



The Scottish Parliament
Pàrlamaid na h-Alba

WELFARE REFORM COMMITTEE

AGENDA

16th Meeting, 2015 (Session 4)

Tuesday 22 September 2015

The Committee will meet at 10.00 am in the Mary Fairfax Somerville Room (CR2).

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

Sonya Chowdhury, Chief Executive, Action for M.E.;

Aidan McCorry, Chief Executive, Deaf Action;

Bill Scott, Director of Policy, Inclusion Scotland;

Rachel Stewart, Public Affairs Officer, Scottish Association for Mental Health;

Andrew Strong, Policy and Information Manager, Health and Social Care Alliance Scotland (the ALLIANCE);

Professor Nick Watson, Institute for Health and Wellbeing, University of Glasgow.

2. **Future Delivery of Social Security in Scotland (in private):** The Committee will review the evidence heard earlier in the meeting.

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The papers for this meeting are as follows—

Agenda Item 1

SPICe briefing on Disability and Carers Benefits

WR/S4/15/16/1

Evidence Summary and Submissions

WR/S4/15/16/2

Agenda item 1 22 Sept 2015		WR/S4/15/16/1
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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 rate¹

Attendance Allowance, entitled cases, February 2015

Attendance Allowance – entitled cases	Men	Women	Total
Higher rate	31,360	60,020	91,380
Lower rate	18,400	38,330	56,730
Total	49,760	98,340	148,100

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 Allowance².
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 £62.10³.

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

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

² Child Poverty Action Group (2014) Welfare Benefits and Tax Credits Handbook 2014/15 (p543), available in SPICe.

³ Disability Rights UK (2015) Disability Rights Handbook, p136. Available in SPICe

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):

	Mobility component	Care component
Lower rate	£21.80	£21.80
Middle rate		£55.10
Higher rate	£57.45	£82.30

PIP rates (2015/16):

	Mobility component	Daily living component
Standard weekly rate	£21.80	£55.10
Enhanced weekly rate	£57.45	£82.30

All entitled DLA Claimants in Scotland, February 2015⁵

Age	DLA claimants, entitled cases (thousands)
Below working age	31.39
Working age (16-64)	197.11
Over working age	104.61
Total	333.12

10. The total number of people in receipt of PIP in Scotland, at April 2015, was 47,646⁶.

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.

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, if 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

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

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

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The Scottish Parliament, Edinburgh, EH99 1SP www.scottish.parliament.uk

Welfare Reform Committee
16th Meeting, 2015 (Session 4), Tuesday 22 September 2015
The Future Delivery of Social Security in Scotland
Evidence summary and submissions

Background

1. Today is the second day of oral evidence in the Committee's inquiry into the 'Future Delivery of Social Security in Scotland'.
2. 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

3. Today's session will continue to focus on benefits for people with disabilities, long term conditions, and carers.
4. For ease of reference Annexe A contains the SPICE evidence summary which was also available in papers last week.
5. Annexe B contains the written submissions from the following witnesses who will appear before you today. (Some witnesses have not submitted written evidence.)

- I. Action for M.E
 - II. Inclusion Scotland
 - III. Scottish Association for Mental Health (SAMH)
 - IV. Health and Social Care Alliance (The Alliance)
6. Annexe C contains hyperlinks to all evidence submissions received to date. Please note that there are late submissions from the MS Society and Children 1st which have been received since last week. These submissions are highlighted for ease for reference.

Heather Lyall
Welfare Reform Committee
17 September 2015

Annexe A

Agenda item 1 22 Sept 2015		WR/S4/15/16/2
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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).
 - "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 (eg, Angus Council, Carer's Scotland).
- Reconsider the work allowance, which allows carers to earn up to £110 a week (eg, 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 respondents asked if there is any potential for the Scottish Government to change this (eg, 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 (eg 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 (eg, 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, day 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.

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SPICe Research
10 September 2015

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Annexe B

WELFARE REFORM COMMITTEE

THE FUTURE DELIVERY OF SOCIAL SECURITY IN SCOTLAND

WRITTEN SUBMISSION FROM ACTION FOR M.E.

M.E. (Myalgic Encephalomyelitis) affects an estimated 21,000 adults and children in Scotland. Symptoms include post-exertional malaise (a period of intense exhaustion following exertion) and chronic pain. M.E. affects different people in different ways and symptoms can fluctuate and change over time. M.E. is defined by the World Health Organisation as a neurological condition. It may be diagnosed as Chronic Fatigue Syndrome (CFS). This should not be confused with chronic fatigue, which is a common symptom of many illnesses.

Action for M.E. (www.actionforme.org.uk) is the UK's largest charity for people affected by M.E. Our mission is empowering people with M.E. to fulfil their potential and secure the care and support they need, while working towards a greater understanding of the illness and ultimately a cure.

Our response to this call for evidence is based upon our experience as a primary provider of information – including a dedicated Welfare Advice and Support Service – to people affected by M.E. across Scotland and the UK. Additional evidence has been drawn from our qualitative study (April-August 2015) of people with M.E. in Scotland and their experiences of claiming PIP and from 2014 UK-wide survey data (more than 2,000 respondents).

Key points and recommendations on welfare

The welfare system is extremely stressful to navigate and this has been exacerbated by the welfare reform process. In our 2014 survey, 77% of respondents said they were worried about the impact of welfare benefit reforms. The stress of claiming benefits is undermining claimant health and capacity for recovery or stabilisation of symptoms. Where people believe they are eligible for a benefit and are turned down, we are finding this contributes to feelings of desperation and helplessness and individuals' sense that their illness is not 'believed'. With an illness such as M.E. where stress can worsen the severity of symptoms, people are being pushed even further into ill-health and away from active work and other roles by the system. People have reported experiencing relapses as a direct result of benefits related stress. Descriptions from our PIP study include: *"It made me feel a lot less of a person"*, *"a dehumanising experience"*, felt *"sheer terror"*, *"I broke down completely [during assessment]... it's really difficult emotionally"*.

The welfare system as a whole could potentially be more efficient and less of a burden on claimants if it was more joined-up. At present claimants have to make separate applications for different benefits providing essentially the same information (eg. PIP and ESA). However, safeguards need to be in place to ensure that the information recorded is accurate, complete and fairly applied without placing an

additional burden upon claimants. Claimants also need to be confident that they will not unfairly lose access to multiple benefits because of poor decision-making with one. Should Universal Credit be devolved to Scotland these considerations should be factored in.

The welfare system could potentially be improved by sensitive integration of aspects of the welfare system with health and social care provision. This could help to resolve the following issues:

Lottery of supporting medical evidence. At the moment, claimant ability to provide supporting medical evidence varies hugely, depending upon the goodwill of, and their access to, individual practitioners. There is widespread confusion amongst claimants and practitioners about the extent to which any supporting medical evidence provided influences claim outcomes. A recent survey of GP practices in Fife found that claimants were being charged between £5 and £100 per letter requested. Patients in Dumfries have reported being asked to give a donation of their choice to their practice in return for medical evidence. Where evidence is required for welfare claimants it should be mandatory that this information is provided free as part of the health service.

Few people with M.E. are accessing social care support. This includes those who are long-term house- or bed bound as a result of their condition. The situation is placing a considerable burden upon family members, and sometimes friends, and can lead to crises when carers become unable to sustain their support. Our 2014 survey found that 84% of respondents with M.E. who were receiving care from a family member or friend said that their carer had not received an assessment. This included carers under 18 years. 81% of respondents with M.E. had not had a social care assessment themselves in the past five years, including 60% of those with severe M.E. (ie. house or bedbound). One patient in Fife told us: *"I was given a social worker just as the social care cuts were made. It took a year for them to tell me that there was no money for people like me."*

There is currently no systematic monitoring of the ongoing health and wellbeing of people with M.E. or their carers. This leads to future health and care problems that could be addressed more effectively if identified earlier. Our 2014 survey found that 73% of respondents with M.E. had had no contact with an M.E. specialist in the past five years and 31% had not seen their GP in the past year. This situation exacerbates the difficulties faced by people with M.E. attempting to provide supporting medical evidence.

Response to inquiry workstream a) PIP, DLA and Carer's Allowance

PIP assessments and decision-making need to be improved to provide fairer and more accurate results. PIP claims are the area of welfare about which we are currently being asked most often for advice. Claimant testimony as well as the level of successful appeals of PIP (and also ESA) claim decisions indicates that there is considerable need for improvement of the following aspects of assessment processes:

The timescale for completing and returning paperwork is too short, bearing in mind the cognitive and physical impairments that limit many people with M.E.'s capacity. People described taking several weeks to complete the form. This is exacerbated by lengthy waiting lists for support from advisors and delays in acquiring supporting medical evidence. Inaccuracy in assessment reports. As well as factual inaccuracy, claimants report that assessors are failing to record or take into account pertinent information.

The PIP assessment is not suitable for people with fluctuating and cumulative M.E. symptoms despite changes that were supposed to address this failing. Although claimants should only be deemed capable of completing an activity if they can do so "repeatedly, reliably and safely," in practice people with M.E. have difficulty communicating the impact of M.E. in written forms and in assessments due to the way the questions are phrased.

An alternative measure of individual functional capacity is cardiopulmonary exercise testing (see [Van Ness et al, 2007](#), [Snell et al, 2013](#)). This would have a much wider purpose of aiding in accurate diagnosis and supporting self-management. Test data could also provide a solid foundation for much needed research into M.E. Such testing would need to be developed and delivered by fully trained, specialist NHS staff as an integrated part of overall health and social care provision – not benefits assessors. A cautious approach would be required to ensure individuals are not subjected to overly strenuous tests that could cause harm and that realistic thresholds are established to identify support needs.

Lack of assessor understanding of M.E. Assessors often appear to be systematically applying unsound assumptions about claimants' capacity based on snap shot appearances on the day and conjecture ie. that if an individual is able to do 'X' once, they must be capable of 'Y'. Describing the muscle strength testing and assumptions made during an assessment about cognitive function and ability to travel, one claimant said: *"This fails to take into account... the very limited amounts of activity I can undertake without suffering exhaustion and debilitating symptoms and after-effects. It had to be a better day for me to be able to attend but I am still feeling unwell during it and was exhausted afterwards for several days"*.

In some cases claimants report that assessors appear to be ignoring M.E. altogether and choosing to focus on a comorbid condition (eg. depression). However, claimants whose individual assessor appeared to have a good understanding of M.E. and its impact find the process a much more positive and fair experience. It is vital that assessor training is expanded to include fluctuating conditions such as M.E. and the impact it has on claimants' ability to function.

The weighting of supporting evidence in decision making needs to be clarified, and the circumstances in which supporting evidence should be requested (and paid for) directly by the assessing organisation. Health professionals are less motivated to engage when they feel their input is being ignored in decision-making as is currently the case. Placing the onus on claimants to provide supporting evidence is undermining patient-practitioner relations and, in some cases (as noted above) resulting in a considerable financial burden.

Lengthy and stressful appeals process. Anecdotally, people who are in need of benefits are foregoing their right to appeal decisions due to the physical and emotional toll of the extensive appeals process. Those who appeal successfully tend to do so with substantial support. The mandatory reconsideration phase appears to rarely result in decisions being overturned in practice and is a substantial barrier to ill people with limited capacity proceeding with appeals, even where they have been advised that they would be likely to have a successful outcome.

Claimants are unsure of the differences between DLA and PIP and the implications for their claim. There is high demand (and need) for third-sector advice and support. People awarded DLA who must make a new PIP claim find the process particularly stressful and demeaning.

Loss of Motability vehicles as a result of being transferred from DLA to PIP (and not being awarded the enhanced mobility component) is a substantial source of stress and hardship for some claimants. Where Motability support is reinstated on appeal, claimants still face losing their vehicle for several months in the interim.

Driving capacity is a difficult issue for some claimants. On the one hand, they feel that being able to drive short distances is equated with having too high a functional capacity to qualify for PIP. On the other hand, people who rely on driving to retain some independence are reluctant to disclose difficulties they experience for fear of losing their license.

Some claimants feel that the fact they are working has been used unfairly against them as evidence that they do not meet the PIP criteria. For example, a young woman with M.E. who moved back in with her parents as a result of her ill-health and relies heavily upon their support with cooking meals etc. to enable her to remain in work was turned down for PIP.

The current negative focus of PIP on claimants having to evidence what are unable to do is detrimental. Several PIP claimants said they would like a system with a more positive focus on how they could be enabled to live as independently as possible. M.E. patients require a system that facilitates self-management and support during set-backs. One asked, *“Shouldn’t they [Assessors] be using their skill to get the full story out of somebody, rather than just letting people who are genuinely ill provide inadequate answers?”*

Current ‘Daily living components’ of PIP don’t cover common real life needs of people with M.E. eg. support with shopping and housework, eating healthily with dietary restrictions. Some people we interviewed told us they were relying on PIP money to pay off debts and household bills accumulated through being unable to work.

Assessing Carers Allowance is relatively unproblematic. The main issues we encounter are when people have not been awarded a qualifying benefit (ie. PIP or DLA).

Response to inquiry workstream b) Universal Credit and DHPs

The overlap between ESA and PIP claims and assessment is substantial and it would be in the interests of developing a coherent and more person-centred system for the Scottish Government to take control of both benefits.

Response to inquiry workstream c) Work Programme and Work Choice

We have come across examples of people who have been told, incorrectly, that they must look for and apply for jobs whilst in the work-related activity group. This type of pressure is unhelpful and counter-productive.

We detect a need for more tailored, individual support from professionals who have an understanding of the impacts of M.E. and its fluctuating symptoms. Action for M.E. is currently piloting an employment support programme for people with M.E. in Bristol. We would be happy to share the results of this pilot following a review.

Suggested ways of helping people with M.E. to remain in, or access, employment include: greater support (including mentoring) for people managing illness in the workplace; transitional support for people moving between education, training and work; greater access to flexible working arrangements; adaptations to increase effectiveness of working from home; removal of punitive sickness absence policies; health sabbaticals; more gradual/longer phased return to work arrangements.

In our 2014 survey, 33% of respondents with M.E. were in full or part time paid work, education or training. 40% said they did not receive any specialist support at work, school or college. Many people with M.E. actively want to work, and health practitioners as well as people with M.E. tell us about pushing themselves very hard, whilst giving up social and other activities in attempting to remain in work.

People often say the current system puts unhelpful stress on them, making recovery even harder. There is a feeling that benefit income security would help people to focus on their health with the aim of – where possible – returning to work within an appropriate timeframe. The threat of losing benefits and stress of the current system is undermining instead of supporting recovery.

WELFARE REFORM COMMITTEE

THE FUTURE DELIVERY OF SOCIAL SECURITY IN SCOTLAND

WRITTEN SUBMISSION FROM THE HEALTH AND SOCIAL CARE ALLIANCE SCOTLAND (THE ALLIANCE)

How should the new welfare powers proposed by the Smith Agreement be used to improve or change social security?

The ALLIANCE has identified the following high level purposes are important to any potential new benefits system:

- Supporting people who live with long term conditions, disabled people and carers to be as independent as possible and supporting their right to live well
- Ensuring people have an adequate living standard
- Keeping people out of poverty where possible
- Addressing Scotland's significant health inequalities (which goes hand in hand with financial inequality)
- Avoiding more expensive interventions at a later date
- Supporting people through times of economic uncertainty
- Lender of last resort
- Supporting people to have a safe place to live

In addition, Scotland's National Action Plan for Human Rights¹ proposes a more systematic approach to ensure the realisation of human rights in practice. The action plan includes a commitment to underpin health and social care (and a range of other issues) with human rights based principles and approaches. The ALLIANCE strongly believes that any new welfare system should be underpinned by a human rights based approach. Therefore:

- The ALLIANCE calls a shift in perspective towards people who are entitled to disability, carers, and work related benefits.
- The ALLIANCE recommends that policy makers and the media contribute to a memorandum of understand promoting a positive use of language when referring to people who are entitled to disability, carers, and work related benefits.

¹

<http://www.scottishhumanrights.com/application/resources/documents/SNAP/SNAPpdfWeb.pdf>

Power to create new benefits and top-up reserved benefits

As we noted in our response to the Smith Commission², disabled people, people who live with long term conditions and unpaid carers often experience the impact of a disjointed and complex welfare benefits system. Our members have expressed concern that this would be exacerbated by a welfare system that is partially devolved.

By limiting the scope of policy discretion available to create new benefits or to top-up benefits, the ALLIANCE cautions that there is the potential to introduce further complexities to the social security system and create interdependencies which will have to be carefully managed to avoid a more inaccessible system for people who use support and services.

Disability related benefits

The UK Government's central assumption for the change from Disability Living Allowance to Personal Independence Payments (PIP) is a 20% reduction in caseload and expenditure once fully rolled out. This would lead to 70,000 disabled people in Scotland losing their eligibility to this support and also to passported benefits, such as blue badges, national concessionary travel schemes, and in some circumstances their carer's eligibility for Carers Allowance.

Our long standing fear is that, like the Work Capability Assessment before it, PIP assessments take place in a context in which applicants do not necessarily fully understand the criteria on which they are being assessed, or the particular significance of the answers they give. This means that power resides with assessors, immediately putting claimants at a disadvantage.

Whilst acknowledging that future Scottish Governments will have to find a method by which they will establish eligibility for disability benefits in future, we believe that this must follow these underpinning principles:

- Committing to finding a **person-centred solution** that seeks the best outcome for people (even where this does not include eligibility to disability benefits).
- Taking a **Human Rights Based Approach** focused on the outcomes that matter to people – rather than focusing on the outcome that matters to the system itself (i.e. saving money). Human Rights Based Approaches provides a fair, robust and legal basis for decision making and budgeting, particularly when public finances are constrained.

² http://www.alliance-scotland.org.uk/download/library/lib_54536c5a74736/

- **Accessible information** provided in a format that suits the individual's long term condition/disability (e.g. easy read). This must be provided both before and after the assessment.
- An approach which is not based on targets for assessors but on **accuracy of assessment** and avoiding the costly errors which result in lengthy appeals processes.
- **Trained staff**, aware of fluctuating needs, with an understanding of conditions outside of their own specialisms (e.g. understanding mental health).
- **Greater flexibility** in terms of venues of assessments and timings.
- Appropriately funded **advocacy support** linked to the assessment process, which learns from the ALLIANCE and Scottish Independent Advocacy Alliance's Welfare Advocacy Support Project (see Case Study).
- **A realistic and positive portrayal** of the value of social security from politicians.

Case Study: Welfare Advocacy Support Project

The ALLIANCE and Scottish Independent Advocacy Alliance (SIAA) are funded by the Scottish Government to deliver a one year pilot advocacy project in four areas of Scotland (Dundee City, Forth Valley, Glasgow, Midlothian/City of Edinburgh) from May 2015 to June 2016. The project is specifically tailored to support people with mental health problems, neurological conditions and learning disabilities.

The project aims to show the value that advocacy support **during assessment processes**. We believe that advocacy can:

- Provide an enhanced level of support for people during assessment processes.
- Go some way to empowering people in an inherently unequal situation.
- Acts as a barrier to inappropriate conduct by assessors.
- Enables a witness to inaccurate recording of findings in such processes.

As at 1 August 2015, the four areas had collectively received 100 referrals (40 in relation to Employment and Support Allowance and 60 in relation to Personal Independence Payment).

People are surveyed at the start of their engagement and at their final meeting about the way they are feeling about the assessment/felt at the assessment or afterwards with findings so far showing a positive impact on preparedness for assessment, ability to communicate at assessment, reduced stress and improved wellbeing.

Links to social care

Many social care services rely on contributions from the people who receive them, often through receipt of welfare benefits such as Disability Living Allowance (DLA).

In the fiscal year 2009-10 local authority income from charges for social care services was £228m. Income for “non-residential services” amounted to £42.6m; 3% of the £3.6b gross expenditure on social care in Scotland.

To improve the integration of benefits and the social care system, the ALLIANCE believes that:

- Disability related benefits should no longer be required to contribute to the cost of social care. The ALLIANCE opposes charging disabled people for care received from the state. Disability Living Allowance is intended to meet costs of socially constructed barriers to inclusion. However, evidence from the Learning Disability Alliance demonstrates that charges have had a negative impact on their ability to seek or keep work. We believe that removing the ability of social services to charge for social care based on DLA income will increase people’s
- There should be a longer period between re-assessments of Personal Independence Payments for individuals, for whom their condition implies life-long personal or practical support.
- An individual’s request for assessment for either disability/carer benefits or social care support should trigger proactive engagement from the other agencies, e.g. local authorities or DWP.

Universal Credit

Many people who live with long term conditions already live in poverty or close to the poverty line. 60% of households containing at least one person who is disabled or who lives with a long term condition have an annual income of £15,000 or lower. Not only do they experience higher levels of unemployment, those that are in work are also more likely to occupy lower-status, less secure jobs.

At the same time, many people who live with long term conditions are able to work but require support to manage their condition. Much of this support is under threat as a result of public service cuts. To improve the life opportunity for people on Universal Credit, the ALLIANCE believes that:

- It is crucial that people who will be affected by the welfare reform have all the information necessary to apply for and be responsible for the benefits to which they are entitled.
- There should be clear, accessible advice for people in Scotland who are entitled to the passported benefits that accompany welfare as there will be a considerable complexity in the transformation from the current to the new system of Universal Credit.
- People should have adequate preparation of the changes to their specific circumstance and the Scottish Government should be committed to supporting individuals during the ‘cooling off’ period if it is likely that individuals will stop receiving benefits, both Universal Credit and PIP.

- People should be fully advised of the financial implication of receiving monthly benefits and supported with budgeting arrangements if this poses a difficulty to them.
- The sanctioning regime for ESA and JSA should be reserved only for those who consistently and deliberately refuse to engage in meaningful job search.

Work Programme and Work Choice

The current employability landscape in Scotland is multifaceted and diverse. While training for employment is a shared responsibility between the UK and Scottish Governments, employment services are reserved to the UK Government. In 2011, the Christie Commission concluded that the interface between reserved and devolved policies on employability (i.e. job search and support services) has compromised the achievement of positive outcomes and the extent to which this work has been coordinated at the local level. For this reason, it stated that the full devolution of competence for job search and support to the Scottish Parliament is required to achieve the integration of service provision in the area of employability.

Our members have called for a person centred approach to helping people into employment. Many people have poor experiences of employment programmes and the limitations of Job Centre Plus advisors. Tailored support must be available for people who live with long term conditions that recognises their individual needs.

Lived experience

“After losing out at a tribunal for Employment and Support Allowance, I had to sign on for Job Seekers Allowance to maintain my National Insurance and Pension Contribution. Due to my health condition I had to deal with a Disability Advisor.

The pressures that were put on me to look for work were extremely unfair. There was a constant threat of sanction if I did not complete my weekly tasks and I was scolded for having to re-arrange an appointment for later on the same day, due to a family funeral. I ended up going self-employed so I could work around my health. There was not a lot of information available about this when dealing with my Disability Advisor at Job Centre.

I was assigned onto a course for single mothers about setting up my own business as there was nothing available for people with health conditions.”

In implementing the new devolved settlement, the ALLIANCE calls for a commitment to ensure that the best outcomes for people who use support and services (including a smooth transition process) are the driving force behind the agenda, rather than structural change. To achieve such change, the ALLIANCE believes:

- Work programmes should be replaced with more personalised support for those who require person-centred approaches to finding and maintaining employment opportunities.
- The Sayce review³ recommendations of Access to Work should be implemented in full to: provide information on employer's record of support, make peer advice available, upskill employers on good practice and support available and empower job seekers to seize opportunities while supporting employers to tap into available talent.
- There should be a concerted effort to increase Apprenticeship opportunities to disabled young people and those who live with long term and multiple conditions.

APPENDIX

About the ALLIANCE

The ALLIANCE is the national third sector intermediary for a range of health and social care organisations. The ALLIANCE has over 1,200 members including a large network of national and local third sector organisations, associates in the statutory and private sectors and individuals. Many NHS Boards and Community Health and Care Partnerships are associate members. Our vision is for a Scotland where people who are disabled or living with long term conditions are and unpaid carers have a strong voice and enjoy their right to live well.

We welcome the opportunity to input the Scottish Parliament's thinking on how the new welfare powers proposed by the Smith Agreement be used to improve or change social security in Scotland. The ALLIANCE previously also input responses to calls for evidence to phase one⁴ and phase two⁵ of the Scottish Government's Expert Group on Welfare.

The ALLIANCE has three core aims; we seek to:

- Ensure people are at the centre, that their voices, expertise and rights drive policy and sit at the heart of design, delivery and improvement of support and services.

³ Getting in, staying in, and getting on; Liz Sayce 2011
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/49779/sayce-report.pdf

⁴ http://www.alliance-scotland.org.uk/download/library/lib_5139f4007e672/

⁵ http://www.alliance-scotland.org.uk/download/library/lib_52aac525a83d8/

- Support transformational change, towards approaches that work with individual and community assets, helping people to stay well, supporting human rights, self management, co-production and independent living.
- Champion and support the third sector as a vital strategic and delivery partner and foster better cross-sector understanding and partnership.

WELFARE REFORM COMMITTEE

THE FUTURE DELIVERY OF SOCIAL SECURITY IN SCOTLAND

WRITTEN SUBMISSION RECEIVED FROM INCLUSION SCOTLAND

1 Introduction

- 1.1 Inclusion Scotland is a network of disabled peoples' organisations (DPOs) and individual disabled people. Our main aim is to draw attention to the physical, social, economic, cultural and attitudinal barriers that affect disabled people's everyday lives and to encourage a wider understanding of those issues throughout Scotland.
- 1.2 Inclusion Scotland consulted widely with disabled people on the devolution of further powers and provided written and oral evidence to the Smith Commission. Disabled people prioritised the devolution of welfare powers over all others with 87% of disabled people⁶ setting welfare benefits as their highest priority.
- 1.3 Given the scope of the Committee's inquiry we have restricted our written evidence (below) to those issues we perceive to be key to disabled people.

2 Personal Independence Payments, Disability Living Allowance Attendance Allowance and Carer's Allowance

- 2.1 Devolution of disability and carers benefits should, in theory, give the Scottish Parliament the ability to design a new system of support for disabled people that is focussed on supporting independent living⁷ and meeting the additional costs of daily living faced by disabled people. Potentially, this could result in better co-ordination of disability benefits, social care funding, self-directed support, the new Scottish Independent Living Fund and support for employment, education and training.
- 2.2 The Smith Commission stated at paragraph 51 of its report that the Scottish Parliament would have "*complete autonomy in determining the structure and value of the [devolved] benefits or any new benefits or services that might replace them*".

⁶ Over three hundred disabled people (318) responded to our online survey on the devolution of further powers with a further 100+ contributing their views at engagement events in Glasgow and Inverness.

⁷ Disabled people have defined Independent Living as: "Disabled people of all ages having the same freedom, choice, dignity and control as other citizens at home, at work and in the community. It does not mean living by yourself or fending for yourself. It means rights to practical assistance and support to participate in society and live an ordinary life". Our Shared Vision of Independent Living In Scotland" 22 April 2013 <http://www.scotland.gov.uk/Publications/2013/04/8699>

- 2.3 However, 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.

Yet at present there **is** automatic entitlement to Attendance Allowance (AA) and Disability Living Allowance (DLA) for people undergoing regular dialysis or to the Mobility Component of DLA for those with severe visual impairments.

- 2.4 There is also the possibility that the Scottish Government might want to extend eligibility to disability benefits to those who neither have “significant needs (for example a need for supervision to avoid risk)” nor great difficulty with “day to day tasks” but instead suffer significantly, financially or otherwise from the impact of their impairment or condition (e.g. to compensate for social ostracisation such as that experienced by those with HIV in the 1980s).
- 2.5 Inclusion Scotland are also extremely concerned that the definition of disability provided under Section 19 does not seem to include terminal conditions (such as cancer) which can be short term. Assurances (such as given at para 149a of the Explanatory Memoranda of the Scotland Bill) that this is not the Bill’s intent do not change the fact that the use of the words **“for this purpose the adverse effect or need must not be short-term”** could be interpreted by the courts in the future as a binding restriction on the Scottish Parliament’s powers and individual disabled people’s entitlement to support.
- 2.6 There is also the issue of the budget which will finally be devolved. Based on DWP projections Scottish Government has estimated that by 2017/18 (i.e. around the time that the powers over DLA and PIP will be handed over from the DWP to Scottish Government) 105,000 Scots disabled people will have lost all or part of their entitlement to disability benefits due to the transfer from DLA to PIP and the higher entitlement criteria for PIP.
- 2.7 As of Nov. 2014 around 189,000 Scots disabled people of working age were receiving DLA. By 2017/18 a total of 56,000 will have lost their entitlement completely and a further 49,000 will have partially lost their entitlement. Of those affected approx. 47,000 will have lost their entitlement to the Higher Rate Mobility component of DLA. By 2017/18 that will have resulted in a total loss in the combined DLA/PIP budget of **£310 million** per annum. Almost all of this will have been lost to disabled people of working age.

- 2.8 This will considerably reduce the scope for innovation in the use of the new benefit powers to support disabled people of working age. This is because the disability benefits budget which will remain available to assist working age disabled people will have fallen by around 39% - from **£793 million** to **£483 million**.
- 2.9 There will also be little hope for finding this shortfall from elsewhere within the DLA/PIP budget as to do so would mean taking it from families with disabled children and/or from disabled pensioners – neither of which would seem an attractive option.
- 2.10 By far the largest proportion of those losing out when they transfer from DLA to PIP will be those currently entitled to the Higher Rate Mobility component of DLA. In total up to 47,000 may lose their entitlement. Yet Scotland is far more rural than England. This combined with a continuing lack of accessible transport suggests that to support these disabled people's continued participation in community life consideration should be given to re-instating/extending entitlement (once Scotland has control of the disability benefits budget). However the costs attached to re-instating entitlement to all those affected could be considerable – perhaps as much as a third of the expected £310 million in benefit "savings".
- 2.11 **Benefits for Carers:** The Smith Commission also recommended the full devolution of Carer's Allowance. However the Scotland Bill sets out entitlement criteria which would restrict the payment of any future carers benefit to those who are *"16 or over, not in full time education, and not gainfully employed"*. We believe that this unnecessarily restricts the Scottish Government's ability to develop future policy which might, for example, seek to support carers undertaking training, work experience or further education in order to return to employment.

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

- 3.1 Discretionary Housing Payments (DHPs) are extra payments that can be made to people in receipt of housing benefit who need further assistance to meet the full cost of their rent. We are concerned that the Scotland Bill limits the eligibility of DHPs only to those in receipt of Housing Benefit or Universal Credit.
- 3.2 Unfortunately a, presumably unintended, side-effect of the Under-Occupation Penalty is that there are some people with an underlying entitlement to Housing Benefit who then lose it because of the penalty imposed. These tenants would then be denied a DHP. Similar issues would arise because of the way the Benefit Cap operates.

- 3.3 Inclusion Scotland are also concerned that Clause 22 of the Scotland Bill would prevent claimants whose need ***“arises from reduction, non-payability or suspension of a reserved benefit”*** from accessing a DHP.
- 3.4 Disabled people suffer disproportionately, and in our view unfairly from the imposition of benefit sanctions. For example between Dec. 2012 and Aug. 2014 over 60% of those receiving an Employment & Support Allowance (ESA) sanction had mental health conditions and/or behavioural issues⁸ and over 20% of JSA sanctions were imposed on disabled people.
- 3.5 This provision in the Bill may therefore compound the injustice of the current sanctions regime and result in many disabled people, particularly those with mental health issues and/or learning difficulties not only losing their ESA or JSA but also their homes. Similarly the restriction placed on any discretionary payments being made to those who have been sanctioned or failed to meet the conditions attached to a reserved benefit seem unwarranted and not in line with the Smith Commission’s recommendations.
- 3.6 In fact these are new restrictions being placed on already devolved powers as the Scottish Welfare Fund currently allows discretionary payments to those who have been sanctioned. Thus far from a further devolution of powers this restriction seeks to reduce existing devolved powers. In effect the restriction imposed requires that someone who has been sanctioned must also prove that they face an additional disaster or emergency in order to qualify for assistance.

4 Practical suggestions to ensure that the principles of dignity, respect, support, equality and common sense are embedded in the new system.

- 4.1 Disabled people are being subjected to an increasing number of assessments in order to obtain access to disability benefits and other support. At present disabled people are required to undergo the following assessments:
- **Employment & Support Allowance:** Frequency - Regular even for those with lifetime/progressive conditions in the Support group and potentially frequent for those in the Work Related Activity Group.
 - **Personal Independence Payment:** Frequency - Regular even for those with lifetime conditions on the enhanced rates for daily living and mobility.

⁸ DWP response to FOI request on the impact of sanctions on disabled people with particular conditions <https://www.gov.uk/government/publications/number-of-employment-and-support-allowance-sanctions-oct-2008-to-aug-2014>

- **Blue Badge:** Frequency – Potentially regular for those not on Higher Rate DLA Mobility or PIP Enhanced Mobility rate.
 - **Social Care Assessments:** Frequency – unlikely to be regular but needed each time a disabled person moves from one local authority to another or if they wish to be re-assessed due to progression of their condition.
- 4.2 If the number of disabled people undergoing assessments and the frequency of assessments could be reduced then there is considerable scope to reduce administrative costs and the stress that disabled people awaiting and undergoing assessments are subjected to.
- 4.3 Entitlement to DLA was normally determined via a 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.
- 4.4 In contrast indefinite awards of PIP will only be made in “exceptional” circumstances meaning that disabled people with permanent impairments or progressive conditions will be subjected to assessments despite there being no prospect of their condition improving. All disabled people with awards of PIP of 2 years or more will be subject to periodic re-assessments.
- 4.5 According to the National Audit Office (NAO) PIP⁹ costs almost three and a half times more to administer and takes double the amount of time to process compared to DLA. Each new PIP claim costs an average **£182** to administer, compared to **£49** under the Disability Living Allowance.
- 4.6 At a UK level the DWP expects to spend **£200 million** each year to administer PIP, of which **£127 million** is set aside to pay for providers' assessments. Equivalent figures for Scotland would be **£22 million** being spent on administration of which nearly **£14 million** would be passed on to private providers to carry out assessments. However these figures may prove to be a considerable under-estimate of the eventual costs.
- 4.7 For example the NAO found the actual average time taken to undertake a PIP assessment to be 120 minutes against an expected duration of 75 minutes. In addition whilst the DWP had estimated that 25% of disabled people might only require a paper assessment in practice the two private providers were, at least in the early days of the benefit's introduction, undertaking face-to-face assessments in **97%** (Atos) and **98%** (Capita) of cases.

⁹ Personal Independence Payment: Early Progress, National Audit Office, Feb. 2014

- 4.8 Not only do more face-to-face assessments push up administrative costs but they result in considerable delays for disabled claimants. The proportion of claimants experiencing delays in their assessments is five times higher in parts of the country managed by Atos Healthcare than those areas where the assessment service is provided by Capita. Nearly a third (22,000) of new PIP claimants in Atos areas – including Scotland – waited longer than 20 weeks for a decision compared to 6% (500) in areas served by Capita¹⁰.
- 4.9 Any sum saved by reducing administration and assessment costs could be re-invested in supporting more disabled people. One way to do this would be to obtain relevant medical and/or social work evidence on the impact of an impairment on the every-day life of the disabled claimant at the earliest possible opportunity and share it with Social Security – this would save administration and assessment time & costs, reduce the likely number of appeals and reviews and also the stress faced by claimants.
- 4.10 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.
- 4.11 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.
- 4.12 **Recommendation:** Inclusion Scotland believes that staff administering the new disability benefits system in Scotland should be required to undertake Disability Equality Training. This differs from Disability Awareness Training in that it seeks to challenge stereotypes and discriminatory attitudes which make up many of the barriers disabled people face.
- 4.13 **Recommendation:** We would also recommend that customer focussed training for Scottish Social Security staff is co-produced with disabled people (i.e. service-users). This was recently done in co-producing training for Scottish Welfare Fund practitioners via a partnership between Scottish Government, Inclusion Scotland, People First, the British Deaf Association and Local Authority staff.

¹⁰ Article published by the Disability News Service, 3/8/15, based on FOI response from DWP. See here - <http://www.disabledgo.com/blog/2015/08/pip-claimants-five-times-more-likely-to-face-delays-if-tested-by-atos-dwp-admits/>

- 4.14 We believe that this would assist in staff developing a supportive and empathetic approach to dealing with disabled people which in turn would do much to ensure that disabled people are treated with the dignity and respect that they are due.
- 4.15 **Systems of intergovernmental working in relation to benefit delivery:** One of the key issues affecting disabled claimants are delays and errors in payments due to maladministration. According to the NAO the DWP and HMRC collectively under-paid £1.6 billion to claimants in 2013/14 due to administrative error¹¹.
- 4.16 Obviously this leaves the claimants affected desperately short of money or without any support whatsoever. The Trussell Trust cites delays in benefit payments as the single greatest reason for increased use of Foodbanks¹² with 30% of Foodbank users referred to them due to delays in benefit payments.
- 4.17 It is also well-known that where claimants are relying on forms being passed between different DWP offices or between different organisations (such as between DWP and HMRC or between Local Authority Housing Benefit sections and DWP) then the scope for delay and maladministration increases exponentially.
- 4.18 The devolution of disability and other benefits to Scotland will introduce a third agency into this equation which is likely to further expand the scope and potential for errors and delays in payments. This administrative problem needs to be addressed urgently to minimise the hardship that some of the most vulnerable members of society might otherwise experience.

5 The Work Programme and Work Choice

- 5.1 Inclusion Scotland supports the principle of supporting disabled people who can work into well-paid employment that would lift them out of poverty. Devolution of the Work Programme and Work Choice will provide Scottish Government with more tools to achieve this end. However the evidence is that the Work Programme as currently implemented fails disabled people.
- 5.2 The previous Government's stated intention was to move disabled people out of worklessness via the Work Programme. Yet, up to 31 March 2014, whilst there were **14,110** Employment Support Allowance (ESA) Work Programme job

¹¹ Fraud & Error Stocktake, NAO, July 2015, <https://www.nao.org.uk/press-releases/fraud-and-error-stocktake-3/>

¹² See here - <http://www.trusselltrust.org/mid-year-stats-2014-2015>

outcomes there were also **41,721** ESA Work Related Activity sanctions during the same period.

- 5.3 That is, a disabled person on the Work Programme was three times as likely to be sanctioned as to be found a job. The job outcome rate for long-term sick and disabled people on the Work Programme was only **5%**¹³, approximately one-fifth of the success rate for all referrals (24.7%).
- 5.4 Instead of Scots disabled people being moved into work the opposite is in fact the case. Since the beginning of the recession in 2008 the proportion of Scots working age disabled people in employment has **fallen** from **48.9%** to **43.9%**¹⁴. In comparison the employment rate of Scots non-disabled people has recovered to **80.9%**¹⁵ a rate similar to its pre-recession level - although there are now many more people in part-time and self-employed work.
- 5.5 In comparison Work Choice, an employability scheme specifically designed to help disabled people, is much more successful. Since its inception, 36% of those on Work Choice have achieved a job outcome with 14% of participants achieving sustained unsupported employment for more than six months¹⁶. Yet very few eligible disabled people are being referred to Work Choice by Job Centre staff – possibly because the scheme is more expensive on a per capita basis.
- 5.6 One of the problems with the current wording of the Scotland Bill is that those most in need of assistance in terms of their Employability might be denied it. The Scotland Bill states that what is being devolved are –

“Exception 1

The making by a person of arrangements for, or arrangements for the purposes of or in connection with a scheme for, any of the following purposes

-
- (a) assisting disabled persons to select, obtain and retain employment;*
 - (b) assisting persons claiming reserved benefits who are at risk of long-term*

¹³ DWP Work Programme: How is it performing?, the Centre for Economic and Social Inclusion, March 2015

¹⁴ Labour Force Survey, ONS Feb, April 2015 (not seasonally adjusted)

¹⁵ Labour Force Survey, ONS Jan – March, April 2015

¹⁶ Department of Work and Pensions, [Work Choice Official Statistics](#), August 2014

unemployment to select, obtain and retain employment, where the assistance is for at least a year;.....”

- 5.7 Inclusion Scotland believes that this wording places unnecessary restrictions on who can be assisted and for how long. For example it is known that one of the key groups to suffer consistent poverty are those who circulate in and out of low paid work. Such people need tailored interventions to increase their skills/qualifications and increase their chances of securing well-paid work. Yet the current wording would deny them support as only the long-term unemployed entering a programme for a minimum of one year could be assisted.
- 5.8 We believe that this does not amount to full devolution but instead is an attempt to restrict how devolved Employability budgets and powers could be used. Similarly we have concerns on which disabled people might be eligible for specialist assistance i.e. will it only be those placed in the Work Related Activity Group of ESA or will it also include those previously on ESA (or Incapacity benefit) but now assessed as “fully fit for work” and told to claim JSA?
- 5.9 Inclusion Scotland favours an approach whereby disabled people are provided with individually assessed and tailored Employability support. This is currently better provided through Work Choice than through the Work Programme. However there is no reason why a reconfigured system of support could not provide better support than what has gone before, indeed it’s difficult to envisage how it could do any worse.

6 Conclusion

- 6.1 The devolution of disability and carers’ benefits together with employability powers presents a unique opportunity to reconfigure the system of support available to disabled people. Inclusion Scotland stands ready to work with Scottish Government and other stakeholders to involve disabled people in co-producing a system that results in it working with disabled people to achieve outcomes - rather than in things being done to them.

Bill Scott
Director of Policy
Inclusion Scotland
11 August 2015

WELFARE REFORM COMMITTEE

THE FUTURE DELIVERY OF SOCIAL SECURITY IN SCOTLAND

WRITTEN SUBMISSION RECEIVED FROM SCOTTISH ASSOCIATION OF MENTAL HEALTH (SAMH)

In summary, SAMH welcomes the devolution of many of the powers within the Scotland Bill, but this does not go as far as we would like. In our submission to the Smith Commission, we made the case for wider devolution of welfare policy, including JCP, housing benefit and out of work sickness benefits. We are concerned about how the devolution of the employment programmes and the disability benefits will be implemented, how the UK and Scottish Government will effectively work together when their political ideologies seem incompatible, and whether the devolution will be genuine or if the Scottish Government will have to administer such programmes and benefits on behalf of DWP, with limited scope for reform and a more humane approach. We suggest changes to the employability programmes and an urgent pause in the roll out of PIP.

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

SAMH welcomes the devolution of disability and carer's benefits. Scotland has a higher proportion of people with disabilities than the rest of the UK – one in five people in Scotland have a disability; the largest single disability groups who receive either DLA or PIP in Scotland are on grounds of a psychiatric disorder¹⁷.

Given the extensive welfare reforms in the past five years, people with disabilities have been subject to many delays and uncertainty about the benefits they need. The transfer of these benefits must be done in a timely manner. As yet, there is no clear timetable within the Scotland Bill to ensure that adequate preparation can take place to deliver these benefits, so SAMH would welcome the Committee's support for such a measure.

SAMH notes that in the SNP's White Paper on Independence¹⁸, there was a commitment to cancel the rollout of PIP, as follows:

"The rollout of Personal Independence Payment (PIP) has also been difficult and created significant anxiety amongst recipients of Disability Living Allowance (DLA) and those people and organisations that support them.... The current Scottish Government considers that the continued roll out of UC and PIP is not in the best

¹⁷ Department for Work and Pensions Tabulation Tool

¹⁸ 'Scotland's Future: Your Guide to an Independent Scotland' <http://www.gov.scot/Resource/0043/00439021.pdf> page 164

interests of Scotland. Halting these changes will give an independent Scotland the opportunity to design and implement a welfare system suited to our needs. In the event of a vote for independence in the referendum, the Scottish Government will ask Westminster not to proceed any further with the roll-out in Scotland of UC and PIP, in order to give the Scottish Government elected in 2016 maximum flexibility to begin to reform the welfare system in line with its priorities. This Scottish Government will not proceed with UC and PIP if we form that government. For those not already in receipt of UC and PIP, the existing welfare arrangements will remain in place (changed by our immediate priorities such as abolishing the "bedroom tax"), until longer-term reforms are introduced in Scotland."

While the White Paper was written with the view of delivery of such social support services within the context of independence, these benefits and funds attached to them are being devolved, and the principles remain. SAMH hopes that the Scottish Government will deliver its desired commitments in a socially just way to vulnerable Scots, and halt the UK Government's changes to disability benefits.

In March 2015, Citizens Advice Scotland published a briefing¹⁹ calling for a halt to the rollout of PIP in Scotland. SAMH adds our support to this call. We ask the Scottish Government to support for a moratorium of the PIP rollout in Scotland. At present²⁰, 88,630 people in Scotland receive the lower rate of Care Allowance of DLA. If the rollout is not halted, these people would lose their vital support, as they are unlikely to qualify for PIP. In that time, their support needs could increase, they could move away from the workforce and become more unwell. The loss of this vital income could push more people into poverty and attendant ill health and debt. Such a reduction would mean years of misery, when there is a Scottish Government proposal to provide a more socially just welfare system. The additional cost of assessments would be wasted, and the additional pressure that would be placed on vulnerable people is unfair. It makes no sense to implement a change that the Scottish Government is on record as being against; fixing the damage could cost as much in health and social care terms as the cost of the rollout, and the impact on people with disabilities would be detrimental.

Aside to the Scotland Bill, SAMH notes with concern the future reduction of the Welfare budget by a further £12 billion, which is being implemented through the UK Government's Budget and the Welfare Reform and Work Bill. It is vital that the process of devolution benefits and as an absolute minimum does not harm disabled people. Along with our colleagues in Disability Agenda Scotland, SAMH calls for the devolution process to be based on an explicit commitment that there will be no detriment to disabled people as a result of this process. Concerns have been expressed by the Disability Sector that the definition of disability within the Bill may be restrictive to people with fluctuating conditions. Ensuring such support is crucial to promote their wellbeing and greatest opportunities to

¹⁹ <http://www.cas.org.uk/publications/voices-frontline-halt-roll-out-pip-scotland>

²⁰ DWP Tabulation Tool accessed 29 July 2015 http://tabulation-tool.dwp.gov.uk/100pc/dla/carepay/ccgor/a_carate_r_carepay_c_ccgor_nov14.html

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

SAMH supports the flexibility within the Bill which will allow for Universal Credit to be paid in smaller amounts to the individual on a more frequent basis, and for the housing element to be paid directly to the landlord if required. This will help people make a smoother transition off benefits, as going from weekly payments to a monthly wage could be too much of a jump for people not used to handling their living expenses in large chunks.

We welcome the statement from the Scottish Government that these powers will be swiftly implemented. We note however that this devolution of powers may not happen until at least 2017, so we hope that arrangements will be put in place by the Government and local authorities to ensure that no one is detrimentally affected by the current inflexibility in the interim period; and that significant preparatory work to allow for this flexibility is underway. This could have a cost implication of greater discretionary payments as well as infrastructure development.

c) the Work Programme and Work Choice

SAMH welcomes the devolution of the employability programmes, Work Programme and Work Choice. We believe that there should continue to be two separate programmes, but that substantial reform to both programmes is required in order to improve their efficacy. We recommend that individuals with mental health problems are automatically referred to Work Choice, rather than being placed on the less effective Work Programme. Further, within Work Choice there should be specialist support for people with mental health problems, rather than the generalist, end-to-end support at present – the Individual Placement and Support (IPS) model, delivered by SAMH, is an evidence-based programme which has been shown to be most effective at helping people with mental health problems into work²¹.

The current cap on individuals who can access Work Choice should be ended, and the programmes reformed to meet the needs of all individuals with disabilities. Greater flexibility and fluidity is required to allow for swift transfer of individuals from one programme to another. The Key Performance Indicators should be reviewed within Work Choice, especially in terms of employment outcomes for individuals with mental health problems, and progression towards work should be measured and valued, rather than the 'harder' outcomes of simply getting a job.

To provide some context, SAMH provides employability support in a range of programmes; we are a tier three specialist provider for a small number of Work Programme clients; we are a Work Choice subcontractor; we provide IPS services to individuals with severe and enduring mental health problems through some Community Mental Health Teams; and we are funded by some local authorities to provide employability support services, especially in terms of horticulture therapy.

²¹

<http://www.centreformentalhealth.org.uk/Handlers/Download.ashx?IDMF=3e0ce53c-a1b9-45c8-bf18-3c9835465cfa>

SAMH's Employability Service is subcontracted to provide the DWP's Work Choice employability programme, which is offered to some people with disabilities who are seeking work. Like the Work Programme, it is focused on gaining and sustaining a 'job outcome' but it provides much more extensive support. It is a voluntary scheme and advisors have limited caseloads of around 20 people, and so considerably more time to support people. Support is flexible and continues for up to 12 months to find a job, and then for a further two years once in employment. Support can include coaching; help with applications and CVs; accessing training; and signposting to other services. Crucially, advisors work to make sure people meet the conditions associated with their benefits relating to looking for a job, so they avoid benefit sanctions. Advisors may also contact potential employers to find opportunities for work, potentially improving the demand-side conditions, and help people apply for crucial Access to Work for funding.

It is clear that people with mental health problems and other disabilities are poorly served on the Work Programme. At present, the numerical and fiscal balance between the employability programmes is heavily tilted in favour of the Work Programme. Across the UK between April 2014 and March 2015, 180,540 people were referred to the Work Programme²²; only 18,800 (with 15,150 starts) were referred to Work Choice²³; the expenditure on each programme for the financial year 2013/14 was £703 million for Work Programme; DWP lists that £200m is currently spent on 'disability programmes', of which Work Choice presumably makes up the majority of expenditure²⁴. This is despite the high proportion of people with disabilities in Scottish society, many of whom could work if given appropriate support. Redistributing the funding between programmes and allowing a greater number of people with disabilities to access the specialist support they require would greatly increase their chances of employment. This should mean that individuals on the Work Programme receive more personalised support, as caseloads would be lower for employability workers, and that more individuals with disabilities would benefit from a more specialist service.

SAMH believes that the compliance within a reformed Work Choice programme should continue to be voluntary, and conditionality (i.e. sanctions) should not be introduced. The fluctuating nature of mental health problems present an additional barrier to finding employment, and the sanctions regime of DWP causes SAMH grave concern. Ensuring that people with mental health problems were supported into employment by a specialist employability service, which did not sanction individuals if their illness contributed to intermittent compliance, will ultimately be more successful in getting people into work, as well as not affecting their already poor health. A longer support period, and funding to provide meaningful ongoing support after an individual gains employment, would also make a difference. Ongoing work with employers could also help reduce stigma and unsupportive work practices, leading to better outcomes within the workplace.

²² DWP [Tables: Quarterly Work Programme national statistics to March 2015](#)

²³ DWD [Work Choice: Official Statistics](#) May 2015

²⁴ UK Government [Departmental expenditure](#) (Department of Work and Pensions)

The Key Performance Indicators (KPIs) for individuals with a mental health problem should be set at a lower level than that of other disabilities. This is due to ongoing stigma by employers and the fluctuating and unpredictable nature of these individuals' conditions. In terms of conversion levels to employment in Work Choice, SAMH recommends that this should be set at a level of 40% for individuals with mental health problems (at present it is 70%, which is unrealistically high for this cohort). Other KPIs should be created to measure how far the individuals on the programme have progressed, whether they have started volunteering or moved closer to the workplace in other ways such as better management of their conditions. Having KPIs which look at both types of outcomes would promote a more supportive programme and ensure more personalised support, which is likely to garner better results.

SAMH notes with concern that the implementation of the employability programmes rely on many factors which are going to remain under the control of the UK Government, and subject to years of reforms and budget reductions. We believe that the current ideological approach of DWP, which is penalty-driven rather than supportive, is counterproductive and damaging to individuals with mental health problems. The number of sanctions applied in Scotland doubled in the last year, and individuals with mental health problems are disproportionately affected. Sanctioning this group of people serves no purpose other than to make their illness worse and their personal circumstances even harder to cope with - making employment a less, not more, likely outcome. Other services devolved to Scotland such as the NHS, Scottish Welfare Fund, Social Care and Criminal Justice services and Homelessness have to step in to support people in these circumstances. The Scotland Bill as it is written prevents the Scottish Government from adequately supporting individuals if they have been sanctioned, and SAMH believes that this exception within the Scotland Bill should be removed.

Many of the problems of the Work Programme stem from the inappropriate and inadequate Work Capability Assessment; despite five years of independent reviews by Professor Harrington and Paul Litchfield, the focus of this test remains physically focused, and thus poorly serves individuals with mental health problems (over 45% of those too unwell to work). There is little faith in this test amongst the disability community; neither in its ethos or its accuracy. Individuals are still too often found fit for work and then placed in the Work Programme before they are well enough for employment, setting back their recovery and often leading to sanctions through their inability to comply with the process. SAMH hopes that the Scottish Government will lobby for significant changes to this process in order to correctly identify individuals for each employment programme once these are devolved; otherwise, these mistakes are likely to continue as individuals are wrongly assigned by DWP to programmes which will be administered in Scotland. Another challenge is the loss to JCP of many specialist Disability Employment Advisors in recent years, making the referral to the specific disability programme problematic. How this will be married up remains to be seen.

Finally, one current omission from the Scotland Bill is the continued reserved status of the Access to Work programme. SAMH believes that this programme – a fund to provide support for disabled people in work - fits within Smith's intentions of devolving employment support, and that it dovetails neatly with the other support

being devolved for individuals with disabilities. SAMH calls on the Welfare Reform Committee to support the devolution of Access to Work, which could then be expanded and applications coordinated with Work Choice.

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

The elements of the Regulated Social Fund which SAMH had the most experience of, namely Community Care grants and Crisis Loans (now Crisis Grants), were previously devolved to Scotland in an earlier welfare bill and placed on a statutory footing through The Welfare Funds (Scotland) Act 2015. As a general principle, SAMH calls for the smooth and speedy delivery of such payments within the Fund, which are applied for in times of great need and stress. In terms of the Funeral Payment, especially in the case of a death by suicide, this involves ensuring that the process is simple, streamlined and works well with police, Procurator Fiscal and other agencies.

Regarding benefit top ups, the Scotland Bill states that financial assistance may not be provided if an individual has had a reserved benefit sanctioned due to non-compliance with a work-related requirement. SAMH is extremely concerned that the sanction regime as currently constituted discriminates against people with mental health problems. People with mental health problems are more likely to be sanctioned than any other group – 6 in 10 people who have been sanctioned have a mental health problem or learning disability²⁵. Non-compliance could be unavoidable due to their disability, and such sanctioning is therefore discriminatory.

The Smith Commission clearly stated that “The Scottish Parliament will also have new powers to make discretionary payments in any area of welfare without the need to obtain prior permission from DWP.”²⁶ This is undermined by the conditions included in the Scotland Bill on Exceptions and is not a true transfer of powers.

The number of sanctions applied in Scotland doubled in the last year. Sanctioning this group of people serves no purpose other than to make their illness worse and their personal circumstances even harder to cope with - making employment a less, not more, likely outcome. Other services devolved to Scotland such as the NHS, Scottish Welfare Fund, Social Care and Criminal Justice services and Homelessness have to step in to support people in these circumstances. **SAMH believes that this exception within the Scotland Bill should be removed.**

Conclusion

There is an opportunity to ensure that the principles of dignity, respect and human rights become embedded in the welfare provisions which are being devolved to Scotland. Scotland has a chance to lead the way, especially as the Work

²⁵ UK Government FOI request March 2014
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/295384/foi-79-2014.pdf

²⁶ The Smith Commission 2014, paragraph 54.

Programme and Work Choice are also ending in England and Wales, and therefore a review of such approaches is possible, as well as desirable. SAMH's previous research²⁷ has shown that the UK Government's welfare reforms have had a negative impact on the mental health and finances of people we support, and it is imperative that a more supportive, effective and humane approach is taken by the Scottish Government.

²⁷

http://www.samh.org.uk/media/432022/samh_worried_sick_poverty_and_mental_health.pdf

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 \(65KB pdf\)](#)
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- [Barnardo's Scotland \(222KB pdf\)](#)
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- [Chartered Institute of Housing \(CIH\) \(296KB pdf\)](#)
- [Children 1st \(163KB pdf\) \(new submission\)](#)
- [Citizen's Advice Scotland \(CAS\) \(399KB pdf\)](#)
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- [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 \(372KB pdf\)](#)
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- [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 \(147KB pdf\)](#)
- [MS Society \(111KB pdf\)](#) (new submission)
- [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)
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- [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 \(SFHA\) \(173KB pdf\)](#)
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