

## SUBMISSION TO THE SOCIAL SECURITY COMMITTEE

### CALL FOR EVIDENCE: SOCIAL SECURITY (SCOTLAND) BILL

1. Support in Mind Scotland works to improve the wellbeing and quality of life of people affected by serious mental illness, such as schizophrenia and psychosis. This includes those who are family members, carers and supporters. We achieve our mission through education, campaigning and provision of practical help, support and information.
2. We welcome the opportunity to contribute to the Committee's call for evidence on the Social Security (Scotland) Bill. Social security is an important policy matter to our members.

### PRINCIPLES

3. The principles laid out in the Bill are welcome, particularly that dignity and respect will be at the heart of the new system. We support the use of the phrase "social security"; that social security is viewed as an investment in the people of Scotland; that it is described as a right in the proposed legislation; and that continuous improvement to the system will be sought.
4. However, Principle (d) should state the Scottish Government has a 'duty' rather than a role.
5. Principle (g), that the system be "efficient", may imply low cost is more important than upholding the other principles. We prefer the term "cost-effective" to ensure the new agency is driven by the principles rather than working at the lowest possible cost.
6. The new agency is not directly referenced in the Bill. The Scottish Government should set out how the agency will be held accountable, including by reinforcing its legal obligations to the principles.

### Other principles

7. We support calls to include access to independent advocacy for people receiving and/or applying for social security. The Scottish Government should enshrine the right to both independent advocacy and independent advice with regards social security in legislation.
8. It may be that the principles should reflect the concerns we lay out under Rules, with reference to the application and assessment process.

### CHARTER

9. We support the inclusion of a charter to supplement the legislation, particularly an easy-to-read format to allow ease of access for claimants, potential claimants and their supporters. The Charter should be available, both as an online and hard-copy document, and distributed widely, such as to GP surgeries, health centres, and social security/money advice services.
10. We note the Policy Memorandum states the Scottish Government agrees that a representative group (including service users and a range of organisations) should be involved in developing the charter. We expect this group to include individuals affected by mental ill-health (including carers and supporters) and mental health organisations.
11. We would encourage the Scottish Government to publish the charter in plain English.

## ACCOUNTABILITY

12. The legislation should be amended to set out how the Charter is enforceable, how the agency will be held to account and what protections the claimant has due to the charter
13. We welcome the intention to publish an annual report. This should be easily accessible and understandable. We would urge the Scottish Government to consider including an assessment on the effectiveness of the social security system to support people with mental health issues. Furthermore, we would welcome the Committee periodically scrutinising the role of both the Scottish and UK social security systems in supporting people with mental health issues – with this process including consultation with social security recipients, mental health charities and other relevant stakeholders.

## RULES

14. We believe the Scottish Government should supplement the rules laid out in the Bill with regards to the application and assessment process. The current application and assessment process is flawed.

### Initial application process

15. In a consultation with our members, over 60% of respondents were receiving benefits – but only 1 in 5 felt the application system was appropriate for people with mental ill-health.

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*“The application process is not always suited to people with mental illness”*

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16. Furthermore, many people indicated they had to receive support from services, such as CAB.
17. Some complaints about the current process were that forms were difficult to understand, too long and complicated, and did not consider mental health problems sufficiently.

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*“The forms are designed to stop people getting benefits... they are confusing”*

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18. We would welcome the new application process through the Scottish agency to be simplified, that the forms are written in plain English and that ‘usability studies’ are carried out with current and potential claimants to ensure the application form is in most cases easy to understand, perhaps in a similar approach to the Government’s Experience Panels.

### Assessments for disability assistance

19. We welcome the Scottish Government’s intention that the new agency will “put people before profits”, with no private companies carrying out benefit assessments.
20. We note the Mental Health Strategy for Scotland 2017-2027 states: “[The Scottish Government’s] overarching aim is to create a social security system in Scotland ... that helps to support those who need it and when they need it. We will ensure that this works for people with mental health problems.
21. We therefore call on the Scottish Government to go further with its reform of the assessment process and ensure that any assessments for people with mental health issues are carried out by health professionals with a mental health background.

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*“How can a physiotherapist gauge mental health?!”*

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22. In terms of social security, a huge issue for people with mental health issues is the invisibility and variability of mental illness. This can make the process of applying for assistance even harder and more worrying, particularly if someone is being assessed on a 'good day'.

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*"Benefit assessments do not necessarily take into account the variability of a person's mental health and can cause anxiety and alarm which is detrimental."*

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23. The new agency should give more importance to input from the applicant's own medical professionals. This could help prevent people with a mental health problem, or any other fluctuating illness, failing a benefit assessment solely because they were assessed on 'a good day'.

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*"[In the] short, good times, [there is a] danger of losing benefits"*

*"Mental illness often fluctuates... [this is] not taken into account"*

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24. We note the Scottish Government has indicated it will create a new system for assessment, 'abandon the need for claimants to prove they were ill' and 'rely more on medical history and put the needs of claimants first'. Many of our members do not understand why input from their own health professionals is not taken into significant consideration by the DWP.

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*"They don't give enough weight to GPs' and Psychiatrists' opinions"*

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25. Concern has also been raised about the need for continuous reassessment for people with long-term illnesses, which includes enduring mental illness. This is a concern raised across the voluntary health sector for a range of health problems and disabilities.

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*"Why do I have to go through filling out forms (which I find extremely difficult) ... It is torture... My diagnosis is not going to change"*

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26. For many claimants of disability assistance, particularly but not exclusively for people with long-term conditions, there are detailed medical and social care records available. These records could be used to assess eligibility for disability assistance rather than a presumption of face-to-face assessments. This provides a more cost-effective social security system and – importantly – reduces the worry many people face at, and in advance of, assessments. It could also eliminate the need for re-assessment for people with long-term conditions.
27. There are of course data protection issues here and we believe it should be up to the individual to explicitly consent to this. We are confident both the Committee and the Scottish Government will investigate this approach whilst respecting the need for data protection.

28. With more weight given to the applicant's own medical professionals, including the opportunity to join up devolved agencies through access to medical records, the new system could reduce the need for face-to-face (re-)assessments and cause less stress for applicants, free up resources and therefore help to create a system which is both cost-effective and 'user-friendly' – in line with the Bill's principles.
29. Furthermore, there is currently a high rate of successful appeals for PIP which further demonstrates that the current system is not working and is not cost-effective. This cause of unnecessary hardship could be eliminated in the new system if health records are used.

## SHORT-TERM ASSISTANCE

30. This is welcome. We have previously called on the UK Government to reform the sanctions regime which is ineffective and putting vulnerable people into economic hardship. We are aware of cases of loss (total or partial) of income which has occurred during transfer from DLA to PIP or on missing a reassessment (often due to ill-health). This can cause unnecessary hardship and we welcome the Scottish Government's intention to minimise potential hardship. We hope there will be more flexibility in the new system to ensure people are not punished for being unwell.

## CARER'S ALLOWANCE INCREASE

31. Many of the people we support are carers – and, as an organisation, we understand the major role they play in supporting the person they care for. We therefore welcome the Scottish Government's commitment to increase Carer's Allowance through a Supplement beginning in summer 2018. Given the important and invaluable role carers play in society, and the estimated £10 billion they save the Scottish economy each year, we hope the Scottish Government will continue to recognise the vital work carers do – including by committing to increasing Carer's Allowance by inflation each year, as well as consider a further increase to the weekly payment value to truly reflect the work they do.
32. Carer's Allowance is just one small part of the support carers need and deserve from government. Once the social security system in Scotland is fully operational, we hope that 'carer's assistance' through the social security system will integrate with functions of the Carers (Scotland) Act and that a less-restrictive definition of 'carer' (as currently set out by the DWP for Carer's Allowance) will be used, in particular to ensure provision of assistance to those who support people with fluctuating illness. Furthermore, carers should be supported if they want to engage in employment and/or education and this should therefore not prohibit eligibility for assistance.
33. With reference to Schedule 1 – Carer's Assistance Regulations, Part 1 Chapter 1, we hope its provisions will help to prevent an immediate 'double-loss' as can happen under the current system. For example, if the cared-for person appeals a decision after losing entitlement to, or failing to attend a reassessment for, disability assistance, this can automatically revoke the carer's right to Carer's Allowance and cause further financial hardship.

## OTHER INFORMATION

34. On the wider issue of social security, we supported Citizens Advice Scotland's campaign to halt the roll-out of PIP in Scotland until the powers are devolved. However, we note recent press coverage estimating 130,000 Scots currently receiving DLA will require to be reassessed by the DWP before the Scottish agency is set up. We welcome the Scottish Government's commitment to create a new assessment system in Scotland; however, we would urge both the Scottish Government and the Committee to do everything possible to ensure current DLA recipients will not undergo arduous DWP assessments so close to the devolution of disability assistance.

35. The Scottish Mental Health Partnership, of which we are a member, published a report prior to the 2015 UK Election entitled "[Ticking All the Wrong Boxes: Mental Health and Employment Support Allowance](#)". The report concluded that assessments are not fit for purpose for people with lived experience of mental health problems; that the system is mistrusted, causes significant anxiety for applicants and lacks sufficient flexibility to measure the impact of mental health conditions. We hope these points will be considered by the Committee and the Scottish Government - and that they are found in the Regulations as appropriate to fully ensure the new system is fairer and has dignity at its heart.
36. We note the wide calls for an independent scrutiny body to review the Scottish social security system. It may be that this body has the responsibility of assessing the effectiveness of the Scottish system for people with mental health problems which we have called for.
37. We would welcome action by the Scottish Government to ensure the new social security system integrates into the existing 'welfare state' services under its competence. Part of this would include a joined-up approach to data-sharing, where explicitly consented to by the claimant with the goal of reducing the need for face-to-face assessments.
38. Finally, we wish to draw the attention of Committee members to 'You Cannot See', a short film developed by members of one of our services which highlights the difficulties people with mental ill-health have experienced when undergoing employment and benefits assessments. More information and a link to the video can be found [here](#).