

Eric Briggs and Anthony M. Rees, *Supplementary Benefits and the Consumer*, Bedford Square Press, London, 1980. 172 pp. £5.95. ISBN 0 7199 1042 0.

This book is the latest in the well-established series of Occasional Papers on Social Administration published by the Social Administration Trust at LSE. In it the authors draw almost exclusively from the results of their DHSS funded project designed to evaluate what happens if Supplementary Benefit claimants are automatically provided with written notices of how their benefit entitlement is worked out (using Form A124). The researchers quite naturally took advantage of the large sample of claimants of all ages at their disposal to provide us with descriptions of the characteristics and attitudes of recipients, and for the first time ever, of the nil-assessed (people who claimed but who were found to be ineligible). Thus the book comprises two parts: the first five chapters describe the sample, and the last four present an experimental study of the impact of the A124.

Chapter 1, 'The Coming of Supplementary Benefits', describes the birth of the Supplementary Benefits Commission and sets the tone for the discussion of one of the unresolved anomalies of a welfare system which is theoretically based on entitlement – that although claiming is a 'right', claimants do not automatically receive a written notice of their assessment. Chapter 2 discusses sampling and design, and Chapter 3, 'The Commission Advertises', brings us into the thick of the survey data. Here we find, for instance, that 77 per cent of pensioners first suspected that they would be entitled to SB as a consequence of a direct mailing from the Social Security office, and only 2 per cent learned of their potential entitlement from the slip in the back of their pension book. Chapter 4, 'Stigma and Contact with Officials', opens with a promising but quickly abandoned discussion of the usefulness and validity of the concept of 'stigma', which sets the stage for findings such as pensioners being substantially more satisfied than any other group of claimants with the treatment they have received from the DHSS. Chapter 5, 'Problems and the Search for Solutions', examines consumer reactions to the mechanical problems involved in dealing with the DHSS, only to find that 79 per cent of the sample overall, and 91 per cent of pensioners had experienced no problems.

So ends the first half of the book, and we leap into what is definitely the more interesting and valuable half – an evaluation of the usefulness of the A124 as an informational device, of the use to which the form was put, and of the impact it had on people's general perceptions of the SB scheme. Chapter 6, 'The Social History of a Form', discusses the uses to which people put the A124; just under a third didn't remember getting it, a similar proportion managed to read it all the way through, and about a tenth threw it out immediately. As would be expected, 'the retired were less likely to recall, utilise or appreciate the form'. Chapter 7, 'Knowledge of Supplementary Benefits', concludes that the A124, where it was read (by only just over half the sample) made a significant impact on claimants' knowledge, but that the overall amount of knowledge possessed at the end of the day was still very low. Chapter 8, 'Perceptions and Conceptions', briefly describes an evaluation of the impact of the form on claimants' perceptions of abuse of the system,

of the adequacy of payments, and of the nature of the benefit (i.e. right or charity?). Most interesting is the finding that people expected pensioners to perceive the benefit as 'charity' much more frequently than (claiming) pensioners actually do. Chapter 9 concludes the work with a brief attempt to relate the findings to future efforts to increase the take-up of SB.

The authors have written neither a book nor a paper, but something in between, and as a result the first half of the book is pretty heavy going. The data included are too specific and the form of presentation a bit heavy for the general enlightened reader, yet the specialist would prefer complete tables to having to wade through paragraphs laden with quantitative findings which are incomplete and which read as though they were written directly from full tables. In attempting to appeal to both readerships, the book seems to be at variance with the needs of both. Another difficulty is the strong feeling that we've been here before; the data, with a few exceptions, either replicate what it already known, or merely attach numbers to relationships of which we are already aware. In addition, although the authors propose that the strength of their study lies in its being a combination survey/field experiment, it seems to me that its real strengths lie in its accounts of the experiment and of the attitudes of the nil-assessed, a group who, in fact, received far less attention than they deserved.

The second half is much more interesting and useful, and reinforces past research findings about the limited potential for increasing knowledge (and subsequently take-up) through the use of the written word. However, there are substantial methodological and technical problems. With the measurement of 'knowledge', for instance, the mixture of *recall* type knowledge questions with *recognition* type questions seems very likely to have biased their results systematically. Secondly, in terms of analysis, a distribution of the amount of knowledge possessed by those who had received the A124 and those who had not would have been of greater use toward understanding the extent and nature of the problem than were the frequency counts. Thirdly, and more serious, although the authors admit their sample is unrepresentative, they at no point use available figures to correct this by re-weighting their findings. Since the unemployed were over-represented by a factor of four, and pensioners underrepresented by one half, extreme caution must be exercised in interpreting any figures except those relating to distinct sub-groups. Fourthly, in Chapter 9 the authors assume similarities between the attitudes of claimants and non-claimants in order to link their findings to future attempts to increase take-up. However, this assumption is tenuous at best; there are many reasons to expect claimants' attitudes to be substantially less negative than those of non-claimants, and *post-hoc* rationalization, one of the main candidates, goes unrecognized.

On balance, this book reports results which generally substantiate what we already knew and confirm what we expected to be the case. The authors find it difficult to transcend the data, and thus only infrequently provide the integration of data and theory which normally identifies a work as a book. The work also has methodological weaknesses which limits its usefulness to the specialist; however, it does provide a general, albeit limited, introduction to claimants' attitudes to SB and a useful general measure of the impact of

the A124. Since it is concerned with claimants of all ages, the average gerontologist will have to work fairly hard to find the desired information.

SCOTT A. KERR

Department of Psychology, University of Edinburgh

Alison J. Norman, *Rights and Risk. A discussion document on civil liberty in old age*, National Corporation for the Care of Old People (now Centre for Policy on Ageing). London, 1980. 96 pp. £2.00. ISBN 0 904 139 20 4.

‘When thou shalt be old, thou shalt stretch forth thy hands, and another shall gird thee, and carry thee whither thou wouldest not.’ In the past, clearly, old age was not necessarily associated with personal rights or civil liberty. But then in the past few people enjoyed either the length of life or the number of rights we now aspire to. Unfortunately this contrast between past and present has not necessarily made society more sensitive to the civil liberties of the elderly, whose range of choice is narrowed not only by the inevitable constraints of ageing, but also by lack of imagination among many of those who in due course will join their ranks.

This clear and well-written discussion document illustrates the point admirably, providing both stimulus and material for reflection. It comprises seven main chapters, each concerned in one way or another with society’s tendency to protect the elderly from risk at the expense of limiting their opportunities for self-determination. The ways in which society does this however are various and the author rightly declines ‘to advocate simplistic or generalised reform’. She examines rights and risks, rather, in the familiar contexts in which everyday decisions affecting the elderly are made: the main chapters are concerned, respectively, with *Losing One’s Home*, *Compulsory Care* (with special reference to Section 47 of the 1948 National Assistance Act), *Freedom in Residential Care*, *Human Rights and Nursing Care*, *Consent to Treatment* and ‘*The Right to Die*’, *Fatal Accidents and the Role of the Coroner’s Court*, and *The Court of Protection*.

Although legal aspects of the subject are fully treated, this essentially practical approach tends, probably rightly for the book’s purpose, to reduce discussion of the underlying philosophical issues to a minimum. It does however allow the author to examine many of the circumstances and contingencies under which the rights of old people become restricted. Admission to institutional care, for example, is shown to be a more arbitrary procedure than many would like to think and the author emphasizes the need for proper geriatric as well as social work assessment and consultation, to ensure that the alternatives really have been exhausted, and that the long-term costs as well as the immediate benefits really have been thought through. These costs, as she observes, may be considerable. In one study cited, 25 per cent of old ladies admitted to a psychiatric hospital died within three weeks of admission, while in another it was found that 35 per cent of fatal accidents among 133 elderly people studied were to those living in institutions, although those living there in fact represented only 4.8 per cent of their age group.

Clearly, the elderly are not necessarily ‘better off’ in institutional care, and