CAPABILITY SCOTLAND: EVIDENCE FOR THE HEALTH AND SPORT COMMITTEE
(22.11.11)

i. Capability Scotland will be a major ally in supporting disabled people to achieve full equality and to have choice and control of their lives by 2020. The organisation’s direct service provision is combined with campaigning, consultancy and advice to ensure that the organisation functions as an ally of disabled people as they strive to gain full equality, choice and control in their lives.

The Impact of the Welfare Reform Bill on Health in Scotland

1. The Welfare Reform Bill was launched in the context of an announcement by the UK Government that it would reduce the amount of spent on Disability Living Allowance (DLA)/Personal Independence Payment (PIP) by 20%1. That’s an annual saving of £1.45bn by 2014/15. To put this figure in context; annual expenditure on all those currently in receipt of lowest rate care component of DLA is approximately £900m2. This cut equates to a staggering £268 million lost to the Scottish economy every year.

2. Our main concerned is how the UK Government plans to make these savings and the impact of this will have on the health and wellbeing of disabled people across Scotland. We believe the impact will be felt in the following ways:
   i. A direct negative impact on the health and wellbeing of disabled people as a result of stress, poverty and isolation
   ii. An indirect impact as increased demand for services and a reduced income will mean that the NHS and local authorities are less able to support and care for disabled people

Direct Impact on Health

3. The replacement of DLA alone will result in an overall 20% reduction in the income of disabled people in Scotland. The Scottish Household Survey shows that disabled people are already far more likely to be on low incomes by comparison with non disabled people. Indeed, 42% of those people in Scotland with incomes lower than £6,000 per year are disabled. It is unlikely that further income reduction can be achieved without widening existing health inequalities. This will occur as a result of poor diet, inability to heat the home, and a reduction in the support and assistance necessary to live an active, healthy and independent lives.

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1 UK Government Comprehensive Spending Review, October 2010
2 DWP, November 2010, Disability Living Allowance caseload for lower rate care
4. As well as a probable impact on physical health, the proposed changes are also likely to impact on the mental health and wellbeing of disabled people. Capability has already received evidence of increased anxiety and concern amongst disabled people about these reforms. This includes anxiety about the prospect of an independent medical assessment. One disabled person told us:

“I am really worried and stressed about the impact these changes will have on my life. I object most strongly to having a medical assessment. My cardiologist himself said that at my first appointment, without the two page outline of the main medical events that my GP supplied, he would have thought there wasn’t much wrong with me. “

5. Many are also extremely anxious about how they will survive if their income is reduced. For example another disabled person told us:

“I am, like many other disabled people like myself, terrified that the planned changes by the UK government in disability benefits will mean a clear cut in my income. My disabilities come not cheap. If it is up to the UK government I will have to live in poverty, much more pain, isolation and cold.”

Indirect Impact on Health

6. In addition to the direct impact the changes will have on health, there will also be indirect implications on health as local authorities and the NHS see an increase in demand for their services as well as a reduction in their resources.

Increased demand for local authority services

7. The Welfare Reform Bill will remove DLA/PIP from those with low level needs and target benefits at those who need help with essential daily tasks such as eating, drinking and using the toilet. In many cases the removal of financial support from those with lower level need will lead to increased reliance on social care and other local authority services. The changes to DLA will force those who experience cuts to their income to seek support from local authorities in order to meet their needs - which will not have altered.

8. Local authorities are very sensitive to the fact that cutting the income of benefit recipients will result in increased demand for their services. Dundee City and North Lanarkshire, for instance, both expect to see annual losses of £7million as a result of welfare reform - with a direct impact on individuals and indirect impacts on carers, families and the local economy.

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3 COSLA Evidence to the Welfare Reform Bill Committee of the House of Commons, April 2011
9. To make matters worse, the same group who will lose eligibility for PIP because their 
need is not judged to be great enough will be the same people who are disadvantaged 
as a result of changes to Employment Support Allowance and eligibility for social care 
services. This will not only immediately prevent thousands of disabled people from 
living independently, it will also result in the deterioration of people’s health and a 
gradual escalation in their care needs at massive cost to local authorities. As the 
Dilnot Commission on adult social care recently acknowledged, meeting lower level 
needs is essential to ensure prevention of higher or crisis level needs.4

10. For some the difficulties will be such that they simply cannot continue to remain living 
in the community, and they will need to move into more expensive (both for the council 
and the individual) and less independent living arrangements. One disabled person 
told us:

“I nearly lost my DLA during the last Benefits Integrity Programme, which would have 
meant losing my Independent Living Fund money. My wife and I share our 
Independent Living Fund money to pay for our personal assistants. Without one or 
the other’s ILF money we would both be in care. “

Reduction in support available from local authorities

11. A 20% reduction in spending on DLA/PIP will result in a massive decrease in the 
money disabled people have available to pay for the care they receive from their local 
authority. This extra burden on local authorities will be felt disproportionately in 
Scotland, where many local authorities take disability benefits – such as the care 
component of DLA - into account when they are calculating care charges. As the 
amount of DLA/PIP paid is reduced, so will the available income of service users and, 
in turn, the amount that local authorities are able to charge for care packages. This will 
not be the case to the same extent in England, where the Department of Health has 
issued guidance on fair charging of disabled people.5

12. Glasgow City Council alone estimates that the 20% cut to DLA will affect their ability to 
charge for non-residential care services. It is estimated this will initially amount to over 
£500,000 per annum and will result in significant levels of unmet need.6 Indeed, 
Highland Council has stated that the changes to DLA will force it to reconsider its 
whole approach to the provision of support. Highland Council invested early in self-
directed care packages and is concerned that changes to DLA will threaten that model 
and fundamentally alter the basis of calculations for resource allocation7.

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4 Dilnot Commission (July 2011) Fairer Care Funding, 21
5 Rapid Response Report on Disability Related Expenditure, Capability Scotland, February 2011
6 COSLA Evidence to the Welfare Reform Bill Committee of the House of Commons, April 2011
7 COSLA Evidence to the Welfare Reform Bill Committee of the House of Commons, April 2011
Increased Demand for Aids, Adaptations and Wheelchairs

13. Eligibility for the mobility component of DLA is currently based on a person’s ability to walk. Under PIP, however, the assessment of mobility will look at the individual’s ability to get around more generally, including their ability to get around using a wheelchair. According to the Government’s own draft assessment criteria, a wheelchair user who can propel themselves for 200 meters could be denied any mobility component of PIP⁸.

14. There are major problems with this approach. The social and physical barriers to mobility are not removed by the possession of a wheelchair or a stairlift. For instance, while a person might be physically capable of taking the bus to work, their area may not have any/enough accessible buses. A wheelchair does not make buses or trains accessible by itself. In some local authority areas of Scotland the proportion of accessible buses is below 30%, meaning that while a wheelchair user can get you to the bus stop but there is no certainty that you will be able to get onto the bus.

15. Furthermore, wheelchairs, aids and adaptations are funded by Scottish budgets (such as local authorities and the NHS wheelchair service). The mobility component of DLA is often used to informally subsidise publically provided wheelchairs, aids and adaptations. If DLA (or its equivalent) is removed from 20% of claimants, it is conceivable that the burden will fall on local authority and NHS services to fill this gap.

Removal of the Mobility Component of DLA from those living in residential care

16. We are strongly against the Government having the power to remove mobility related PIP from people living in care homes. This provision will affect both demand and supply for local authority and health services.

17. We can see no rational justification for this measure, which has the potential to undermine independent living and violate the human rights of around 80,000 people across the UK. This view is shared by the Social Security Advisory Committee, which has recommended that these measures undermine the objective of supporting disabled people to live independent and active lives⁹. For more information see Capability Scotland’s research on the issue¹⁰.

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⁸ http://www.dwp.gov.uk/policy/disability/personal-independence-payment/#dac  DWP consultation on initial draft of assessment criteria for PIP
¹⁰ http://www.capability-scotland.org.uk/media/71348/how_am_i_going_to_put_flowers_on_my_dad_s_grave_-_how_care_home_residents_use_the_care_component_of_their_dla_april_2011.pdf
18. The UK Government has justified its intention of removing the mobility component of PIP from those in residential care on the basis that all care support and mobility requirements should be met from social care funding. This is not only an unrealistic prospect, but also undesirable and impractical. Research has found that, contrary to UK Government claims, local authorities do not tend to fund mobility costs for disabled people in care homes as part of contractual fees – meaning there is no duplication of funding. Half of disabled people who live in residential care give either the majority or their entire DLA mobility component to their care home. Of these, 40% said that it pays for a Motability car, and 21% said the money goes towards petrol for staff to take them out. This suggests that much of the burden will fall on local authorities\textsuperscript{11}.

19. According to the findings of the Low Review\textsuperscript{12}, when asked about their role in meeting mobility needs, providers of residential services were clear that they were not usually funded to meet personal mobility needs. In many cases, providers stated that mobility needs were not specified at all in contractual arrangements with local authorities. However, providers commonly stated that they were contracted to provide for day-to-day mobility needs where these were associated with an individual’s assessed care needs.

20. Capability staff who work in residential care homes are also largely against the changes. One commented:

“Without disability related benefits, many people in residential care homes would have only their small weekly personal allowance (approx £28) to cover the cost of clothes, toiletries, pocket money items. Without disability related benefits, they would be unable to afford to go out and take part in activities in the community – essential for so many if they are to retain any independence and have any enjoyment of life.”

21. The sister of one of Capability’s service users has said:

“My brother receives state pension and Pension Credit, all of which (apart from his £28 per week personal allowance) goes towards his accommodation costs. His only other income is the higher rate of DLA mobility component and if this were removed, the restrictions it would place on his life through being unable to get out and about would be intolerable. He currently has great difficulty understanding why he has to live in a residential home; the UK government’s proposed changes would turn the home into a prison for him and lead, as previously stated, to boredom, frustration, depression and potential aggression – a permanent state of cabin fever.”

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\textsuperscript{12} The Low Review: Personal Mobility in State Funded Care: Key Findings http://lowreview.org.uk/
Welfare Reform Bill

Before passing a Legislative Consent Motion, the Scottish Parliament should insist upon assurances that, at the very least, the UK Government will:

Allow those living in residential care to claim the Mobility Component of Personal Independence Payments (PIP).

The mobility component is used to cover the cost of getting around, including things like public transport, the Motability scheme or the cost of electric wheelchairs. In many cases it is also used to subsidise transport provided by the residential care home. As a result, much of the burden of this cut will fall on local authorities and the NHS wheelchair service.

Research has also found that the measure will deprive thousands of people of basic human rights. A relative of one of our services users says:

“These changes will turn home into a prison and lead to frustration, depression and potential aggression – a permanent state of cabin fever.”

Remove the time limit on contribution based Employment Support Allowance.

The Government plans to limit eligibility for contributory Employment Support Allowance (ESA) to 12 months for those people who fail to find work. This means that disabled people will have their income slashed for failing to find jobs – despite the fact that suitable jobs often don’t exist and that disabled people are discriminated against in the workplace.

By time limiting ESA, the Government will also be pushing disabled people further from work, denying them the funds needed to cover the costs of finding employment such as additional transport costs, support and training.
These benefit premiums are provided to help meet the extra costs of raising a disabled child, including buying additional clothing for their child and meeting their specific dietary requirements. Many parents will be forced to rely more and more on local authority and NHS services as a result.

**Reverse changes to Housing Benefit which will disproportionately affect disabled people.**

From April 2013 housing benefit for working age people in social rented homes will be linked to the size of their property. If the Government decides that someone is in a home that is bigger than they need, then they will have their income cut by an average of £13 per week. This change will have a disproportionate impact on disabled people who are more likely to live in the social rented sector and less able to find a suitable alternative home. The DWP’s own Impact Assessment shows that across the UK of a total of 670,000 households affected by this change about 450,000 (66%) will contain a disabled person.

**Exempt those with sufficient supporting evidence from independent medical assessments.**

The Government proposed that everyone should have to go through an independent medical assessment. This is stressful, expensive and largely un-necessary. Where there is written evidence of severe impairments, it is common sense to accept that evidence and avoid putting people through a face to face interview. If someone is Deaf-blind for instance, an interview to establish that they have mobility needs is wasteful. If someone is blind or has no legs, no further assessment is needed to confirm that they have high level mobility needs.

**Reverse its decision to reduce the disability premiums that families with disabled children receive by 50%.**

The UK Government plans to change disability premiums within Child Tax Credits or Income Support under the Universal Credit. This means that disability premiums for thousands of families with disabled children will be reduced by up to £1358.76 per year.