Improving Means-Tested Benefits Uptake in Later Life: Understanding Barriers and Motivators through the Lens of Administrative Burden Theory

Hien Thu Bui*

York Business School, York St John University, York, United Kingdom, YO31 7EX

*Contact email: h.bui@yorksj.ac.uk

Author contributions:

Hien Thu Bui: Conceptualization, Funding acquisition, Data analysis, Writing-original draft, Writing- review and editing

Data availability statement:

Data available on request due to privacy/ethical restrictions

Acknowledgement:

I am grateful to Leeds Older People's Forum for facilitating access to community-based organizations and to Health for All, Caring Together, and Leeds Irish Health & Homes for their support in recruiting eligible participants. I highly appreciate Dorota Kordecka for her assistance in data collection.

Funding information:

The research was funded by the Institute for Social Justice, York St John University.

Abstract
Despite clear eligibility criteria, many older adults do not claim available financial and social benefits. Understanding the reasons behind low uptake is essential for designing more accessible and acceptable support systems. Guided by administrative burden theory, this study investigates why older individuals may be reluctant to seek support and explores factors that facilitate engagement with eligible benefits. A qualitative design was employed, involving three focus group discussions with 25 participants aged 50 and above living in Yorkshire, United Kingdom. Participants were recruited through community networks, and discussions were analysed through thematic analysis. The findings reveal psychological costs of generational pride, and perceived injustice and scepticism, as well as learning and compliance costs of institutional inaccessibility as the barriers to uptake. The findings also illuminate streamlined bureaucratic processes, organizational mediation, and social support as important motivators of benefits engagement. The findings carry important policy implications, particularly for designing welfare systems that are more accessible, relationally responsive, and capable of reducing psychological barriers that currently discourage benefit uptake among older people.

Keywords: older people, social policy, welfare systems, means-tested benefit uptakes, barriers, motivators

1. Introduction

Means-tested benefits, which are also referred to as income-related benefits, constitute a central pillar of contemporary welfare states in Europe. Designed to allocate public resources according to assessed financial need, they play a crucial role in alleviating poverty, reducing material hardship, and supporting households with limited income (Behrendt, 2000). In the United Kingdom context, programmes such as Pension Credit, Housing Benefit, Income Support and Council Tax Reduction (Age UK, 2025) are presented as essential safety nets for low-income pensioners and working-age adults alike.

Despite sustained policy efforts, the under-uptake of means-tested benefits among older adults remains a persistent problem in modern welfare systems. In the United Kingdom, official statistics indicate that billions of pounds in Pension Credit and related entitlements go unclaimed annually. In 2022/2023, for example, up to 760,000 eligible older households did not claim Pension Credit, leaving up to £1.5 billion in support unused and intensifying financial precarity for people often situated at the lowest end of the income distribution (Department for Work & Pensions, 2024). The scale of these missed benefits not only reflects inefficiencies in the welfare system but also points to deeper social, cultural, and administrative processes that systematically deter or prevent older adults from accessing the help to which they are entitled. Understanding the mechanisms that underpin this chronic under-claiming is therefore a critical research priority.

Although a substantial body of scholarship has examined the non-take-up of means-tested benefits, this literature has largely focused on the general population rather than treating older adults as a distinct analytical group with unique socio-economic, cognitive, and cohort-related characteristics (e.g., Butler et al., 2016; Gugushvili & Van Oorschot, 2020; Nelson, 2004). Much of the available evidence continues to conceptualise barriers in broadly universal terms, such as information deficits, procedural complexity, or stigma (e.g., Biggs et al., 2024; Bolland et al., 2025; Goedeme & Janssens, 2020). Such barriers from mixed-age populations are frequently generalized to older adults. However, older adults face a distinct constellation of challenges shaped by age-related changes (Preston & Biddell, 2021), which may alter how they encounter and interpret administrative demands. Therefore, it is insufficient to assume that barriers observed in the general population adequately capture the mechanisms underpinning non-take-up among older adults. Instead, a focused analysis is required to illuminate the age-specific processes shaping means-tested benefits engagement in later life.

Moreover, research into positive motivators of means-tested benefits uptake remains comparatively underdeveloped. Mawhinney et al. (2023) suggest that such interventions as targeting residents, establishing trust, working through systems and networks can improve means-tested benefits uptake; however, these mechanisms are typically understood through organisational perspectives rather than through the lived experiences of older adults. Herd (2023) finds that older adults may face distinct administrative challenges due to health limitations, cognitive decline, or mobility constraints, which can make navigating complex benefit systems particularly difficult. At the same time, assistance from family members, social workers, or program staff can play an important role in facilitating enrolment by helping older adults overcome informational and compliance barriers (Petry, 2024). Despite these insights, there remains limited understanding of how older adults themselves experience and interpret these facilitators in the context of seeking means-tested benefits, leaving a conceptual blind spot in designing support systems that are not only administratively efficient but also age-inclusive and responsive to the lived realities of later life.

Addressing these gaps, the present study offers a qualitative analysis of older adults' engagement with means-tested benefits, examining both the deterrents to and facilitators of benefits uptake. Using focus group discussions with 25 older adults aged 50 and over residing in Yorkshire, United Kingdom, the research seeks to capture the lived experiences, and interpretations that shape decisions around accessing benefits. Specifically, the study adopts the administrative burden theory to pursue two fundamental aims, including (1) to explore factors underlying older people's reluctance or refusal to apply for means-tested benefits, and (2) to identify factors that encourage older people's engagement with means-tested benefits.

By integrating the administrative burden theory, the study contributes to a more holistic understanding of means-tested benefits uptake in later life. It advances theoretical discussions on ageing, administrative burden, and help-seeking behaviour, while offering practical insights for policymakers and service providers seeking to design welfare systems that are not only efficient but also socially attuned, relationally grounded, and responsive to the diverse needs of older populations.

2. Administrative burden theory

Administrative burden theory (Herd & Moynihan, 2018) conceptualises the costs individuals face when interacting with public programmes, including learning costs, compliance costs, and psychological costs. These costs shape citizens' behaviour, access to rights, and ultimately the distributional consequences of social policy. Learning costs refer to the effort required to locate, interpret, and understand information about eligibility rules, application procedures, and benefit entitlements. Compliance costs encompass the demands associated with fulfilling programme requirements, including form-filling, documentation, verification, administrative waiting, and navigating digital or procedural systems. Psychological costs capture the emotional, social, and identity-related consequences of claiming, such as stigma, mistrust, and stress induced by interacting with bureaucratic institutions. Administrative burdens are not simply technical obstacles, they can intensify social inequalities (Peeters, 2019). The burdens tend to fall disproportionately on already vulnerable groups, including older adults, who often face cumulative disadvantages related to health, digital capacity, cohort norms, and socioeconomic precarity (Herd, 2015). As such, the theory provides a robust foundation for investigating mechanisms underpinning the non-take-up of means-tested benefits in later life.

While the administrative burdens literature has substantially advanced our understanding of barriers to accessing public services and benefits, it has not systematically examined non-take-up specifically among older adults. Therefore, a conceptual framework that situates administrative burdens within the circumstances of later life is required. The following section develops this framework by integrating insights from the administrative burdens literature with research on ageing and benefit non-take-up.

3. Conceptual framework

Grounded on the administrative burden theory, a conceptual framework (Figure 1) is developed, situating learning, compliance and psychological costs within the current research's three overarching contextual influences, including ageing processes, cohort norms and values, and digitalization of welfare systems. The conceptual framework is developed to guide the fieldwork exploration of take-up barriers and facilitators in the specific context of older adults.

Ageing processes recognize that older adults may experience sensory, cognitive, mobility or health-related changes (Laurence & Michel, 2017), which can heighten the difficulty of navigating information-heavy or bureaucratically complex systems. These age-associated processes intensify all three forms of administrative burden.

Generational cohort theory suggests that individuals who experience similar social, economic, and political events during their formative years develop shared value orientations that persist throughout their lives and influence later decision-making (Fernández-Durán, 2016). Building on this perspective, cohort norms and values in the current context refer to shared attitudes and beliefs shaped by these formative life experiences and historical contexts among individuals belonging to the same generational cohort. Cohort norms and values may influence how older adults perceive and respond to administrative requirements associated with means-tested benefits.

Faith & Hernandez (2024) describe the digitalisation of welfare as part of a broader shift toward 'digital-by-default' welfare systems in which social protection services are increasingly delivered through digital platforms. Building on this perspective, digitalisation of welfare refers to the shift to online-first systems for information, applications, which can be layers of administration burden.

Digital exclusion, which refers to unequal access to and ability to use digital technologies and online services, including limitations in connectivity, digital skills, or access to devices that restrict participation in an increasingly digital society (Ge et al., 2025), might also transform routine administrative actions into significant barriers among older adults. Overall, these contextual factors do not act independently. Instead, they magnify and condition the nature of the burdens experienced across the three domains of learning costs, compliance costs and psychological costs by older people.

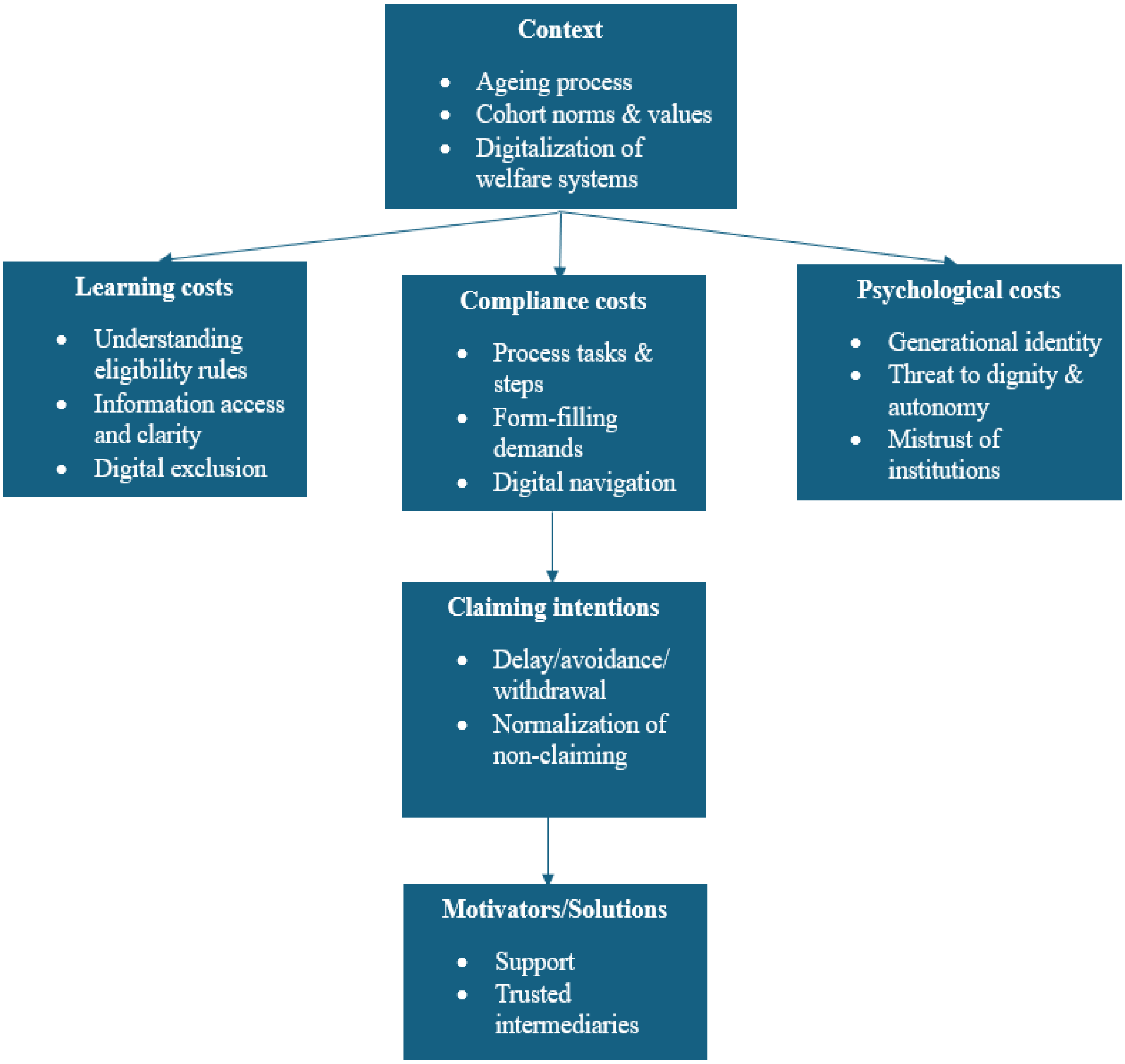

Figure 1. Barriers and motivators of older people's uptake of means-tested benefits: A conceptual framework

Within this context, learning costs concern the effort older people must undertake to find, interpret, and understand eligibility rules and access clear information, particularly when key details are communicated digitally. Compliance costs refer to the cumulative effort required to complete process steps and forms, and to manage the cognitive load of navigating complex systems. Psychological costs capture how generational identities, mistrust of institutions, and threats to dignity and autonomy render claiming emotionally and morally fraught. These domains interact to reduce claiming intentions, manifesting in delay, avoidance, withdrawal and the normalisation of non-claiming. At the same time, the framework identifies potential motivators or solutions that can mitigate administrative burdens. The framework provides a guiding structure for the methodological approach demonstrated in the subsequent section.

4. Methods

4.1. Study design

A qualitative research design was employed to explore factors that facilitate and hinder older people's uptake of means-tested benefits. Qualitative methods are well suited to examining complex social phenomena and capturing the meanings individuals assign to their experiences (Denzin et al., 2024). Focus group discussions were selected as the primary method of data collection because they facilitate interaction, co-construction of meaning, and the elicitation of collective perspectives that may not emerge in individual interviews (Krueger & Casey, 2015). This approach was considered particularly appropriate for capturing shared understandings of the factors that shape help-seeking behaviours among older adults. Guided by the administrative burden theory and the derived conceptual framework (Figure 1), the focus group discussion guide was structured to elicit participants' experiences across the three domains, including learning, compliance and psychological costs, as well as to explore the factors that may facilitate or motivate older adults' uptake of means-tested benefits.

4.2. Sampling and Recruitment

A purposive sampling strategy was adopted to recruit participants with direct experience of navigating or attempting to navigate welfare systems. Purposive sampling is commonly used in qualitative research to ensure the inclusion of information-rich participants who can contribute in-depth insights relevant to the research question (Patton, 2015). Participants were eligible if they were aged 50 years or older, and were eligible for financial benefits or support, such as pension credit, housing benefit, council tax reduction, universal credit, etc. This study included adults aged 50 and over because this stage often marks the beginning of the transition from working life to retirement, during which individuals start to consider their financial security, potential eligibility for public support, and future reliance on welfare provisions. Examining this group therefore allows the study to capture how awareness of benefits, perceptions of eligibility, and interactions with welfare systems begin to develop before or during retirement. This approach is consistent with prior research on ageing and retirement, which commonly includes individuals aged 50 and above (e.g., Fisher et al., 2016; Loretto & Vickerstaff, 2012; Wainwright et al., 2019).

Recruitment was facilitated by three established community organisations, including Health for All, Caring Together in Woodhouse & Little London, and Leeds Irish Health & Homes.

Partnering with trusted community groups is an established strategy for reaching populations who may experience marginalisation, digital exclusion, or disengagement from formal institutions (Bonevski et al., 2014). The partner organisations disseminated study information through newsletters, direct contact, and community networks, and assisted in recruiting participants who met the study's eligibility criteria, particularly individuals who might otherwise be underrepresented in research related to financial hardship and ageing. The organizations additionally assisted in obtaining written informed consent from all participants.

4.3. Sample Characteristics and Size

A total of 25 participants took part across three focus groups, each comprising between seven and ten individuals. This sample size aligns with methodological guidance, which recommends focus groups of six to eight participants, with a maximum of twelve, to balance diversity of opinion with opportunities for meaningful participation (Robinson, 2020). The adoption of focus groups enabled comparative thematic exploration while ensuring sufficient depth and richness of data.

4.4. Data Collection and Analysis

Prior to the commencement of data collection, ethical approval was obtained from the Research Ethics Committee of [redacted]. Following this approval, focus groups were then conducted in Leeds between January and March 2025 in accessible community venues familiar to participants, supporting comfort and rapport. Each session was moderated by an experienced qualitative researcher and followed a semi-structured topic guide (Appendix), which allowed for consistency across groups while providing flexibility to pursue issues raised spontaneously by participants (Bryman, 2016). Sessions lasted approximately 60–90 minutes, were audio-recorded with informed consent, and transcribed verbatim.

Data were analysed using reflexive thematic analysis following the six-phase framework developed by Braun & Clarke (2006), including (1) familiarisation with the data through repeated reading, (2) initial coding conducted inductively to remain close to participants' accounts, (3) collation and organisation of codes into potential themes, (4) reviewing and refining themes to ensure analytic coherence and depth, (5) defining and naming themes to capture their conceptual essence, and (6) producing the narrative account by integrating illustrative extracts and interpretive commentary. This approach is widely used in qualitative research due to its flexibility, theoretical independence, and suitability for identifying patterned meanings across datasets. Transcripts were imported into NVivo 15 to support systematic coding and data management. The analysis resulted in six themes and fourteen subthemes. Each (sub)theme is presented in the following part on the findings.

5. Findings

5.1. Participants' demographics information

The demographic profile (Table 1) portrays a group of older adults who are predominantly female, living alone, retired, and managing modest financial resources. These characteristics are relevant because they may shape how older adults access information about welfare programs, their reliance on formal or informal support when navigating application processes, and their perceptions of eligibility and need for means-tested benefits. Notably, 40% of the participants are above the pension claiming age. Moreover, the substantial number of participants receiving additional benefits beyond the state pension indicates varied and potentially complex entitlement landscapes.

Table 1. Participants' demographics

Demographic information		N	%
Age	50-59	4	16
	60-69	11	44
	70-79	9	36
	80+	1	4
Gender	Male	7	28
	Female	18	72
Living arrangement	Alone	18	72
	With family	6	24
	In a community setting	1	4
Current employment status	Employed full-time	1	4
	Employed part-time	2	8
	Retired	19	76
	Unemployed	3	12
Current financial situation	Comfortable	11	44

	Struggling but manageable	14	56
Means-tested benefits received	Pension credit	10	40
	Housing benefits	9	36

5.2. Barriers to uptake of means-tested benefits

5.2.1. Generational pride

A prominent theme emerging from participants' accounts was the influence of generational pride, which is a deeply embedded set of values shaped by earlier social, economic, and cultural contexts, on help-seeking behaviour. The pride, grounded in experiences of familial cohesion, strong community ties, collective labour achievements, and long-standing norms of self-reliance, was repeatedly described as contributing to older adults' reluctance to pursue benefits even when they were eligible and in need.

Tight-knit relationships and mutual support

Participants described growing up in environments characterised by tight-knit family structures and frequent face-to-face interactions, where mutual support was woven into everyday life. Memories of routine family meals, and community interdependence were invoked with a strong sense of admiration and nostalgia. Support was viewed not as a formal entitlement but as an organic extension of social relationships. This relational model of care cultivated expectations of reciprocity and self-management, which contrasts sharply with contemporary welfare systems that require individuals to actively seek institutional assistance. Participants positioned these earlier practices as morally superior to current societal norms, reinforcing a generational identity grounded in authenticity, responsibility, and interpersonal care as evidenced in the following narratives.

"*The thing what we were proud of you all work together for family meals. You all got together and like now you don't even see anybody. Where when we were younger, you were all there together everybody*." (P5)

"*Everybody kept an eye out on things for everybody, make sure children were happy. There was loving and caring, we helped each other, not like young ones now.*" (P4)

Legacy of workers' rights

The legacy of strong workers' rights and unionisation further shaped participants' attitudes toward receiving help. Many recalled periods when workplace benefits and social protections were widely understood as entitlements earned through employment and collective labour struggles, rather than support that had to be individually requested. Participants contrasted these past experiences with contemporary welfare systems, where accessing support often requires navigating application processes and demonstrating eligibility. This perceived shift from entitlement to conditional assistance contributed to some participants' reluctance to seek means-tested benefits, as doing so felt inconsistent with their expectations of how social protections should be provided.

"We had good and strong unions. Our canteen always had tea, coffee, hot chocolate, bread, bagels, cereals, subsidised lunch. In my day, you went with no experience and were trained by the employer how to do the job. I was trained as a nurse, and they paid me to get trained. I certainly wouldn't pay to go to university now. I'm shocked when the kids will say 'you're not entitled to it, that's gone'. All that's gone." (P7)

Self-reliance and resilience

Self-reliance and resilience emerged as core components of generational pride. Participants described the hardships endured by their parents and grandparents and highlighted their own efforts to live within their means, adapt to limited resources, and shoulder personal responsibility. Independence, frugality, and perseverance were not only valued traits but markers of status and identity. Therefore, seeking mean-tested benefits, even when legitimately needed, risked undermining a carefully cultivated sense of self shaped by decades of coping without institutional assistance.

"We took more responsibility for our values, for our decisions. We progressed without the technology; we got through everything. We were brought up that you worked to provide for your family, that's what we were ingrained with. Our generation relied on us and our community." (P3)

"We managed without lots of stuff. We achieved by our own efforts, rather than saying 'you help me with this'. I'm proud that I got here without technology. I'm very, very, very independent. I thought that if I asked for help, I was a failure." (P10)

These narratives illustrate how generational pride functions as a complex psychosocial barrier to benfits uptake. Understanding this dynamic is essential for developing more sensitive, dignity-affirming approaches to welfare provision that align with the identity frameworks of older generations rather than inadvertently challenging them.

5.2.2. Perceived injustice and scepticism

A further major theme concerned the ways in which perceived injustice and deep-seated scepticism toward contemporary welfare systems shape older adults' reluctance to pursue means-tested benefits as further discussed below.

Perceived injustice

Participants expressed a strong sense of injustice within the support system, particularly given their long work histories and contributions. Participants felt that, despite *"working all my life"*, they were *"not entitled"* (P11) to the support they expected. This was experienced as fundamentally inequitable, especially when those who tried to remain self-reliant were penalised: "*If you go back to work, you lose it."* (P20).

Participants described support as something that had to be *"fought for"* rather than automatically granted, and the need to repeatedly apply or justify eligibility often led them to *"stop asking"* (P23). This conveyed the sense that assistance had to be earned through navigating a burdensome bureaucracy, rather than being a straightforward entitlement. This perceived injustice not only generated frustration but also deterred older adults from pursuing assistance that they believed that *"If you're entitled to something, why is it not automatic?"* (P13).

Procedural scepticism

Participants expressed a pervasive scepticism toward the reliability, authenticity, and personalised nature of modern support systems. Participants felt that *"support these days is via faceless technology"* and that they were "*not always sure [they were] actually receiving support"* (P24). This contrasted with those of earlier decades, when support was delivered through face-to-face interactions and perceived as more genuine, accountable, and relational.

Participants shared that these structures prioritised organisational efficiency and cost savings over individual needs using "*one-size-fits-all-systems*", leaving little room for discretion or empathy because *"One size does not fit everybody"* (P18). Participants felt that their individual histories, challenges, and vulnerabilities were overlooked within an increasingly standardised system. As a result, they expressed profound uncertainty about whether seeking help would result in meaningful or timely assistance, further eroding motivation to initiate claims as evidenced in the following narratives.

"*A lot of support websites have a set amount of 'is this your problem?'. If your problem doesn't fit into any of those, there's nothing you can do about it"* (P12).

"*I can't be sure that I am going to actually get the support. They keep transferring you, putting you on waiting lists, and you lose faith and hope"* (P16).

Participants also expressed concern about being assessed by staff they regarded as unqualified or insufficiently trained, which contributed to feelings of vulnerability and uncertainty about the legitimacy of the decisions being made. Participants also expressed concerns about health-related assessments associated with benefit applications, particularly when additional support depended on demonstrating disability or health needs. They questioned how *"a normal person with no medical experience could do assessments*" (P25) noting that this left them feeling exposed and misunderstood. Others highlighted that assessments were frequently carried out by individuals who were *"not qualified… too young, no experienced"* (P15), reinforcing the perception that complex health needs were being judged by people lacking the necessary expertise. These experiences collectively fuelled doubts about the accuracy of assessments, making participants uncertain about whether the support offered was grounded in genuine understanding of their vulnerabilities.

5.2.3. Institutional Inaccessibility

Poor service responsiveness

A combined theme emerging from participants' accounts highlights how institutional inaccessibility, manifesting through poor service responsiveness, limited information, and digital exclusion, erodes trust and discourages older adults from seeking means-tested benefits. Several recounted experiences of feeling ignored or dismissed when requesting assistance, reinforcing perceptions that seeking help was futile. As negative experiences accumulated, many reported withdrawing entirely from attempts to access support, concluding that the effort involved was disproportionate to the likelihood of receiving meaningful help.

"They are not there to support you, it's just as though they are wanting to get rid of you. Weeks can go by, months can go by, and they still haven't sorted it [your application] out. They've forgotten about it. You could go years without getting a benefit that you're entitled to. They don't tell you, then you've lost it. We've all tried at one time or another, but you get nothing back so many times that you stop asking." (P14)

"I don't think there's a support there. I think even if I ask for it, it's not there. You have to wait so long to talk to people and then they say right time up and there's no understanding, there's no empathy. If you try too many times, they put you down as complaining, then you still haven't got your problem sorted, it'll be pointless. By the time you actually get it sorted out, it's months and years later, it makes you more and more depressed." (P22)

Digital exclusion

This sense of institutional failure was compounded by limited knowledge of available services and increasing reliance on digital platforms. Participants noted that support systems had become more complex to navigate as key processes shifted online. Many lacked the digital literacy, internet access, or confidence needed to complete tasks that had previously been straightforward, such as updating personal information or initiating claims. As a result, informational and technological barriers left individuals unaware of entitlements, confused about procedures, or unable to engage with online systems independently.

"If you haven't got a computer, you're stuck, you can't see any information as it is online and not everybody in the age group around this table are online or know how to go online." (P17)

"When you're on the computer, you're not talking to a person, you're talking to a screen." (P18)

5.3. Facilitators of engagement with means-tested benefits

5.3.1. Streamlined bureaucratic processes

Tailored support

Participants highlight the critical role of personalised engagement in shaping older adults' willingness to access means-tested benefits. Participants emphasised that effective assistance requires more than the provision of information; it depends on support workers demonstrating empathy, understanding, and the capacity to engage with the specific circumstances of each individual.

"I need someone who can understand what I'm talking about. It makes all the difference when someone helps you with your situation." (P16)

"You need someone who will actually listen to you, and they understand your situation. It's the trust and compassion that make it acceptable." (P17)

Simplified procedure

Alongside relational elements, participants highlighted administrative simplification as a key enabler of uptake. Participants expressed strong support for streamlined procedures, the reduction of unnecessary documentation, and where appropriate, automatic or pre-filled entitlement assessments. Such measures were viewed as essential to lowering barriers, ensuring that access to support does not hinge on bureaucratic proficiency.

"If they say this is a list of all the things you're entitled to without it being a great maze." (P23)

"It should be a phone number that you can ring to see what benefits are your." (P5)

"Why isn't there a support system to help people simply know what they are entitled to?" (P6)

5.3.2. Organizational mediation

Expert guidance

Participants underscore the pivotal role that organisational mediation plays in enhancing older adults' uptake of means-tested benefits. A key dimension of this mediation relates to expert guidance through administrative complexity. Knowledgeable support workers or community-based programmes were perceived as critical facilitators to help prevent the loss of entitlements and alleviated anxiety associated with navigating bureaucratic processes.

"I would trust the people from Caring Together [a community-based organization] because they have been doing it for a long time. They have contact to other people who can help." (P11)

"It's just total confusion without an organisation I can phone and talk to. Without that, I'd be lost. The organisation speaks on our behalf in an informed way, and their correct information is priceless" (P8)

Digital navigation

Organisations also served a crucial function in supporting digital navigation. Participants welcomed the idea of digital assistance, or supervised access to technology offered through trusted community organisations. These supports will help older adults engage more effectively with online systems.

"You're told to go online to apply when you don't have the skills, you want a professional who cares and help you" (P9)

Accessible communication

Another important contribution of organisational intermediaries lies in clear and accessible communication. Organisations that disseminated information proactively, using clear and jargon-free language, were seen as vital for enabling informed decision-making. Participants emphasised the value of multi-channel communication, including leaflets, community posters, bulletin boards, and telephone hotlines, to ensure that information reached older adults in accessible and familiar formats. This reduced the onus on individuals to seek out complex information independently, thereby lowering barriers to engagement.

"One of the big issues is communicating, and that is, it's online, and not everybody is online. I want someone I can talk to in ordinary language. It's all about communication that makes life simpler for people and an organization breaks down communication barriers." (P2)

"It should be some billboard advertising, leaflets all over the place with phone numbers on" (P3)

5.3.3. Social support

Peer relationships and community-based social networks emerged as a significant motivational factor influencing older adults' uptake of means-tested benefits. Participants emphasized how peer-led environments function as psychologically safe, non-judgemental, and experientially grounded spaces that facilitate discussions about entitlements, reduce stigma, and promote collective learning. In contrast, reliance on family members for guidance on financial matters was often viewed as emotionally fraught, potentially undermining autonomy and reinforcing hesitancy to seek help.

Shared peer experience

Participants noted that when discussions about benefit eligibility took place among peers, particularly within community groups, they felt more comfortable raising questions, expressing uncertainties, and acknowledging gaps in their knowledge. Peer discussions were characterised by mutual understanding and equivalent life circumstances, reducing the risk of embarrassment or perceived burden. This mutuality normalised help-seeking behaviour and counteracted internalised stigma associated with accessing welfare support, thereby increasing older adults' willingness to engage with available services.

"*With an organisation like Caring Together, the support is very much mutual because the people that we offer support to also offer us a lot of support back. I mean, like with this group, we've always talked about things like that, aren't we?. And that's where it's good to have groups like that, where you know, get a bit of support and a bit of push without judgement."* (P18)

Family involvement as a double-edge influence

Family involvement in financial matters was frequently approached with caution. Participants avoided discussing entitlements with family members to prevent causing worry, appearing dependent, or challenging intergenerational dynamics of autonomy. Where family members adopted supportive attitudes, framing means-tested benefits as a legitimate and ordinary aspect of later-life wellbeing rather than a sign of inadequacy, participants reported feeling more at ease in seeking assistance. Conversely, when families responded with indifference, discomfort, or dismissal, these reactions contributed to further disengagement from available support.

"I've talked to the family about it, but I don't know if they listen or they don't want to listen. My daughter is fully good at computers, but I don't think the younger generation, even your own family, want to know." (P10)

"My sons told me whatever I need to go for, go for it and if I want support they're always there." (P16)

In light of the findings, the conceptualized framework presented in Figure 1 was refined and visualized in Figure 2.

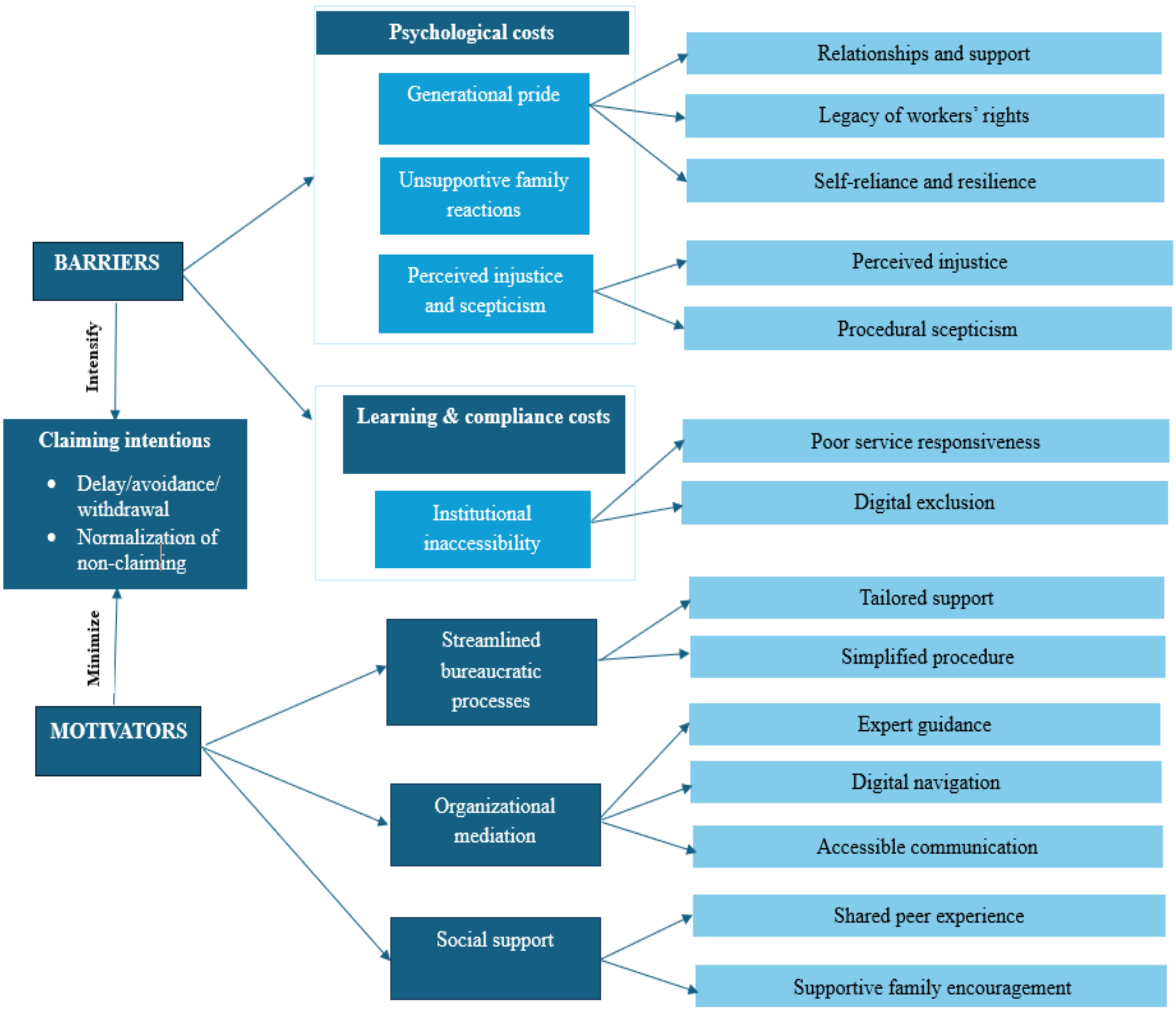

Figure 2. Refined barriers-motivators of older people's uptake of mean-tested benefits

6. General discussion

6.1. Theoretical implications

The findings contribute to scholarship on ageing, welfare engagement, and help-seeking by foregrounding the role of generational pride in shaping older adults' orientations toward means-tested benefits. While prior research has emphasised generational identity and normative expectations of independence in later life (e.g., Van Rossem, 2019; Breheny & Griffiths, 2017), this study is the first to explicitly show how generational pride shapes interpretations of welfare entitlement. Participants' narratives suggest that earlier experiences of workplace protections and social benefits as earned rights have fostered expectations that support should follow contribution rather than be individually requested through conditional systems. This creates a tension with contemporary welfare arrangements that rely on means-testing and application procedures. In this context, reluctance to claim support reflects not only informational or administrative barriers but also a misalignment between historically grounded expectations of entitlement and the conditional logic of modern welfare provision. By identifying generational pride as a mediating factor in this relationship, the study offers a new lens for understanding benefit non-take-up among older adults.

Second, the findings on perceived injustice and procedural scepticism extend theoretical understandings of older adults' engagement with welfare systems. While existing scholarship has emphasised the impact of structural barriers such as administrative burdens on older people (e.g., Benoit & Marier, 2024; Herd, 2023), comparatively less attention has been paid to the psychosocial and moral interpretations that underpin reluctance to engage with financial entitlements among older people. The present findings suggest that perceptions of unfairness, rigid one-size-fits-all process, and limited institutional responsiveness shape how older adults interpret both their entitlement to support and the legitimacy of welfare processes. In this sense, administrative burdens are not experienced solely as procedural obstacles but are also filtered through moral evaluations of fairness and reciprocity. These findings contribute to administrative burden scholarship by showing how older adults' engagement with welfare systems is shaped not only by institutional design but also by the meanings individuals attach to those systems and their perceived alignment with fairness and justice.

Third, the study contributes to social support and help-seeking theory by highlighting the role of peer networks in facilitating engagement with welfare systems. While existing research on later-life decision-making has primarily emphasised the influence of family members (e.g., Luijkx et al., 2015), the present findings suggest that peers may play a particularly important role in contexts involving bureaucratic navigation and financial entitlements. Participants described how interactions with peers who shared similar life experiences provided reassurance, practical knowledge, and a sense of normalisation around claiming support, thereby reducing psychological hesitation associated with welfare engagement. In this sense, peer networks may help mitigate certain administrative burdens, particularly learning and psychological costs, by translating complex information into relatable experiences and by legitimising help-seeking among individuals with similar backgrounds. These findings extend emerging evidence that peer-based support can improve health and social outcomes among older adults (Geffen et al., 2019; Silawan et al., 2024) by demonstrating its relevance in the domain of welfare access and benefit uptake. By situating peer influence within the broader dynamics of administrative burden and welfare engagement, the study suggests that informal peer interactions can function as an important intermediary mechanism linking institutional systems with older adults' everyday decision-making about seeking support.

Importantly, the research extends Administrative Burden Theory by demonstrating how administrative frictions accumulate in age-specific and cohort-specific ways that are not fully captured in existing formulations. Processes of ageing shape how individuals encounter and interpret learning, compliance, and psychological costs across the life course. For older adults, age-related factors such as declining health, mobility limitations, digital exclusion, and increasing reliance on family members or intermediaries can intensify learning and compliance costs associated with navigating complex benefit systems. At the same time, psychological costs are shaped by cohort identities and moral frameworks, not only by stigma or stress as previously emphasised (e.g., Day & Hitchings, 2011; Kuhner & Chou, 2023). This reframes psychological costs as socially and historically situated, demonstrating that older adults interpret administrative demands through deeply embedded norms of self-reliance, resilience, and deservingness that were formed through particular welfare and labour market histories. Therefore, administrative burdens are not experienced uniformly across the population but are mediated by life-course processes and cohort experiences, highlighting the importance of incorporating ageing into the theoretical understanding of how administrative burdens are generated and navigated.

6.2. Practical implications

The research findings carry significant implications for policy, service design, and community practice. Foremost, the findings highlight the necessity of streamlined, age-inclusive administrative processes. Simplifying forms and expanding automatic or assisted application mechanisms substantially lower barriers and improve uptake, echoing previous research advocating for user-centred welfare design (Rodrigues & Pereira, 2018).

In parallel, the study emphasises the importance of relational, personalised support models. Participants consistently reported that empathetic, knowledgeable human interaction, rather than generic online guidance, was essential for building trust and enabling engagement. This points to the need for investment in community-based advisors, welfare officers, and hybrid digital-human systems tailored to older adults.

The findings also underscore the value of organisational mediation and peer-led outreach. Community organisations are uniquely positioned to advocate on behalf of individuals struggling with complex systems. Evidence from social prescribing and community development programmes similarly suggests that trusted intermediaries can significantly improve access to services and enhance wellbeing (O'Grady et al., 2025). Policymakers should therefore prioritise partnerships with third-sector organisations and incorporate peer-support structures into welfare outreach strategies.

Finally, given the persistence of stigma associated with generational pride and the double-edge influence of family involvement, interventions should aim to reframe means-tested benefits as a legitimate and earned entitlement, not a marker of dependency. Normalising benefits uptake through positive messaging, community education, and peer advocacy may counteract internalised stigma and mitigate intergenerational misconceptions.

6.3. Limitations and future research

This study has several limitations that should be acknowledged when interpreting its findings. First, the research was conducted with a purposive sample of older adults residing in Yorkshire, which may limit the transferability of the results to other regions with different welfare infrastructures, demographic compositions, or community support ecosystems. While qualitative methods are well suited to exploring complex experiences, the perspectives gathered here may not fully represent the heterogeneity of older adults across the United Kingdom, particularly those from minority ethnic backgrounds, rural areas, or individuals who are entirely disengaged from community organisations.

Second, the focus group format, although valuable for generating rich, interactive discussions, may have introduced social desirability pressures. Participants might have underreported their experiences of financial hardship, or generational pride in front of peers. Relatedly, the presence of community partners in recruitment may have shaped who felt comfortable participating, potentially skewing the sample toward individuals already connected to support networks.

Future research should aim to address these limitations by employing comparative studies across regions and demographic groups to examine how structural contexts shape barriers to means-tested benefits uptake. Quantitative or mixed-methods designs could also be used to estimate the prevalence and relative weight of specific factors among different subpopulations of older adults. Additionally, longitudinal studies would further enhance understanding of how older adults' attitudes, needs, and interactions with welfare systems evolve over time, particularly as digitalisation continues to expand. Collectively, such research would strengthen the evidence base for designing more inclusive, responsive, and equitable welfare systems for ageing populations.

7. Conclusion

This study provides an in-depth exploration of the factors that shape older adults' engagement with means-tested benefits, revealing a complex interplay of psychological costs of generational pride, and perceived injustice and scepticism, and learning and compliance costs as barriers to benefits uptake. At the same time, the research highlights the positive influence of institutional inaccessibility streamlined administrative structures, organisational mediation, and social support, especially peer-led encouragement in improving access to entitlements. Collectively, these insights underscore the need to re-evaluate how means-tested benefits are designed and delivered to older populations.

References

Age UK (2025). *Which Benefits are Means Tested & Which are Not?*, July 4, https://www.ageuk.org.uk/information-advice/money-legal/benefits-entitlements/how-your-benefits-are-means-tested/.

Dezin, N.K., Lincoln, Y.S., Giardina, M.D., & Cannella, G.S. (2024). *The SAGE handbook of qualitative Research*. 6th edition. Los Angeles: SAGE.

Behrendt, C. (2000). Do means-tested benefits alleviate poverty?: Evidence on Germany, Sweden and the United Kingdom from the Luxembourg Income Study. *Journal of European Social Policy*, 10(1), 23-41.

Benoit, M., & Marier, P. (2024). When hidden politics become visible: Administrative burden experiences of older adults and professionals in home care. *International Journal of Social Welfare*, 33(4), pp. 832–845.

Biggs, H., Wildman, J., & Holman, E. (2024). Improving benefit take-up among Scotland's seldom-heard groups. *National Centre for Social Research*, May 16, https://natcen.ac.uk/publications/improving-benefit-take-among-scotlands-seldom-heard-groups.

Bolland, M., Janssens, J., & Goedemé, T. (2025). Information Costs and the Non-Take-Up of Social Benefits: A detailed exploration of Belgian social assistance. *Social Policy and Administration*, 59(7), pp. 1107–1120.

Bonevski, B., Randell, M., Paul, C., Chapman, K., Twyman, L., Bryant, J., Brozek, I., & Hughes, C. (2014). Reaching the hard-to-reach: a systematic review of strategies for improving health and medical research with socially disadvantaged groups. *BMC Medical Research Methodology*, 14(42), pp. 1-29.

Braun, V., Clarke, V. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), pp. 77-101.

Breheny, M., & Griffiths, Z. (2017). "I had a good time when I was young": Interpreting descriptions of continuity among older people. *Journal of Aging Studies*, 41, pp. 36–43.

Bryman, A. (2016). *Social research methods.* 5th edition. New York: Oxford University Press.

Butler, M., Peijnenburg, K., & Staubli, S. (2016) How much do means-tested benefits reduce the demand for annuities? *Journal of Pension Economics & Finance*, 16(4), pp. 419-449.

Day, R., & Hitching, R. (2011). 'Only old ladies would do that': Age stigma and older people's strategies for dealing with winter cold. *Health & Place*, 17(4), pp. 885-894.

Department for Work & Pensions (2024) Income-related benefits: estimates of take-up: financial year ending 2023, October 10, https://www.gov.uk/government/statistics/income-related-benefits-estimates-of-take-up-financial-year-ending-2023/income-related-benefits-estimates-of-take-up-financial-year-ending-2023.

Faith, B., & Hernandez, K. (2024). IDS Policy Briefing 217: What Does a Good Digital Welfare State Look Like? *Institute of Development Studies*, 10.19088/IDS.2024.047.

Fernández-Durán, J.J. (2016). Defining generational cohorts for marketing in Mexico. *Journal of Business Research*, 69(2), pp. 435-444.

Fisher, G.G., Chaffee, D.S., & Sonnega, A. (2016). Retirement timing: A review and recommendations for future research. *Work, Aging and Retirement*, 2(2), pp. 230-261.

Ge, H., Li, J., Hu, H., Feng, T., & Wu, X. (2025). Digital exclusion in older adults: A scoping review. *International Journal of Nursing Studies*, 168, 105082.

Geffen, L. N., Kelly, G., Morris, J. N., & Howard, E. P. (2019). Peer-to-peer support model to improve quality of life among highly vulnerable, low-income older adults in Cape Town, South Africa. *BMC Geriatrics*, 19, 279.

Goedeme, T., & Janssens, J. (2020). *The concept and measurement of non-take-up: An overview, with a focus on the non-take-up of social benefits*. Leuven: HIVA - Research Institute for Work and Society, https://repository.uantwerpen.be/docstore/d:irua:1022.

Gugushvili, D., & Van Oorschot, W. (2020). Popular preferences for a fully means-tested welfare provision model: social and cross-national divides in Europe. *International Journal of Sociology and Social Policy*, 40(11-12), pp. 1455-1472.

Herd, P. (2015). How administrative burdens are preventing access to critical income supports for older adults: The case of the Supplemental Nutrition Assistance Program. *Public Policy & Aging Report*, 25(2), pp. 52–55.

Herd, P. (2023). Improving older adults' health by reducing administrative burden. *The Milbank Quarterly*, 101(S1), pp. 507-531.

Herd, P., & D. Moynihan (2018). Administrative Burden: Policymaking by Other Means. New York: Russell Sage Foundation.

Krueger, R.A., & Casey, M.A. (2015). *Focus groups: A practical guide for applied research*. 5th edition. Singapore: SAGE.

Kuhner, S., & Chou, K.L. (2023). To claim or not to claim: Investigating non-take-up of welfare schemes targeting Hong Kong older adults and the stigma attached to them. *Journal of Social Policy*, 54(1), pp. 100-120.

Laurence, B.D., & Michel, L. (2017). The fall in older adults: Physical and cognitive problems. *Current Aging Science*, 10(3), pp. 185-200.

Loretto, W., & Vickerstaff, S. (2012). The domestic and gendered context for retirement. *Human Relations*, 66(1), pp. 65-86.

Luijkx, K., Peek, S., & Wouters, E. (2015). “Grandma, you should do It—It’s cool” Older adults and the role of family members in their acceptance of technology. *International Journal of Environmental Research and Public Health*, 12(12), pp. 15470–15485.

Mawhinney, P., Roberts, I., Chaben, E., Gaddes, E., & Wilson, T. (2023). Local activity to increase Pension Credit uptake: Good practice examples and principles toolkit. *Independent Age*, https://www.independentage.org/sites/default/files/2023-03/Pension_Credit_toolkit.pdf.

Nelson, K. (2004). Mechanisms of poverty alleviation: anti-poverty effects of non-means-tested and means-tested benefits in five welfare states. *Journal of European Social Policy*, 14(4), 371–390.

O’Grady, M., Barrett, E., & Connolly, D. (2025). Understanding how intermediaries connect adults to community-based physical activity: A qualitative study. *PLoS ONE*, 20(1), e0318687.

Preston, J., & Biddell, B. (2020). The physiology of ageing and how these changes affect older people. *Medicine*, 49(1), pp. 1–5.

Peeters, R. (2019). The Political Economy of Administrative Burdens: A theoretical framework for analyzing the organizational origins of administrative burdens. *Administration & Society*, 52(4), pp. 566–592.

Petry, S.E. (2024). “You’ve got a lot to prove”: A mixed methods analysis of how older adults and their families navigate Medicaid enrollment. *Social Policy & Administration*, 59(7), pp. 1134-1142.

Rodrigues, N., & Pereira, A. (2018). A User-Centred Well-Being home for the elderly. *Applied Sciences*, 8(6), 850.

Patton, M.Q. (2015). *Qualitative research & evaluation methods*. 4th edition. California: SAGE.

Robinson, R. (2020). Using focus groups. In: Ward, M.R.M., & Delamont, S. (editors), *Handbook of Qualitative Research in Education*. 2nd edition. Eward Elgar Publishing.

Silawan, T., Powwattana, A., Ponsen, P., & Ninkarnjanakun, N. (2024). Promoting the

Wellness of Older Adults through Integrated Health-Promoting Programs and Supportive Peers: A Quasi-Experimental Study in Semi-Urban Communities of Northeastern Thailand. *Journal of Primary Care & Community Health*, 15, pp. 1-10.

Van Rossem, A. H. (2019). Generations as social categories: An exploratory cognitive study of generational identity and generational stereotypes in a multigenerational workforce. *Journal of Organizational Behavior*, 40(4), pp. 434–455.

Wainwright, D., Crawford, J., Loretto, W., Phillipson, C., Robinson, M., Shepherd, S., Vickerstaff, S., & Weyman, A. (2019). Extending working life and management of change. Is the workplace ready for the aging worker? *Ageing & Society*, 39, pp. 2397-2419.

Appendix

Part 1. Demographic questions

<u>Question 1.1.</u> What is your age?

☐ 50-59

☐ 60-69

☐ 70-79

☐ 80+

<u>Question 1.2.</u> What is your gender?

☐ Male

☐ Female

☐ Non-binary

☐ Prefer not to say

<u>Question 1.3.</u> Do you live…?

☐ alone

☐ with family

☐ in a community setting (e.g., a retirement home, a care home, etc.)

<u>Question 1.4.</u> What is your current employment status?

☐ Employed full-time

☐ Employed part-time

☐ Retired

☐ Unemployed

☐ Others

<u>Question 1.5.</u> How would you describe your current financial situation?

☐ Comfortable

☐ Struggling but managing

☐ In financial difficulty

Question 1.6. Do you receive a state pension?

☐ Yes

☐ No

Question 1.7. Do you receive any other benefits?

☐ Pension credit

☐ Housing benefit

☐ Council tax reduction

☐ Universal credit

☐ None of the above

☐ Other(s), please specify…..

Part 2. Main questions to guide focus group discussions

Question 2.1. What make you feel proud to be part of your generation?

Question 2.2. How do you feel about getting help from others?

Question 2.3. Have you ever hesitated to accept help? If yes, what made you feel that way?

Question 2.4. What kind of information or resources would make you more open to accepting support?

Question 2.5. Are there specific programs or community efforts you think would encourage older adults to seek financial help?

Question 2.6. What changes would you like to see in how society views older adults and the help available to them?