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**Discussion Paper**

**Entitlement and universality: the need for re-  
search on the impact of introducing condi-  
tionality in welfare benefits on health and  
wellbeing in older age**

Stefanie Buckner  
University of Cambridge

Judy Green  
LSHTM

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**Address for correspondence:** Stefanie Buckner, Cambridge Institute of Public Health, University of Cambridge, Forvie Site, Robinson Way, Cambridge CB2 0SR, Email: [sb959@medschl.cam.ac.uk](mailto:sb959@medschl.cam.ac.uk)

## **Introduction**

In the context of current debate about the future of universal entitlement to some welfare benefits in the UK, this discussion paper outlines the need for empirical research on potential impacts on wellbeing for older citizens. We summarise theoretical arguments relating to the effects of universalism and conditionality, and the potential pathways linking entitlement to uptake and wellbeing, particularly those impacting on social relations.

## **Policy debate: calls for conditionality in times of austerity**

In a recent article McKee and Stuckler (2013) have argued that “Britain’s aged population has, so far, been spared the worst of the government’s austerity policies, which have impacted most on young people and those of working age” (p.11). Yet in a wider context of cuts and caps, calls for conditionality to be introduced to what are currently universal welfare benefits for older people are growing louder across the political spectrum. The Coalition Government has ruled out the means testing of age-related benefits – winter fuel payments, free TV licences and free travel passes – until at least after the next election. However, Nick Clegg last year suggested that universal benefits for older people need to be reconsidered post-2015. He lent force to his argument by pointing out Alan Sugar’s entitlement to a free bus pass. Other Liberal Democrat voices have expressed their opposition to universal benefits for older people (Winnett and Ross, 2012). More recently the Conservative Work and Pensions Secretary Iain Duncan Smith suggested older people who do not depend on universal benefits return them voluntarily (The Guardian, 2013a). In June 2013 Labour’s Ed Balls, the Shadow Chancellor, announced the means testing of winter fuel payments as a likely measure to be introduced if Labour was to win power in 2015 (Wintour, 2013). This was followed by Chancellor George Osborne’s announcement in the June Spending Review of a ‘temperature test’, based on which older expatriates living in warmer countries will lose their winter fuel payments from autumn 2015.

The arguments put forward for the introduction of conditionality are positive and benevolent. We are reminded that many older people do not actually need the benefits they currently qualify for – as in the case of Alan Sugar, or those living in warmer

countries –, and that in fact they often admit this themselves. Particularly in times of austerity, we are told, it is critical that the available resources are targeted carefully at those in greatest need. Granting the same benefits to the better-off is both wasteful and unfair (Beresford, 2013). The persuasive power of these arguments is indicated by the result of a recent online opinion poll by The Guardian, a newspaper whose readership one might expect to find broadly sympathetic to the principle of universalism: Almost two thirds (64%) of respondents answered the question “Is Labour right to cut winter fuel payments for the wealthy?” with “Yes” (The Guardian, 2013b).

### **Theoretical critiques of conditionality**

One critical perspective views the introduction of means testing from another angle – that is not immediately apparent, namely as a wider attack on the welfare state. McKee and Stuckler (2011, 2013) highlight the divisive potential of the erosion of universal benefits. They argue that losing their benefits will encourage better-off older people to question why anyone should receive them at all. As the middle classes are progressively excluded from the welfare state, they will become less willing to contribute to a system that gives them little back. Those who can will seek private alternatives. Soon all that will be left is a service for the poor, and in the words of Richard Titmuss, “services for the poor will always be poor services” (Horton and Gregory, 2009; p.xxxi).

Arguments both against and in favour of universalism are often ideologically grounded and emotionally charged. A report by the Jimmy Reid Foundation, which makes a strong case for welfare universalism, claims that as far as possible it has “sought to rely on verifiable data and established analytical frameworks, rejecting unsubstantiated political rhetoric” (Danson et al., 2012; p.1). It puts forward a lengthy list of points that highlight the favourable economic impact of universalism, its administrative simplicity and efficiency, and its equalising effect on wealth disparities and gender inequalities. The list also includes the following points:

- Moving from universalism to selectivity increases social and economic inequality and diminishes rather than enhances the status of the poor.
- Selectivity requires processes and procedures that separate benefit recipients from the rest of society, increasing stigmatisation and reducing take-up.
- Where social services are 'rationed' for those on lowest incomes the quality of the services decline without 'majority buy-in' for those services.
- On virtually every possible measure of social and economic success, all league tables are topped by societies with strong universal welfare states.

One can add here a point made by Beresford (2013):

*One of the great strengths of universal benefits is that they create a sense of solidarity and shared understanding. Means tested benefits create the opposite, divisions and misunderstanding.* (n.p.)

Sen (1995) has outlined the potential negative effects of targeted benefits. These include perverse incentives, dissuasion of uptake, and the stigmatising of recipients. There is some empirical evidence that these effects have potential relevance to older citizens in the UK. In a study in north-east England, Moffatt and Higgs (2007) identified several barriers to uptake of targeted benefits among older people, including an ethic of self-reliance, lack of knowledge, and reluctance to 'depend on charity'. Drawing on Bourdieu's concept of habitus (Bourdieu, 1990), they argue that older people who have experienced a universalist approach to welfare are at risk of being excluded by contemporary models of 'consumer citizenship' that rely on individual responsibility in claiming conditional benefits. It is plausible that barriers to uptake of targeted benefits such as stigma and reluctance to depend on charity might be exacerbated if previously universal benefits become means tested.

### **Entitlement and wellbeing: the role of social relations and social capital for wellbeing**

Benefit uptake matters for health and wellbeing. The current calls for means testing welfare benefits for older people coincide with an ongoing concern with improving

health and reducing health inequalities. An important pathway by which benefit conditionality might impact on wellbeing is through the relational dimension in older people's lives. Before elaborating on this, it is worth briefly highlighting the critical importance of this dimension for health and wellbeing. Wilkinson (2006) states:

*We have known for some time that just as good social relations – friendship, good marriages, social support – are beneficial to health, so bad relationships – ‘negative’ relations, hostility, etc. – are bad for health. It is the same at the societal or community level: places in which people are more involved with each other enjoy better mental health .... (p.7)*

Recent research has explored the impact of loneliness on health. A link has been found between loneliness and worse self-rated physical and mental health (Heikkinen and Kauppinen, 2011, Heinrich and Gullone, 2006, Theeke, 2009, Tomaka et al., 2006). Loneliness has also been associated with higher mortality (Patterson and Veenstra, 2010, Penninx et al., 1997), with one recent study showing that lonely individuals over age 50 had between 1.56 and 1.83 times increased risk for all-cause mortality compared to their non-lonely counterparts (Shiovitz-Ezra and Ayalon, 2010).

Relationships between people are integral to, and have often been considered within the framework of, the concept of social capital. Broadly, social capital is about “how people are connected with one another” (Halpern, 2008; p.1). A definition that is widely quoted has been offered by Robert Putnam, one of the main proponents of the concept:

*... features of social life – networks, norms, and trust – that enable participants to act together more effectively to pursue shared objectives ... Social capital, in short, refers to social connections and the attendant norms and trust. (Putnam, 1995; pp.664-65)*

As well as relating to collectives, social capital has been examined as a property of individuals. At the individual level, it has been measured by the extent and quality of a person's social networks (Sixsmith and Boneham, 2012). Analyses of individual level social capital have also included a focus on sense of belonging, trust, and civic engagement (McKenzie and Harpham, 2006).

DeSilva (2006) notes that there is little agreement on what social capital is and, thus, how to measure it. Conceptualisations differ substantially, and the concept is “somewhat ambiguous and elastic” (Sixsmith and Boneham, 2012) (p.79). Theoretical diversity, DeSilva (2006) observes, “results in related but distinct concepts being included under the umbrella term ‘social capital’” (p.53)<sup>1</sup>. This causes difficulties in comparing the findings of research on the association between social capital and mental health. Given the complexity and ambiguity around social capital, it is perhaps no surprise that research on the association between the concept and health has yielded varying results (DeSilva, 2006, Sixsmith and Boneham, 2012). A need for a stronger evidence base remains. At the same time, there is convincing research evidence (e.g. Wilkinson, 1996, Wilkinson and Pickett, 2010) to support the argument that once basic material needs are met, the quality of social relations is almost certainly the most important determinant of people’s subjective quality of life (Wilkinson, 2006). For Wilkinson (2006), “[this] is what research on social capital is really about” (p.8).

### **Different pathways that link benefits and wellbeing**

Welfare benefits can provide the material resources that can reduce social exclusion and foster social capital. A free travel pass, for example, can facilitate access to social activities and enable civic participation. A study by Green et al. (2012) that examined the role of free bus travel for the mobility and wellbeing of older people in London found that being able to take the bus for discretionary journeys was possible when there was no cost, and this was identified as a key defence against the possibility of loneliness. The participants identified broader wellbeing benefits that derived from the use of the bus as an accessible space in which social interactions are fostered.

It might also be possible to identify links between the winter fuel allowance and social connectivity. Prior research has touched on home heating, social relations and wellbeing, with ontological ‘comfort’ a key pathway (Gilbertson et al., 2006). The loss

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<sup>1</sup> Concepts that have been subsumed under the term ‘social capital’ include networks, shared norms, trust, reciprocity, and civic engagement and participation.

of the winter fuel allowance can result in cold homes. Cold homes *feel* lonely, and potentially foster disconnect between the self and the wider social body. A case exists for research that explores such potential links between benefits, social connectedness and wellbeing.

One might argue that means testing for currently universal benefits would not have a detrimental effect, and that 'perfect implementation' of conditionality would ensure that no-one's ability to use public transport or enjoy a warm home was compromised – those who would be affected by withdrawal would qualify for the benefit, whereas those with sufficient means would be able to afford travel or heating. However, 'perfect implementation' is an unrealistic aspiration. There is long-standing evidence to show that the conditional nature of benefits such as Pension Credit and Council Tax benefit impacts on uptake, so there is no guarantee that those who qualify for the benefit actually receive it. As noted earlier, means testing can be linked to barriers to benefit uptake such as stigma. One barrier frequently mentioned is the complexity of the system (Moffatt and Scambler, 2008), which makes claims complicated and often results in claimants giving up.

Based on an example from Beresford (2013), one can imagine that the withdrawal of universal entitlement might result in older people who do not qualify for a benefit 'making do without' the services they would have otherwise enjoyed, even though they might be able to afford them. Older people who lose their free travel pass or fuel allowance might perceive the cost of transport or of adequately heating their home as beyond their means, or as not a priority, with potential consequences for their social connectedness and wellbeing. As Tod et al. (2012) show with regards to older people's fuel expenditure, spending does not necessarily match what people can or are deemed to be able to afford. There is a need for research that provides more detailed insights into how withdrawal of universal benefits and subjective perceptions might interact and impact on the relational dimension in older people's lives as a key factor for their health and wellbeing.

In addition to potential individual pathways linking universal benefits to wellbeing are the benefits that accrue at the social level. The importance of free public transport for social relations and participation in older age has been highlighted above. At a popu-

lation level, public transport, and bus travel in particular, carries stigma. It is primarily a mode of transport for those with few other options (Root et al., 1996). The universal provision of free public transport for older people can make an important contribution to reducing this stigma. By contrast, it is conceivable that a targeted benefit available only to those with limited financial resources would exacerbate the low status of public transport. Just as stigma can be a barrier to benefits uptake, so it can be a barrier to the use of resources such as public transport. In a study by Jones et al. (2012) that focused on older London citizens as a population enjoying the universal provision of free travel passes, stigma around public transport did not emerge as a concern. Further, if the more affluent older people use public transport in preference to private cars (because it is 'free', and no longer carries the stigma of being the transport of last resort), there are gains for them in terms of increased physical activity, and for the whole population in terms of reduced motor vehicle traffic. Scope remains for research on the acceptability of public transport to older people if free travel is universal or means tested respectively. Such studies need to focus on the implications of older people's perceptions for their use of public transport as a way of building and maintaining social connections and engagement.

Jones et al. (2012) indicate an important link between the universal provision of free travel passes to older people and wellbeing. The older participants in their study considered their entitlement to free bus transport a reward they deserved and had earned through their contributions over a lifetime. It thus reflected positive social attributes, in contrast to other entitlements such as priority seating on busses, which were more likely to be associated with negative social attributes such as vulnerability or neediness, and which therefore were more problematic as a source of wellbeing. This suggests that health and wellbeing implications of welfare benefits can derive from the meaning of the nature of entitlement (i.e. universal or means tested) for older people. Further research on this might usefully draw on Axel Honneth's (2005) theory of recognition. This would allow conceptualisation of universal benefits as an institutionally encoded form of recognition and a symbol of social respect. The experience of this form of recognition gives rise to self-respect as a positive relation-to-self and a vital ingredient in human development and wellbeing.

A systematic review of studies that have evaluated the effectiveness of health promotion interventions to tackle social isolation and loneliness among older people (Cattan et al., 2005) found few effective interventions. A benefit such as free travel on public transport, although not designed to alleviate loneliness, may actually do so – on the one hand because it removes (actual and perceived) financial barriers to participation, and on the other because the meaning of its universality (i.e. a reward one has earned) encourages participation (in contrast to stigma, which discourages participation). It is possible, therefore, that targeting travel passes to those with limited financial resources may diminish effects on wellbeing, depending on how far the wellbeing effects for individuals derive from its universality rather than from the material resource itself. Also, universalism may matter more for some benefits than others, and withdrawal of universalism may therefore have different implications. A case exists for in-depth qualitative research that explores these issues.

### **A research agenda**

As calls for the means testing of universal welfare benefits for older people are growing louder, there is a need for a detailed understanding of how the introduction of conditionality might impact on the relational dimension in older people's lives as a critical influence on health and wellbeing. Research is needed to further our understanding of the links between welfare benefits and health and wellbeing in older age. A research agenda would include the impact of nature of provision on access to the material resources that enable social relations and participation. We have argued that pathways relating to social relations are also likely to be important. Research should therefore also address the impact of nature of provision on attitudes towards welfare benefits, and how subjective perceptions might affect the uptake of benefits and the use of resources (such as public transport) that enable connectivity. Finally, there are the more cultural and structural implications of universality and conditionality. Research must include the meaning for older people of the nature of entitlement itself and, tied to this, how older people understand society to relate to them, and what this means for their relation-to-self and wellbeing. At a time when demands for means testing of welfare benefits are intensifying, the need for relevant work is becoming more urgent.

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