RNIB Scotland is the leading charity working with blind and partially sighted people in Scotland. We campaign for their civil and welfare rights and deliver services (including welfare rights advice).

Consultation

1. Did you take part in any consultation exercise preceding the Bill and, if so, did you comment on the financial assumptions made?

RNIB Scotland responded to the Scottish Government consultation, A New Future for Social Security in Scotland, welcoming the Scottish Government's aspiration to build "a fairer social security system that treats people with dignity and respect".

Just as Rome was not built in a day, we appreciated that establishing a Scottish social security system to deliver the devolved disability benefits is complex and challenging.

Our response highlighted three key areas - accessibility, assessment processes and advice services. In the autumn 2016 consultation we did not comment on financial assumptions made in relation to social security in Scotland. However, we are aware of cost implications in relation to our key concerns as well as with regard to the introduction of a new system and agency.

Accessibility

We recommended that a range of application/communication options should be available in accessible formats. We welcome the acknowledgment from the Social Security Minister Jeane Freeman that it is "important to have a range of communication formats so that the new social security system is accessible to all".

In general, blind and partially sighted people have very substantial additional daily living costs whilst in terms of communications, the high costs of accessible technology for blind and partially sighted people should also be taken into account.

Assessment processes

Many problems have been identified in the current Personal Independence Payment (PIP) assessments of blind and partially sighted people. These include hard-to-access assessment centres, assessors' poor medical knowledge of sight conditions and delays in handing down decisions, all leading to expenses and often distress.

Where assessment is required, we recommended returning to something like the Disability Living Allowance (DLA) system of home assessments by Examining Medical Practitioners (a pool of retired General Practitioners).
**Advice services**

We sought a commitment to fund advice services so that people who need services or support with benefits take up their rights and entitlements. Better links with health professionals could be achieved by means such as "social security surgeries" in GP surgeries and hospital clinics.

We strongly believe that any Advice or Advocacy resources should be administered outwith Government, run by an independent agent and not integrated into any Scottish Social Government Security Department.

**Costs**

4. If the Bill has any financial implications for your organisation, do you believe that they have been accurately reflected in the FM? If not, please provide details.

RNIB has a UK Advice service offering advice by telephone or Skype. This service has staff based in Scotland with experience of devolved welfare benefits.

In addition there is small Big Lottery funded team in Scotland which provides intensive support for complex benefit enquiries. This funded project will end on 30 September 2019.

The FM refers both to policy and demographic considerations (see below).

We anticipate that there will be increased demand for our services given the rise in the aging population and the links between aging and sight loss.

According to the FM, ‘the preferred option for the social security agency is a central agency with enhanced phone and on-line support which incorporates local face-to-face pre-claims and support services in existing public sector locations’ and options for improving assessments (the process, medical or otherwise, by which eligibility for some of the benefits will be determined) are currently being explored.

7. Does the FM accurately reflect the margins of uncertainty associated with the Bill's estimated costs and with the timescales over which they would be expected to arise?

The FM notes that ‘the transfer of these powers will require the implementation of new infrastructure and systems to support their delivery, and this represents the largest and most complex programme of change the Scottish Government has undertaken since devolution’.

The Memo reflects margins of uncertainly in relation to the Bill's estimated costs whilst the phasing in of devolved benefits will shape timescales.

It further notes that there are ‘several financial elements to consider as a result of the devolution of social security:'
• the cost of demand-led social security benefits paid to individuals within the new Scottish social security system: existing benefits [ten of the eleven benefits being devolved to Scotland are demand-led]; top ups to existing benefits, and new benefits that may be created by the Scottish Government in the future;
• the impact of demand-led spending on the Scottish Government’s budgeting and financial management arrangements;
• the effect of the block grant adjustments and reconciliation process on the Scottish Budget and cash management;
• forecasting of demand-led expenditure and the role of the Scottish Fiscal Commission (SFC);
• the cost to the Scottish Government of setting up and running the Scottish social security system; and
• an assessment of any costs borne by Local Government, the UK Government and other bodies, individuals and businesses.’

It also notes the need to fund policy changes such as increasing the annual value of Carer’s Allowance to the same value of Jobseeker’s Allowance and replacing the Sure Start Maternity Grant with an enhanced Best Start Grant from the existing Scottish budget envelope, as it would not be part of any UK budget transfer relating to the new powers.

It also notes that demographic differences which affect the relative numbers of benefit claims in Scotland compared to the rest of the UK, such as an aging population, would have an impact on the Scottish Budget putting pressure both on funding the social security system and in areas such as health and social care.