The Committee will meet at 10.00 am in the Robert Burns Room (CR1).

1. **Decision on taking business in private:** The Committee will decide whether to take item 3 in private.

2. **The Future Delivery of Social Security in Scotland - disability, carers and those who are ill:** The Committee will take evidence from—

   - Simon Hodgson, Director, Carers Scotland;
   - Alan McGinley, Policy and Engagement Manager, Arthritis Care Scotland;
   - Richard Meade, Head of Policy and Public Affairs, Scotland, Marie Curie;
   - Suzanne Munday, Chief Executive, MECOPP;
   - Kayleigh Thorpe, Campaigns and Policy Manager, ENABLE Scotland;
   - Alan Weaver, Manager, Moray Employment Support and Training, The Moray Council;
   - Lynn Williams, Policy Officer, Scottish Council for Voluntary Organisations.

3. **Committee Debate:** The Committee will agree the motion for an upcoming Committee debate.
The papers for this meeting are as follows—

**Agenda Item 2**

SPICE Briefing on Disability and Carers Benefits  WR/S4/15/15/1
Evidence Summary and Submissions  WR/S4/15/15/2

**Agenda Item 3**

PRIVATE PAPER  WR/S4/15/15/3 (P)
Welfare Reform Committee

The Future Delivery of Social Security in Scotland

Background Briefing on Disability and Carer Benefits

The Disability and Carer benefits to be devolved

Attendance Allowance

1. Attendance Allowance, first introduced in 1971, is a benefit available to people with a mental or physical disability who are 65 or over, who could benefit from personal care or supervision. It is not means-tested and is disregarded as income for means-tested benefits and tax credits.

2. Attendance Allowance has links to other benefits, for example, recipients may also be entitled to Pension Credit, Housing Benefit or Council Tax Reduction. Those who care for a disabled person can claim Carer’s Allowance, providing the person they care for is in receipt of a disability benefit, one of which is Attendance Allowance.

3. The benefit is paid at two weekly rates depending on the level of care needed, currently (2015-16):
   - lower rate is £55.10
   - higher rate is £82.30

   Attendance Allowance is paid to people even if no one is providing them with care, and they can choose how to spend the money.

4. In February 2015, there were 148,100 people in Scotland entitled to Attendance Allowance. Of these, 56,730 were at the lower rate and 91,380 at the higher rate.

Attendance Allowance, entitled cases, February 2015

<table>
<thead>
<tr>
<th>Attendance Allowance – entitled cases</th>
<th>Men</th>
<th>Women</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Higher rate</td>
<td>31,360</td>
<td>60,020</td>
<td>91,380</td>
</tr>
<tr>
<td>Lower rate</td>
<td>18,400</td>
<td>38,330</td>
<td>56,730</td>
</tr>
<tr>
<td>Total</td>
<td>49,760</td>
<td>98,340</td>
<td>148,100</td>
</tr>
</tbody>
</table>

1 DWP Statistical tool Attendance Allowance - all entitled cases Caseload (Thousands) : Region by AA award type by Gender of claimant, Feb 2015.
**Carer’s Allowance**

5. Carer’s Allowance is a non-means tested benefit (although a claimant must not earn more than £110 per week) paid to people who regularly care for someone who is severely disabled and who must be in receipt of certain benefits, e.g. Attendance Allowance (higher or lower rate), DLA care component (highest or middle rate), either rate of the daily living component of PIP.

6. Carer’s Allowance can be paid in addition to other benefits and tax credits, but the ‘overlapping benefit rules’ may apply (where a person qualifies for more than one non-means tested benefit the normal rule is that he or she cannot receive the full amount of both benefits, for example, contributory Jobseeker’s Allowance, or the State Pension). Carer’s Allowance counts as income for means-tested benefits. If a carer, and sometimes the person being cared for, is already in receipt of other means-tested benefits, it may not always be advisable to make a claim for Carer’s Allowance\(^2\).

7. Currently, Carer’s Allowance is paid at the weekly rate of £62.10 and is taken into account in full when, for example, Income Support is calculated. An extra amount (called the ‘carer premium’) will be included in the calculation of the means-tested benefits, currently worth an additional £34.60 a week. A carer who is in receipt of Income Support, for example, is entitled to a personal allowance of £73.10, plus the carer premium of £34.60. This totals £107.70 and is the ‘applicable amount’, which is the amount the “law says you need to live on”. Because Carer’s Allowance counts as income, this would be deducted from the applicable amount, leaving the total Income Support entitlement at £45.60, as well as the Carer’s Allowance of £62.10\(^3\).

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### Number of claimants entitled to/in receipt of Carer's Allowance in Scotland, by age, February 2015 (thousands)\(^4\)

<table>
<thead>
<tr>
<th>Age of claimant</th>
<th>Total</th>
<th>Entitlement only</th>
<th>Receiving payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 18</td>
<td>0.21</td>
<td>0.01</td>
<td>0.19</td>
</tr>
<tr>
<td>18-24</td>
<td>3.38</td>
<td>0.24</td>
<td>3.14</td>
</tr>
<tr>
<td>25-29</td>
<td>4.42</td>
<td>0.26</td>
<td>4.16</td>
</tr>
<tr>
<td>30-34</td>
<td>6.24</td>
<td>0.33</td>
<td>5.91</td>
</tr>
<tr>
<td>35-39</td>
<td>7.02</td>
<td>0.45</td>
<td>6.57</td>
</tr>
<tr>
<td>40-44</td>
<td>8.85</td>
<td>0.69</td>
<td>8.15</td>
</tr>
<tr>
<td>45-49</td>
<td>10.28</td>
<td>0.84</td>
<td>9.44</td>
</tr>
<tr>
<td>50-54</td>
<td>10.33</td>
<td>1.02</td>
<td>9.31</td>
</tr>
<tr>
<td>55-59</td>
<td>10.28</td>
<td>1.16</td>
<td>9.12</td>
</tr>
<tr>
<td>60-64</td>
<td>9.38</td>
<td>3.47</td>
<td>5.92</td>
</tr>
<tr>
<td>65 and over</td>
<td>36.76</td>
<td>35.82</td>
<td>0.94</td>
</tr>
<tr>
<td>Total</td>
<td>107.15</td>
<td>44.28</td>
<td>62.87</td>
</tr>
</tbody>
</table>

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\(^4\) DWP Statistical tool Carer’s Allowance - all entitled cases Caseload (Thousands) : Region by Age of claimant by Entitled/Receiving payment, Feb 2015
Disability Living Allowance and Personal Independence Payment

8. Disability Living Allowance for working age people aged 16 to 64 is being replaced by Personal Independence Payment under the welfare reforms. Both are non-means tested and payable to people whether in or out of work.

9. DLA was available to anyone with a disability, under the age of 65, and who needed help getting around and/or with supervision or attention needs. Since June 2013, DLA has been replaced by PIP for all new working age claimants. This new benefit is for those who need help getting around and/or help with daily living activities. It is non-means tested and is payable regardless of employment status. Entitlement to DLA or PIP can also be a passport to other benefits or additional payments in other benefits. DLA which is now a benefit for disabled children under the age of 16, and PIP which is a benefit for disabled people of working age, have the following rates:

DLA rates (2015/16):

<table>
<thead>
<tr>
<th>Component</th>
<th>Lower rate</th>
<th>Middle rate</th>
<th>Higher rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mobility</td>
<td>£21.80</td>
<td>£55.10</td>
<td>£57.45</td>
</tr>
<tr>
<td>Care</td>
<td>£21.80</td>
<td></td>
<td>£82.30</td>
</tr>
</tbody>
</table>

PIP rates (2015/16):

<table>
<thead>
<tr>
<th>Component</th>
<th>Standard weekly rate</th>
<th>Enhanced weekly rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mobility</td>
<td>£21.80</td>
<td>£57.45</td>
</tr>
<tr>
<td>Daily living</td>
<td>£55.10</td>
<td>£82.30</td>
</tr>
</tbody>
</table>

All entitled DLA Claimants in Scotland, February 2015

<table>
<thead>
<tr>
<th>Age</th>
<th>DLA claimants, entitled cases (thousands)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below working age</td>
<td>31.39</td>
</tr>
<tr>
<td>Working age (16-64)</td>
<td>197.11</td>
</tr>
<tr>
<td>Over working age</td>
<td>104.61</td>
</tr>
<tr>
<td>Total</td>
<td>333.12</td>
</tr>
</tbody>
</table>

10. The total number of people in receipt of PIP in Scotland, at April 2015, was 47,646.

Industrial Injuries Disablement Benefit

11. This is not means tested and does not require national insurance contributions. It is paid to employees (but, with a few exceptions, not self-employed people) who are disabled as a result of accident at work or disease caused by their job. The benefit is paid and administered by the DWP and involves an assessment of the level of disability. Rates paid vary from £33.60 to £168.00 per week depending on the level of disability. This counts as income when calculating means tested benefits, but not tax credits.

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5 DWP Statistical tool - Disability Living Allowance - all entitled cases Caseload (Thousands) : Age of claimant by Region, Feb 2015
6 DWP Stat-Xplore - https://stat-xplore.dwp.gov.uk/
12. Additional payments can be made, and these do not count as income when calculating means tested benefits. These are:

- Constant Attendance Allowance is paid if your disablement assessment is 100% and you require constant attendance. It is paid at two rates: £134.40 or £67.20

- Exceptionally Severe Disablement Allowance is at £67.20 if you are entitled to Constant Attendance Allowance and likely to remain so permanently.

13. In general, the overlapping benefits rule does not apply to industrial injuries benefits. So for example, a person could get contribution based Employment and Support Allowance as well as industrial injuries benefit. However, it is income based Employment and Support Allowance it would be reduced in relation to the industrial injuries benefit received.

14. In some circumstances a Christmas bonus can be paid, and in some cases where an employee cannot get compensation from their employer a one-off payment can be made.

**Motability**

15. Motability is available to recipients of Higher Rate of Mobility Component of DLA and the Enhanced Rate of the Mobility Component of PIP. The current allowance is £57.45 per week (as at April 2015). The Attendance Allowance cannot be used to lease a car through Motability.

**Severe Disablement Allowance**

16. This benefit is no longer available to new claimants. No new awards have been made since 2001. Those who retired before April 2014 will continue to get it. For those who have retired or will retire after April 2014 a DWP ‘decision maker’ will decide whether it can be converted to Employment and Support Allowance. This will also depend on the outcome of a Work Capability Assessment.

17. The current rate of payment for Severe Disablement Allowance is £74.65 per week with some additions available which are related to age.
Welfare Spend in Scotland 2013-14 (estimated) and Number of Recipients

<table>
<thead>
<tr>
<th>Benefit</th>
<th>£m</th>
<th>% of total Scottish spend</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Pension</td>
<td>7,051</td>
<td>39.6</td>
</tr>
<tr>
<td>Tax Credits</td>
<td>2,181</td>
<td>12.3</td>
</tr>
<tr>
<td>Housing Benefit</td>
<td>1,770</td>
<td>9.9</td>
</tr>
<tr>
<td><strong>Disability Living Allowance</strong></td>
<td>1,473</td>
<td>8.3</td>
</tr>
<tr>
<td>Employment and Support Allowance</td>
<td>1,210</td>
<td>6.8</td>
</tr>
<tr>
<td>Child Benefit</td>
<td>854</td>
<td>4.8</td>
</tr>
<tr>
<td>Pension Credit</td>
<td>637</td>
<td>3.6</td>
</tr>
<tr>
<td><strong>Attendance Allowance</strong></td>
<td>481</td>
<td>2.7</td>
</tr>
<tr>
<td>Jobseeker's Allowance</td>
<td>409</td>
<td>2.3</td>
</tr>
<tr>
<td>Council Tax Reduction</td>
<td>360</td>
<td>2.0</td>
</tr>
<tr>
<td>Income Support</td>
<td>313</td>
<td>1.8</td>
</tr>
<tr>
<td>Statutory Maternity Pay</td>
<td>213</td>
<td>1.2</td>
</tr>
<tr>
<td>Winter Fuel Payments</td>
<td>186</td>
<td>1.0</td>
</tr>
<tr>
<td><strong>Carer's Allowance</strong></td>
<td>182</td>
<td>1.0</td>
</tr>
<tr>
<td>Incapacity Benefit</td>
<td>99</td>
<td>0.6</td>
</tr>
<tr>
<td><strong>Industrial Injuries Benefits</strong></td>
<td>91</td>
<td>0.5</td>
</tr>
<tr>
<td><strong>Severe Disablement Allowance</strong></td>
<td>91</td>
<td>0.5</td>
</tr>
<tr>
<td>Bereavement benefits</td>
<td>57</td>
<td>0.3</td>
</tr>
<tr>
<td>Over 75 TV licences</td>
<td>49</td>
<td>0.3</td>
</tr>
<tr>
<td>Discretionary Housing Payments</td>
<td>29</td>
<td>0.2</td>
</tr>
<tr>
<td>Scottish Welfare Fund</td>
<td>29</td>
<td>0.2</td>
</tr>
<tr>
<td>Maternity Allowance</td>
<td>27</td>
<td>0.2</td>
</tr>
<tr>
<td>Funeral Payments</td>
<td>4.4</td>
<td>0.0</td>
</tr>
<tr>
<td>Sure Start Maternity Payments</td>
<td>3.7</td>
<td>0.0</td>
</tr>
<tr>
<td>Cold Weather Payment</td>
<td>0.0275</td>
<td>0.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>17,800</td>
<td>100%</td>
</tr>
</tbody>
</table>

Source: see page 12 of SPICe Briefing ‘Smith Commission’s Welfare Proposals’
Devolution of Disability and Care Benefits to date

18. The Smith Commission (27 November 2014) proposed:

“Powers over the following benefits in Scotland will be devolved to the Scottish Parliament:

19. Benefits for carers, disabled people and those who are ill:

   Attendance Allowance, Carer’s Allowance, Disability Living Allowance (DLA),
   Personal Independence Payment (PIP), Industrial Injuries Disablement Allowance
   and Severe Disablement Allowance.” (Para 49.1)

Scotland in the United Kingdom: An Enduring Settlement (22 January 2015).

20. The UK Government set out its proposals for further powers to be devolved to the Scottish Parliament and Scottish Government in response to the Smith Commission. This included draft clauses. On disability and carer benefits the relevant draft clause was 16.4:

“Disability benefit” means a benefit which is normally payable in respect of—

(a) a significant adverse effect that impairment to a person’s physical or mental condition has on his or her ability to carry out day-to-day activities (for example, looking after yourself, moving around or communicating), or
(b) a significant need (for example, for attention or for supervision to avoid substantial danger to anyone) arising from impairment to a person’s physical or mental condition; and for this purpose the adverse effect or need must not be short term.

“Carer’s benefit” means a benefit which is normally payable in respect of the regular and substantial provision of care by a relevant carer to a disabled person; and for this purpose—

(a) “relevant carer” means a person who—
   (i) is 16 or over,
   (ii) is not in full-time education, and
   (iii) is not gainfully employed;
(b) “disabled person” means a person to whom a disability benefit is normally payable.

21. The Devolution (Further Powers) Committee, heard evidence on the draft clauses and published a report (14 May 2015) with a number of recommendations.

22. On the disability benefit definition the Committee was concerned that the definition of disability is overly restrictive and would not provide a future Scottish Government with the power to develop its own approach to disability benefits in the future. Accordingly, the Committee recommended that the definition of disability used in the Equality Act 2010 is also used in draft clause 16.

23. In relation to carers, the Committee had similar views and wanted to ensure that the future Scottish administrations are able to define what constitutes a carer.
24. The Scotland Bill (28 May 2015) did not change the definition of disability benefit or carers. Although the relevant clause is now 19.

25. The Scottish Government proposed an alternative clause to change the definition of carers, but no change was suggested for the definition of disability benefit (letter to Devolution Committee 7 June 2015).

26. The Scottish Government’s proposed carer definition maintains the need for a carer to provide ‘regular and substantial’ provision of care to a disabled person to whom a disability benefit is normally payable. However, it removes the need for the carer to be:

- 16 or over
- not in full-time education
- not gainfully employed.

27. John Swinney said the reason for the new carer definition is that the Scotland Bill “imports DWP’s very specific barriers in defining who is eligible for a benefit”, and to ensure that the scope of powers are in line with the Smith Commission recommendations (letter to Devolution Committee 10 June 2015).

28. The Scottish Government confirmed it did not propose a change to the definition of disability (10 July 2010):

“Our view is that the clause defining ‘disability benefit’ met the requirements as set out in Smith and provided a reasonable scope to implement a replacement benefit. The current definition enables the Scottish Government to vary the level and criteria placed on the benefits and it would be for the Scottish Parliament to legislate on the definitions in relation to any future benefit.”

29. At the Committee stage of the Bill, a Labour MP put forward amendment 128 to broaden the definition of disability benefit. The member argued that the definition in the Bill was too restrictive and placed limits on the type of replacement benefit the Scottish Government could introduce. The amendment achieved 252 Ayes and 312 Nos.

30. A Labour MP put forward amendment 48 to broaden the definition of a carer; removing the restrictions on age, employment and education. This was very similar to the alternative clause put forward by the Scottish Government. The amendment achieved 258 Ayes and 314 Nos.

31. Therefore, the definition of disability benefit or carers has not changed. See Hansard 30 June 2015 from col 1340

32. The Secretary of State for Scotland, David Mundell, gave evidence to the Devolution (Further Powers) Committee on 25 June 2015 and said:

“I am absolutely clear that this committee has an on-going role in relation to the Scotland Bill. I am not appearing today to say, ‘Take it or leave it’. I am listening to the points that have been made”(col 37).

33. In response to further questions from the Devolution (Further Powers) Committee, David Mundell sent a letter (26 August 2015) which included the following on carers benefit:
“Clause 19 of the Bill allows the Scottish Parliament to decide the detail of to whom Carer’s benefits are paid, how much they are paid and what the eligibility criteria should be. The parameters around the definition of a relevant carer reflect longstanding principles about the purpose of Carer’s benefits and how people are supported in different circumstances. For example, Clause 19 picks up some of the main features of the current Carer’s Allowance in terms of the care for a disabled person being “regular and substantial" and the carer not being in full-time education, aged under 16 or in gainful employment. Taken together with existing devolved powers in areas like social care, the clause ensures the Scottish Government and Parliament will have legislative competence to set out the way in which support is provided for carers.

34. There are a number of considerations I would like to point out in relation to the suggestion of extending the legislative competence of the Scottish Parliament further in this area.

- First, those under 16 are not normally supported by the benefit system. Rather they are supported by parents, guardians or local authorities/councils. This is a long-standing principle of the social security system.
- Secondly, the current Carer’s Allowance is designed as a form of compensation for those who can do no work or only limited work because of the time they dedicate to their caring duties. Therefore, there needs to be a threshold to judge whether the claimant is in employment or not. The gainful employment provision is a means of doing so.
- Thirdly, those in full time education are not normally supported by the benefit system. Rather they are supported by the educational maintenance system through its system of loans and grants.”

35. There will be an opportunity to make amendments to the Scotland Bill at the Report Stage, but a date has not yet been set.

Nicki Georghiou
SPICe Research
10 September 2015

Note: Committee briefing papers are provided by SPICe for the use of Scottish Parliament committees and clerking staff. They provide focused information or respond to specific questions or areas of interest to committees and are not intended to offer comprehensive coverage of a subject area.

The Scottish Parliament, Edinburgh, EH99 1SP www.scottish.parliament.uk
Welfare Reform Committee
15th Meeting, 2015 (Session 4), Tuesday 15 September 2015
The Future Delivery of Social Security in Scotland
Evidence summary and submissions

Background

1. Today is the first day of oral evidence in the Committee’s inquiry into the ‘Future Delivery of Social Security in Scotland’.

2. Whilst the devolution of some aspects of Social Security continue to be debated during the passage of the Scotland Bill, the Welfare Reform Committee opted to focus on the practical implementation of the social security schemes outlined in the Smith Agreement.

3. The Committee invited all interested individuals and organisations to submit written evidence on the Smith Agreement and how we can use the proposed devolved powers to better deliver benefits in Scotland. The Committee decided it would tackle this inquiry in four workstreams and wants to know:

   **How should the new welfare powers proposed by the Smith Agreement be used to improve or change:**

   a.) Personal Independence Payments, Disability Living Allowance Attendance Allowance and Carer’s Allowance
   b.) Universal Credit (housing element and administrative arrangements arrangements) and Discretionary Housing Payments
   c.) the Work Programme and Work Choice
   d.) the Regulated Social Fund, new benefits, top-ups and delivery of benefits overall.

   Under these workstreams the Committee decided it would particularly welcome:
   
   I. Practical suggestions to ensure that the principles of dignity, respect, support, equality and common sense are embedded in the new system.
   II. Views on the integration of Scottish devolved benefits with existing devolved powers and any unintended consequences of changes.
   III. Systems of intergovernmental working in relation to benefit delivery

Today’s Session

4. As noted above the inquiry will be structured in 4 workstreams. Today’s session will focus on benefits for people with disabilities, long term conditions, and carers.
5. Annexe A contains an evidence summary produced by SPICe focused on this area of benefits. Only those submissions received by the deadline have been included in the summary. Evidence summaries covering future workstreams will be produced in line with the relevant upcoming committee meeting.

6. Annexe B contains the written submissions from the following witnesses who will appear before you today. (Some witnesses have not submitted written evidence.)

   I. Carers Scotland
   II. ENABLE Scotland
   III. Marie Curie Scotland
   IV. Moray Council
   V. SCVO

7. Annexe C contains hyperlinks to all evidence submissions received to date.

Heather Lyall
Welfare Reform Committee
10 September 2015
Welfare Reform Committee
The Future Delivery of Social Security in Scotland
Summary of Evidence on Disability and Carer Benefits

Introduction

1. The Welfare Reform Committee issued a call for evidence on the Future Delivery of Social Security in Scotland on 1 July 2015 (closed 28 August 2015). The Committee sought views on how the new welfare powers proposed by the Smith Agreement should be used to improve the benefits that will be devolved, as well as employment programmes, the power to top-up benefits, and delivery of benefits overall.

2. The Committee will be hearing oral evidence over a number of sessions. The first two focus on disability and carer benefits (15 and 22 September), which is the focus of this paper.

Evidence received

3. The Committee had received 73 written submissions up to 3 September 2015. Any further submissions will be considered at a later stage of this inquiry.

4. Around thirty submissions came from the voluntary sector, from organisations representing disabled people, carers, older people and children, as well as Citizens Advice Scotland and CPAG. Sixteen local authorities had responded by this date, as well as a submission from COSLA. A number of submissions came from the housing sector, three from academics and also a number of responses from individuals. There was one response from a health board.

5. The Committee asked: “How should the new welfare powers proposed by the Smith Agreement be used to improve or change Personal Independence Payments, Disability Living Allowance Attendance Allowance and Carer’s Allowance?” The Committee did not seek evidence on Severe Disablement Allowance or Industrial Injuries benefits, which the Smith Commission also proposed for devolution. Therefore, the focus of the evidence is on Personal Independence Payment (PIP), Disability Living Allowance (DLA), Attendance Allowance (AA) and Carer’s Allowance (CA).
Principles of Social Security in Scotland

6. Most of the respondents very much welcomed the opportunity that the new welfare powers will bring for Scotland. However, some felt that more could be achieved if social security were to be completely devolved. Despite this, a number of the responses described the principles that a Scottish Social Security system should have. Reference is made to a system that should be fair, transparent, respectful, supportive, and addresses inequalities. For example:

“ENABLE Scotland would emphasise that the devolution of parts of the welfare system provides an excellent opportunity to reframe the narrative around the welfare system. It has to be clear that the welfare system is about empowering citizens, facilitating participation and recognising everyone’s contribution and value to society. Further, it provides an opportunity to examine and influence the culture and ethos embedded in the benefits delivery system”. (Enable Scotland)

“NDCS is concerned about some of the rhetoric used by the UK Government when referring to supporting the ‘most vulnerable’ disabled people. NDCS is concerned that there is an implication given that people with some disabilities are less ‘vulnerable’ or in need of support. NDCS would discourage the development of a new system in Scotland from following a similar ethos”. (National Deaf Children’s Society)

“A civilised society depends in part upon the existence and fair, effective and transparent system of social protection which should provide for those in pressing need, as well as entitlements based on citizenship”. (Age Scotland)

The experience of children with disabilities and their parents “has been that welfare support has increasingly lacked dignity, respect, support, equality and common sense, and we look forward to these principles being embedded in the new system”. (Barnardo’s Scotland).

Citizen’s Advice Scotland (CAS) see this as “an opportunity to begin with a blank sheet of paper and design a new system that is fair, responsive and equal, taking into account some of the problems CAB clients face with the current system”. (CAS)

“COSLA believes there should be a creative and innovative approach in how the new powers transferring to the Scottish Parliament are used. These should be used in a way that addresses longstanding inequalities that exist in Scottish society and limit individual, family and community wellbeing”. (COSLA)

7. There was also a sense that Scotland must seize this opportunity to make positive changes. North Lanarkshire Council said that to make no changes would be a “missed opportunity”. COSLA said that Scotland must “seize the opportunity” to use the devolved powers to improve outcomes for vulnerable people. The Scottish Women’s Convention said Scotland has the opportunity to be a “leading light” in terms of supporting the most vulnerable people.
Funding

8. Some respondents referred to the ‘challenge’ of Scotland doing something different because of the 20% reduction in expenditure for PIP which “is likely to be largely complete in Scotland by the time transfer or responsibility occurs” (COSLA). Edinburgh City Council echoes this point and said that any mitigation for those losses would have to be met from Scottish Government resources, which would be challenging. Inclusion Scotland also voiced concern about the budget for new benefits, given the reduction of DLA to PIP. Other submissions also referred to the issue of how the devolved benefits might be financed, for example, Enable Scotland, Inverclyde Health and Social Care Partnership, West Dunbartonshire Council.

9. Professor David Bell said that under the principle of “no detriment” outlined in the Smith Agreement, the Scottish Government’s budget will be increased by £2.5 billion when the new powers are transferred, or the equivalent sum for the year the transfer occurs. This will mean the Scottish Government has the funds to exactly meet the cost of the benefits to be devolved once the power is transferred. This would leave the UK budget unaffected as it is a transfer from DWP to the Scottish Government, and neither the Scottish Government nor the UK Government would suffer a detriment. However, Bell said that the funding transferred after the first year will depend on how the initial transfer of £2.5 billion is ‘indexed’ in subsequent years. Bell said that the indexation mechanism for adjusting the future budget has “hardly been discussed”. His submission goes on to illustrate the issues associated with the budget for Scotland’s new welfare powers, and in the conclusion Bell states that the arrangement of how money will be transferred after the initial year will be “critical in determining how far it will be able to effect significant reform of the welfare system”.

Scotland Bill

10. The Committee’s Inquiry is focused on the Smith Commission’s proposals on the devolution of certain welfare powers. However, a number of respondents said that the proposed devolution of the disability and carer benefits have been constrained by the Scotland Bill in its current form. Many respondents argue that the descriptions of disability benefit and carer benefit are too restrictive and will not allow the Scottish Government to design benefits that meet the needs of disabled people and carers (see for example, Carers Trust Scotland, Alzheimer Scotland, Enable Scotland, Child Poverty Action Group, and NDCS).

11. On the disability benefit description, Inclusion Scotland said:

“… the Scotland Bill is drafted in a way that reflects the existing system of, and entitlement to, disability benefits. This may, albeit unintentionally, restrict the autonomy of the Scottish Parliament in constructing a new disability benefits system based on empowering disabled people to lead active lives and promoting their right to independent living. For example, the Bill would exclude entitlement to disability benefits based simply on the condition that a claimant has”. (Inclusion Scotland)
12. On the carer benefit description, the Child Poverty Action Group (CPAG) said: 

“CPAG have already highlighted our concern about this clause of the Bill, the restrictive drafting of which will remove the Scottish Government’s discretion to create a benefit which is available to people who are attempting to juggle their caring responsibilities with work or study.”

13. Carers Scotland, in relation to the carer benefit, said that they “…have been assured that the definitions of ‘full time education’, ‘not gainfully employed’ and ‘disabled person’ could all be altered by the Scottish Government”. However, it is not clear that this would be the case as things currently stand.

Benefits for disabled people, carers and those who are ill

14. The Committee asked how current benefits could be improved or change. Many of the submissions responded by highlighting current problems with the existing system. The focus of many of the submissions was on PIP, and a number of respondents called for the roll out of PIP to be halted to avoid the stress of being reassessed, and potentially dealing with a new system once the powers are devolved (for example, Age Scotland, Carers Scotland, CAS, East Dunbartonshire Council, Falkirk Council, NDCS, SAMH).

15. The rest of this section summarises the problems identified in the current system that the Scottish Government may wish to consider if it chooses to design new benefits.

Personal Independence Payment

16. The move from DLA to PIP is causing stress as claimants do not know if they will qualify for PIP, especially for those who had been given a lifetime award under DLA (eg, Age Scotland, Inclusion Scotland, Alzheimer Scotland).

“Since its introduction, PIP has rapidly increased as an issue for citizens advice bureaux in Scotland, with the number of new issues for clients rising by 93% in 2014/15 compared with the previous year. In March 2015, PIP surpassed Employment and Support Allowance as the most common new issue that CAB clients seek advice on”. (CAS)

17. Making the phone call to initially apply for PIP can be a difficult first hurdle for some applicants; especially those with communication difficulties (eg, Enable Scotland, MND, Alzheimer Scotland).

18. Filling in the form for PIP can be complex for many claimants, and often support is required to assist with this. In addition the timescale for sending in the claim form is considered too short (eg, Action for ME, Alzheimer Scotland, CAS, Butterfly Trust, Enable Scotland)
“…these processes are seen as ‘faceless’, not providing the reassurance and support people may need for an unfamiliar and complex process. This is especially true in instances where a person with dementia has communication difficulties and may not be able to provide the information required.”  
(Alzheimer Scotland)

19. Delays in the assessment process, having long waits for their face-to-face assessment (eg, CAS, Enable Scotland).

20. Travelling long distances for the face-to-face assessment (eg, CAS, CPAG).

21. The assessment and periodic reassessment is an additional stress for claimants (eg, Carers Scotland, NHS Lanarkshire).

22. Issues with the PIP point criteria, for example the 20m mobility rule (Aberdeen city Council, Parkinson’s UK).

23. Inaccurate assessment reports, conflicting with the knowledge of a known health professional (eg, Action for ME, Angus Council).

24. Mandatory reconsideration – currently claimants have to wait for an internal decision from the DWP before they can exercise their right to an appeal (CPAG). A lengthy and stressful appeals process can impact on a claimant’s health (Action for ME).

**Disability Living Allowance**

25. A child who is in hospital for 84 days or more, either consecutively or linked to the same course of treatment, would lose entitlement to DLA. The parent would therefore lose entitlement to CA. This is because it is assumed that hospital staff, rather than family, have taken over caring responsibilities. According to Aberlour, this does not reflect the reality of the situation – hospitals will often call on parents to help with round the clock care, and parents will not be able to generate any income during this period. The numbers of people this affects are small, but there is potential for this to affect every family with a profoundly disabled child (see also Housing Support Enabling Unit and the Coalition of Care and Support Providers Scotland).

**Attendance Allowance**

26. Unlike DLA or PIP, AA does not include a mobility component. A number of respondents described this as unfair, especially given that older people are more likely to have limited mobility (eg, Parkinson’s UK).

“We have been unable to find any published official rationale for why this difference exists. This situation seems to imply that older people who have a disability somehow have less need to move around, or less need for financial support to allow them to do so, than those who experienced disability earlier.”  
(Age Scotland)
27. Because there is no mobility component, there is no passport for a Blue Badge or Motability (eg, Parkinson’s UK).

“This is manifestly discriminatory; it means that the age of a person when they become disabled determines the support available, not the severity of the disability itself.” (Age Scotland)

**Carer’s Allowance**

28. The amount of the award is too low (eg, Aberdeen city council, Alzheimer Scotland, Angus Council). Carers Scotland said it is the lowest benefit of its kind at £62.10 a week.

29. The qualifying hours are too high, currently you are required to care for someone for 35 hours a week to be eligible (eg, Angus Council, Carer’s Scotland).

30. The work allowance, which allows carers to earn up to £110 a week is too low (eg, Alzheimer Scotland, Carers Trust Scotland).

31. People often don’t have the qualifying benefit so a carer is unable to claim CA (eg, Action for ME, Alzheimer Scotland, Carers Scotland).

32. Claimants are not allowed to work or study full time (eg, Carers Scotland, Carers Trust Scotland, GCVS).

33. The overlapping benefits rule that applies to earning-replacement benefits, including CA, means that carers do not receive CA if they are receiving the state pension. While pensioners may be entitled to a carer premium, they would not receive the full CA award (eg, Age Scotland, Alzheimer Scotland, Carers Scotland, Carers Trust).

**What might new disability and carer benefits look like?**

**Broad issues**

34. A number of issues were highlighted concerning the design of all new disability and carer benefits. Some of these issues will also be relevant for the other welfare benefits being devolved. The delivery of disability and carer benefits is discussed in the next section.

35. A number of responses referred to the existing complexities in the current system. For example, the DLA/PIP/AA are a qualifying benefit for CA. They also have links to passported benefits depending on the level of the award, as well as entitlements to disability premiums under reserved benefits. CA is an earnings-replacement benefit, and is therefore subject to the overlapping benefits rule which means a claimant can only receive one earnings-replacement benefit.
Further, it is possible that a person on a disability benefit could lose an entitlement to a premium if their carer claims CA.

36. A number of respondents said that any new system needs to take account of access to passported benefits, such as concessionary travel, Blue Badges and Motability. It is argued that people should not lose out because of unintended consequences of devolved benefits (Enable Scotland, Low Incomes Tax Reform, NDCS, North Lanarkshire Council). CPAG said that good information sharing is required to ensure people get access to passported benefits and the relevant disability premiums and, where possible, the system for passported benefits should be automated.

37. The following describe some of the existing complexities:

“Many disabled people receive an additional element in their means tested benefits that recognises that they do not have anyone in receipt of Carers Allowance for them (the severe disability premium) and any changes which open up access to Carers Allowance may have significant implications for this group of claimant. It will be crucially important that all of the implications of any changes made to this benefit are considered”. (Enable Scotland)

“Carer’s Allowance is also the only income-replacement benefit which is proposed to be devolved, and so it has a more complex relationship with other benefits which are being reserved than the others being discussed; this should be considered during scrutiny of the Scotland Bill so that everyone is clear how a change to CA would impact on and be affected by reserved benefits like Pension Credit”. (Age Scotland)

“Benefits are interconnected and interdependent. Devolved responsibilities should be used positively to ameliorate any cumulative effect on people who are ‘vulnerable’ on the range of protected characteristics, particularly disability and gender”. (East Ayrshire Community Planning Partnership)

38. In relation to these complexities, it is argued that a new system will need adequate IT systems so that DLA/PIP/AA and CA awards are communicated with reserved departments, to ensure appropriate premiums and entitlements are added (eg, Angus Council, NHS Lanarkshire, South Lanarkshire Council). Inclusion Scotland referred to existing delays and errors in the current system where information is passed between DWP and HMRC, and are concerned that devolution and the introduction of a third agency could increase the potential for errors and delays in payment.

39. Some submissions were also keen to emphasise that benefits must remain a payment in cash, and not be brought into local authority social work budgets (eg, Carers Scotland, CPAG, Parkinson’s UK, Perth and Kinross Council, North Lanarkshire Council).
“Preserving the direct cash payment to a claimant is also an expression of wider society’s collective responsibility and commitment to social justice to those in need.” (Inverclyde Health and Social Care Partnership).

New Disability Benefits

New approach

40. There was a broad view that a new approach to disability benefits should be more positive, more person-centred, and apply the social model of disability, as well as being designed in partnership with disabled people.

41. A number of respondents said that any new disability benefit should focus more on what a disabled person can do, rather than what they are unable to do (eg, Enable Scotland, NDCS and Highland Council).

“ENABLE Scotland would like to see the welfare system reframed to look more positively at disability in terms of, ‘what the person can do with support’ and how benefits payments could support participation and remove barriers”.

42. This would fit more with the social model approach to disability, as opposed to the medical model approach. Falkirk Council suggested a social model approach:

“…where the current ways that our society is organised is seen as restricting life choices for disabled people rather than their physical or mental impairments. As part of this approach, eligibility criteria should consider the effects of disability on all aspects of daily living and not be confined to personal care needs”.

43. In addition, some respondents called for more to be done to combat negative attitudes towards benefit claimants. North Lanarkshire Council suggested a public education campaign to combat negative attitudes. The Health and Social Care Alliance called for:

“A realistic and positive portrayal of the value of social security from politicians”.

44. Any new benefits should be developed in partnership with disabled people and carers (eg, Carers Scotland, CPAG, Enable Scotland).

45. CAS indicated that they are conducting research on the principles for a disability benefit in Scotland, with 16 bureaux currently undertaking focus groups with clients. The findings will be shared with the Scottish Government and they would be happy to share the findings with the Committee.

One benefit

46. A number of respondents suggested the existing disability benefits could be replaced with one benefit (eg, Falkirk Council, Housing Support Enabling Unit and the Coalition of Care and Support Providers Scotland, East Ayrshire Community Planning Partnership).
“Consider a single claim, with differing criteria according to age, and two award levels. For eg, call it Citizens Assistance claim (to remove stigma), that has a child, adult and older persons’ component”. (Castle Rock Edinvar)

To reduce complexity for claimants it might also be worthwhile to move to having one benefit name though perhaps with different entitlement criteria for children. Inclusion Scotland would favour calling the new disability benefit, combining elements of PIP with DLA, the Social Participation Benefit”. (Inclusion Scotland)

47. Highland Council said there is an opportunity to rationalise a number of benefits to simplify the system. Other respondents were supportive of simplifying the system (eg, NHS Lanarkshire, Moray Council and Housing Support Enabling Unit and the Coalition of Care and Support Providers Scotland).

48. In terms of AA, there were calls for an inclusion of a mobility component (Parkinson’s UK, East Ayrshire Community Planning Partnership, and Professor Paul Spicker). As well as increasing the benefit, it would potentially create a passport for a Blue Badge or Motability.

49. Perth and Kinross Council suggested a new disability benefit for anyone over 16, or extending eligibility for PIP to 69, so a person would need to be 70 to qualify for AA. This would take account of the current policy on retirement age and that fact people are expected to work for longer.

**Interim changes**

50. CPAG suggested a range of short term measures, including that PIP should be improved rather than replaced. They argue that introducing a third benefit for working age disabled people is likely to add complexity, confusion and risk of administrative error and delay. It is proposed that a number of changes are made to PIP, in line with many of the criticisms of the current system outlined above, for example, reducing face-to-face assessments, ensure assessors are appropriately qualified and eliminating repeat assessments for those with chronic or degenerative physical or mental health conditions.

51. In the medium to longer term, CPAG suggested that the Scottish Government should consult with stakeholders to ensure disability benefits more accurately reflect the costs associated with disability, and to improve the assessment criteria and points system, especially for those with mental health problems or fluctuating conditions.

**General improvements**

52. Many respondents did not specify whether there should be one disability benefit. In general, suggestions were made for improving disability benefits, mainly in reference to the experience of PIP. These often focused on dealing with the
criticisms of PIP referred to earlier in this paper. However, other issues raised for improved disability benefits include:

- No requirement that all claimants should undergo a face to face assessment, if they have certain conditions, medical evidence should be enough (Alzheimer Scotland, Inclusion Scotland, Parkinson’s UK).
  - Entitlement to DLA was made via paper based assessment. “This saved considerable sums in both overall administration costs and reduced the number of face-to-face assessments to a minimum. Previously 70% of DLA awards were indefinite because the condition was expected to have an ongoing impact on the disabled person’s mobility or care needs”. (Inclusion Scotland)

- Enable Scotland suggest a redesign of the evidence gathering process, as current assessments only provide a snap shot of claimant’s life, and better evidence would come from professionals that know the claimant, for example, their GP, consultants or care workers. Accept evidence from trusted professionals known to the claimant (Housing Support Enabling Unit and the Coalition of Care and Support Providers Scotland, NHS Lanarkshire, MacMillan).

- Weighting of medical evidence needs to be clarified as it is unclear how much such evidence influences claim outcomes (Action for ME).

- Falkirk Council suggested compensating health professionals when they are requested to provide medical evidence, as some claimants are charged for this.

- Assessments should be undertaken by health care professionals in the NHS, and with a knowledge of the particular disability/condition the claimant has (eg, Aberdeen City Council, Action for ME).

- Reduce amount of assessments (Inclusion Scotland) as it is stressful for claimants. Safeguards would need to be place to make sure information is accurate, complete, and fairly applied, and to ensure sure people do not lose access to multiple benefits because of poor decision making (Action for ME).

- Assessments should take place in care settings familiar to the client (Aberdeen City Council).

- Reduce the qualifying periods for these benefits because a carer would not be eligible for CA until the qualifying period is over (PIP and DLA = 3 months, AA = 6 months) (Carers Trust Scotland).

- Marie Curie urge the Scottish Government to ensure that the special rules for people with a terminal illness continue once benefits are devolved.
• Assessment report to be sent to the claimant as a matter of course (Castle Rock Edinvar).

• Support for claimants should be provided through a one stop shop for advice to maximise income and support to complete claims, covering all benefits (Alzheimer Scotland, Carers Scotland) or a properly funded advice sector (Enable Scotland, Health and Social Care Alliance, NDCS).

• The new system must take account of the transition from childhood to adulthood for disabled children, and the role that benefits play in this (Barnardo’s Scotland).

• Disability Equality Training for all staff working on disability benefits (Inclusion Scotland).

• Dundee City Council would like to ensure that no-one loses out in the transition to a new disability benefit, and that this must be considered when some people may have DLA, while others have PIP.

Carer Benefit

53. CPAG welcomes the Scottish Government’s intention to increase CA, and suggest providing top-ups to disabled carers because under Universal Credit it is not possible to qualify for the carer element and the limited capability for work element.

54. CPAG proposes a two tier benefit for carers. The first tier would be a universal benefit paid to all those caring full time, regardless of hours worked, level of education or earnings. The second tier would be payable to those on the lowest earnings. CPAG suggest this would be an earnings-replacement benefit, as is CA currently, and would therefore be subject existing rules, such as the overlapping benefits rule mentioned above.

55. Other suggestions for creating an improved carers benefit included:

• Increase the amount of the award to better reflect level of preventative support (eg, Carers Scotland, Aberdeen city council, Alzheimer Scotland, Angus Council). There is also concern about whether it is possible to increase the award without it impacting negatively on reserved benefits (eg, NHS Lanarkshire, South Lanarkshire Council).
  o “Will any increases be clawed back through means tested benefits?” (Carers Scotland)

• Pay for two carers who care for the same person on a 24 hour basis (eg, Carers Scotland, Carers Trust, South Lanarkshire Council, NHS Lanarkshire).

• Pay a carer who cares for two different people (Carers Scotland).
- Reduce the qualifying hours, which are currently 35 hours a week (e.g., Angus Council, Carer’s Scotland).

- Reconsider the work allowance, which allows carers to earn up to £110 a week (e.g., Alzheimer Scotland, Carers Trust Scotland).

- Allow CA to be fast tracked when a claimant is caring for someone who is terminally ill, in the same way that DLA/PIP/AA can be fast tracked in such circumstances (Marie Curie).

- Overlapping benefits – pensioners who are entitled to CA do not get the award because of the overlapping benefit rule. Some respondent’s asked if there is any potential for the Scottish Government to change this (e.g., Age Scotland, Alzheimer Scotland, Carers Scotland, Carers Trust).

- The design of a new carer benefit must consider the link to other entitlements with reserved benefits, such as disability premiums, as well as the interaction with other reserved benefits (Alzheimer Scotland, Carers Scotland).

**How will the new benefits be delivered?**

56. A number of local authorities, COSLA, and third sector organisations have proposed that local authorities could deliver new disability and carer benefits, given their years of experience in administering benefits (e.g., Housing Benefit), as well as the introduction of integrated health and social services. However, some third sector organisations are strongly opposed to this idea.

57. It is argued that the introduction of integrated health and social services, could act as a single gateway for claimants, streamlining assessments, and sharing information with other services (e.g., COSLA, West Dunbartonshire Council, Moray Council, Angus Council, Dundee City Council, City of Edinburgh Council).

“COSLA’s view is that if Scotland is to improve on the UK system, it can only do so by capitalising on the direction of integrated service delivery which is already underway here through the Integrated Joint Boards working on health and social care. This was driven by an understanding that to achieve better and cost effective outcomes we must ensure that all relevant services operate as one integrated system, with shared objectives, effort and delivery thereby maximising the service investment and the access to support”. (COSLA)

“The question that arises from the proposal for devolved powers over PIP, DLA, AA, CA all of which are connected to Health and Social Care, is can they or will they be aligned with the process of integration that is currently being undertaken. The whole assessment process for eligibility for these benefits runs in parallel with the processes already in place locally for eligibility for Health and Social Care. If a person is eligible for some form of community care be it homecare, community support, days services etc. then logically one would assume they would be eligible for disability benefits so why do we need two types of assessment. Of course one would not want to open the flood gates for community care as many people function perfectly
well in the community without the support of Community care but the extra money from Disability benefits makes this possible. This is where Self-directed support could have a moderating influence”. (Moray Council)

58. It is argued that through integrated services, local authorities would be able to offer a person-centred approach (West Dunbartonshire Council). For example if CA is delivered locally, an automatic referral could be made to other local agencies such as homecare and third sector organisations (Inverclyde Health and Social Care Partnership). Health and social care integration provides an opportunity to streamline applications for benefits, and ensure that those who already have care or mobility requirements are automatically referred for a claim for benefit, along with their carer (NHS Lanarkshire). There may be lessons to learn from Self-Directed Support (North Lanarkshire Council, Inverclyde Health and Social Care Partnership, Dundee City Council).

59. Action for ME suggested the welfare system could be improved by “sensitive integration of aspects of the welfare system with health and social care provision”. It could help resolve issues around the variability of supporting medical evidence; help people with ME access social care support as few do so currently, including those who are long term house bound or bed bound; and, inform carers of people with ME of their entitlement to CA.

60. Age Scotland would support local authorities administering benefits, given their years of experience, but are concerned there may be a conflict of interest where payment for care needs and responsibilities are involved.

61. Carers Trust Scotland said:
“National strategic delivery and development that is carried out practically in local areas (by local authorities if there is sufficient resourcing and staffing made available) would seem the most appropriate way to balance equity across Scotland with ease of access and delivery”.

62. COSLA recognises that developing this approach would be complex and not achieved immediately, but are interested in working towards “viewing benefits and supports as a single system which avoids multiple assessments and is more personal and accountable”. The City of Edinburgh Council said that consideration would need to be given to the cost of this integration and the best use of professional skills. The Council also noted that it had been moving away from health and social care professionals being involved in a client’s financial assessment, because it takes up too many resources, "However, bringing these into one organisation would provide efficiencies and give a more considered approach to citizens needs”.

63. Another option might be to link the delivery of new benefits with existing local authority benefit administration services, and the more recent experience of administering the Scottish Welfare Fund (West Dunbartonshire Council, Inverclyde Health and Social Care Partnership).

64. In support of administering benefits locally, Highland Council said:
“For over 30 years, Local Authorities have demonstrated through the processing of Housing Benefit and associated Council Tax schemes the ability to provide and deliver effective and efficient local processing functions. Local Authorities also administer benefit/welfare-related claims including Educational Maintenance Allowance, Free School Meals (P4+) and School Clothing Grants. More recently, following the abolition of specific parts of the Regulated Social Fund, Councils in Scotland have played a pivotal role in the successful implementation and delivery of the replacement scheme - the Scottish Welfare Fund”.

65. However, CPAG, Inclusion Scotland, and Parkinson’s UK indicated they strongly oppose the idea of local authorities administering disability and carer benefits:

- “Local delivery could also lead to a postcode lottery in terms of access to benefits”. (Parkinson’s UK)

- “CPAG strongly believe that responsibility for disability and carers benefits should be held at Scottish national level and that it should not be devolved to local authorities. The risks associated with localisation of benefits are well documented for example in relation to England’s local welfare assistance scheme. Previously administered at UK level, devolution of this discretionary scheme to local level has resulted in confusion, erosion of entitlement and a lack of transparency and oversight. Concerns have also been raised by the Social Security Advisory Committee in their 2015 review of localisation and social security”. (CPAG)

- “Virtually all of the disabled people we have consulted are absolutely firm on desiring nationally administered disability benefits scheme to reduce local variation in entitlement i.e. they would be totally opposed to disability benefits being assessed and administered by local authorities. Such a post-code lottery, or worse a means tested disability benefits system, is completely unacceptable as it would be viewed by disabled people as a return to the days of the parish poor law”. (Inclusion Scotland)

66. CPAG are also concerned that disability benefits should remain financial benefits that claimants have an entitlement to, and that benefits should not be pooled with social care services or self-directed support. CPAG argue that this would deprive disabled people of choice and control over how they spend their money. There is also a concern that localisation could result in disability benefits being used to subsidise social care budgets.

67. In addition, it is argued that not everyone in receipt of disability benefits ought to be receiving social care - many disability claimants do not use social care and do not want to use social care (eg, Parkinson’s UK, North Lanarkshire Council, Inverclyde Health and Social Care Partnership). North Lanarkshire Council and the Inverclyde Health and Social Care Partnership also said that social work may be reticent to be a gatekeeper to benefit eligibility.
Annexe B

WELFARE REFORM COMMITTEE
THE FUTURE DELIVERY OF SOCIAL SECURITY IN SCOTLAND
WRITTEN SUBMISSION FROM CARERS SCOTLAND

Introduction

Carers Scotland is the Scottish nation office of Carers UK. Carers UK is here to make life better for the 6.5 million carers in the UK, and 759,000 carers in Scotland who are providing unpaid care to a loved one who is older, disabled or seriously ill.

We are the only national membership charity for carers, giving expert advice, information and support, connecting carers so no-one has to care along, campaigning for lasting change and innovating to find new ways to reach carers.

This response is the work of both parts of the organisations. We aim to bring a carers perspective throughout the legislative process is both Scottish and UK Parliaments and actively engage with carers and partner organisations to seek their views and encourage their participation.

This response is primarily focused on Carers Allowance and the ability to create a new social security payment for carers in Scotland. It outlines key concerns together with the principles we believe should underpin social security support. We have made some comment in other areas, in particular disability benefits, but recognise that other organisations will have a more detailed view.

The Scotland Bill and the Smith Commission

The Scotland Bill proposes measures to provide the Scottish Government with a degree of autonomy to determine the structure and value of a range of benefits following the Smith Commission.

As stated in our response to the Smith Commission and in line with much of the third sector, we continue to express some disappointment that benefits were not fully devolved. This would have provided the opportunity to deliver a more cohesive system, planning support holistically across a range of policy areas, not solely social security.

However, we welcome the devolution of some benefits to the Scottish Parliament. It represents an opportunity to improve the system of financial support to carers and those they care, the principles underpinning it and to align this more closely with objectives across other policy areas, not least health and social care.

The Scotland Bill sets out a framework for the devolution of Carers Allowance. The impact of the Bill will mean that the Scottish Government will have the power to
create a new “carers benefit”. This means that the Scottish Government should be given the ability to vary eligibility conditions and the amount paid to carers.

We believe that this level of devolution proposed in the Bill could provide the opportunity for the Scottish Government to address issues with the structure and the level of Carers Allowance for carers in Scotland. However, there are a number of issues which require clarification and on which we will be seeking amendments including:

- The strength and flexibility of the proposed responsibility of the Scottish Government to create a carers benefit
- Interactions between the new “Carers Benefit” and other benefits such as Income Support, Pension Credit and Universal Credit which will remain reserved.
- What changes to social security for carers the Bill might prevent? For example, the current drafting appears to prevent the Scottish Government from introducing certain eligibility criteria such as paying a “Carers Benefit” to two carers caring for one person.

Carers Allowance
Carer’s Allowance is currently the main benefit for carers in the UK. It is not means tested and worth £62.10 per week. It is the lowest benefit of its kind and provided to those providing at least 35 hours of care per week. There are around 62,000 carers in Scotland who receive Carer’s Allowance and 44,000 have an underlying entitlement. A number of conditions restrict who is eligible for Carer’s Allowance:

- You look after someone who gets a qualifying disability benefit.
- You look after that person for at least 35 hours a week.
- You are aged 16 or over.
- You are not in full-time education.
- You earn £110 a week (after deductions) or less.
- You satisfy UK presence and residence conditions.

How could the Scotland Bill improve social security for carers?

Cl.19 (4)
“Carer’s benefit” means a benefit which is normally payable in respect of the regular and substantial provision of care by a relevant carer to a disabled person; and for this purpose—
(a) “relevant carer” means a person who—
(ii) is not in full-time education, and
(iii) is not gainfully employed;
(b) “disabled person” means a person to whom a disability benefit is normally payable.
Cl.19 (4) of the Scotland Bill defines the social security payments that the Scotland Bill will devolve.

The Bill provides for the Scottish Government to have the power to administer a “Carer’s Benefit”. While the UK Government description of Carer’s Allowance has been used to define the new “Carer’s Benefit”, from discussion and the Scotland Bill debate we understand that the Scottish Government will be able to define the terms of the benefit. For example: “regular and substantial care”

The UK Government currently define “regular and substantial care” as providing 35 hours of care or more, however this definition could be changed by the Scottish Government, which may choose to define “regular and substantial care” as providing 20 hours of care, 40 hours, or in a completely different way.

We have been assured that the definitions of “full time education”, “not gainfully employed” and “disabled person” could all be altered by the Scottish Government in a similar way. This means that the legislation provides the Scottish Government with the flexibility to:

- Set a new Scottish “Carer’s Benefit” at any rate
- Redefine the eligibility of the Benefit, for example:
  - Whether, and how much, of a person’s earnings are counted
  - How many hours or how much care a person has to provide
  - How much a person could study alongside caring
  - Ensuring that any residency test if not a barrier to people providing care

However, as with the issues of concern below, clarity is required to ensure that this flexibility will be provided in the Bill.

Concerns related to social security for carers

1. **Power to provide a carer’s benefit:**
   Cl.19 (4) of the Scotland Bill amends the Scotland Act 1998 to give the Scottish Parliament legislative competence in relation to disability, industrial injuries and carer’s benefits, which are currently reserved to Westminster.

   The explanatory notes accompanying the Scotland Bill (pg.18, para 147) state:

   “Scottish Parliament will have the power to create new benefits or other payments and to determine the structure and value of such provision”

   It is unclear whether the Scotland Bill would result in the effective removal of a duty to have a carer’s benefit of some description in Scotland. Whilst we sense no appetite within the Scottish Parliament to remove financial support
for carers, carers in Scotland will want reassurances that some form of independent financial support will continue.

2. **Whether the Scottish Government is able to pay the new “Carer’s Benefit” to a carers in different circumstances**

While the Scotland Bill provides flexibility as described above, it does appear to restrict such a “carer’s benefit” to a “relevant carer” of a “disabled person” with the disabled person being defined as someone “for whom a disability benefit is normally payable”.

- Whether the Scottish Government is able to pay “Carer’s Benefit” to two carers who are caring for one disabled person. Carers have told us that some people’s disabilities are so significant that two full time carers are needed to provide high quality care?
- Whether the Scottish Government is able to pay the new “Carer’s Benefit” to a carer who cares part time for two different people?
- Whether the Scottish Government is able to pay the new “Carers Benefit” to carers who are caring for a disabled person not in receipt of a qualifying benefit?

3. **Interactions with Reserved Benefits**

We are seeking clarification in relation to the interaction between reserved and devolved benefits:

- Overlapping benefit rule: As Carer’s Allowance is considered a “income replacement benefit” i.e. a benefit paid to someone considered unable to work or are not expected to work, by the UK Government, would the Scottish Government be able to change this status and if so, how would this affect interactions between devolved and reserved benefits, and the amount of benefit carers receive?
- Interactions between the new “Carers Benefit” and other benefits such as Income Support, Pension Credit and Universal Credit which will remain reserved. Will any increases be clawed back through means tested benefits?
- National Insurance: Are NI credits retained? What happens in Scotland with NI credits to state pensions and relevant contributory benefits?

**Concerns related to other devolved powers**

**Social security for disabled and older people**

With the devolution of a range of current disability benefits for disabled and older people, similar issues of translating the intentions of the Smith Commission into the drafting of the Scotland Bill have been highlighted by carers, disabled people and by a range of organisations. These include whether sufficient flexibility and autonomy is given to the Scottish Parliament in developing social security for disabled people.
Whilst we welcome the devolution of powers of disability benefits but, along with much of the third sector believe there is a need to immediately halt the roll out of Personal Independence Payment in Scotland.

By continuing this roll out, there is an immediate and we believe damaging impact not only on disabled people and carers (who must care for someone with a qualifying benefit to receive Carers Allowance) but also to the flexibility of the Scottish Parliament to consider and develop a social security system for disabled people and carers (and of course associated budgets on devolution of the powers).

Employment Support
A range of third sector organisations have highlighted the need to press for devolution of Access to Work Funds. Given that employability programmes will be devolved to the Scottish Parliament (clause 26) and the Scottish Government already has a programme of work to increase participation of disabled people in the workforce, it appears a sensible to devolve Access to Work funding too. We therefore support this position as a means to deliver, as part of the development of integrated and holistic employment support.

Equally, the devolution of Employment Support gives the Scottish Government an opportunity to consider, as part of its wider employment policies, greater support for carers to access work. Carers face significant difficulties in retaining employment with 1 in 5 giving up work to care. In addition, carers also experience difficulties in re-entering the work place following often long periods of caring responsibilities.

We believe that the Scottish Government should consider a long term and integrated plan to support this cohort. This could include:

- Piloting paid carers leave for unpaid carers as part of the Carer Positive award for employers, in a similar way to “Living Wage” employers. This also includes raising awareness and working with employers to promote flexible working for carers to prevent loss of employment in the first place.

- Planning and delivering holistic support for carers to take up education and training. The current rules on Carers Allowance prevent carers studying for more than 21 hours but with sufficient flexibilities, carers could be supported into further education.

- We note the need for a coordinated response, as this is likely to require practical support including social care services for the person they care for to enable carers to retain or return to work or attend university or college. This could be addressed within the Carers (Scotland) Bill and should be explored as part of the Fairer Scotland and Creating a Healthier Scotland discussions.

Discretionary Payments and Assistance
The current drafting of the Scotland Bill in Clause 23 appears to increase restriction on such payments, which were already devolved to the Scottish Welfare Fund. In particular, they appear to prevent the Scottish Welfare Fund from making payments
to those who have been sanctioned or failed to meet the conditions attached to a reserved benefit. It currently does not have such a restriction.

Given evidence suggests that people with disabilities, in particular mental health problems or learning disabilities have greater difficulty complying with rules (and therefore more likely to receive a sanction)\(^1\), we support the call from Inclusion Scotland and Enable Scotland to press for removal the restriction that would prevent the Scottish Welfare Fund from providing assistance.

We also support the call from Inclusion Scotland to ensure that families under exceptional pressure are supported through the Scottish Welfare Fund.

**Principles underpinning new social security payments and practical suggestions for policy and delivery**

1. First and foremost there must be a commitment to ensure that a social security payment for carers is continued and that this must represent an independent income for individuals. Whilst we have sensed no appetite for moves to remove financial support to carers, we recommend that there is a clear commitment to this to future-proof social security support for carers.

2. Any new payments and systems for delivery should be developed in partnership with carers and carers organisations.

3. Any new social security payment for carers must recognise the background of significant financial hardship faced by carers and households affected by disability and ill health.

When people take on a caring role they often face a steep drop in income if they have to leave work or reduce their hours to care – sometimes a double loss of salary if they are caring for a partner who also has to give up work as a result of their illness or disability.

This is often coupled with a steep rise in expenditure as a result of the additional costs of caring and disability. Carers UK’s year-long Caring & Family Finances Inquiry found that carers can face higher utility bills, higher transport costs, higher shopping bills, spending on care services and even the cost of home adaptions. This is combined with the impact of welfare reform which has hit many families hard.

Evidence collected from over 4,500 current carers through Carers UK’s State of Caring Survey 2015 suggests that nearly half of carers (48%) are struggling to make ends meet. Of carers responding to our survey, 45% say that financial worries are affecting their health. Worryingly of those struggling to make ends meet, 41% are cutting back on essentials like food and heating, 26% are borrowing from family and friends and 38% are using up their savings to get by -

\(^1\) See Enable Scotland response
suggesting that the squeeze on carers’ finances is not sustainable in the long term.

(a) It must remain a payment in cash and not be brought into local authority social work budgets.

We are also clear that social security for individual disabled and older people must not be brought into social work budgets and should be retained as an income to meet the additional costs of disability outlined above.

Many of these additional costs are not related to the receipt of social work services and are, instead, increased daily living costs as a consequence of disability, illness or old age.

(b) Carers Allowance should be increased immediately on devolution to give parity with other income replacement benefits such as Jobseekers Allowance, with further consideration on a fair level for any newly developed carer’s payment.

(c) It must create additional income for all carers, in particular those with the lowest incomes. As outlined earlier, we have significant concerns over the lack of clarity on interaction with other benefits such as universal credit, income support and pension credit. At present it appears that any additional payment to these poorest carers may simply be clawed back through a corresponding deduction in means tested UK wide benefits. This benefits no one.

3. Any system must be made as simple and straightforward as possible and treat people with dignity and respect and view their needs holistically

(a) It is often difficult for carers and those for whom they provide care to identify what benefits are available and how to claim them. It can be difficult to find advice and information and the support required to fill in often complex forms. This is likely to be exacerbated by the move to “digital by default” and for those living in rural and remote areas.

Carers may not have access to such technology due to cost, time pressures and poor connectivity. This will be further complicated by the need to work between two social security systems – the continuing UK system and the new Scottish system.

Any new payments should be made as simple as possible to claim and underpinned by investment in advice services to ensure smooth delivery.

(b) The current process of repeated assessment for benefits is one which we believe should not be replicated in any new social security payment for disabled people. At present individuals may experience three successive, separate and often repeated assessments for financial support or passported
benefits i.e. Employment Support Allowance, Personal Independence Payment and the Blue Badge.

Assessments cause untold stress and anxiety to individuals and carers and we do not believe that such face to face assessments give the most accurate picture of an individual. Nor do they bring in the views and experiences of people most familiar with the person, their condition and abilities – carers, general practitioners and other professionals involved in their health or care.

We continue to believe that such assessments are both expensive and unnecessary and in any new system should instead be based upon the reports of relevant people with prior and appropriate knowledge.

(c) Carers repeatedly report having to repeat their “story” time and again to different professionals and of struggling to find out what support is available. This is often against a backdrop of significant caring responsibilities alongside other responsibilities such as employment or childcare.

We believe it would be appropriate to consider a one-stop-shop approach to assist people to not only claim new social security payments but also to claim devolved benefits and access health, social care, housing, employment and third sector services.

A single point of access and a multi-disciplinary and multi sector approach could enable individuals and carers to access information and support at the earliest opportunity and deliver person centred, holistic support. However, it would be important to ensure that similar services exist across Scotland to deliver consistent and equal access for all carers, including ensuring they are responsive to all communities.

Conclusion

We welcome the devolution of some social security benefits for carers and disabled people but there remain many unanswered questions which we hope that politicians in both Parliaments can address effectively.

However, even with these questions and issues solved, we must recognise the scale of the challenge. We believe that the focus on developing a positive social security system, based on rights and dignity and planned as part of holistic support from existing devolved powers is the right approach. However, the challenge will be to support people to manage both the complexity and different approach of two systems – one reserved and one devolved – and ensuring that they do not miss out on the financial and practical support available.

Carers Scotland
28 August 2015
Background

ENABLE Scotland is the largest voluntary organisation in Scotland of and for children and adults who have learning disabilities and their families. We have a strong voluntary network with around 5000 members in 44 local branches and via individual membership. Around a third of our members have a learning disability.

ENABLE Scotland campaigns to improve the lives of people who have learning disabilities, their families and carers. ENABLE Scotland provides social care services to more than 2,000 people across Scotland who have learning disabilities or mental health problems.

Social security entitlements are vital source of support for our members and we are pleased that the Welfare Reform Committee is giving organisations and individuals the opportunity to express their opinions on the ways in which any new devolved powers can be used to improve the support available.

People with a learning disability in Scotland are more likely than average to be reliant on social security benefits due to a combination of high rates of unemployment, part time working and low pay. Many carers of a person with a learning disability are also reliant on benefits whilst others are unable to access benefits which recognise their caring role.

ENABLE Scotland would emphasise that the devolution of parts of the welfare system provides an excellent opportunity to reframe the narrative around the welfare system. It has to be clear that the welfare system is about empowering citizens, facilitating participation and recognising everyone’s contribution and value to society. Further, it provides an opportunity to examine and influence the culture and ethos embedded in the benefits delivery system.

ENABLE Scotland asks that, in keeping with recommendations of the Christie Commission, the Committee considers how to effectively engage people who are part of the social security system in shaping future delivery.

ENABLE Scotland would emphasise that there is a need to look at welfare within the whole spectrum of essential public services such as health, education, children’s services, but in particular social care. Many recipients of social care are asked to make a contribution to the cost of their care based on the amount they receive in benefits. It would be ineffective to increase these only for them then absorbed by increasing care charges.
Furthermore, many of our members also access passported benefits via their social security entitlements. These include; the concessionary bus travel and blue badge schemes, the Scottish Welfare Fund and free dental treatment. Any changes made to devolved benefits could widen or limit access to these. ENABLE Scotland urge that these entitlements provide vital sources of support for disabled people; and should not be lost as an unintended consequence of changes to devolved benefits.

These are just some examples of the potential unintended consequences that can arise by considering welfare powers in isolation. We urge the Committee to ensure that any changes in welfare benefit policy do not negatively impact on other areas but rather act as springboards for improvements in other policy areas.

Finally, throughout this evidence ENABLE Scotland refer to issues we have identified with the Scotland Bill in its current form, we would also urge the Committee to question key UK Government officials and Ministers about the potential impact of the recent Emergency Budget announcements and the Welfare Reform and Work Bill on further devolution. e.g. further reduction in benefit cap to £20,000, given it includes benefits to be devolved, such as Carers Allowance.

a) Personal Independence Payments, Disability Living Allowance Attendance Allowance and Carer’s Allowance

At present the above benefits are demand led with no overall cap on the amount that can be spent.

In contrast, ENABLE Scotland understand that the Scottish Government is likely to have a limited devolved budget and under which to operate them. Whilst Scotland may have the option to top up or widen the access to these benefits, it is unclear how this will be funded or what the implications will be on reserved benefits.

We would urge the Welfare Reform Committee to seek clarity on how the devolved and reserved elements of the welfare system would work together to produce the best outcomes for disabled people and carers in Scotland.

Personal Independence Payment, Disability Living Allowance & Attendance Allowance

Disability benefits are crucial to disabled people across Scotland; facilitating disabled people’s participation in society and enabling them to take up opportunities that would otherwise be inaccessible. These benefits are not only a cash transfer to cover the additional costs that arise by virtue of having a disability but can also mean an increase in their other benefits due to additional disability elements, access to additional benefits for family members such as Carers Allowance and access to passported benefits such as a blue badge or bus pass.

Despite the transition from Disability Living Allowance to Personal Independence Payment being underpinned by a worrying UK Government policy intention to cut the expenditure on this benefit by 20%, ENABLE Scotland has demonstrable positive results for people who have learning disabilities on this benefit.
ENABLE Scotland have so far assisted with 51 claims to the Personal Independence Payment. Of those approximately 75% have been successful, 50% of refusals have been overturned at mandatory reconsideration and 50% have been overturned on appeal.

Whilst we are pleased with the vast majority of cases that we have assisted with we are aware that our clients are receiving an intensive level of support from both ENABLE and often other organisations to help ensure these claims are as strong as possible. We remain concerned about the potential results for people with a learning disability who do not have such support.

It is also worth noting that we have also seen cases where it is likely that the person refused the Personal Independence Payment would have been likely to have been awarded the lower rate of the care component of Disability Living Allowance due to being unable to cook a main meal due to their disability.

Under the Personal Independence Payment there is no equivalent of low rate care and being unable to cook a main meal in itself does not bring enough points to qualify for the benefit.

ENABLE Scotland are open to further discussion around continuing with the Personal Independence Payment or maintaining Disability Living Allowance but we feel that the decision making and evidence gathering processes are more important for both benefits than the criteria itself.

**Consequential Impacts**

ENABLE Scotland would urge the Committee to seek clarity as to how the devolved and reserved elements of welfare would work together to ensure the best outcomes for disabled people.

Part of this will be for the Committee to consider the consequential impact of making changes to devolved benefits on other reserved benefit entitlements, as the current benefit system is intertwined with many benefits having implications on entitlement to others.

For example, should the Scottish Government decide to increase the rate at which Carers Allowance is paid this could simply mean that a claimant who also receives Income Support would lose this benefit on a pound for pound basis; meaning no actual net gain for the claimant. Conversely, entitlement to disability and carers’ benefits often result in increases to other means tested benefits that will remain reserved.

It is vitally important that we have clarity on these issues as soon as possible.
Administration

On the introduction of the Personal Independence Payment there were significant delays in making decisions on claims. This meant that the claimant did not receive the money they were entitled to for a prolonged period but also that they were unable to receive related disability elements in other benefits or that their carer was unable to access Carers Allowance.

These issues have improved significantly in recent months and we call on the Committee to ensure that timescales remain the same or better on devolution of these benefits.

We would also like to take the opportunity to raise an issue that we have experienced in the Personal Independence Payment claim process when supporting claimants, in the hope that this could be remedied when these benefits are devolved.

In order to start a claim for the Personal Independence Payment claimants must make a lengthy telephone call and then fill in a lengthy claim form in addition to this.

Whilst this telephone call may not present difficulties for some claimants, it is our experience that people who have learning disabilities often need support to make this call. This can mean delays in claims until the person can be supported to make the initial call. It also means a repeat appointment a short time later to assist with the completion of the claim form once received. This places significant pressure on specialist welfare advice services with limited resources. This could be resolved by allowing welfare advisers to make the additional call remotely in the way this was done for Disability Living Allowance.

ENABLE Scotland urges that the devolution of these benefits provides a timely opportunity to look at and resolve the administrative issues that place barriers to people accessing their entitlements. Accessibility must be a central consideration when thinking about how devolved benefits will be administered in future.

Assessments

The Personal Independence Payment is focused on specific medical assessments being carried out, where as Disability Living Allowance and Attendance Allowance have tended to rely on requesting written medical evidence from sources (such as the claimant’s GP) with the possibility of a specific medical assessment if it is required.

ENABLE Scotland suggest that devolution of these benefits provides an opportunity to redesign the evidence gathering process to ensure that evidence is gathered in the best and most cost effective way. ENABLE Scotland feel that a specific medical assessment is rarely the best way to assess any claimant’s disability and that it is in fact particularly unsuited to assessing those with a learning disability who can be particularly vulnerable to negative decisions in any process which involves communicating their difficulties. Benefit specific medical assessments tend to produce snap shots of a claimant’s life rather than a long term picture and
people with a learning disability may underplay their difficulties or not understand the questions asked.

It is our opinion that the best evidence will usually come from the people who know the claimant best such as GP's, consultants, support workers or family members and that these are often the sources of evidence where opinions should be sought.

We would also recommend that the evidence gathering process be amended in order to produce information which makes it easier for decision makers to make accurate decisions. The current medical evidence templates sent to medical professionals are inadequate and often do not prompt those completing them to ask themselves the right questions about their patients or the people they support when completing them.

We strongly recommend that these templates be redesigned and that consideration be given to other methods of evidence gathering such as phone calls that would allow those supplying evidence to respond in a more open way with a dialogue between them and decision makers rather than being restricted to yes no answers or limited capacity to respond.

ENABLE Scotland would be happy to be fully involved in this process. Should this model or a similar model remain when these benefits are devolved, ENABLE Scotland would emphasise that assessors should be equipped with the communications skills and competencies to be able to support the person to give an accurate representation of themselves and their life.

**Carers Allowance**

Within the context of a changing demographic it is clear that, many more of us will take on a caring role. The welfare system needs to be responsive to this in recognition of the contribution made by unpaid carers in preventing more costly health and social care interventions. Many carers are currently unable to access benefits which recognise their caring role.

This is something ENABLE Scotland would like to see remedied when this benefit is devolved to the discretion of the Scottish Parliament.

ENABLE Scotland are supportive of opening up discussions on the possibility of extending Carers Allowance access, increasing the current earnings limit and increasing the rate of payment. However, we would highlight to the Committee that our analysis of the Scotland Bill, in its current form, would not facilitate that flexibility.

At Clause 19(4) defines ‘carers benefit’ as a ‘benefit which is normally payable in respect of the regular and substantial provision of care by a relevant carer to a disabled person’ with a “disabled person” defined as “a person to whom a disability benefit is normally payable” and ‘relevant carer’ defined ‘as person who— (i) is 16 or over, (ii) is not in full-time education, and (iii) is not gainfully employed’.

Our analysis of this section suggests that the Scottish Parliament would be restricted in their creation of a new carers benefit. This section, in its current form, prescribes
to whom carers benefits would be payable, stipulating that the recipient would be over 16, not in full time education and not gainfully employed; and requiring that the cared-for person is in receipt of disability benefit. ENABLE Scotland would suggest that this drafting will impact on the discretion of the Scottish Parliament thereafter to create carers benefits that are fit for purpose and meet the needs of all carers in Scotland, and not just those who fit this narrow definition.

These drafting concerns were identified by ENABLE Scotland in the Draft Legislative Clauses and raised with the then Secretary of State for Scotland, Alastair Carmichael MP, on 12th February 2015. It is unfortunate that the opportunity to amend the draft clauses before they formed part of the Bill was not taken however we continue to work with MPs and will work with Peers in the hope that this can be rectified as the bill progresses. We have also written to the Secretary of State for Scotland, David Mundell MP, asking that he make this change when the Scotland Bill returns at Report Stage. We have also shared these concerns with the Scottish Parliament’s Devolution (Further Powers) Committee.

ENABLE Scotland would also highlight to the Committee that Carers Allowance is a benefit which can in certain situations reduce the income of the disabled person. Many disabled people receive an additional element in their means tested benefits that recognises that they do not have anyone in receipt of Carers Allowance for them (the severe disability premium) and any changes which open up access to Carers Allowance may have significant implications for this group of claimant. It will be crucially important that all of the implications of any changes made to this benefit are considered.

b) Universal Credit (housing element and administrative arrangements arrangements) and Discretionary Housing Payments

ENABLE Scotland strongly believe that the Universal Credit system is fundamentally flawed and will mean devastating cuts in entitlement for many people with a learning disability. We are pleased that the Scottish Government is likely to get some powers over its administration and feel that these could be used to lessen some of our current concerns.

The Scottish Government has announced that they intend to use these powers to give claimants the option of more regular payments and the ability to have the housing costs element paid directly to their landlord and we are supportive of this announcement. We feel that these changes will help people with a learning disability to budget and lessen the likelihood of rent arrears.

With the devolution of the housing element of Universal Credit, ENABLE Scotland would suggest that consideration is given to the rates of non-dependent deductions to ensure these are proportionate of non dependents income. The current flat rate of non dependent deduction is disproportionately impacting on families who have non dependents with relatively low incomes; for example families who have adult children with learning disabilities on low/benefit income living at home who would currently

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have the same flat rate of deduction applied as families who have a non dependent resident on a relatively high income who can contribute to housing costs.

Further, while the devolution of housing element of Universal Credit will hopefully provide the opportunity to remove the ‘bedroom tax’ as applied to those on Universal Credit. This will not be the case for housing benefit recipients not in receipt of Universal Credit.

ENABLE Scotland is pleased the Scottish Government has provided additional funding for these claimant by working with the UK Government to remove the previous cap limiting their ability to top the Discretionary Housing Payment fund. We hope to see this funding commitment maintained.

We however highlight that this does not remedy the impact of the ‘bedroom tax’ for everyone. Those affected by it who lose a proportion of their Housing Benefit can apply for a Discretionary Housing Payment whereas those who lose all of their Housing Benefit entitlement as a consequence of the ‘bedroom tax’ cannot as you must have some entitlement to Housing Benefit to be able to apply for a discretionary housing payment.

The Scotland Bill in its current format will not tackle this as these powers are set to remain reserved whilst the housing element of Universal Credit will be devolved.

c) the Work Programme and Work Choice

ENABLE Scotland strongly believe that people with a learning disability should have the opportunity to work where it is possible for them to do so.

ENABLE Scotland recognise that many people who have a learning disability who are able to work require support to find and maintain employment. ENABLE Scotland currently deliver the work choice programme as well as other employment schemes.

We also recognise the benefits of work for people with learning disabilities, their carers and families, employers, the economy and society in general. Unfortunately, people with a learning disability are currently far more likely than average to be unemployed, work part time and/or be in low paid work.

Our experience in providing supported employment services means that we are well placed to recognise the barriers into employment for people with learning disabilities and to make suggestions to overcome these.

It will be necessary to consider a variety of models to deliver devolved employment support models.

ENABLE Scotland would highlight that evidence shows, that mandatory employment schemes such as the work programme (success rate of less than a quarter³) have

very limited success is comparison to those that are optional such as work choice (success rate of around two thirds\textsuperscript{4}).

One model that may be explored would be for those seeking support to find employment are allocated a budget and that they are then free to spend this budget with their preferred support provider.
This would bring funding for supported employment into line with the move towards self directed support for those in receipt of social care services and would attract the same benefits that such a system brings such as tailored rather than standardised services and the ability to make service users active participants in the process rather than passive recipients.

ENABLE Scotland is currently contributing to Fairer Scotland discussion on the future of Employment Support in Scotland. We would suggest Committee evidence is considered together with response received to this consultation.

ENABLE Scotland would like to highlight to the Committee that the ‘Access to Work’ scheme is one of the most important elements of the employment support system for disabled people. It provides critical support to meet the practical support needs of disabled people in the workplace, for example, a British Sign Language interpreter for a Deaf employee during meetings, or a job coach for an adult with learning disabilities.

It is disappointing, therefore, that the Scotland Bill, in its current form, does not legislate to devolve responsibility of Access to Work in Scotland to the Scottish Parliament.

ENABLE Scotland believes that the devolution of Access to Work is necessary to deliver integrated and accessible Employment Support in Scotland. Failure to devolve Access to Work in parallel with the ‘Work Programme’ and ‘Work Choice’ will limit access for disabled jobseekers in Scotland and increase bureaucracy for specialist support organisations and employers.

‘Access to Work’ does not currently integrate well with employability programmes that are not delivered by the DWP. For example, if you are a person on Work Choice you can use Access to Work to get pre-employment support in interviews or agree support whilst transitioning into work. Persons supported by the Employability Fund, (Scottish Government’s largest training programme), do not have access to that support and face increased negotiation and bureaucracy to get the support.

Given that post-devolution the employability programmes will not be delivered by the DWP, failure to devolve Access to Work in parallel will limit access for Scottish jobseekers and increase bureaucracy for specialist support organisations and employers.

Furthermore, Access to Work is currently delivered via call-centres with the intention to move to more online processes. Access can be very difficult for people who have

learning disabilities in Scotland who need to phone up and answer questions on cost and support. Most often this is done with a support worker/family member, but this needs to be arranged in advance and be difficult to negotiate.

If Access to Work in Scotland is coordinated by the same body delivering the programme, the support is likely to be more accessible.

ENABLE Scotland is seeking to influence this as the Scotland Bill progresses. However, as the intention at this stage is not to devolve this part of employment support we would urge the Committee to seek clarity as to how the devolved and reserved elements of employment support would work together to ensure the best employment outcomes for disabled people.

Furthermore we would suggest the Committee examine how devolved employment support programmes will intersect with reserved employment support matters, for example, conditionality of Job Seekers Allowance (JSA) and Employment Support Allowance (ESA) which will continue to be assessed and implemented by the Department for Work and Pensions (DWP).

d) the Regulated Social Fund, new benefits, top-ups and delivery of benefits overall.

The Committee may wish to look at various models for the delivery of devolved benefits in Scotland. ENABLE Scotland would point to the Scottish Independent Living Fund as a model put in place to manage a newly devolved benefit. ENABLE Scotland supported the creation of a new Scottish body to deliver the Independent Living Fund as we recognised the positive aspects that this would bring to the lives of our members. We also welcomed the approach taken to the creation of this body, involving disabled people, in keeping with the recommendations of the Christie Commission, that public services are designed with and for people who actually use the services and are not imposed upon them in a ‘top down’ approach.

Irrespective of the chosen delivery structure ENABLE Scotland would emphasise that devolution of these benefits creates a strong opportunity to create a cultural shift in the delivery of benefits. It is necessary that this culture moves from one of mistrust where claims must be scrutinised to prevent misuse of public funds to one that recognises the fact that the vast majority of claimants are making genuine claims for benefits that they are entitled to.

ENABLE Scotland would put that the risk of denying or delaying genuine claims is more significant than the risk that a small number of claimants may receive a small amount of (recoverable) payments that they may not be entitled to.

We would also highlight that the welfare system is an extremely complex system. Devolution of some benefits but not all, has the potential to increase this complexity, and therefore people need to be properly supported to ensure they are not disadvantaged. ENABLE Scotland wish to see those delivering benefits properly trained and supported to ensure high accuracy of decision making and customer service. All staff including decision making staff should be equipped with the skills to
recognise where someone needs extra support negotiating the welfare system; and make appropriate referrals to advocacy or welfare advice services rather than issuing a negative decision at first instance.

Alongside this, ENABLE Scotland would urge that a properly funded advice sector, including specialist provision, is fundamental to deliver impartial advice and support to claimants as required.

We would like to take this opportunity to share findings of new research by ENABLE Scotland\(^5\) with the Committee. Our research evidences the difficult journey parents of children who have learning disabilities go through, not only navigating the complexities of the welfare system, but also being confronted by upsetting deficit-focused forms and processes.

*Claiming DLA is difficult - the forms are horrendous and it is so upsetting having to justify every bit of support your child needs and having to write in minute detail all the things your child can't do. Then feeling you are viewed as a waster for claiming financial support for your child.* (Parent of child with genetic condition and associated learning disability)

*Someone from the local authority came to fill out the DLA claim form - she was very insensitive and handed me a leaflet on my child's condition and asked me to "tick" what's wrong with her from the list.* (Parent of child with learning disabilities and genetic disorder)

ENABLE Scotland would like to see the welfare system reframed to look more positively at disability in terms of, ‘what the person can do with support’ and how benefits payments could support participation and remove barriers. Notwithstanding, we recognise that it is difficult to design a disability claim process that is not deficit focused. We are however clear in our opinion that these parents experiences could have been greatly improved with proper support through the claim process to help them understand why they were being asked these questions. Parents and individuals should feel reassured that this is money that they are entitled to and that can be used to improve their or their child’s life.

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\(^5\) ENABLE Scotland, *Exploring Concerns around a Child’s Diagnosis of a Learning Disability (including ASD): Experiences of Parents, Young People and Professionals in Scotland*, 2015 (to be published)
Introduction

We welcome the opportunity to respond to the Welfare Reform Committee’s Inquiry into the future of social security in Scotland. Marie Curie’s vision is for a better life for people and their families living with a terminal illness. Our mission is to help people and their families living with a terminal illness make the most of the time they have together by delivering expert care, emotional support, research and guidance.

What do we want to see?

We believe that the welfare system should help enable those living with a terminal illness to enjoy as a high quality of life as possible until they die.

This means utilising the benefits system to provide those with a terminal illness, and their carers, with the necessary financial assistance, alongside their health and social care support, to live well.

Benefits for those living with a terminal illness should be delivered quickly and with limited disruption to their lives. They should look to mitigate the cost of living with a terminal illness, and prevent any fall into poverty and social isolation at end of life.

The welfare system and its administrators must be compassionate and sensitive to the nature of dealing with someone who is terminally ill and approaching the end of their lives, as well as their carers who are often family members and loved ones.

Improving the benefits system in Scotland

To achieve this, we believe the Scottish Government should consider the following in developing a future approach to social security in Scotland:

- Far too many people living with a terminal illness are not currently getting the benefits they need to support themselves. We want to see all those living with a terminal illness get the support they need and is available to them, including financial assistance.

- All benefits for those living with a terminal illness should be received quickly – no more than 7 days from time of application to receipt.

- Benefits should be of a sufficient level to support people to live well for as long as possible.
The benefits system must be easy to navigate, so that people can establish what they might be entitled to and how to apply for it. The application process must also be simple.

There needs to be good, clear and accessible information to support people to access the benefits system. Current information is not always clear or consistent and can hinder a person’s ability to maximise their support across the various statutory bodies.

No one living with a terminal illness should be required to work. However, it may be that a person chooses to keep working. The welfare system should support both.

Carers of those living with a terminal illness should receive assistance to allow them to fulfil their caring role. They should also receive that support quickly – no more than 7 days from time of application to receipt.

We would like to see greater research carried out into the cost of living with a terminal illness and how access to benefits can alleviate this.

There needs to be a consistent application of the welfare system across Scotland with no postcode lottery of support.

Those on low incomes struggling to pay for funerals should receive adequate financial support so as to be able to pay for a basic funeral for their loved ones.

Living with a terminal illness

54,000 people die every year in Scotland many of whom have been living with a terminal illness, such as terminal cancer, heart disease, dementia, motor neurone disease, frailty, and in many cases they will be facing a combination of two or more of these conditions.

Coming to terms with a terminal diagnosis can be a very difficult time for a person and their families. Depending on the nature of their condition they can live for years, months, weeks or days following their diagnosis. It will have a significant impact on their working and home life.

Current benefits available to those living with a terminal illness and how the future of Social Security in Scotland

Those living with a terminal illness may qualify for the following benefits:

- Personal Independence Payment (PIP) if they are aged between 16-64 – (some existing patients may be in receipt of the Disability Living Allowance (DLA)) Currently 9% of PIP claimants are classed as being terminally ill in the UK.
- Attendance Allowance if they are aged over 65 - in Scotland 2,920 people living with a terminal illness claimed Attendance Allowance (February 2015).
- Employment and Support Allowance,
• There are also a range of passported benefits available to those living with a
terminal illness including Energy Efficient Grants, Warm Home Discount Scheme,
a blue badge for parking.

**Personal Independence Payments, Disability Allowance, Attendance Allowance and Carer's Allowance**

People living with a terminal illness in receipt of the DS1500 can receive their benefits under special rules including:

- the enhanced rate of the daily living component of PIP straightaway/higher rate of Attendance Allowance
- applicants don't have to show that they have difficulty carrying out daily living activities
- applicants don't have to meet the required period condition
- applicants don't have to attend a face-to-face assessment.

For those not in receipt of a DS1500 that are living with a terminal illness they may still qualify for PIP or Attendance Allowance, but will need to apply in the normal way.

For PIP, applicants will need to have had daily living needs or mobility needs for at least three months, and be expected to continue having these needs for at least another nine months. Even if the person has a terminal illness, they still have to claim in this way if they do not have a DS1500.

Both PIP and DLA include a mobility component. Applicants won't automatically get this under the special rules. The normal rules of assessment still apply for this, but not the usual three month qualifying period.

For Attendance Allowance without a DS1500 applicants must set out how they need care in their claim form. This can include things like help or support with getting in and out of bed or needing supervision to prevent danger to themselves or others. They may have a visit from a doctor or healthcare professional approved by the DWP or SSA to report on your needs. This process can take several months.

We would urge the Scottish Government to ensure that these special rules continue to apply when these benefits are devolved and apply to any new or replacement benefits introduced by the Scottish Government.

**Problems accessing benefits for those living with a terminal illness**

Marie Curie believes that many people with a terminal illness are not always accessing the benefits they are entitled to or receiving them as quickly as they should.

There are many people living with a terminal illness who might qualify for a DS1500, but do not receive it, which means that they would have to apply for benefits in the usual way or miss out altogether.
Although the DS1500 can be useful it is also limited. DS1500 are issued to those, deemed by a GP, to be in the last 6 months of life. There are many terminal conditions where it can be difficult to predict when a person has entered the last 6 months of life, but still may die. There is some evidence that suggests that DS1500s are more likely to be issued to those terminally ill with cancer, compared to those with other conditions\(^6\).

Statistics from the DWP show that that for people accessing PIP via the special rules for terminally ill people, 95% have a malignant condition\(^7\). Although we don't know if people with non-cancer conditions are already accessing PIP through 'normal' routes, this high percentage suggests that there is an association between terminal and cancer which could mean people with other terminal conditions are missing out on the sped up and ease of access of benefits. Marie Curie believes that this requires further investigation.

We would urge the Scottish Government to review the role of the DS1500 in supporting people living with a terminal illness to access higher-rate and fast tracked benefits to ensure this is meeting the needs of all people living with a terminal illness in Scotland regardless of condition.

Those applying without a DS1500 may have to wait a significant amount of time before receiving their benefits, which can be considerably distressing for them and their families. In some instances recipients have been known to die, whilst waiting to receive their benefits.

The welfare system at present can be very challenging for new applicants. There is often a stigma, and an underlying level of mistrust, which can have an impact on those in need of help.

We have also heard of cases of people being questioned about the length of time they expected to live for, despite being in receipt of the DS1500 and qualifying for PIP under the special rules\(^8\).

**Carer's Allowance**

Those caring for someone with a terminal illness can face substantial pressures, particularly as the patient's condition deteriorates and the care needed becomes increasingly complex and time consuming. Adequate support for carers is essential.

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\(^6\) State financial assistance for terminally ill patients: the discrepancy between cancer and heart failure, BJC March 2010, Volume 17, Issue 2, Br J Cardiol; 17:73–5


\(^8\) http://www.theguardian.com/politics/2015/jul/06/terminally-ill-benefit-claimants-asked-when-they-expect-to-die-mp-says
in order to help them maintain their caring role. Without it carers are at an increased risk of breaking down, which can have a substantial impact on their health, but on the care of the patient too. The patient may have to be hospitalised to continue their care, which comes at a considerable cost to the state and also not where they would want to be.

At the end of life the role of the carer is fundamental in ensuring that a person can stay at home, if that is where they wish to be. Evidence shows that having a carer is the single most important factor in enabling a person to be cared for at home. We need to ensure that we develop a welfare system and a society that enables carers to care, without creating an environment that is detrimental to that.

Many people caring for someone with a terminal illness will have to give up work. The amount currently offered to carers under the Carer’s Allowance, will be for many, substantially less then they receive for employment. This coupled with the fact that the person they are caring for will have also been forced to give up work. This can have a significant detrimental effect on the income of the household.

There is no income taper for the Carer’s Allowance. This means a person may have an income of £109 per week and be entitled to full Carer’s Allowance, whilst a person with an income of £111 is not entitled to any. We believe that this needs to be changed.

Marie Curie believes that the proposed devolution of the Carer’s Allowance in the Scotland Bill needs to be amended.

We believe that the Scottish Government should set the criteria for the devolved carer’s allowance. We also believe that the definition of a carer must be the same as one the set out in the proposed Carers (Scotland) Bill, which is currently going through the Scottish Parliament.

At present there is no mechanism for the Carer’s Allowance to be fast tracked. We believe that the Scottish Government should look to enable those caring for someone living with a terminal illness to have their Carer’s Allowance fast tracked under similar special rules, as those set out for people with a terminal illness claiming PIP/Attendance Allowance.

**Universal Credit (housing element and administrative arrangements) and Discretionary Housing Payments**

There is anecdotal evidence that suggests that those living with a terminal illness have been affected by the ‘bedroom tax’.

Depending on the nature of the condition a person may need a second bedroom for to sleep in. This may be because they need a special medical bed, or a large amount of equipment to support them to sleep.
For those in receipt of Housing Benefit may have fallen foul of the ‘bedroom tax’ and be reliant on the Discretionary Housing Payment. Marie Curie would be supportive of the Scottish Government maintaining this payment and ensuring that all those living with a terminal illness in need of a spare room are getting adequate housing support.

**The Work Programme and Work Choice**

When time is short, a person should be able to enjoy as high a quality of life as possible, and should not be required to work if they do not want to.

Some people with a terminal illness have been deemed fit to work by the DWP and required to work or seek work. Although many people living with a terminal illness are keen to continue working, as they see it as an important part of their lives, they should never be compelled to work. Figures released by the DWP on 27th August 2015 have suggested that thousands of people over the last four years have died shortly after being declared fit for work.

This is unacceptable and we would urge the UK Government to look at the Welfare system and how the fit-for-work assessment process is carried out.

Marie Curie would also urge the Scottish Government to explore options to help mitigate the impact of people living with a terminal illness in Scotland potentially being declared fit for work.

**The Regulated Social Fund, new benefits, top-ups and delivery of benefits overall**

Many people in Scotland are not able to afford the cost of a basic funeral for their family.

Research from the University of Glasgow shows that the percentage of households falling below society’s minimum standard of living has increased from 14% to 33% over the last 30 years with 800,000 people too poor to engage in common social activities, such as funerals. The average total cost for a basic funeral in Scotland in 2014 for a cremation was £2,610 and £3,240 for a burial. These costs have risen at a rate of 7% year on year since 2004. These bereavement rites are simply unaffordable by some bereaved families leaving some unable to bury their deceased.

Research by Citizens Advice Scotland has also found that burial and cremation costs vary substantially across Local Authorities in Scotland. Burial costs range from £680 to over £2,500 and cremation costs from £485 to £730 across Scotland. This makes it difficult to plan for the costs of a funeral either for an individual or a bereaved family, especially as almost one in three people (30%) cannot afford to heat their homes adequately in the winter.

We would urge the Scottish Government to ensure that any future Funeral Payment ensures that those on low income can afford a basic funeral for their family members. This payment must also reflect the location of the claimant and the
different levels of cost. The fund must also be adequately resourced so that people can claim all year round, wherever they live.

**Other Scottish Benefits for those living with a terminal illness**

It is important to ensure that all those who are under 65 and terminally ill are receiving the social care benefits they are entitled to currently in Scotland, including free personal and nursing care. There is still evidence to suggest that this is not always the case.

We need better data collection on benefit statistics to ensure we understand the picture of welfare in Scotland. There is at present little Scottish data looking at the receipt of benefits for people with terminal illnesses.

Marie Curie would urge the Scottish Government to carry out research into the financial and benefit support given by the state to those living with a terminal illness and their carers. This would allow the Government to understand the complete picture and to put in place plans to ensure that the support given to this very vulnerable group of people is sufficient to enable them to live as well as they can in the time they have left.
How should the new welfare powers proposed by the Smith Agreement be used to improve or change:

a.) Personal Independence Payments, Disability Living Allowance Attendance Allowance and Carer’s Allowance

Response from Welfare Benefits Team

The Council provides a welfare rights service which assists clients to appeal adverse PIP, DLA etc. decisions. An analysis of recent cases gave the following results:-

<table>
<thead>
<tr>
<th>Appeal Outcome</th>
<th>Number of Cases</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Partial Success</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>Refused</td>
<td>12</td>
<td>16</td>
</tr>
<tr>
<td>Success</td>
<td>47</td>
<td>62</td>
</tr>
<tr>
<td>Withdrawn</td>
<td>9</td>
<td>12</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>76</strong></td>
<td></td>
</tr>
</tbody>
</table>

These figures show that over 70% of appeals were successful or partially successful. This provides evidence that the initial decisions are unreliable. Welfare rights advisers are aware of many instances where the appeal process produces markedly different outcomes to the initial decision made by the DWP decision maker. Our advisers are critical of the quality of health care reports with frequent comments from Tribunal Judges noting the discrepancy between the health care reports and the medical evidence presented to Tribunals. It is unfortunate that local authorities and third sector bodies (often funded by local authorities) employ staff to assist a large number of clients to challenge decisions. A more reliable decision making process would be better for claimants and would reduce public resources committed to remedying poor decisions. We would recommend that contract arrangements for provision of health care assessments should include quality assessment of health care reports and that this quality assessment could include an analysis of appeal outcomes.
The claims process is relatively complex. This can make completion difficult, particularly for claimants with certain disabilities or special needs. Some clients will put on a ‘brave face’ to the detriment of their claim. These errors create difficulties later on as mistakes are rectified. It is therefore vital that the initial claims process should be easy to access and as straightforward as possible with appropriate support for clients who need it.

Access to services is a continuing problem for claimants. For Moray, the nearest assessment centres are Inverness and Aberdeen. Current policy is that clients should be no more than 90 minutes travel time from assessment centres. The assessment centres are more than 90 minutes away from many parts of Moray if using public transport. Travel costs can be considerable and while they can be claimed back, the client has to pay up front. More assessment centres should be provided to ensure claimants do not have to travel excessive distances in rural areas. Telephone call charges can be considerable, particularly when clients are left holding the line for a response. Calls should be on Freephone numbers. Consideration should be given to provide an option to conduct suitable assessments via Skype, or similar.

Process delays can cause serious problems for claimants who do not receive their awards until the decision is made. While the current process has maximum process times, these can be extended by the DWP on a case by case basis. Appeals by the DWP to the Tribunal service can be protracted. Clearer limits on timescales would prevent deserving clients suffering hardship due to delays in processing and finalising their claims.

Response from Community Care

The question that arises from the proposal for devolved powers over PIP, DLA, AA, CA all of which are connected to Health and Social Care, is can they or will they be aligned with the process of integration that is currently being undertaken. The whole assessment process for eligibility for these benefits runs in parallel with the processes already in place locally for eligibility for Health and Social Care. If a person is eligible for some form of community care be it homecare, community support, days services etc. then logically one would assume they would be eligible for disability benefits so why do we need two types of assessment. Of course one would not want to open the flood gates for community care as many people function perfectly well in the community without the support of Community care but the extra money from Disability benefits makes this possible. This is where Self-directed support could have a moderating influence. There has always been the question related to the local authority providing transport when people are already in receipt of a benefit to support their mobility.
If devolved powers over PIP, DLA, AA and CA could be aligned with the integration of health and Social care or be linked with the local authority in some way this could reduce the amount of work currently being undertaken by the welfare benefits team as they support people to make claims for benefits and then support people through the process of appeals when benefits are not awarded. This could also put a human face on the disability benefits system rather than the considerations made from long assessment forms and one off meetings with assessors, assessment could be made on knowledge of the person gathered through the Health and social care processes.

So in short if the Scottish Government were to devolve some of the powers over Disability benefits down to a local level this could have a positive impact on people with disabilities and their carers as well as supporting the further integration of Health and Social care.

b.) Universal Credit (housing element and administrative arrangements) and Discretionary Housing Payments

The Smith Agreement provides for discretion in relation to direct payments from UC to landlords, which if used extensively, would be cumbersome as there are no interfaces developed for automatic credit to rent accounts. These have all been developed by local authorities between Housing Benefit and Rent systems. Therefore, there is a risk of creating a complex two tier national system that has real potential to become a mess in Scotland, be inefficient for the customer and the local authority and costly for the Scottish Government in terms of adjusting the national system.

Local authorities already have knowledge and expertise in assessing the complex area of housing costs. What is also critical is having local knowledge of the housing market, landlords and individuals support needs. It would make more sense that this element of UC was devolved, either for local authorities to make an assessment by verifying housing costs on behalf of the DWP as part of the UC process, or by removing housing costs completely from UC and negotiating with the UK Government a new welfare benefit structure.

- Income benefits – all income related benefits, not just those within UC – reserved
- Housing related benefits – DHP, HB equivalent, CTR – devolved in order to cater for local requirements/arrangements
- Crisis – remain devolved in order to cater for local requirements/arrangements
- Disability benefits – multiple benefits earmarked to be devolved, can they not be rationalised?

Payment of UC on a monthly basis will make life very difficult to manage for many individuals who already to manage their personal finances.
All the money going to one person in a household is very risky for many of our clients due to the financial impact of dependency issues such as drugs, alcohol and gambling. This could impact on basic needs of food, shelter and heat for the household.

Having the option to pay landlord direct would be positive for many rather than having to wait to get into debt.

c.) the Work Programme and Work Choice
No comments provided at this time.

d.) the Regulated Social Fund, new benefits, top-ups and delivery of benefits overall.
Outwith UC, there will still be the Scottish Welfare Fund and Council tax reductions to assess and having a means tested system in place for all housing types provides a foundation for means testing and payment of the full range of allowances etc. including care, some of the new regulated social fund areas.
Summary

- We urge the Committee to consider how we effectively engage people who are part of the social security system in shaping future delivery;

- Taking on new powers and services without being honest about existing public service and inequality challenges only increases the risk that we fail individuals and families at the hard end of current benefit and services cuts;

- There is a need to explore how further devolution fits within the ongoing dialogue emerging from the Healthier and Fairer Scotland conversations and the Fair Work Convention;

- We urge the Committee to question key UK Government officials and ministers about the potential impact of the recent Emergency Budget announcements and the Welfare Reform and Work Bill on further devolution;

- The Scotland Bill does not appear to transfer true social security powers; it seems only to afford the ability to administer and make limited changes to those benefits being devolved;

- However, the sector remains ambitious that we can use future powers for the greater good and is already considering potential policy and delivery ideas;

- The third sector is debating a strong set of principles for future social security delivery; building on these, we ask the Committee to question UK and Scottish ministers on what principles sit at the heart of negotiations and how the spirit and detail of key human rights conventions will drive further devolution;

- SCVO supports sector calls for an immediate halt to the roll out of PIP; we also call for a halt to measures within the Welfare Reform and Work Bill such as the reduced benefit cap and the sanctions regime. We should continue to push for devolution of conditionality.

- There are concerns that money assigned for benefits would be lost plugging gaps in local services; consequently; there is emerging opposition to devolution of employment powers and benefits to local authority level;

- A good social security system can support participation for all – recognising that not everyone can take up paid work, and that there is social and economic value in care, volunteering and activism.
Introduction
SCVO welcomes the opportunity to respond to this timely and important inquiry by the Welfare Reform Committee.

The Committee has been one of the most effective in the Scottish Parliament, scrutinizing and challenging both UK and Scottish policy. Such tenacity is important at this time, as we prepare for devolution of social security powers which effectively mark the beginnings of Scotland’s own social security system.

SCVO’s response to this inquiry has been shaped by our close work with a range of third sector organisations, including a recent, large scale event on the new powers held by SCVO and the Scottish Government on 2 July 2015.

Limitations of the Scotland Bill
The third sector has been consistently frustrated at the limited nature of the proposals manifested within the Scotland Bill, and the continued top down, political process which will lead to further devolution.

SCVO and other charities have responded in detail to the Devolution Committee’s inquiry into the Scotland Bill; many have noted that the existing clauses will serve to reduce the policy autonomy which current and future Scottish Governments and Parliaments could have to shape a new approach to social security. Our view is that the Scotland Bill does not transfer true social security powers; in essence it seems that only limited changes could be made to the benefits being devolved.

Moreover, current and future reforms e.g. continued transfer to Personal Independence Payment (PIP) are likely to limit the actual budget which will be attached to the devolution of such benefits. In the case of PIP, the projected 20% cut in spending will lead to a loss of entitlement for unpaid carers. As Engender and others point out, the continued cuts will effectively limit the scope we have to ensure greater equality for key groups.

At each turn, these reforms will exacerbate existing inequalities. Moreover, a significant strand of work to implement the new powers must be a consideration of how we seek to undo the very real damage being done to the lives of those around us. We urge the Committee to bear this in mind in its deliberations.

We remain concerned about the lack of openness and transparency of both the UK parliamentary process for the Scotland Bill and intergovernmental meetings to take forward the new powers. This approach – driven by political expediency – is the antithesis of the principles we outline below, and which politicians say they want to embed in a Scottish system.

The continued reservation of conditionality will create an unnecessary complexity in implementing the new powers. The recent revelation of DWP guidance which acknowledges the damaging effect of sanctions must be used to argue for devolution of conditionality. We call for a halt to the sanctions regime.

Impact of Welfare Reform and Work Bill
We would like to raise concerns with the Committee about the potential impact of the recent Emergency Budget announcements and the Welfare Reform and Work Bill on the devolution of social security powers.
We ask the Committee to question UK Government officials and ministers about any impact assessment of the planned changes e.g. further reduction in benefit cap to £20,000, given it includes benefits to be devolved, such as Carer’s Allowance.

**Tackling long term challenges**

The third sector views devolution as an opportunity to consider how we more effectively tackle key economic and social challenges such as poverty and isolation and reduce the divide experienced by key groups in our society e.g. people with disabilities, unpaid carers, women and people in rural/isolated communities.

A recent [Child Poverty Action Group report looking at the costs of bringing up children](#) indicates an impending “cost of living” crisis for many families. Some of the blame for this lies with the UK Government, the current neo-liberal economic approach and benefit and tax credit cuts.

However, we must also look closer to home. As we prepare for further devolution we must take a long, hard look at how we use current powers in relation to health, social care, education and children’s policy/services. Aside from the ongoing austerity agenda, many more of us will take on a caring role; the current political focus on [attainment and inequality](#) seems to have left aside the reality of poverty experienced by disabled people arising from poorer learning and employment outcomes. We also have the increasingly visible challenges facing families within social care.

Understanding and responding to this context will be critical in planning for the implementation of social security and employment powers - for example, devolving disability benefits and then bleeding these dry to pay for ever increasing care charges makes no sense.

Lastly, how further devolution fits within the ongoing dialogue emerging from the Healthier and Fairer Scotland conversations and the Fair Work Convention must also be explored. How we build rights based approaches into priorities which derive from these conversations is important.

**Ambitions for social security devolution**

Even within the bounds of the challenges and limitations outlined above, the third sector retains a level of hope about what Scotland might do differently with greater control over parts of the social security system.

As the Committee will see from responses to this inquiry, the sector is already thinking about the ways in which this next phase of devolution can be used to mitigate some of the damage being done by current policies. It also has greater ambitions; as the sector is rooted in people’s lives and in local communities across the country, it can see how newly transferred powers might be used for greater good.

More importantly, the sector has a strong message for the Scottish Government - people themselves must be at the heart of shaping the new powers, particularly those at the “hard end” of failed policy and struggling public services. If we fail to do this, we fail these individuals and families from the outset.
Principles for further devolution

A wider debate has taken place across the third sector and civil society about the principles which should drive further devolution, particularly in relation to social security and employment powers.

This debate pre-dated the referendum e.g. SCVO’s “Positive Principles” paper and the Scottish Campaign on Welfare Reform. Principles debated include those identified by the Committee e.g. dignity and respect but also include the concept of benefit adequacy and the fact that a good social security system can support participation for all – recognizing that not everyone can take up paid work, and that there is social and economic value in care, volunteering and activism.

A principles driven approach stands in stark contrast to the ideologically driven policies of the UK Government, and its evident determination to take away the social security safety net.

At SCVO’s recent event focused on the new powers, representatives from over 30 community and national third sector organisations identified a strong set of principles which should drive further devolution. Participants also began to identify how these principles would shape the experience of claimants within a Scottish social security system.

We provide an insight into the principles and features below – an extract of the event report provides more detail in Appendix 1:

Based on dignity and respect – the system would be compassionate and respectful; it should seek to empower people and not be vindictive;

Rights based – social security in Scotland would empower people to achieve full rights; it would be based on a right to income adequacy and clear entitlements;

Aspirational - social security should offer people options and opportunities and help them to achieve sustainable outcomes;

Flexible, responsive and sensitive – to people’s life journeys and the specific barriers faced by key groups;

Preventative - social security supports people at appropriate points and isn’t based only on supporting crisis. It should be more than provision of a basic safety net;

Joined up – social security should be clearly linked with other polices and services such as health, social care, housing and transport. There should be a clearer customer journey, with people at the centre. The starting point for the system should not be “administrative convenience”;

For everyone – we should seek to tackle negative attitudes towards claimant. The system must support participation for all, not be limited to a focus on work at any cost. Universal approaches are preferred.

The concept of culture, how staff work within the system and the attitudes of wider society were also seen to be crucial.

As the 1998 Scotland Act which requires Ministers and MSPs to positively take forward key UN Human Rights Conventions, it would seem sensible and indeed proactive if we sought to build the debate, negotiations and implementation of the
new powers on these Conventions from the very beginning. We urge the Committee to question ministers at UK and Scottish level about what is being done to ensure the spirit and detail of these drive further devolution e.g. International Convention on Economic, Social and Cultural Rights, which includes the right to social security, the right to work and to an adequate standard of living.

More widely, the continued inequality experienced by women should be a driver for devolution negotiations.

**Narratives**

Our work to transfer and implement the new powers must start with a positive narrative - led from the top by the First Minister and all other ministers. This must be a narrative which sees value in all people no matter who they are; which views every citizen as a contributor to society and to the economy. Social security (and other public services) must exist to help make this happen.

The third sector will not tolerate negative language which treats claimants as scroungers. We will campaign hard for a more compassionate system. It’s important that we win back the debate and “talk up” the value and importance of an adequate social security system.

**Practical Suggestions for Policy and Delivery**

**Setting the Scene**

Meetings with the third sector hosted by SCVO, the Scottish Campaign on Welfare Reform, and work carried out by Engender and others is beginning to explore delivery ideas – which start from the principles outlined above.

In addition to considering what we might do with the new powers, the sector is looking at what might be made better in the current policy and service context. There are opportunities to seek the kind of outcomes and approaches envisioned by the Christie Commission, which the sector feels has real currency.

The following paragraphs outline some potential policy options linked to social security and employment support devolution:

**Disability and carer benefits**

Disability and carer benefits serve specific purposes; for DLA/PIP, there is also a preventative function which can delay the need to access more statutory interventions. Maintaining benefits which support the additional costs of disability and which recognise the specific contribution of carers is regarded as being important.

SCVO supports sector calls for an immediate halt to the roll out of PIP; we also call for a halt to measures within the Welfare Reform and Work Bill such as the reduced benefit cap, and the punitive sanctions regime. Apart from the devastating consequences resulting from these changes for disabled people and unpaid carers, we believe it is sensible to halt the reforms as they affect benefits to be devolved (including eligibility) as well as the budgets attached to them.
Assessments

The assessment process for disability benefits is being considered in detail by the third sector – please see Inclusion Scotland’s response to this inquiry.

What’s missing from the current system is an understanding that people may recently have received a life changing diagnosis prior to applying for a benefit. They are often left on their own to come to terms with this and navigate complex benefit, care and employment systems.

The sector is asking Ministers and MSPs to consider:

- Reducing unnecessary (and unnecessarily bureaucratic and intrusive) assessments – working in the longer term towards automatic eligibility which could be determined by a trusted professional. Such an approach could help reduce under-claiming, and prevent stress for families often at very difficult times. This could apply to new benefits and to devolved services.

- Ensuring assessments take account of invisible and fluctuating conditions; consider automatic benefit entitlement for those who are terminally ill.

- Focusing on getting people INTO work is not enough. As we shape the new benefits, we must consider how we support people to stay in work when they face ill health or a disability. There must be strong links with improved social care, access to adaptations, rehabilitation, etc. We must examine whether the “Fit for Work” approach driven by the UK Government (and also funded by the Scottish Government), is effective.

- We should push for devolution of Access to Work, suggested by SAMH, Inclusion Scotland and others in their submissions.

- We are supportive of Inclusion Scotland’s call to change the focus of DLA/PIP towards supporting participation – calling it a Participation Allowance would acknowledge and seek to deal with the “narrative” issues outlined above.

Unpaid carers

Policy options could include:

- Consider as soon as possible piloting/supporting paid leave for unpaid carers; even without powers over employment law, more could be done to promote flexible working and its benefits to help carers remain in paid employment;

- Ensure there is holistic support which enables carers to take up learning and training opportunities in a way which works around their caring roles. Carers must also be supported as they seek to plan their journey back into the labour market. For some, that journey will take longer and so the new employment powers must support outcomes other than paid work e.g. volunteering or retraining.

- There are mixed views about increasing Carer’s Allowance when wider challenges exist – e.g. social care access. However, if the relevant Scotland Bill
clause is amended, it could be possible to extend the benefit to currently ineligible carers e.g. full time students.

Employment support powers

Whilst the Youth Employability Strategy acknowledges the challenges faced by young disabled people, it is a concern that disabled people of all ages are still more likely to be at risk of poverty and to be frozen out of the job market or decent jobs.

The Scottish Government’s consultation on the new employment powers must actively consider and respond to the barriers faced by such groups – both in employment and in access to employability support. Engender’s recent report on social security and gender inequality outlines the specific issues for women as they relate to employment and their experience of the Work Programme and other employability interventions.

The third sector has much to say and offer in relation to the transfer of employment support powers. Many organisations work with clients to help them get back into work, take up learning or to access volunteering. Whilst their main purpose may not be employment focused, their support and coaching enables individuals to move towards the labour market and to sustain new jobs.

The devolution of further powers to build on the existing skills and learning infrastructure provides an opportunity to consider the whole range of services and actions needed to help people to find, sustain and progress within employment. Beyond that though, we need to consider how we support people to participate more widely. A participation strategy would say more about the value we place on people, rather than a strict focus on employment.

Some of the features and policy ideas discussed by the sector include:

- Continuing to urge the UK Government to remove the existing restrictions within the relevant Scotland Bill clause to enable us to create tailored support and to ensure that the new powers do not restrict access to employment assistance beyond those currently specified in the clause.
- Creating a personalised approach to employment support, starting with the needs of the individual and constructing services and delivery models around this.
- A key worker approach has been suggested as a strong model of support; individual placement and support models are also positively evaluated for people facing specific challenges in securing employment;
- Progression – supporting and valuing progress towards employment, not just “job outcomes”.
- Employability programmes must be holistically designed to support sustainable outcomes e.g. employment and tenancy.
• **Geography** – What models of support can reach into isolated, rural areas? How do we bring decent jobs into those areas?

• Not having **control over Jobcentre Plus activity** is a missed opportunity and the sector will continue to push for this.

There must be a clear link between disability and carer benefits and employability support. There should be an appropriate offer of support available from day 1 - to remain in work, find work or plan a journey back into work. There must also be a focus on achieving income adequacy for those who cannot work.

**Regulated Social Fund (RSF)**

At SCVO’s “Future Powers” event in July, third sector participants considered a range of ideas for the RSF and its different elements. We do not specifically recommend these ideas, but offer them up for debate as part of the Committee inquiry:

**Fuel/Cold Weather Payments**

• Consider offering people the chance to opt out of receiving cold weather and winter fuel payments if they don’t need them. Funds not used/unclaimed or saved could be redirected into a fund for fuel poverty.

• Sector representatives have identified the need to link plans for these benefits with immediate and longer term talks with power companies about ongoing home fuel costs.

**Sure Start Maternity Grants**

There have been some suggestions that Sure Start grants could be delivered through the NHS, but such a proposal would need to be examined further.

Having a fund/cash (as opposed to vouchers, in-kind) is deemed to be the most empowering approach – it gives choice to families and allows money to be spent on what is needed.

There are suggestions that we should look beyond our own borders for ideas to better support young babies e.g.; the Finland “Baby Box” idea, which provides a starter kit for all babies. It’s worth noting that families can take a cash alternative rather than receiving the box.

**Funeral Payments**

Alternative methods should be explored to avoid the need for this fund – e.g. insurance through credit unions, savings advice etc. We also need to find avenues to develop lower cost funerals, including tackling increased local authority costs for cremations.
Universal Credit (UC) Administrative Flexibilities

There is third sector support for the Scottish Government’s aims in relation to planned UC flexibilities; Engender has called for these to be immediately devolved through a Section 30 order. This would seem to be a sensible approach, and it would be timely to do this now before UC trials expand across the UK.

More widely, there is a strong sense that choice should drive how the UC flexibilities work. The system should not just decide on their behalf; it should be flexible, so if a person’s circumstances change, it is not difficult to alter what they have set up.

Delivery Mechanisms

There is a strong, emerging opposition to local authority delivery of the new benefits; and direct devolution of employment powers to local authorities. There are concerns that money assigned for benefits would be lost plugging gaps in local services. In addition, direct devolution to local authorities without a Scotland wide debate about how we use these powers/where they should sit would serve to undermine trust at a time when faith in the current social security system is fractured.

The Child Poverty Action Group in Scotland has argued for a national delivery model. A national framework with local hubs/points of access has been discussed by the sector and face to face support for individuals and claimants is deemed to be important.

In order to protect claimants and to ensure effective planning, there is recognition that a delivery agreement with the DWP for a short period of time could help minimise the risk to claimants - the current system is already in transition, and there is a feeling that we shouldn’t add to this pressure. In any scenario though, strong intergovernmental relationships are important.

How we operate these benefits must be transparent and simple; less complex language must be used. In the longer term, a fresh start is likely to be necessary to ensure the right culture/processes from the outset.

As ministers negotiate further devolution, there is an opportunity to deal with the bureaucracy that surrounds the current DWP system across the UK. Negotiations could seek to iron out solutions to maladministration and delays which often push people into crisis situations.

Our starting point must be what we want to achieve with further devolution – what wider outcomes are we seeking? Deciding on a delivery mechanism can then follow on from this.

Key Messages/Conclusion

Throughout our work with the sector in examining the future of social security delivery and further devolution, a number of themes and messages have emerged time and time again. These include:

- Looking at the new powers in isolation will represent a missed opportunity;
- The UK Government isn’t always to blame and we must examine the challenges and gaps in key services such as social care, housing and employability support.
• We must consider how services could be reshaped to better enable those who are lagging behind to enjoy the best opportunities to thrive and participate.

• Finances are tight – but that must not hinder our ambition or imagination.

• The sector will lobby hard for the new powers to be used in a way which helps people to move out of poverty and which tackles long term and existing barriers faced by particular groups e.g. people with disabilities, carers and others.

The third sector has an expertise which extends to a deep understanding of how the current system works. Some organisations are well able to identify challenges which will arise from devolution and how this in turn might impact on people’s lives - that expertise must be brought into the processes supporting the Joint Ministerial Working Group and teams responsible for planning for further devolution.

There are welcome moves to open up the debate about how we use new social security powers e.g. dialogue app for carers benefits. Consultation with the third sector and – more importantly – with claimants – must however lead to real change and a more compassionate system. We urge the Committee to question Ministers on what they are learning from current engagement and how they plan to use this intelligence. We believe that people who know about and have experience of social security can often be the ones who offer up solutions for many of the challenges Ministers and officials are currently considering.

The First Minister has committed her government to being open and transparent. This openness must be evident in the coming months and years as further devolution unfolds. The process thus far has been political and does not “serve the people” who rely on the social security system. That must change.
## Appendix 1

### Principles and features of a new Scottish Social Security system

<table>
<thead>
<tr>
<th>Principles of social security</th>
<th>How manifested? (Features)</th>
</tr>
</thead>
</table>
| **Based on dignity and respect** | • Compassionate  
• Respectful  
• Friendly and supportive  
• A humane system which empowers people.  
• More carrot, less stick.  
• Compassionate, not vindictive. |
| **Rights based** | • Empower people to achieve full rights  
• Based on right to income adequacy  
• Based on clear entitlements  
• People understand their rights/know what to expect. |
| **Aspirational** | Offers people options and opportunities and helps them to achieve sustainable outcomes. |
| **Person-centred** | • Based around people  
• Done “with them” not “to them”  
• Empowering - not punitive or stigmatising  
• Focus on needs, not labels  
• Helps build resilience - not destroy or diminish it. |
| **Social investment** | • Everyone benefits – all citizens are enabled to play a fuller part in society.  
• We invest in people, we don’t pull the rug out from under them. |
| **Adequacy** | • Income adequacy for all who are part of it – a proper safety net.  
• Levels of benefit help with additional costs e.g. arising from disability.  
• No need for emergency charitable support – state safety net sufficient to avoid need for crisis support. |
| **Simple but complex!** | Recognition that for a more responsive system, some complexity may be necessary. Where possible though, benefits/new system must be:  
- Simple – clear point of access  
- Complex enough to meet diversity of needs  
- Transparent and accountable to the public and to service users. |
| --- | --- |
| **Choice** | People have choice in support available and when/where they can access it.  
Access to a range of services, in a range of ways - free, local, face to face and digital. |
| **Accessibility** | Clear communication with claimants.  
The system and how it operates is understandable - to wider public as well as claimants. |
| **Universal welfare system** | Open, accessible, and encourages people to participate, live full lives and contribute to their communities – an end to “us and them”. |
| **Flexible, responsive, sensitive** | Recognises and responds to people’s life journey/life course.  
Aware of the specific barriers people face; sensitive to their situations - individualised support.  
Experienced staff who are sympathetic and understand these barriers.  
Staff are empowered to assist people, not bound by inflexible regulations and conditionality |
| **Common sense** | Doesn’t make people’s lives more difficult; easy to understand and navigate |
| **Trusted/honest** | Trusted by claimants and wider public;  
Honest about what it can do, and people should always be at the heart.  
Accountable to claimants  
Trusting people and believing in them. |
<table>
<thead>
<tr>
<th>Preventative</th>
<th>Supports people at appropriate points and isn't based only on crisis/basic safety nets. It should be much more than this. Proactive, not reactive.</th>
</tr>
</thead>
</table>
| Joined up    | • Clearly linked with other policies/services (e.g. health, social care, transport); clearer customer journey with people at the centre.  
• Clear, considered and holistic approach which takes account of the people, services and systems involved. |
| A system for everyone - not based on “them and us”. | • We tackle negative attitudes towards claimants.  
• Recognises that the route out of poverty is not always paid work.  
• Lifts those who cannot work and enables them to feel valued and contribute. |
| Clear outcomes | • Measuring success easy; smarter objectives built into the system.  
• Test and learn approach - stop making the same mistakes!  
• Live up to best international practice and standards. |
| Tackling poverty and inequality | • Level of benefits meet costs and recognise extra costs faced some groups  
• Look at eligibility (e.g. expansion of groups covered in current system)  
• Support people to live a life free from poverty, in or out of work. |
Annexe C

- Aberdeen City (128KB pdf)
- Aberdeenshire Council (131KB pdf)
- Aberlour (185KB pdf)
- Action for M.E. (187KB pdf)
- Age Scotland (160KB pdf)
- Alzheimer Scotland (330KB pdf)
- Angus Council (150KB pdf)
- Anonymous written submission 1 (11KB pdf)
- Anonymous written submission 2 (87KB pdf)
- Anonymous written submission 3 (65KB pdf)
- Argyll & Bute Council (205KB pdf)
- Barnardo's Scotland (222KB pdf)
- Butterfly Trust (70KB pdf)
- Carers Scotland (211KB pdf)
- Carers Trust Scotland (371KB pdf)
- Castlerock Edinvar (96KB pdf)
- Chartered Institute of Housing (CIH) (296KB pdf)
- Citizen's Advice Scotland (CAS) (399KB pdf)
- Claire Schiavone (81KB pdf)
- Cornerstone (69KB pdf)
- COSLA (157KB pdf)
- CPAG Scotland (464KB pdf)
- Crisis (113KB pdf)
- Dundee City Council (277KB pdf)
- East Ayrshire CPP (135KB pdf)
- East Dunbartonshire Council (128KB pdf)
- Edinburgh City Council (144KD pdf)
- ENABLE Scotland (210 KB pdf)
- Falkirk Council (185KB pdf)
- Glasgow Council of Voluntary Services (268KB pdf)
- Health and Social Care Alliance Scotland (214KB pdf)
- Highland Council (258KB pdf)
- Horizon Housing Association and Blackwood Care Home (88KB pdf)
- Housing Support Enabling Unit & Coalition of Care Providers Scotland (379KB pdf)
- Inclusion Scotland (372KB pdf)
- Inverclyde Health and Social Care Partnership (138KB pdf)
- Jennie Kermode (136KB pdf)
- John Cunningham (73KB pdf)
- Joseph Rowntree Foundation (JRF) (235KB pdf) (not included in evidence summary)
- Lesley McDade (106KB pdf) (not included in evidence summary)
- Louise Smith (73KB pdf)
- Low Income Tax Reform Group (174KB pdf)
- Macmillan Cancer Support (66KB pdf)
- Marie Curie (162KB pdf)
- MND Scotland (175KB pdf)
• Moray Council (299KB pdf)
• Mydex CIC (147KB pdf)
• National Deaf Children's Society (213KB pdf)
• NHS Lanarkshire (181KB pdf)
• Norman Gray (70KB pdf)
• North Ayrshire Council (159KB pdf) (not included in evidence summary)
• North Lanarkshire Council (154KB pdf)
• One Parent Families Scotland (458KB pdf) (not included in evidence summary)
• Parkinsons UK (245KB pdf)
• PCS Scotland (165KB pdf) (not included in evidence summary)
• Perth & Kinross Council (298KB pdf)
• Policy Scotland Welfare Reform Network (232KB pdf)
• Poverty Alliance (97KB pdf)
• Professor David Bell (652KB pdf)
• Professor Kirstein Rummery (263KB pdf)
• Professor Paul Spicker (207KB pdf)
• Prospect Community Housing (71KB pdf)
• Psychologists Against Austerity Scotland (8KB pdf)
• Quarriers (226KB pdf)
• Reed in Partnership (33KB pdf)
• Rights Advice Scotland (153KB pdf)
• Salvation Army (162KB pdf)
• Scottish Association of Mental Health (SAMH) (294KB pdf)
• Scottish Borders Council (133KB pdf) (not included in evidence summary)
• Scottish Women's Convention (134KB pdf)
• Scottish Council Voluntary Organisations (SCVO) (393KB pdf)
• Scottish Federation of Housing Associations (SFHA) (173KB pdf)
• Shelter Scotland (78KB pdf)
• Shetland Islands Council (82KB pdf)
• South Lanarkshire Council (160KB pdf)
• VocaLink (97KB pdf) (not included in evidence summary)
• West Dunbartonshire Council (121KB pdf)

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1 SAMH – response to Welfare Reform Committee, Future Delivery of Social Security, August 2015
2 As above