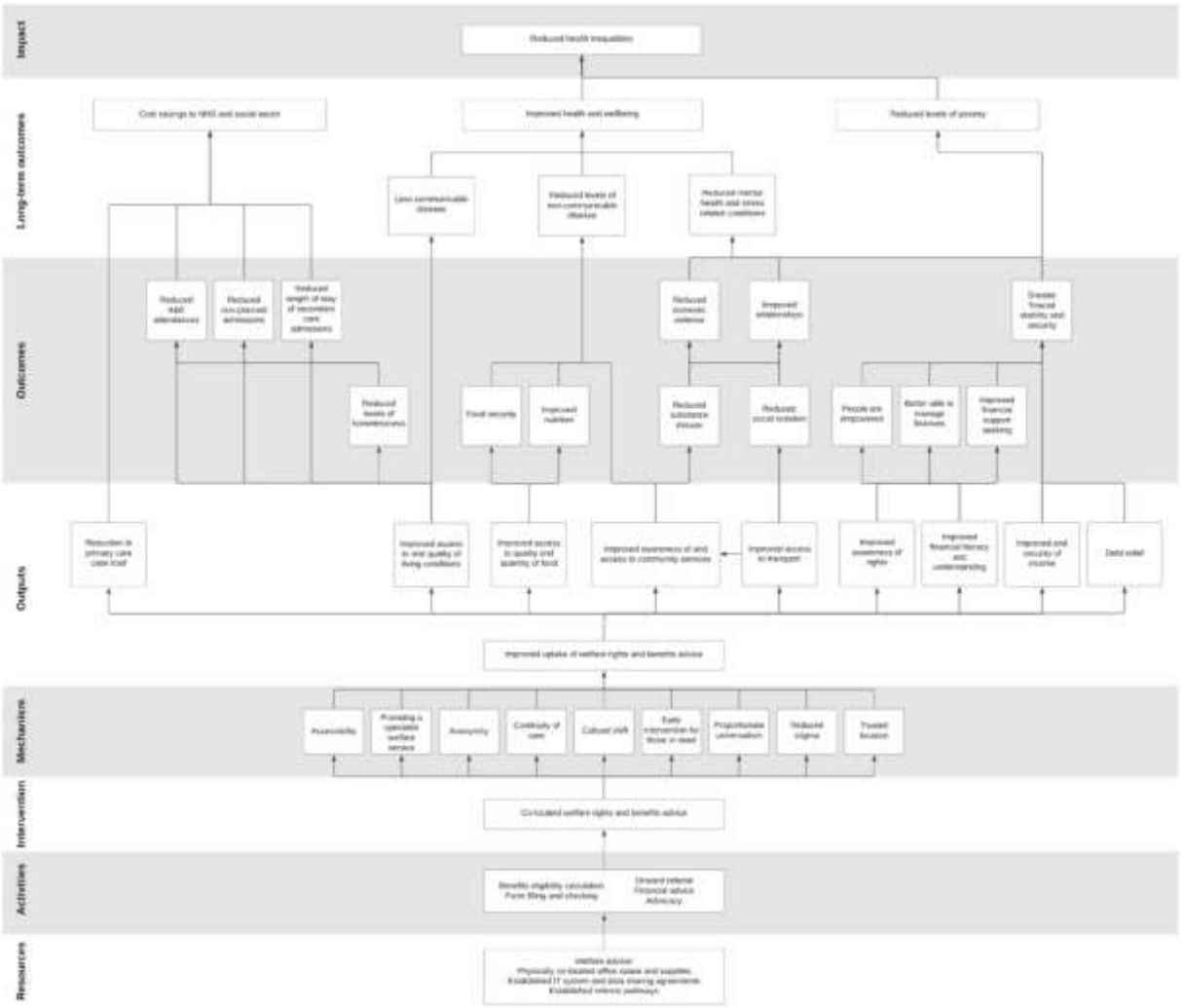
The assistance provided by the Outreach Worker led to substantial improvements in Mr. and Mrs. X's financial and personal lives.

- *Financial relief: Mr. X was awarded the higher rate of Attendance Allowance (£108.55 per week), providing much-needed financial relief. Additionally, both Mr. and Mrs. X successfully received Pension Credit, Council Tax Reduction, and Housing Benefit, significantly reducing their financial burdens.*
- *Improved mobility: The successful Blue Badge application improved Mr. X's mobility, allowing for easier access to hospital appointments and other necessary outings.*

The clients expressed profound gratitude for the support they received, stating, "Thank you so much for helping us, we could not have done any of this without you as we didn't even know what we were entitled to or what help was available to us. Your help has made such a difference and significantly improved our quality of life, we are so much happier now!" This comprehensive support not only alleviated their immediate financial difficulties but also empowered them with the knowledge and resources to better navigate future challenges

Appendix 3: Theory of change

Outlined below is a detailed theory of change developed specifically for welfare advice services, co-located in NHS settings[20]. The overarching goal in reduced health inequalities. While the TPPI does not completely map onto this, the example below contains many useful elements that could be replicated.



[20] Reece et al (2022) *A review of the effectiveness and experiences of welfare advice services co-located in health settings: A critical narrative systematic review* Social Science & Medicine

Appendix 4: Evaluation approaches

Evaluation type	Primary purpose	Cost	Involvement from delivery partners	Resource input from EECF	Robustness of evidence	Strengths	Limitations
Process evaluation	Understand how delivery works	Low–Medium	High	Medium	Medium	Identifies delivery issues quickly; supports improvement; good for scaling phases	Does not demonstrate impact on outcomes alone
Outcome evaluation	Measure changes in participants (e.g. income, wellbeing)	Medium	Medium	Medium–High	Medium–High	Demonstrates effectiveness against objectives; widely understood by funders	Limited understanding of why change happens without other methods
Economic evaluation (e.g. SROI)	Assess value for money and wider economic impact	High	Medium	High	High (if well designed)	Demonstrates strong return and policy relevance; captures wider	Data-intensive; relies on assumptions and modelling

						value (e.g. public savings)	
Formative evaluation	Improve delivery during implementation	Low–Medium	High	Medium	Medium	Enables real-time adaptation and learning; supports innovation	Less useful for proving final impact
Summative evaluation	Assess overall success at programme end	Medium–High	Low–Medium	Medium–High	High	Provides clear judgement of effectiveness; useful for funders and scaling	Limited ability to influence delivery once complete
Developmental / learning evaluation	Support ongoing adaptation in complex systems	Medium	High	High	Medium	Well suited to complex, evolving programmes; supports “test and learn” approaches	Less standardised; findings may be harder to generalise
Theory-based / realist evaluation	Understand what works, for whom, and why	Medium–High	Medium	High	High	Explains variation across contexts; strong insight into mechanisms of change	Requires expertise; more complex to design and analyse

Mixed-methods evaluation	Combine quantitative and qualitative insight	Medium–High	Medium–High	High	High	Provides both scale and depth of impact; most comprehensive approach	More resource-intensive; requires coordination
Experimental / quasi-experimental (impact evaluation)	Establish causal impact (what would have happened otherwise)	High	Low–Medium	Very High	Very High	Gold standard for proving causality; strong credibility	Often impractical or costly in community settings; ethical/logistical limits