



SOCIAL SECURITY COMMITTEE

AGENDA

24th Meeting, 2019 (Session 5)

Thursday 7 November 2019

The Committee will meet at 9.00 am in the Sir Alexander Fleming Room (CR3).

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

2. **Benefit Take-up:** The Committee will take evidence from—

Professor Paul Spicker, Emeritus Professor of Public Policy, Robert Gordon University;

Professor Mark Shucksmith, Professor of Planning, Newcastle University;

Professor David Bell, Professor of Economics, University of Stirling;

and then from—

Catherine Henry, Financial Health Check Service Project Manager, Citizens Advice Scotland;

Fiona Moss, Head of Health Improvement and Equalities, Glasgow Health and Social Care Partnership;

Peter Hastie, Policy Manager, Macmillan Cancer Support.

3. **Benefit Take-up:** The Committee will consider the evidence heard earlier in the meeting.

SSC/S5/19/24/A

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The papers for this meeting are as follows—

Agenda Item 2

SPICe Briefing	SSC/S5/19/24/1
SPICe Call for Views Summary	SSC/S5/19/24/2
Written Submission	SSC/S5/19/24/3
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Social Security Committee

24th Meeting, 2019 (Session 5), Thursday 07 November 2019

Benefit Take-up: Themes for Discussion

Introduction

The Committee will hear from two panels. The first is made up of academics focusing on what is already known about benefit take-up, including the difficulty in estimating and some of the reasons why people do not claim. The second panel is made up of organisations who have undertaken successful projects to increase benefit take-up.

Panel 1

- [Professor Paul Spicker](#), Emeritus Professor of Public Policy, Robert Gordon University. His research has included studies of poverty, need, disadvantage and service delivery.
- [Professor Mark Shucksmith](#), Professor of Planning, Newcastle University. Research interests include: poverty and social exclusion in rural areas, rural development, and affordable rural housing. He is currently leading on the Rural Lives project and will be able to speak about the reasons why take-up in rural areas is lower compared to urban areas.
- [Professor David Bell](#), Professor of Economics, Stirling Management School, University of Stirling. David and his colleague Elaine Douglas provided a submission on their work to estimate the likely scale of underclaiming disability benefits.

Panel 2

- Catherine Henry, project manager, [Money Talk Team](#) (previously Financial Health Check), Citizens Advice Scotland. The project started in November 2018 and is funded by the Scottish Government for two years to help people access the benefits they are entitled to.
- Peter Hastie, [Improving the Cancer Journey](#), Macmillan Cancer Support. Since 2014, this multi-agency approach in Glasgow offered everyone with a new cancer diagnosis in Glasgow a 'holistic needs assessment,' which is used to create a care plan. This approach is now taken to a national level through "Transforming Cancer Care Partnership" which provides link workers throughout Scotland to support cancer patients' needs. While it is not a programme that specifically exists to maximise benefit take-up, income maximisation often plays a part.
- Fiona Moss, [Healthier, Wealthier Children](#), NHS Greater Glasgow and Clyde.

Fiona Moss provided the following description of Healthier, Wealthier Children:

Healthier Wealthier Children (HWC) enables midwives and health visitors within Greater Glasgow and Clyde NHS Board (GGC NHS) to refer families and mum's to be for financial advice. The project was originally developed with funding from the Scottish Government back in 2010. GGC NHS Board have worked with each of the 6 local authorities and now Health and Social Care Partnerships (HSCP's) they cover to have local financial advice organisations receiving and dealing with the referrals and have mainstreamed and continued to grow the service since the external funding ended over six years ago. The initiative is promoted to families on the basis that having children changes your financial situation.

The 55 submissions received are summarised in a SPICe paper with this week's papers. The Committee also held a [roundtable on benefit take-up on 5 September](#) hearing from: Neil Cowan (Poverty Alliance), Chris Goulden (Joseph Rowntree Foundation), Rob Gowans (Citizens Advice Scotland), Russell Gunson (Institute for Public Policy Research Scotland), Steven McAvooy (Enable Scotland), Lynn Naven (Glasgow Centre for Population Health) and Lesley Newton (Inverness, Badenoch and Strathspey Citizens Advice Bureau).

Panel 1 : Suggested themes for discussion

Theme 1: Estimates of eligibility

The DWP and HMRC provide estimates of take-up rates for some means tested benefits. There are no official statistics giving estimates for disability benefits and, as yet, no estimate of universal credit take-up as it is still being rolled-out. The table below shows government produced take-up estimates not including those benefits being replaced by universal credit (as no new claims can be made for these).

Table 1: Take-up estimates (caseload)

Great Britain benefits (estimates of take-up in 2016/17)	
Pension credit	60%
Child benefit	93%
Scottish social security: (December 2018 to March 2019)	
Best start grant (pregnancy and baby)	67%

Sources

DWP (2018): [Income related benefits: estimates of take-up for financial year 2016/17](#)

HMRC (2018) [Child Benefit, Child Tax Credit and Working Tax Credit take-up rates 2016/17](#)

Scottish Government (2019) [Benefit take-up strategy](#)

The DWP statistics note the complex methodology involved in estimating take-up. The government uses the Family Resources Survey to estimate those who might be entitled but do not claim and compares this to administrative data on number of claimants.

Take-up varies by benefit and by type of claimant. For example, the overall housing benefit take-up is 80%, but it is 59% for couples with children (compared to 87% for singles with children), 69% in the private rented sector

(compared to 86% in social rented) and 58% for those in work (compared to 93% of non-pensioners out of work).¹

The Scottish Fiscal Commission explain that they will base their estimates of disability expenditure on historic claimant numbers rather than take-up:

“For benefits related to ill-health and disability our modelling does not include estimates of take-up rates. In these cases it is very difficult to estimate the eligible population as the qualifying criteria are far less easily observable in the population. Taking Personal Independence Payment as an example, there are not any surveys that assess the likelihood of someone meeting the assessment criteria for this benefit. Any estimate of take-up would have a high degree of uncertainty, and a large potential range, attached to it and therefore wouldn’t be suitable for our purposes of considering a single forecast of spending on a benefit. Instead we look at historic trends in the number of people receiving disability assistance and consider how these might change in the future.”

Professor Spicker notes that there is extensive literature on benefit take-up, but the focus has tended to be on means tested benefits. Several submissions refer to [Finn and Goodship’s 2014](#) systematic review of the evidence on means tested benefit take-up.

However most of the benefits being devolved are not means tested and far less is known about these. There have been attempts at estimating eligibility for disability benefits. [Hancock \(2015\)](#) explored a method for estimating attendance allowance concluding that:

“Provided that surveys offer a sufficiently wide range of disability indicators, the detail of disability measurement appears relatively unimportant.”

[Kasparova et al \(2007\)](#) published a feasibility study on estimating take up of DLA and AA. The paper referred to estimates for DLA having been done in 1998² but commented that these were not robust. They note that for disability benefits:

“estimating the size of the eligible population and the take-up rate is a difficult if not impossible, task.”

The submission from David Bell and Elaine Douglas outlines an approach to estimating take-up of attendance allowance, based on their survey of older people – healthy ageing in Scotland. Figure 2 in their paper illustrates that some people with significant difficulties in undertaking everyday tasks do not get disability benefits. While disability is the most important factor in whether or not someone receives a disability benefit, other factors play a role. Gender,

¹ [DWP \(2018\) Housing Benefit take-up statistics 2016/17, Housing Benefit tables](#)

² Craig and Greenslade (1998) The take-up estimates ranged between 40 and 60 per cent in the case of AA, between 30 and 50 per cent in the case of the DLA care component and between 50 and 70 per cent in the case of the DLA mobility component

deprivation and geography all have an impact on the likelihood of receiving a disability benefit. They note that their survey is currently small scale and their results tentative.

They discuss the underestimation of the cost of free personal care noting that the approach used – based on survey data with small sample size and self reported need turned out to considerably underestimate the cost of the policy. Reflecting on this experience they suggest that:

“The assessment of take-up in relation to Scotland’s new social security payments must be evidence based and rigorously executed.”

The Committee may wish to discuss:

- **How robust existing estimates of take-up are**
- **The consequences of not having robust estimates of eligibility for all the main social security benefits**
- **Whether estimates are good enough to be confident of the differences they suggest between rural and urban areas and between different benefits**
- **The type of research needed to develop robust estimates of eligibility for disability benefits. For example how closely would it need to match the actual assessment criteria and is this feasible?**
- **Whether the different approach and ethos of Social Security Scotland is likely to have a significant effect on take-up (and therefore make reliance on previous trends less suitable for projecting future spend)**

Theme 2: Why people don’t claim.

In the written submissions the reasons given for underclaiming were fairly consistent – and noted by CPAG as being relatively well researched. The most common reasons mentioned were complexity and lack of knowledge, followed by administrative barriers, lack of accessible information, previous bad experience and stigma. It was noted that difficulties are increased where well-being, health issues or complex lives reduces people’s energy to engage with a complex system.

Professor Spicker’s paper refers to Kerr’s ‘threshold’ model of take-up which sets out seven barriers affecting take-up. (Perceived need, basic knowledge, perceived eligibility, whether the amount claiming is worthwhile, beliefs and feelings, perceived stability of circumstances and making a claim).

Professor Shucksmith refers to lower rates of claiming in rural areas – 42% of those eligible for pension credit in rural areas fail to claim compared with 35% in urban areas. He sets out reasons for this lower take-up as including: lack of informal sources of information, predominance of private rather than social landlords, lack of local information, lack of local welfare rights advice and stronger social stigma in rural areas.

The paper from Professor Bell and Elaine Douglas links non-take-up to the concept of unmet need. Causes of which include: lack of knowledge, perceived costs of claiming, stigma, difficulties in completing applications, errors in assessing applications, process delays and negative feedback from other claimants.

The Committee may wish to discuss:

- **How robust are some of the explanations for why people don't claim**
- **The most influential reasons affecting why people do not claim**
- **Whether reasons for not claiming disability benefits are different from the reasons for not claiming other benefits**
- **The particular factors affecting take-up in rural areas**

Theme 3: Improving take-up

Even if we cannot be precise about the size of the eligible population, income maximisation work strongly suggests that there are eligible people who don't claim. The written submissions made a number of suggestions about how to improve take-up. These include: multiple application channels, benefits that are easy to understand and simple to claim, clear, accessible communication, accurate information and decisions, knowledgeable staff and access to advice.

A key theme in submissions was that the complexity of a benefit – both in terms of eligibility criteria and its administration – made it less likely that people would claim it. If the process of applying was stressful – as many referred to disability assessment– then it was even less likely to be taken up.

The Committee may wish to discuss:

- **What the available research suggests would be a successful approach to improving take-up**
- **Whether specific approaches would need to be taken in rural areas**
- **How to judge the success of efforts to improve take-up if we cannot be certain about the size of the eligible population**
- **The balance between ensuring benefits are easy to understand and simple to claim with ensuring that they are appropriately targeted**
- **The extent to which a benefit based on an assessment of personal capabilities, such as disability benefits, can ever be simple to claim**

Theme 4: Scottish Government take-up strategy

The [Scottish Government take-up strategy](#) sets out how Scottish Social Security is being designed to reduce complexity and stress of applying for benefits. A summary of actions is provided at p.10 below.

Chapter 4 of the strategy focuses on measuring take-up. It includes an estimate of take-up for the best start grant pregnancy and baby payment only.

“This is due to there not having been enough time since the launch of other social security payments for there to be a sufficient number of applications for data analysis”

As a passported benefit, the number of eligible births is relatively straightforward to establish using DWP data of claimants of qualifying benefits and NRS data on births. The estimated take up is 67% (53% for first births and 77% for subsequent births).

In relation to disability benefits, the strategy discussed the work of Kasparova et al and of Hancock et al to develop methodologies for estimating disability take-up. The strategy states that:

“considering the various limitations and challenges around estimating take-up rate of devolved benefits, we will continue to explore methods in order to develop a systematic approach to enhancing the available data sources.”

Citizen’s Advice Scotland “would recommend that the Scottish Government includes commitments to produce take-up estimates in its take-up strategy. This should include estimates for universal credit, as it acts as a passport to a number of current and future devolved benefits.”

The Committee may wish to discuss:

- **Views on the Scottish Government’s take-up strategy, particularly in relation to estimating take-up**
- **Whether targets for increasing take-up should be part of the strategy**

Panel 2: Suggested themes for discussion

The second panel is focused on examples of projects which have supported people to take up their benefit entitlements.

In their review of means tested benefit take-up, [Finn and Goodship](#) (2014) suggest that:

“National charities and voluntary organisations – such as Citizens Advice, Age UK, Cancer Research and Macmillan Cancer Relief – are uniquely placed to promote take-up and monitor the impact of changes in benefits and in DWP service delivery. Many such organisations may also be in a position, through locally-based offices, to help trial identification methods of eligible non-recipients, new advice and support interventions at a local level. They could then evaluate their effectiveness in terms of increasing take-up rates.”

Theme 1: Partnership working

Healthy Wealthier Children and ‘Improving the Cancer Journey’ are partnerships in health settings providing and/or referring people to benefits advice. (The submission from Glasgow Council includes a case study of how one client was helped by ICJ). The CAS submission refers to 575 local partnerships as part of its ‘money talk team “ranging from simple referral routes and training opportunities to full co-location.” [...] there are also 125 NHS-CAB partnerships”

A key theme in the written submissions was the importance of local, targeted work to increase take-up. Co-location, partnership working and receiving information from a 'trusted figure' were all seen as important in encouraging take-up.

At the roundtable in September Lynn Naven (Glasgow Centre for Population Health) referred to the health setting of Healthier Wealthier Children as encouraging take-up:

"There is no stigma, all those involved are trusted professionals and there are good take-up rates"

She referred to money advisers being available in the hospital and a:

"routine inquiry question about money worries on the admission form for sick kids."

However, she also referred to the sustained effort needed for partnership working:

"we also have to work consistently to engage professionals in referring people for benefits. That should not be underestimated. It takes a lot of work."

There was comment in the submissions that many health, education and social care staff lack knowledge to advise people on benefits. Healthier Wealthier Children seeks to address this by creating referral pathways from health providers.

"The initiative is fundamentally supported by local health improvement staff who continue to raise awareness and train other NHS staff to be comfortable raising the question of money and referring into HWC." (Fiona Moss, HWC).

The Committee may wish to discuss:

- **The ongoing work required to develop and maintain effective partnerships to improve benefit take-up**
- **Ensuring services take a holistic approach – being able to address a wide range of needs - while still enabling people to access specialist welfare rights support where necessary**

Theme 2: Awareness raising and ongoing support

The written submissions from West Lothian Council and the Action Group both emphasised that just signposting was often not enough. Many people will need advice as well as information and will need help to maintain their claim.

The submission from the Action Group suggested it was necessary to:

"identify when people need on-going help to manage their claims and ensure that this is available i.e not just a question of identifying when

someone could claim and providing support to do so – advice and assistance is also needed to challenge decisions, maintain claims and complete renewals to ensure that benefit take-up is meaningful i.e long lasting.”

The complexity of claiming, the difficulties of maintaining online universal credit claims were often mentioned in submissions, suggesting that people need more than just awareness raising.

Enable point out that:

“the biggest issue faced by our clients is poor decision-making when assessing the impact of a disability on their ability to either live independently or take up employment.”

They consider that the success of their welfare rights service demonstrates the need:

“for people who have certain disabilities or conditions to have access to a bespoke advice service in addition to the provision of generic advice services.”

The Committee may wish to discuss:

- **The balance between ‘awareness raising’ communications campaigns and more in-depth, specialist work to support benefit take-up**
- **The availability of ongoing support for welfare rights claims, beyond making the initial application**
- **Whether benefit take-up work has enough focus on the need some clients will have for ongoing, specialist welfare rights support**

Theme 3: Lessons from evaluation

In the last year 4,143 referrals were made to Healthier Wealthier Children, with £6.3m financial gains, an average of £1,563 per family. (Fiona Moss, HWC) Healthier Wealthier Children was [evaluated in 2012 and 2013 by Glasgow Centre of Population Health](#). The review found that the majority of families supported had not previously been known to their local financial advice organisation and have very low incomes. It reported:

“There was clear evidence that the HWC project was being integrated across a range of NHS plans, performance reporting mechanisms and strategic groups.

At a local authority level, the project was now a part of the Glasgow city commissioned mainstream advice services, and was included within a forthcoming poverty action plan, thus ensuring ongoing local action to address child poverty.”

However a [further review undertaken in 2018](#) found: “One major area of concern, raised by most respondents, was funding stability.”

[Improving the Cancer Journey was launched in 2014 and is subject to a five year evaluation by Napier University](#) with the final report due in 2020.

Signposting to financial and welfare rights advice is only one part of the service. The 2015 evaluation reported:

“So far in ICJ £1,667,820 has been generated in additional financial gains and welfare benefits for clients and £107,684 debt written off. These figures suggest that the priorities of the ICJ clients are being addressed.”

The evaluation concluded that:

“ICJ is helping those most in need when they need it most. It has transformed cancer care in Glasgow, and become a beacon of excellent inter organisational practice for others to follow. The key conclusion from this evaluation is that the components of its success are reasonably straightforward to identify: strong leadership, strong buy in from partners, and a highly skilled workforce practising within a clear process.”

The CAS ‘Money Talk Team’ was established in November 2018. Their submission states that in the first six months of the project, the project has supported 3,889 clients overall, achieving financial gain of just over £2.5m.

The Committee may wish to discuss:

- **How the projects are/have been evaluated**
- **How lessons from the evaluations of Healthy Wealthier Children and Improving the Cancer Journey have been applied to their projects**
- **Whether the design of ‘money talk team’ has been informed by lessons learned from previous projects**
- **What lessons the three projects (improving cancer journey, money talk team and healthy wealthier children) have for how to improve benefit take-up**

Theme 4: Reaching specific groups of non-claimants

The submissions referred to low take-up amongst: young people, older people, people in rural areas, people from ethnic minorities, disabled people and people towards the upper end of entitlement (i.e those likely to be eligible for small amounts of tax credits).

The survey of CAB managers found that most managers thought that older people and disabled people were less likely to claim.

The Scottish Government has announced a £100,000 fund for 2020 with a focus on people who have:

“traditionally not applied for benefits, groups who may be in particular need of support and other groups that may have particular barriers to overcome in applying for benefits.”

The Committee may wish to discuss:

- **Which particular groups “have particular barriers to overcome in applying for benefits.”**
- **Whether the projects represented on the panel have taken particular approaches to target certain groups who are less likely to claim welfare benefits**

Theme 5: Social Security Scotland and the Take-up Strategy

The Scottish Government’s take-up strategy focuses on Social Security Scotland benefits already in payment – i.e best start grant, best start foods and funeral support payment. (Carer’s allowance supplement is awarded automatically).

The strategy gives examples of how Scottish Social Security is being designed to increase take-up and includes the following actions:

- £600,000 funding (£500,000 ‘preparation fund’ to support introduction of Scottish social security and £100,000 focused on seldom heard groups).
- A stakeholder take-up reference group and two roundtable events to explore solutions along with other engagement activity to develop targeted activity
- A series of benefit take-up weeks
- Using client insights survey to identify gaps in take-up
- A focus on inclusive communication
- Ensuring people with lived experience inform the design of social security
- Tailoring communications strategies for each benefit

The strategy does not have targets for increasing take-up. Take-up for the best start grant is estimated at 67%. This follows promotional work which resulted in a much larger than expected level of applications.

One element of encouraging take-up is Social Security Scotland’s locally delivered pre-claims support. This will be fully in place by summer 2020. The take-up strategy states that:

“Over the last year Social Security Scotland has had 19 Local Delivery Relationship Leads in place working across all 32 local authority areas in Scotland. Their role is to engage and build strong relationships with partners including local authorities, third sector and health and social care organisations to raise awareness of social Security Scotland and our devolved benefits.”

The Committee may wish to discuss:

- **Initial views of the Scottish Government’s Take-up Strategy**
- **How the projects represented on the panel have found the introduction of Scottish Social Security has affected their work**
- **How the introduction of the remaining devolved benefits is likely to impact on their efforts in future to encourage take-up**
- **Whether they are already working with ‘local delivery leads’ in Social Security Scotland**

**Camilla Kidner
SPICe
29 October 2019**



Social Security Committee

24th Meeting, 2019 (Session 5), Thursday 07 November 2019

Benefit Take-up: Summary of Call for Views

Introduction

This paper summarises the main themes in the 55 [submissions](#) received as part of the Committee's inquiry into benefit take-up. It is organised around the nine questions asked in the call for views. Annex 1 lists examples of projects and successful take-up initiatives referred to in submissions. Annex 2 lists the additional questions suggested for Committee consideration in answer to question nine. Annex 3 lists the names of the individuals and organisations that submitted evidence to the inquiry.

With the exception of two submissions from individuals, all were in favour of promoting benefit take-up.

1. What do we know about how much is unclaimed and why?

Many submissions refer to the DWP and HMRC estimates of take-up – with a particular focus on low take up of pension credit and working tax credit. A summary of these estimates was provided in the [SPICe paper for the meeting on 5 September](#).

Disability benefits and, as yet, universal credit, are not covered in the official estimates. Estimates that do exist are at a GB level, and as JRF¹ notes, evidence of take-up at a Scottish level is scarce.

It is difficult to get accurate figures particularly for benefits with complex assessment criteria such as disability benefits. Generally estimates rely on surveys where questions do not match the eligibility criteria of the benefits.

One indication of underclaiming is the amount realised through welfare rights advice and income maximisation projects.

Citizen's Advice Scotland (CAS) state that CAB in Scotland achieved a client financial gain of over £84m through benefit payments in 2018-19, of which over £30m related to PIP, over £16m to DLA and over £10m to universal credit. (Examples of other income maximisation projects are provided in annex 1). Their survey of 65 CAB advisers found that the four benefits most likely to be

¹ Joseph Rowntree Foundation

underclaimed were all devolved (PIP, attendance allowance, carer's allowance and funeral payments).

David Bell and Elaine Douglas² discuss how to estimate take-up of disability benefits and point to the example of free personal care - where estimates of likely cost have been far exceeded - to illustrate the importance of accurate forecasting. They discuss the limitations in using survey data such as the family resources survey which is not specifically designed for estimating take-up. Using their survey: 'Healthy ageing in Scotland', they compare people's responses about their ability to do various daily tasks with whether they are claiming attendance allowance and conclude that: "disability only explains some of the variation in take-up." They suggest that: "there is an urgent need to ensure that the key factors which drive take-up should be better understood."

Submissions refer to low take-up amongst: young people (JRF, CEMVO³), older people (CAS, Independent Age), people in rural areas (Shucksmith), people from ethnic minorities (CRER⁴, CEMVO, disabled people (CAS) and those towards the 'upper end' of entitlement (CIH⁵).

In contrast the high take-up rates for child benefit and child tax credit are often referred to.

The reasons given for underclaiming were fairly consistent – and noted by CPAG as being relatively well researched. The most common reasons mentioned were complexity and lack of knowledge, followed by administrative barriers, lack of accessible information, previous bad experience and stigma.

Difficulties are increased where well-being, health issues or complex lives reduce people's energy to engage with a complex system (MS Society, MND Scotland, the Action Group⁶, Inclusion Scotland). This is particularly the case for disability benefits which are complex and stressful to apply for.

CAS provided case examples of barriers to take up in the appendix to their submission.

People's view of themselves also prevent them claiming – carers may not consider themselves as carers (National Carers⁷), moderate earners may not consider themselves eligible for in-work benefits (SCoRSS⁸), people with mental health issues may not consider themselves disabled (SAMH).

The often complex way in which benefits can interact with each other can make people concerned about claiming or unaware of additional entitlements. For

² Healthy Ageing in Scotland, (HAGIS) Stirling Management School, University of Stirling

⁴ Coalition for Racial Equality and Rights

⁵ Chartered Institute of Housing

⁶ Action Group and Lothian Centre for Inclusive Living

⁷ Joint submission from Carers Scotland, Carers Trust Scotland, Coalition of Carers in Scotland and Shared Care Scotland

⁸ Scottish Campaign on the Right to Social Security

example, carers may worry that by claiming carer's allowance the person they care for will lose their severe disability premium (National Carers). The severe disability premium was also given as an example of a little known entitlement by Policy in Practice who found 16,408 households in Wales who were eligible for but not receiving this premium.

Possible reasons for lower pension credit take-up in rural areas are discussed by Shucksmith et al. These include: lack of informal sources of information, fewer social landlords, stronger social stigma, less anonymity, greater distances to travel for advice, less likely to regard themselves as poor, seasonal workers may only be eligible for short periods and so not consider it worth claiming. Others mentioned poor internet connections and phone signals and expensive public transport as barriers to claiming that particularly affect rural areas. (eg Argyll Community Housing Association)

It was also suggested that where the amount to be gained is relatively small, but the effort of claiming or cost of processing is large, people may decide not to claim (Spicker) or agencies may be reluctant to promote availability (Advice Shop)

2. What are the gaps in knowledge and research and how can they be improved?

Equalities data.

The lack of equalities data being collected is raised by Engender, CEMVO, CRER and JRF as something that makes it difficult to target efforts to improve take-up

Engender, CRER and Scottish Women's aid have been in discussions about this in relation to the best start grant application form. Engender say they have been told that their concerns are being addressed as a matter of urgency and are due to meet the Cabinet Secretary.

CRER note that the Scottish Government's Race Equality Framework for Scotland 2016-30 includes a commitment to 'work to fill the gaps in current knowledge on how and to what extent minority ethnic people are accessing the benefits they are entitled to' and therefore believes that "the Social Security Committee must ensure that policies are being put into place to enable accurate monitoring of take-up."

Estimating take-up and reasons for under-claiming

As discussed above, take-up of disability benefits is difficult to estimate, but CPAG would "urge that methods are found that will allow the success of the take-up strategy to be measured and take-up activity to be informed by data." They consider that the 2021 census could be a useful source of data if it has the right questions in it. "it is not clear whether the new data need for monitoring disability assistance has [...] informed census questions on long term health conditions and disability." Inclusion Scotland suggest further boosting to the Scottish sample of the family resources survey.

Other benefits referred to as requiring further research included: council tax reduction (CPAG), attendance allowance (Age Scotland) and income based JSA (Inclusion Scotland). Discussing the new proposed rules for terminal illness, Marie Curie suggest there needs to be research into how many people this might affect.

Research with people who do not claim benefits is suggested, including those in rural areas (Shucksmith), older people (Bell and Douglas, Independent Age), people in work and disabled people (Action Group).

Using management information

The Poverty Alliance notes that Social Security Scotland: “provides an excellent opportunity to improve evidence around levels of take-up, and efforts must be focused on building the evidence base.” CPAG suggest that information should be collected on factors such as why claims are refused and why appeals lapse.

3. How can administration of benefits be improved to improve take-up?

Unsurprisingly, many submissions suggested improvements which were the opposite of what they had suggested as reasons why benefits are not claimed.

Multiple application channels

Most submissions referred to the need for multiple application channels, citing difficulties with IT access as a barrier to claiming. While difficulties of the universal credit ‘digital by default’ approach were mentioned frequently, it was also noted that local authorities also often only provide information online (Policy in Practice) and the emphasis on online applications for Scottish social security (See Me). Edinburgh Council referred to their online applications for HB and CTR as a positive step, in that it reduced processing times, although only allowing these to be claimed online was cited as a barrier by the Advice Shop.

Clear, accessible communications

Straightforward language and accessible communications are important (LITRG⁹, Action Group, MND, MS Society, NASS¹⁰). One way to achieve this is to design forms and systems in partnership with those using the system (eg Poverty Alliance). Social Security Scotland should therefore have a continuous focus on improving form design and application processes (CPAG).

More generally, West Lothian council suggested quicker processing and shorter forms.

Accurate information and decisions

CPAG refers to high levels of error in benefit administration, (such as telling people to claim the wrong benefit, underpaying and overpaying) and suggests that staff training would help. SAMH refers to disability assessments which are “too often inaccurate and stigmatising.”

⁹ Low income tax reform group

¹⁰ National Autistic Society Scotland

Enable refer to the need to challenge poor decision making and CPAG to ensuring people are always able to appeal a disability assistance decision.

Workforce

The crucial role of the staff administering benefits and undertaking assessments was raised in many submissions. Staff need to know the benefit they are administering, they need to know the range of other possible entitlements and they need to understand the challenges faced by the applicant – whether due to disability, ill-health, equalities or other issues. They need to have a ‘person centred’, ‘holistic’ and ‘compassionate’ approach.

There was a common theme of the need for staff training about the various conditions and challenges faced by claimants. (NASS, CEMVO, MND). For example MND referred to the need for a “compassionate system with compassionate and well-trained staff who understand the challenges faced by someone with MND.”

Much of this, together with calls for ‘quicker decisions’, imply greater resources, although generally resources were only specifically mentioned in relation to funding advice services.

Advice

The importance of advice was a common theme in submissions. (For example age Scotland, Marc Allison, CEMVO, CPAG, CAS, FAIR, SAMH, SCoRSS.) Some distinguished between advice and information, saying that advice and ‘personal’, ‘holistic’ and pro-active approaches were needed (eg Action Group, National Carer orgs, Argyll Community Housing Assoc). For example West Lothian Council said there needed to be more emphasis on active referrals rather than just signposting and the Action Group said it is often important to provide ongoing support and advice- to help someone maintain a claim – not just make it.

Staff in other services

It was noted that many health, education and social care staff lack knowledge to advise people on benefits (eg. FAIR). National Carer Organisations point out that is NHS and local authority staff that carer’s often first (and most frequently) come into contact with and so are crucial in ensuring people are aware of their entitlements. It is important to provide advice in hospitals, and ‘trusted settings’ such as GP surgeries and schools (eg Poverty and Inequality Commission).

Specific barriers

Two specific administrative barriers mentioned were the requirement to have mandatory reconsideration (in the reserved system) and redetermination (in the devolved system) before someone can appeal (Rights Advice, Glasgow Council) and the need to phone for a PIP claim pack (Rights Advice).

OPFS note that: “Benefits that require people to continuously report on their circumstances and behaviour may create more stigma than those that only require a one-off application.”

4. How far is it possible for technology to create a more automated system that uses information gathered for other reasons to award benefits automatically? What would be the advantages/disadvantages of greater automation?

Many submissions spoke positively of the potential for automation. For example CAS said the most common 'top priority' amongst their advisers was for elements of the system to be automated. Several submissions wanted one claim that would automatically trigger entitlements to a range of benefits and support (eg SCoRSS, Highland, Glasgow Council, Edinburgh Council). However, there were many who, although welcoming the potential of greater automation, expressed concerns about possible negative impacts and concerns about data protection requirements.

Automation was discussed in terms of:

- Making applications and managing claims online
- Automatic entitlement to certain benefits in some circumstances (such as terminal illness)
- Automatic transfer from old to new benefits when benefits are replaced (moving from legacy benefits to UC, and moving from reserved to devolved benefits)
- Data matching or more sophisticated analytics to target potential applicants for different benefits
- Data sharing to:
 - automatically award passported benefits if a qualifying benefit is awarded
 - use information about one benefit to award other benefits with similar eligibility criteria
 - use one 'financial circumstances' form to award all relevant benefits
 - only require someone to supply information once ie an extension of the 'tell us once' idea
 - identify where the award of one benefit or other changes in circumstances require a change to another benefit

There was a general view that better use could be made of the information already in the system – (Rights Advice Scotland, Action Group, CAS, Edinburgh Council, Independent Age, Glasgow Council) with a view to either using information collected for one purpose (such as CTR) for another (such as school clothing grants or education maintenance allowance), or avoiding having to repeat the same information to the same agency for the same benefit (CAS).

On the other hand, many submissions opposed 'digital by default' approaches, and one of the most common comments under administration of benefits was the need for multiple application channels. Another common comment was the need for staff to understand the particular challenges faced by claimants (whether due to the impact of their disability or illness, or equalities considerations) which suggests that an automated system would not be

appropriate. Inclusion Scotland state that “it should be internal systems that are automated whilst several routes to claiming are available to users.”

Glasgow Council, whose school clothing grant process is referenced in many submissions as a successful example of automation, stress the need to have the legal framework in place before information gathered for one purpose can be used to award benefits automatically. It must be made clear how data will be used and applicants must be given the choice of whether their data is used for other specific purposes.

Examples of automation

- Edinburgh Council have a ‘digital only application process’ for housing benefit and council tax reduction which has reduced processing times from 33 days to 17 days. (Although the Advice Shop criticise this online only approach).
- Highland Council ‘apply once’ is an online single application form for 11 council administered entitlements. They would encourage something similar at national level saying: “relying on a system that requires new applications acts as a barrier”
- Child benefit information is shared with DWP for UC purposes (Policy in Practice)
- HMRC are notified when a disability benefit is awarded or stopped in order that the correct premiums can be applied to a tax credit award (LITRG)
- Glasgow Council use CTR and HB information to automatically award the school clothing grant
- Carer’s allowance supplement is a fully automated, passported benefit (CAS, CPAG)
- The baby box information is used to trigger payment of the best start grant (Perth and Kinross Council)
- Real time information (RTI) on earnings is used for UC and tax credits although this has caused problems (discussed below) (LITRG)

Potential uses of automation

There were a number of suggestions for further use of automation – generally focused on using data collected for one purpose for another purpose. (However, this would require consideration of data protection principles and privacy rights).

- Data matching was suggested as a way to target people potentially eligible for benefits (CPAG, CAS).
- DWP allows local authorities access to ‘searchlight’ (customer information system) to verify income, the data “could be used for a multitude of other awards such as school clothing grants, meals etc” (West Lothian Council)
- West Lothian and Glasgow councils suggest that it should be possible to use income information provided in a council tax reduction application to award education maintenance allowance, free school meals and clothing grants.

- West Lothian Council suggest that DWP information should be available to allow automatic award of a 'blue badge' where relevant.
- Both the Poverty and Inequality Commission and the Poverty Alliance suggested that the new child payment should be awarded automatically to those in receipt of qualifying benefits in order to boost take-up, rather than requiring an application form.
- The Poverty and Inequality Commission say the Scottish Government will, in the long term, look at automating the best start grant and best start foods payments for those receiving the Scottish Child Payment.
- SAMH refer to potential to automate gathering evidence to support disability assistance claims but notes the importance of consent.
- Edinburgh Council suggested "improved data sharing to allow a single financial assessment across a range of benefits."
- Rights Advice Scotland suggest that if someone is awarded PIP, then they should automatically get the additional element in pension credit without the claimant having to inform the DWP themselves.
- The Action Group suggest that the 'Tell us once system' should be adapted for use for changes in circumstances so that all benefit agencies are informed
- Similarly, Independent Age ask whether '[Tell us once](#)' could identify people eligible for pension credit
- Policy in Practice suggest that if someone receives less than the full state pension they should be invited to apply for pension credit

Advantages of automation

Data sharing was described by many as having the potential to make it easier for people to get the benefits they are entitled to. LITRG referred to the advantages of automation as being improved take-up and a more accurate and ideally, a more seamless system. NASS said that automatically awarding benefits would avoid stress and anxiety for applicants. CEMVO suggested that by adopting '[robotic process automation](#)' used by DWP, claims would be processed in a non-biased way, freeing staff to do outreach and take-up work.

Malcolm Gardner and Phil Agulnik¹¹ suggest that beneficial automation requires more than just data matching. It also includes:

- Simplified application forms using known data from a range of sources and elements of machine learning to identify citizen's needs
- Real time analysis that can predict actual and likely change of circumstances – making deductions using statistical inferences from 'big data'
- Having systems with clear, shared expectations for data which make sharing it easier
- More direct communication with the citizen

¹¹ Team Netsol Ltd and Entitled To Ltd. Entitled To is an online benefits calculator.

Disadvantages

Most submissions see potential in greater automation but many are cautious – pointing out that it could disadvantage claimants. Inclusion Scotland referred to [Philip Alston's](#) recent report¹² to the UN which warns of the detrimental impact of the way increased automation is being pursued largely as a cost cutting measure.

LITRG note that increased automation could lead to improved take up but concerns include: that the system is only as good as the data being used, that the individual cannot be held accountable for accuracy, it is reliant on digital skills which many people may not have, the costs of maintaining a secure digital environment need to be considered and there needs to be contingency for when the IT is interrupted.

Interestingly some of the same issues were cited as both advantages and disadvantages. For example automation was described as both reducing error and bias (CEMVO) and increasing it (JRF, LITRG). LITRG point out that error might be more difficult to identify and challenge in an automated system.

Impersonal

The impersonal nature of automated systems is problematic (Action Group, FAIR, Rights Advice Scotland). JRF note that: “Human advisors with robust knowledge of the system can assess the nuances of individual cases to identify eligibility in a way automation likely never could.”

As mentioned, most submissions would like to see ‘multiple application channels’ (primarily so that those without IT skills or unreliable internet access can access benefits) whereas automated systems may make this less likely.

Error and Bias

There is a risk of inaccurate information being used (Advice Shop, Marc Allison, JRF, Marie Curie). For example, JRF say automation: “risks inflicting further damage on claimants through errors or by entrenching design flaws.”

LITRG give the example of using of real time information (RTI) on earnings for UC and tax credits where data is sometimes wrong or incomplete. They note that given the automated nature of the system, it can be difficult for claimants to challenge these errors. They also point out that legal responsibilities do not always reflect the administrative arrangements. For example, HMRC are notified automatically when a disability benefit is awarded or stopped in order that the correct premiums can be applied to a tax credit award. However, when the process failed in 2016 families were not given fully backdated awards because legally it was still the claimants responsibility to inform HMRC about their DWP award.

On a similar theme, FAIR query whether someone can be held accountable for an overpayment of an automatically awarded benefit.

¹² [UN OHCHR “World stumbling zombie like into digital welfare dystopia”. Alston new report of digital welfare states and human rights \(A/74/48037\)](#)

Data protection and human rights

Data protection issues were mentioned briefly in many submissions but generally not discussed in depth. FAIR suggest that, due to data protection issues, it may be better to have “triggers that send forms to clients rather than automatic payment, as this may cause overpayments.”

Gardner and Agulnik consider that “GDPR permissions should be incorporated into the data collection and the single application form to safeguard personal data.” They state that: “one of the biggest blockers to take-up is data protectionism, whereby data owners create pseudo data protection rules that places blockers on the appropriate sharing of data.”

SFHA think there is “potential” to automation but consider that the driver towards automation is “invariably” cost-cutting and that: “algorithms do not lend themselves to nuanced decisions based on dignity, fairness and respect.”

As mentioned, Philip Alston’s recent report considers the human rights implications of automation of welfare rights systems.

5.What can we learn from previous campaigns to increase take-up?

Many submissions give examples of campaigns and initiatives intended to increase benefits take-up. These are listed in the annex. The following pulls out common themes.

Take-up strategy coverage

CPAG suggested what a good take-up strategy would aim to do. This includes: raising and maintaining awareness, linking with advice services, being informed by data and driven by targets and be linked to wider social security and anti-poverty aims.

There was concern that the Scottish Government’s take-up strategy only covers devolved benefits currently in payment (Engender). Given many Scottish benefits are passported from reserved benefits, CAS thought the strategy should cover both reserved benefits that are qualifying benefits for Scottish benefits as well as plans for the benefits yet to be introduced.

Targeted and tailored

Success is largely dependent on accurately targeting those likely to qualify, using a person centred, holistic approach and using up to date data (CIH, CPAG, CAS, Edinburgh Council, CRER). Data sharing can help with this, and many of the automated approaches referred to above are about data sharing to identify potential applicants.

Some submissions stressed the need to start small and local (CIHH, Enable, Poverty and Inequality Commission).

CPAG and CIHH refer to HMRC research on tax credits, which found that people did not realise it was a benefit.

Edinburgh Council point out that if campaigns aren't targeted then agencies can end up processing a lot of claims that do not qualify which increases administration costs.

Proactive, on-going and supported by advice

Providing initial information or signposting is not enough. Organisations need to be proactive in offering assistance and ongoing help so people can maintain a claim. This is particularly the case for complex benefits and vulnerable groups. (Action Group, CIHH, CPAG) Perth and Kinross Council refer to their successful pension credit campaign which involved experienced welfare rights workers doing a "comprehensive benefit check and checking other sources of support". They then supported people to make claims.

Campaigns need to be continuous (Gardner and Agulnik). SFHA noted that:

"A take-up campaign will only work for the duration of the campaign. As soon as the funding ends all the good work ends and we are back to square one. If government funding is made available for campaigns then it needs to continue indefinitely"

Many submissions made the point that campaigns need to be backed up by advice work (eg: Edinburgh Council, Action Group, Enable, Highland Council) and/or link to more specialist advice and support (Action Group, Enable).

Partnership working

Partnership working was mentioned frequently (CIH, CAS, FAIR, Glasgow Council, Highland Council) in particular the need for links between more specialist agencies and generic services working with the same client group (Enable, Action Group, CIH, CEMVO).

Avoiding stigma

Campaigns should use positive, rights based language (Poverty and Inequality Commission). Age Scotland said the 'You've earned it campaign' was successful in 'getting round stigma.'

6.Are different approaches required for different benefits and different client groups?

There was general agreement that different benefits and different client groups required different approaches. (For example: Argyll Community Housing, Rights Advice, Enable, Highland, Independent Age, JRF, Marie Curie, MS, National Carers, Poverty Alliance, Poverty and Inequality Commission).

Much of this reflects the view in answer to question 5 that take-up campaigns need to be tailored to different client groups.

However some point out that, while targeted information is needed, similar principles apply across all groups – eg awareness raising and linking to advice agencies (CPAG, CAS, Engender).

Some benefits are easier to target than others. For example, putting information on benefits for young children in schools or doctors surgeries would be obvious but it is less clear how to target information on benefits for low income workers (LITRG).

Inclusive, accessible communication is crucial and means that information needs to be presented in different ways. Some groups will need specialist support to access benefits (FAIR), or easy read/face to face information (Enable) For others its more a case of being aware of different preferences (eg older compared to young people) (Age Scotland, SFHA). CEMVO called for more resources for mainstream and ethnic minority led organisations to target benefit advice to ethnic minority communities.

7.What kind of eligibility criteria ensure better take-up?

There was a consistent message that benefits with simple criteria that are easy to claim are more likely to be taken up. Child benefit was often given as an example – being almost universal, simple to communicate and unchanging until the child grows up. Although Spicker notes that “it is not certain that their [state pension and child benefit] relative advantages can be transferred to other benefits.”

Clarity is important. The National Carers Organisations say that the “criteria should be clear enough that individuals can quickly identify whether or not they could be eligible.”

Some benefits are necessarily more complex. CPAG noted that:

“if there cannot be a clear link between a person’s situation and their benefit entitlement, it is better that eligibility criteria are fully and clearly defined in regulations.”

While universalism is noted by most as encouraging high take-up, JRF noted that some means-tested benefits do have very high take-up rates (income support/ESA for families with children is 89%), saying that: “there is a delicate balance between focusing finite resources and minimising stigma and complexity.”

LITRG note that people sometimes have to choose which benefits to claim due to the way benefits interact with each other¹³, and this complexity affects take-up. They recommend that there should be a government provided eligibility checker. CPAG recommend that Social Security Scotland staff should use an

¹³ Eg people cannot claim two ‘income replacement’ benefits at the same time. So you cannot get carer’s allowance and the full amount of the state pension at the same time. However, there may be advantages to claiming ‘underlying entitlement’ to carer’s allowance as it can give access to additional amounts in other benefits. This is just one example of the complex way benefits can interact.

eligibility calculator. Policy in Practice refer to projects that use their benefits calculator. The Committee also has a submission from Phil Agulnik, of [‘Entitled to’](#) – a widely used benefit calculator.

Passported benefits (which includes much of current Scottish social security) are referred to by many as a good way to ensure take-up (eg Highland Council). However Glasgow Council notes that they can create ‘cliff edges.’ If someone loses entitlement to the reserved benefit then they lose both that and the passported benefit at once. Also take-up cannot exceed the take-up of the qualifying benefit (MS, JRF, Poverty and Inequality Commission).

Qualifying benefits which are long lasting and stable may be easier to use for passporting. UC awards are commonly used as a qualifying benefit for passporting but because they can change on a monthly basis, this can make UC more difficult to use as a qualifying benefit. Related to this is Spicker’s point that “each benefit needs to stand alone”, so that failure of one doesn’t jeopardise someone’s entire income.

Glasgow Council’s automatic award of school clothing grants is possible mainly because the eligibility criteria includes council tax reduction – which is under the control of the local authority. Perth and Kinross Council and Rights Advice Scotland note that had CTR been included as a qualifying benefit for Scottish social security, local authorities would be able to do more to encourage take-up, because they can target CTR recipients.

8. How might the development of Scottish social security impact on take-up of both reserved and devolved benefits?

Many submissions referred to the opportunity presented by the Social Security Scotland to increase take-up of both reserved and devolved benefits. (eg: CPAG, CAS, FAIR, Perth and Kinross Council, Poverty Alliance).

The positive ethos of Social Security Scotland and provision of locally based support by them was seen as an opportunity to increase take-up of Scottish benefits, other Scottish payments (CTR) and reserved benefits.

However, there is potential to cause confusion (eg CEMVO, Edinburgh Council, Enable, Highland Council, JRF, LITRG, Marie Curie, MND, Poverty Alliance). People may not know which agency to claim from and there may be different definitions and criteria used for similar concepts. Marie Curie refers to the different definitions being used for terminal illness.

The UK and Scottish administrations need to work closely together to:

- Cross refer cases to ensure people claim the most appropriate benefits (LITRG, Action Group, Age Scotland, Rights Advice, CPAG, MND).
- Advise on potential eligibility to both reserved and devolved benefits (Rights Advice, CPAG, Engender, FAIR)
- Share data where entitlement to a benefit administered by one agency affects entitlement to benefits administered by the other (Action Group, Age Scotland, Rights Advice, CPAG).

MND Scotland state that: “it should not be incumbent on applicants to understand the differences between the two systems – no-one should fall between the gaps.”

CPAG suggested that Social Security Scotland staff should have a high quality benefit checker covering UK and Scottish benefits, which could be used in combination with referrals to local advice agencies. Similarly Perth and Kinross Council noted that “simple, easy to use benefit calculators that are easily accessible would assist understanding of eligibility.”

There also needs to be joint working between Social Security Scotland and existing advice agencies based on “seamless referral agreements” between them (Perth and Kinross Council).

Fiscal Framework

Inclusion Scotland and the Poverty and Inequality Commission raise concerns (already discussed in committee) that a take-up campaign could result in a claim of a policy spillover under the fiscal framework.

However JRF point out that neither awareness building activities nor improving administration are ‘policy changes’ and so should not result in demands for compensation. They consider that:

“ensuring all who are eligible for [reserved] benefits have access to them is the responsibility of the UK government, so it is difficult to see how the principle of no detriment could apply.” [...] “This ambiguity must be resolved.”

The Poverty and Inequality Commission state that:

“assurances should be asked for from the UK Government, if necessary, that it will not seek reimbursement from the Scottish Government for additional costs related to people in Scotland taking up the reserved benefits to which they are entitled.”

Instead of pursuing clawbacks there should be joint work between UK, Scottish and local government to promote take-up (JRF).

While it may be difficult to demonstrate the impact of a take up campaign, a more straightforward example of a spillover would be where the rules which applied to Scottish social security affected the number of people eligible for a reserved benefit.

On this issue Inclusion Scotland are concerned that “any future relaxation or extension of entitlement criteria for devolved benefits that results in more people becoming entitled to the premiums or disregards of reserved, means tested benefits could result in claw-back by the UK government via the fiscal framework.” On a similar theme, but operating in the opposite direction, LITRG used the example of Scottish income tax: if taxes were lower in Scotland then

people would have higher net income. This could result in them having a lower UC award, which could save the UK government money.

Annex 1: Examples of initiatives to increase take-up of benefits

Promotion at launch or change of benefit rules

- Haringey Council: used large administrative data sets (the LIFT dashboard) to target people possibly eligible for pension credit prior to the rule change on couples age, achieving £2.3m additional benefit. (Policy in Practice)
- Communications around the first BSG grant resulted in large number of applications (CPAG)
- Pension credit awareness raising campaign in 2003 used data matching to target potentially eligible people, using direct mail, TV and press. (CPAG)
- Promoting supplementary benefit to ensure people received transitional protection from the change to income support in 1988. This included printing an advert/claim form in newspapers and later printing an appeal letter. (Rights Advice Scotland)

Locally based projects/projects in partnership with other public services

- NHS Greater Glasgow and Clyde 'healthy wealthier children' refer families to local advice agencies who are funded to provide income maximisation (CPAG)
- Deep End Advice Worker projects based in two GP practices in Glasgow resulted in £850,000 additional benefit payments over two years (CPAG)
- Families apply for BSG when registering a birth in Glasgow (CPAG, Glasgow Council)
- Glasgow Council's 'universal credit hubs' have had 4,500 'interactions' with clients securing £10.5m in financial gains.
- Glasgow Council: automated award of school clothing grant based on HB/CTR information.
- Glasgow Council partnership with Macmillan Cancer Support since 2008. Has supported 29,400 clients achieving financial gains of £74m (Glasgow Council, Macmillan Cancer Care)
- Improving the cancer journey has supported 6,665 clients and made financial gains of £14.7m (Glasgow Council and Macmillan Cancer Care)
- In development: Glasgow Council: financial education programme will work with schools to increase awareness of young people and parents of the grants and benefits available to them.
- 'Building Connections' – a JRF demonstration co-location project in Glasgow dealt with 707 referrals and achieved nearly £1m in financial gain.
- Highland Council: midwifery project provides income maximisation for all pregnant women and advises on additional benefits available after a baby is born
- current project to promote pension credit via winter flu vaccination clinics (Scottish Public Health Network)

- Welfare advice health partnerships in general practice in Edinburgh and Dundee generated £39 for every £1 spent (Inclusion Scotland – referring to Kate Burton’s evidence to Committee 12th June 2019)
- Hartlepool action lab: working with local providers and local advice agencies targeting 500 houses in an area of high deprivation. Framed as a challenge: aiming to generate benefit of £1m to people across the town in 100 days (JRF)
- Guinness Housing Association – using benefits calculator so that staff coming into contact with vulnerable claimants can help them access benefits without having to be expert welfare rights advisers (Policy in Practice)
- Menu for Change: cash rights food project produced a referral pathway leaflet, benefit advice at food bank referrers and a phone advice line in East Ayrshire (SFHA)

Other income maximisation projects/campaigns

- Money Talk Team (formerly financial health check) (CAS) reaching 3,389 clients achieving £2.5m financial gain.
- Welfare Reform Mitigation Project (CAS). 37,000 clients achieving £14.6m financial gain.
- Since 2013 Enable Scotland welfare rights gained £5m for 1,341 clients with a learning disability
- Northern Ireland Department of Communities: £4.4m invested generated £50m for over 15,000 people (JRF)
- Perth and Kinross Council: pension credit campaign which involved experienced welfare rights workers doing a “comprehensive benefit check and checking other sources of support”. They then supported people to make claims.
- Greenwich Council uses administrative data to target households likely to be eligible, and has, for example, increased take-up of severe disability premium. Previous campaigns based on phone calls and mail shots were resource heavy and got only a 10% response rate (Policy in Practice)

Examples of not so successful initiatives

Some submissions also includes examples they considered had not been successful.

- Benefit bus or surgery had limited success – people didn’t want to be seen approaching the service (Rights Advice Scotland).
- Compare ‘you’ve earned it’, a marketing campaign, with ‘money talks’ providing personalised advice and income maximisation. The former generated £1 for every £2 spent, whereas the latter generated £4 for every £1 spent (Inclusion Scotland)
- [Pension credit payment study](#) (2012) identified people likely to be eligible for pension credit, and paid them an estimated amount for 12 weeks. However this did not appear to particularly increase the likelihood of making a claim at the end of that time (referred to by Spicker)

Annex 2: Other questions the Committee could consider

Question 9 asked whether there are other questions you think the Committee should consider as part of this inquiry?

These are listed below grouped into broad themes.

Advice

- What role can specialist benefits advice delivered by the community and third sector play in maximising benefit take-up and how does this differ from advocacy services? (Action Group)
- How should specialist benefits advice be funded? (Action Group)
- What part can the advice sector play in the take up of both reserved benefits and devolved benefits? What work is currently being done and what resources would be required to fill any gaps? (Rights Advice Scotland)
- Capacity of advice providers to react to an increased workload that a take up campaign may require and to consider what funding would be needed (Rights Advice Scotland)
- Scope for partnership working between Scottish Government and local authorities (Rights Advice Scotland, Policy in Practice).
- The need to continue to fund bespoke advice services tailored to particular client groups (Enable)
- Is there a commitment to fund advice services (FAIR)
- Is there a commitment to work with third sector to encourage benefit take up (FAIR)
- Whether welfare rights advice is adequately supported (Poverty Alliance, SCoRSS)
- How can advice and expert help be provided locally (West Lothian Council)

Local Authorities

- Role of local authorities in promoting take-up (Advice Shop)

Social Security Scotland

- How can Social Security Scotland ensure that the agency has a human face that is approachable, particularly when issues arise? (Argyll Community Housing Assoc)
- If benefit eligibility is identified at a later stage, is backdating allowed for Scottish social security benefits? (Stirling Council)

Take-up Strategy

- The take-up strategy needs to look at the benefits due to start – not just the ones currently in payment (Engender)
- How will we reach people that are marginalised (FAIR)
- How to shape public attitudes towards benefits – to reduce stigma (Poverty Alliance)
- How people with lived experience and deliver actions to boost take up eg partnerships with community organisations (Poverty Alliance)
- Role of trade unions and employers in promoting benefits (Poverty Alliance)

UK and Scottish Governments

- Committee could explore how the UK and Scottish Governments work together on take-up (CPAG)
- What is the role of the SG in promoting take up of reserved benefits (Poverty Alliance, SCoRSS)

Other

- What is the cost of processing multiple benefits against the gain for individuals (Edinburgh Council)
- Interaction of benefits with income tax and national insurance – this is particularly complex given the partial devolution of income tax (LITRG)
- Explore the interaction between benefits stigma and mental health stigma (See Me)
- How a basic income would help the unemployed find or start a business and what help would there be for people on basic income? (West Lothian Council)
- Consider making all financial support thresholds the same – eg fsm, clothing grant, ema. Different thresholds mean multiple applications are needed (West Lothian Council)

Camilla Kidner

SPICe

28 October 2019

Annex 3: Submissions received

The written submissions can be found on the [Scottish Parliament's website](#).

1. Professor Paul Spicker
2. Scottish Public Health Network
3. Barry Gale
4. The Highland Council
5. Marc Allison
6. National Autistic Society Scotland
7. MND Scotland
8. Inclusion Scotland
9. NHS Grampian
10. Low Income Tax Reform Group
11. Marie Curie
12. Scottish Association for Mental Health
13. Macmillan Cancer Support
14. CEMVO Scotland
15. West Lothian Council
16. Professor Mark Shucksmith (Newcastle University), Jane Atterton and Jayne Glass (SRUC) and Polly Chapman (Impact Hub Inverness)
17. Ciara Travis
18. City of Edinburgh Councils Advice Shop
19. Stirling Council
20. Joseph Rowntree Foundation
21. Argyll Community Housing Association Ltd
22. Coalition for Racial Equality and Rights
23. Chartered Institute of Housing Scotland
24. Family Advice and Information Resource (FAIR) Ltd
25. Age Scotland
26. Citizens Advice Scotland
27. City of Edinburgh Council
28. Engender
29. See me
30. Independent Age
31. Child Poverty Action Group (CPAG)
32. Policy in Practice
33. MS Society Scotland
34. Scottish Independent Advocacy Alliance
35. Scottish Campaign on Rights to Social Security
36. Poverty Alliance
37. Poverty and Inequality Commission
38. Glasgow City Council
39. The Action Group and Lothian Centre for Inclusive Living
40. Team Netsol Ltd and EntitledTo
41. Perth and Kinross Council
42. The National Carer Organisations (NCO)
43. ENABLE Scotland
44. Rights Advice Scotland
45. Professor David Bell and Elaine Douglas

- 46. Scottish Federation of Housing Associations
- 47. Renfrewshire Council
- 48. Action on Hearing Loss Scotland
- 49. South Lanarkshire Council
- 50. One Parent Families Scotland
- 51. Scottish Women's Convention
- 52. Anonymous
- 53. Anonymous
- 54. Dumfries and Galloway Council
- 55. Scottish Fiscal Commission

SOCIAL SECURITY COMMITTEE

BENEFIT TAKE-UP

SUBMISSION FROM PROFESSOR PAUL SPICKER

Paul Spicker is Emeritus Professor of Public Policy at the Robert Gordon University, currently working as a writer and consultant on social policy and administration. His books on social security include *Poverty and social security* (Routledge, 1993), *How social security works* (Policy Press, 2011) and *What's wrong with social security benefits?* (Policy Press, 2017). This submission has drawn from work on takeup published as *The takeup of benefits: lessons from the UK*, in H van Hoogtem (ed) *Armoede en ineffectiviteit van rechten*, Brussels: die Keure, 2017.

Executive summary

- Arguments about takeup have often centred on means-tested benefits, but the problems are much more extensive. Non-means-tested benefits are just as vulnerable.
- The main explanations for non-takeup conventionally include ignorance, the complexity of benefits, limited marginal benefit, and stigma. More detailed accounts consider perceived need, basic knowledge, perceived eligibility, perceived utility, beliefs and feelings, perceived stability of circumstances, and the process of making a claim.
- The benefits with the best takeup – Child Benefit and State Pension - are simple to access, have few conditions and are delivered for the long term. The benefits with the worst (including e.g. Pension Credit and DLA/PIP) are complex, poorly understood and have several moving parts. While there is scope for greater automaticity, the key problem rests in the design of such benefits.
- Takeup reflects the complex relationship between people and the public services, and consequently it can be enhanced by outreach and support; but the problems are more fundamental.
- Benefits should be understood as part of an income package. The route to security is not the integration of complex systems, which implies more complexity still, but the delivery of smaller, simpler, stand-alone benefits with a common pay day.

1. What do we know about how much is unclaimed and why?

1.1 There is an extensive literature on the takeup of benefits, but most arguments about takeup since the 1960s have focused on means-testing, and most of the Scottish system will be delivered in different ways. The assumption that means-testing was the main problem was a major part of the justification for the introduction of non-means-tested benefits relating to disability in the 1970s. When researchers and campaign groups first

considered the problems of the benefit system, those were hardly mentioned - it was only much later that it was accepted that they had many of the same problems of takeup as means-tested benefits.¹

1.2 The perception that the problems are mainly centred on means-tested benefits has also had a major effect on the way that statistics on non-takeup are maintained: most of the figures we have relate to different types of means-tests. Table 1 shows some of the headline figures (their publication was discontinued for a period but has subsequently been resumed).² The figures for Council Tax Benefit and JSA have been discontinued, and the figures in this table, intended for comparison, relate to earlier periods.³ I have added details of three non-means-tested benefits: Child Benefit, as reported by HM Revenue and Customs (HMRC),⁴ as well as some much older estimates for Attendance Allowance and Disability Living Allowance given in a research report for the DWP.⁵

¹ D Kasparova, A Marsh, D Wilkinson, 2007, The takeup rate of Disability Living Allowance and Attendance Allowance: feasibility study, London: Department for Work and Pensions.

² DWP, 2018, Income related benefits: estimates of takeup in 2016 to 2017, <https://www.gov.uk/government/statistics/income-related-benefits-estimates-of-take-up-financial-year-2016-to-2017>

³ DWP, 2012, Income related benefits: estimates of takeup 2009-10, <https://www.gov.uk/government/statistics/income-related-benefits-estimates-of-take-up>.

⁴ HMRC, 2018, Child Benefit, Child Tax Credit and Working Tax Credit: Take-up rates 2016 to 2017, <https://www.gov.uk/government/statistics/child-benefit-child-tax-credit-ctc-and-working-tax-credit-wtc-take-up-rates-2016-to-2017>

⁵ Craig and Greenslade, cited in Kasparova et al, 2007.

Table 1: The takeup of various benefits			
	<i>Type of benefit</i>	<i>Estimates of takeup by eligible recipients</i>	<i>Estimates of the amount of money due that is being claimed</i>
Child Benefit	Universal	92-93%	-
Child Tax Credit	Tapered*	81-86%	88-92%
Housing Benefit	Tapered	78-81%	85-88%
Income Support (and income-related ESA)	Minimum income	82-86%	86-90%
Working Tax Credit	Tapered	62-68%	81-87%
Pension Credit (Guarantee Credit)	Minimum income	62-66%	61-67%
(Council Tax Benefit)	Tapered	62-69%	64-71%
(Jobseekers Allowance)	Insurance/minimum income	60-67%	61-70%
Disability Living Allowance mobility component	Non-contributory †	50-70%	-
Attendance Allowance	Non-contributory	40-60%	-
Disability Living Allowance care component	Non-contributory	30-50%	-
* Tapered benefits: income tested with gradual withdrawal of benefit as income increases			
† Non-contributory: no test of contribution or income, but selected on the basis of a test of need			

Explanations for low takeup

1.3 The explanations for low takeup are usually given as ignorance, complexity, marginal benefit and stigma.

1.4 *Ignorance.* If people do not know that a benefit exists, they cannot claim it. Even if they do know that it exists, they may not realise that they are in the class of people who might be entitled to it. Most studies in the field identify the awareness of benefits as the most

important factor in determining take-up,⁶ but that has to be subject to a reservation – knowledge alone is not enough.

1.5 *Complexity.* People who might wish to claim benefits have to negotiate a byzantine series of processes. There is probably a difference in the reported views of people who claim benefits, who do not see this as so much of a barrier, and people who do not claim, who do.

1.6 One useful indicator of complexity is the extent to which the assessment of benefit goes wrong. Table 2 shows estimates for fraud and error.⁷ The benefits which claimants get wrong most often are Housing Benefit, Pension Credit and PIP. Overall, the main reasons for overpayments are earnings, capital and mis-stating needs; the main reasons for underpayments are earnings, income and mis-stating needs.⁸

The benefit where least mistakes were made by claimants is JSA, and that tends to imply that its relative familiarity (there has been an unemployment benefit in place for more than a hundred years) and lack of complexity is not translated into better take-up. However, if we take underpayments as the surest indicator of genuine mistakes (because fraud in those cases is negligible), Personal Independence Payment - a benefit that is not means-tested - stands out. Many claimants find the criteria incomprehensible. A study of unsuccessful claims for Disability Living Allowance found that people did not understand that DLA was there for different purposes from ESA; that they sometimes made claims with no reasonable hope of success, thinking that they may as well have a crack at it; and if they were refused, they put it down to luck rather than the operation of appropriate criteria.⁹ Regrettably, the current plans for Scottish benefits largely replicate the main features of this benefit.

⁶ P-M Daigneault, S Jacob, M Tereraho, 2012, Understanding and improving the take-up of public programs, *International Journal of Business and Social Science* 3(1) 39-50

⁷ DWP, 2019, Fraud and error in the benefits system: 2018 to 2019 estimates, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/801594/fraud-and-error-stats-release-2018-2019-estimates.pdf; HMRC, 2019, Child and Working Tax Credits: Error and Fraud Statistics 2017-2018, <https://www.gov.uk/government/statistics/child-and-working-tax-credits-error-and-fraud-statistics-2017-to-2018-first-release>

⁸ DWP 2019, Tables: fraud and error in the benefit system, tables 3 and 9

⁹ A Thomas, 2008, Disability Living Allowance: disallowed claims, London: DWP.

Table 2: Estimates of errors in the benefit system (percentages of value)				
	Fraud	Claimant error	Official error	Total
Income Support				
Overpaid	2.4	1.0	0.4	3.9
Underpaid	0.1	0.4	0.3	0.8
Jobseekers Allowance				
Overpaid	4.3	0.3	1.8	6.5
Underpaid	0	0.2	1.0	1.3
Universal Credit				
Overpaid	5.8	0.7	2.1	8.6
Underpaid	0	0.7	0.5	1.3
Pensions Credit				
Overpaid	2.2	1.4	1.3	5.0
Underpaid	0	1.6	1.1	2.7
Housing Benefit				
Overpaid	4.2	1.7	0.5	6.4
Underpaid	0	1.2	0.4	1.6
PIP				
Overpaid	1.6	1.6	0.3	3.5
Underpaid	0	3.2	0.6	3.8
Tax Credits				
Overpaid	1.2	4.5	0	5.7
Underpaid	no data	0.6	0	0.6

1.7 *Marginal benefit.* In a key paper, Burton Weisbrod suggested an application of a conventional economic model: people who were deciding whether or not to claim had to balance an assessment of costs against benefits.¹⁰ If the perceived benefit was small - in many cases, basic income benefits offer a marginal amount of money as a top up of income - it was less likely that they would claim. In most cases official estimates suggests that the amount of money no claimed is relatively small, though the gap between takeup by caseload and by expenditure has closed in recent statistical statements. That would also explain why pensioners, who in the main had some other sources of pension income, might claim less than other groups such as lone parents, who may not have much alternative income at all.

1.8 *Stigma.* Stigma is a general term which has been used to refer on one hand to a sense of shame, humiliation or exclusion, and on the other to reluctance to claim for those reasons. Some of the literature has been sceptical of the impact of stigma on takeup, explanations of Other People's behaviour but never Ours.¹¹ Rudolph Klein called stigma

¹⁰ B Weisbrod, 1970, On the stigma effect and the demand for welfare programmes Madison, Wisconsin: University of Wisconsin Institute for Research on Poverty

¹¹ M Reddin, 1977. Universality and selectivity, Dublin: National Economic and Social Council (Eire), p 67.

'the phlogiston of social theory', suggesting that in time, explanations based on stigma would ultimately be supplanted by other explanations, as we learned to understand people's claiming behaviour better.¹² That seems unlikely; the problem of stigma has been durable. If benefits are the source of shame and humiliation, it may impose barriers¹³ - or at least, impose a cost which claimants have to bear in order to claim.

1.9 In the 1980s, Kerr argued for a 'threshold' model of takeup. To claim a benefit, people had to pass through seven barriers.

1. Perceived need
2. Basic knowledge
3. Perceived eligibility
4. Perceived utility
5. Beliefs and feelings
6. Perceived stability of circumstances
7. Making a claim.¹⁴

There is a flaw in this model: these are not necessarily distinct stages or progressive thresholds in practice. People's expression of need or ignorance is linked to their unwillingness to claim for other reasons.¹⁵ People may be put off by difficulty of claiming when the perceived marginal benefit is low; if Weisbrod is right, balancing one factor against another is just what we should expect people to do. That approach has been at the root of later work; van Oorschot suggests that after the 'threshold stage' there is a 'trade-off' stage.¹⁶ The main value of Kerr's model, and the reason I am using it here, is that it identifies a number of contributory factors, presented in a more or less plausible sequence, which cumulatively might be expected to lead to low takeup.

1.10 *Perceived need*. People should feel they have a need. It is not certain that perceived need is a prerequisite - people claim Child Benefit or tax allowances regardless of 'need' - but they do at least have to identify themselves as being in the category of people who might receive a benefit. For example, it is hard to suppose that anyone is going to claim disability benefits if they do not think they reasonably might be thought to have a disability. In an ad hoc survey for the DWP, however, 62% of people identified as disabled said that they did not think of themselves as being disabled. Among the people with disabilities who said they were not disabled, more than half (55%) said it was because they could carry out their normal day-to-day activities, and 27% described themselves as fit and able to live a full life. Others put down their limitations to ill health or old age. Among those who did say they were 'disabled', 26% said they did think of themselves as being disabled, and 11% said 'sometimes'.¹⁷ If nearly three quarters of people with disabilities do not really think they

¹² R Klein (ed.), 1975. *Social policy and public expenditure 1975* Bath: Centre for Studies in Social Policy, p.5.

¹³ B Baumberg, K Bell, D Gaffney, 2012, *Benefits stigma in Britain*, Kent: Turn2us/Elizabeth Finn Care

¹⁴ S Kerr, 1983, *Making ends meet*, London: Bedford Square Press.

¹⁵ P Spicker, 1984, *Stigma and social welfare*, Beckenham: Croom Helm, ch 2.

¹⁶ W van Oorschot, 1998, *Realising rights*, Aldershot: Avebury, pp 116-9.

¹⁷ DWP, 2013,

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/210030/q1-2013-data.xls

are disabled, the takeup of disability benefits starts to look rather better than we might expect.

1.11 *Basic knowledge.* The second stage of Kerr's model is that people know that something is there. Even if they do not know exactly what they have to do, they have to start - to know, for example, where to go to start the process. The takeup of DLA is rather better for people registered as blind than it is for other people with disabilities. That may be true partly because that registration is evidence of recognition, partly because of the support of organisations to help blind people.¹⁸ In the same way, the figures for Housing Benefit also show a marked difference between the position of private tenants (64-73% takeup) and the tenants of social landlords (85-90%); that is probably attributable to the efforts of landlords in informing tenants of their entitlement.

1.12 *Perceived eligibility.* Once people know that a benefit exists, they have to think they might be eligible. In a study of Tax Credits, the researchers found that awareness of the benefit was not the main problem; it was that people who knew about the benefit did not think that they were eligible.¹⁹ The low takeup of Attendance Allowance, the disability benefit for older people, and the 'care component' of DLA, are probably influenced by the misunderstanding that there needs to be a carer before the benefit is payable. The takeup of DLA is notably higher among people who receive incapacity benefits for other reasons – one benefit acts as a gateway to another (and many claimants have the misconception that qualifying for one benefit will qualify them for the other).²⁰

1.13 *Perceived utility.* People have to think that claiming is worthwhile. This is much the same idea as 'marginal benefit', considered before; to determine whether a claim is worthwhile, people have to balance the benefits against the cost of claiming. Probably the most consistent characteristic of the takeup figures recorded in Table 1 is that the amounts of money are not claimed tend to be smaller than those which are claimed: that is true for Income Support, Pension Credit and Tax Credits, all of which adjust the amount paid to income.

Utility is, of course, a very broad term: in the case of free school meals, a research report suggests that

'A lack of choice, long queues, and wanting to sit with friends are the main reasons given by pupils for not taking Free School Meals ... the quality and choice of food on offer discouraged take up.'²¹

This stage of the process can overwhelm the others. In the case of health care (which in the UK is not part of the benefit system) an understanding of the costs of claiming is particularly important: subjecting oneself to invasive physical care carries a substantial cost. In the case of residential care, the cost may be a permanent loss of independence and personal autonomy. In those contexts, the decisions may not be made by the person concerned at all, but by others acting in their behalf.²²

¹⁸ G Douglas, 2008, Network 1000 DLA Take-up Study, London: RNIB
http://www.rnib.org.uk/aboutus/Research/statistics/prevalence/Documents/2008_2_Network_1000_DLA.doc

¹⁹ H Breese, N Maplethorpe, M Toomse, 2011, Take-up of Tax Credits, HMRC.

²⁰ A Thomas, 2008, Disability Living Allowance: disallowed claims, London: DWP.

²¹ C Harper, L Wood, 2009, Please Sir? Can we have some more?, Schools Food Trust,
http://www.childrensfoodtrust.org.uk/assets/research-reports/fsm_please_sir_jan09.pdf, pp 4, 13

²² S Davies, M Nolan, 2003, 'Making the best of things': Relatives' experience of

1.14 *Beliefs and feelings*: The decision to claim is influenced by attitudes, beliefs and stigma. Claiming has to be acceptable. The influence here is far from straightforward; pensioners are widely thought to have a legitimate claim, and lone parents are often condemned for 'dependency' and having children they can't afford, but the takeup figures work in the opposite direction.

1.15 *Perceived stability of circumstances*. Potential claimants have to think their condition would last long enough to make it worthwhile. This is the most likely reason for the relatively low takeup of Jobseekers' Allowance. One of the largest reasons for disability is stroke, but many people who have had strokes hope and expect to get better, and it can take many months before the position is clear.

1.16 *Making a claim*. The last stage is crucial: once all the decisions are made, people have actually to go through the process of applying, or nothing will happen. Applying for benefit is often difficult, time-consuming and intrusive. Attendance Allowance asks people, for example, if they can use the toilet without help. A report from Help the Aged comments that Attendance Allowance recipients 'found claiming it to be a tiring, repetitive and confusing process.'²³ Another study found that claimants lost money because of problems with the process, and some were dead before the benefit came through.²⁴

2. What are the gaps in knowledge/research and how can they be improved?

2.1 The empirical evidence about benefits is hard to reconcile with these explanations. If the problem is perceived need, why should Attendance Allowance have a better takeup than the care component of DLA and PIP? If it is complexity, why should Housing Benefit be claimed so much more often than the very similar Council Tax Benefit? If it is stigma, shouldn't lone parents be more reluctant to claim than pensioners? It may be that the figures tell only part of the story: for example, the low takeup of Pension Credit may well conceal people who are not entitled because of other resources. Possibly the figures themselves are suspect - there is always a difficulty in benefits authorities identifying the people who don't claim, because (almost by definition) these are people they don't generally come into contact with. It may be that there is an interplay of factors. But it looks as though we understand the problems and influences rather less well than we like to think.

2.2 The figures for Tax Credits are particularly anomalous. Child Tax Credit has the second best takeup figures in Table 1. It is means-tested, and dreadfully complex; it is exceedingly difficult to claimants to know what their entitlement is or should be. It is based on an annual assessment, but where that assessment is miscalculated (as it often is) claimants are liable to repay. The Ombudsman has questioned 'whether a financial support system which included a degree of inbuilt financial insecurity could properly meet the needs of very low

decisions about care-home entry, *Ageing and Society*, 23, pp. 429–50; H Arksey, C Glendinning, 2007, *Choice in the context of informal care-giving*, *Health and Social Care in the Community*, 15(2), pp. 165–75.

²³ Help the Aged, 2006, *Benefits and take-up: Help the Aged Policy Statement*, London: help the Aged.

²⁴ G Nososkwa, 2004, *A delay they can ill afford*, *Health and Social Care in the Community*, 12(4) 283–287.

income families and earners.²⁵ HMRC, the agency responsible for paying the Tax Credits, have said that there are some claimants whose previous bad experience means that they are not prepared to claim benefits at all, even for thousands of pounds.²⁶ Despite that, HMRC claim that five out of six of the people entitled get it, that the takeup of CTC among families out of work (97-100%) is even better than the takeup of Child Benefit, and that although nearly 8% of the benefit is mis-paid, almost none of it is due to official error. This is pretty hard to believe. If the takeup figures are anywhere near right, it seems to follow that means-testing and complexity are not what matters most; the important thing is to get a mechanism in place that gets the money out to people. If they are not right - and one has to say that they run counter to everything we thought we knew about takeup in other circumstances - any arguments based on these figures is open to challenge.

3. How can the administration of benefits be improved to maximise takeup?

3.1 It tends to be treated as self-evident in discussions of social security benefits that if people can get more money, they are going to want to claim that money. That is the basis both of simple-minded models based on incentives and 'rational choice',²⁷ as well as attempts to apply behavioural economics by 'nudging' people into desired patterns of behaviour.²⁸ Failing to take up benefits implies that something has gone wrong; it is just a question of overcoming the obstacles or 'tipping the balance'.²⁹ Some of the same problems occur in other social services, but beyond that, it is fairly clear that people have difficult, complex relationships with the services they receive. There is a large and complex literature in health care on 'help seeking' behaviour: studies suggest a complex interaction of attitudes to the condition, understanding about what can be done, perceived benefit and attitudes to services.³⁰ Older people may be resistant to receiving help in their homes.³¹ Some people do not take the drugs they are prescribed.³² Social housing can stand vacant while a long series of people in difficult circumstances refuse to accept the accommodation offered, because accepting it may have implications for decades afterwards.³³ These examples cannot be put down to barriers to access, or complexity, or ignorance, or the mechanics of claiming; they are about other things.

3.2 The benefits which seem to have the best takeup - Child Benefit and State Pension - are not means tested, but there is more to it than that. They are also benefits where the bar

²⁵ Parliamentary and Health Service Ombudsman, 2007, Tax Credits - Getting it Wrong? HC 1010, p 5.

²⁶ P Gerrard (HMRC Transformation Programme Director), 2008, Tax Credits and Child Benefit, DWP Annual Forum, Glasgow, 20th November; see also Parliamentary and Health Service Ombudsman, 2007, pp 3-4.

²⁷ e.g. C Murray, 1984, *Losing Ground*, New York: Basic Books.

²⁸ R Thaler, C Sunstein, 2008, *Nudge*, New Haven: Yale University Press.

²⁹ as in C Davies, J Ritchie, 1988, *Tipping the balance: a study of non-takeup of benefits in an inner city area*, London: HMSO.

³⁰ See e.g. C Burgess, A Hunter, M Ramirez, 2001, A qualitative study of delay among women reporting symptoms of breast cancer, *British Journal of General Practice* 51 967-971; A Mansfield, M Addis, J Mahalik, 2003, 'Why won't he go to the doctor?', *International Journal of Men's Health* 2003 2(2) 93-109

³¹ E Moen, 1978, The reluctance of the elderly to accept help, *Social Problems* 293-303.

³² See e.g. J Urquhart, 1996, Patient non-compliance with drug regimens: measurement, clinical correlates, economic impact, *European Heart Journal* (1996) 17 (Supplement A), pp 8-15

³³ H Pawson, A Kearns, 1998, Difficult to Let Housing Association Stock in England: Property, Management and Context, *Housing Studies* 13:3 pp 391-414

for entitlement is clear, where the benefit is paid for a long duration, is not affected by subsequent changes in circumstances and continues in payment until there is good reason for it to stop.

4. How far is it possible for technology to create a more automated system, that used information gathered for other reasons to award benefits automatically? What would the advantages/disadvantages be of greater automation?

4.1 More than fifty years ago, Professor Richard Titmuss expressed his exasperation with 'computermania': technology cannot provide answers to the moral, economic and political arguments that are characteristic of benefits.³⁴ What technology can do, in principle is to smooth the process of application – or, as we have seen with Universal Credit, to make it more difficult still. Some benefits are intrinsically complex, because they require information about a wide range of issues – such as household composition, income, liabilities, and details of accommodation.³⁵ The larger the number of moving parts, the less certain the information is and the greater the frequency with which information has to be included, the more likely it is that things will go wrong. The fundamental problem with PIP, with Universal Credit or with Funeral Expense Assistance is not the technology; it is the questions we ask.

4.2 Benefits are generally designed on the principle that the recipients have to claim them - they are, in technical terms, a 'subjective right', which people can choose to use or not. It is not obvious that this has to be the case, and the delivery of benefits could be done with a greater degree of automaticity. For example, people admitted to hospital after a stroke could be offered related disability benefits before returning home, without further assessment. An experiment in automatic entitlement has been made with Pension Credit. Enrolling people automatically, and looking for pensioners to claim only at the end of a period, did lead to an improvement in takeup, but a more effective method was to use human contact - a visit to the home and assistance with the claiming process. Even then, more than a quarter of claimants prompted to claim fell at the final hurdle - starting the process but failing subsequently to see it through.³⁶

5. What can we learn from previous campaigns to increase take-up? Specific examples of projects or approaches that improved benefit take-up, particularly those that were evaluated, would be welcomed.

5.1 There is often a certain naivety in the literature on takeup - the assumption, for example, if people don't know about benefits, they need to be better informed, or that if they feel stigmatised, they just need to be reassured about their entitlement. The experience of health services again provides us with a salutary lesson. Some of the problems of takeup in health care are very similar to the problems of takeup in social security.³⁷ The National Health Service is well known about, socially accepted, and strongly rooted in entitlement. Eligibility is clear and the route to access is evident. None of this has been sufficient to ensure full access and utilisation.

³⁴ R Titmuss, 1968, Universal and selective social services, in Commitment to welfare, London: Allen and Unwin

³⁵ P Spicker, 2005, Five types of complexity, Benefits 13 (1) pp 5-9.

³⁶ L Radford, 2012, Quantitative evaluation of the Pension Credit payment study, DWP, p 14

³⁷ e.g. C Shaw, R Tansey, C Jackson, C Hyde, R Allan, 2001, Barriers to help seeking in people with urinary symptoms, Family Practice 18(1) pp 48-52; H Broadaty, C Thomson, C Thompson, M Fine, 2005, Why caregivers of people with dementia and memory

5.2 It is difficult, from the evidence that I have reviewed, to argue that any measures are likely to be outstandingly effective. There are two supplementary approaches which seem plausible. One is the use of outreach - linking with communities, social groups and other services in order to extend the reach and operation of services. Finn and Goodship recommend 'Taking information into communities through outreach activities, often in partnership with other trusted intermediaries, such as health workers, and community based organisations.'³⁸ The second is the importance of human contact - having a guide to lead people, like Virgil, through the circles of the damned. That is one of the key elements in the work done by the Citizens Advice Bureaux to support older people,³⁹ or of the development of support for older people from minority ethnic groups in Newcastle.⁴⁰ It was shown to have a major influence, too, on patterns of takeup in the experiment to make Pension Credit more automatic. In the normal course of events, 2.9% of eligible non-recipients claimed without prompting. When people were automatically enrolled for an initial period, 8.6% subsequently claimed. When people were visited and the issues were discussed, the proportion of successful claims increased to 13.1%.⁴¹

6. Are different approaches required for different benefits and different client groups? What kinds of eligibility criteria ensure better take-up?

6.1 There is some reason to suppose that State Pension and Child Benefit work better than most other benefits; but it is not certain that their relative advantages can be transferred effectively to other benefits, such as those for disability, unemployment or (as in health care) responsiveness to personal needs. The main benefits which will be administered in Scotland will be those for people with disabilities. I have pointed to two key problems which affect existing benefits: most people with disabilities do not identify themselves as being in the potential claimant group, and many people who do apply do not understand the criteria that are being applied, especially the criteria relating to the 'care component'. It may help if Mobility Allowance was restored; people know more or less what mobility means.

6.2 The conventional representation of economic relationships generally assumes that producers are offering commodities - packages of goods or services that are produced, and then offered for sale to the consumer. Consumers decide whether to purchase or not to purchase. But, Stephen Osborne argues, personal services are not like that.⁴² At the most basic level, it is not possible to 'receive' health care, or education, or social housing, or social work, without the user being there. Services are being delivered when they are being used. There is not just one transaction; there is a continuing set of interactions, and necessarily there has to be some kind of relationship with the user.

³⁸ D Finn, J Goodship, 2014, Take-up of benefits and poverty, Centre for Economics and Social Inclusion, <http://www.cesi.org.uk/sites/default/files/publications/Benefit%20Take%20Up%20Final%20Report%20Inclusion%20proofed%20June%202014%20pdf.pdf> pp 59-60

³⁹ CAB, 2003, Serious benefits: the success of CAB benefit take-up campaigns, http://www.citizensadvice.org.uk/pdf_serious_benefits.pdf

⁴⁰ S Moffat, J Macintosh, 2006, It makes a huge difference, Newcastle-upon-Tyne: Newcastle University

⁴¹ Radford, 2012.

⁴² S Osborne , Z Radnor , G Nasi , 2013, A new theory for public service management?, American Review of Public Administration 43(2) pp 135-58.

6.3 Service users partly shape this relationship, as well as acting within it. Osborne discusses this relationship as a form of 'co-production'.⁴³ The terminology is not very satisfactory, because it seems to more control than many service users will actually have; but it does make the important point that the user has a part to play in the distribution and delivery of services. The role of co-production goes far beyond the question of determining whether or not service users are going to receive a service. Service users negotiate, they discuss, they bargain, they resist, they change the pattern of service delivery; often they do part of the service provision themselves.⁴⁴

6.4 When we think of flexible, responsive, individualised relationships with service users, cash benefits are probably not the first services that spring to mind. It may well look at first sight as if social security is in a class of its own, quite different from the other social services. Benefit rules tend to be strictly regulated and defined. Many benefits are relatively automatic and impersonal - more a commodity than a service. But the most impersonal benefits, like basic pensions or child benefits, are also the benefits which are least likely to suffer major problems of non-takeup. Other benefits often look and feel like personal services in practice, and their claimants - or service users - have a role to play, just as they do in other personal services. Disability benefits may get paid on an impersonal basis, but the process of applying, negotiating entitlement or undergoing re-assessment are anything but impersonal. 'Welfare to work' and activation schemes are highly dependent on interactions with individuals. Conversely, something similar is true in relation to many social services, including health and social care, which may offer specialised financial support as well as benefits in kind. Benefits and social services are not so far apart as they might first appear. The takeup of benefits may well, like the takeup of services, have to be understood in terms of a complex set of personal interactions in the relationships between services and their potential users.

7. How might the development of Scottish social security impact on take-up of both reserved and devolved benefits?

7.1 It is unlikely to be the case that improving the delivery of any benefit, or any set of benefits, will transform attitudes to other benefits delivered through different processes and on different criteria. Despite several major changes to means-tested support for pensioners – the introduction of rights, a guaranteed minimum, shifting from National Assistance to Supplementary Benefit to Pension Credit - the takeup of that support has remained stubbornly unresponsive.

7.2 Benefits are not made 'simpler' or more accessible when they are lumped together in one, big benefit. The problem is fairly obvious in the operation of Universal Credit – the rules for housing benefit have had to be retained, along with new ones. But the attempt to lump benefits together jeopardizes the stability of the income package; when things go wrong, or even when some circumstances change, everything stops. In the former system, Housing Benefit offices would receive notice from the DWP that a person had ceased to be in receipt of a qualifying benefit, and despite the rules which specified that the payment of

⁴³ Z Radnor, S Osborne, 2013, Lean: a failed theory for public services?, Public Management Review 15(2) 265-287, p 278.

⁴⁴ D Prior, M Barnes, 2011, Subverting social policy on the front line, Social Policy and Administration 45(3) 264-279.

HB should be continuous, benefits would have to be stopped pending further information. In Universal Credit, catastrophic discontinuations are integral to the design.

7.3 The interaction between the Scottish system and the reserved benefits has to be thought of differently. Providing benefits is not like the provision of other services: money is 'fungible', so that income from different sources can be mixed together. What matters for each person is the 'income package', the total amount they end up with.⁴⁵ The most effective way to integrate systems is not to dovetail benefits into each other, or to combine claiming processes, but the opposite: each benefit needs to stand alone. I have argued in previous work that the Scottish system should aim, like the system in France, to deliver a range of smaller, stand-alone benefits.

People should be receiving a collection of small, simple, predictable benefits; their total income will depend on the accumulation of a range of benefits, but the loss of one benefit will not leave people penniless. Using a range of smaller benefits would allow for a degree of responsiveness to varying needs. To make the system more predictable and manageable, there should be common pay days over common time periods - every benefit should have the same pay day for everyone. The advantage of such a system would be the provision of a relatively secure, stable income, delivered at regular intervals.⁴⁶

Paul Spicker
10th September 2019

⁴⁵ L Rainwater, M Rein, J Schwartz, 1986, *Income packaging in the welfare state*, Oxford: Oxford University Press.

⁴⁶ P Spicker, 2014, *Developing a social security system for Scotland*, Edinburgh: Chartered Institute of Housing.

SOCIAL SECURITY COMMITTEE

BENEFIT TAKE-UP

SUBMISSION FROM Professor Mark Shucksmith (Newcastle University), Dr Jane Atterton and Jayne Glass (SRUC) and Polly Chapman (Impact Hub Inverness)

Benefit take-up, exclusion and poverty in rural Scotland

This written submission has been compiled by Professor Mark Shucksmith (Newcastle University), Jane Atterton and Jayne Glass (SRUC) and Polly Chapman (Impact Hub Inverness). The authors have recently commenced a new project focusing on financial hardship in rural areas of the UK, funded by Standard Life Foundationⁱ. As part of this 'Rural Lives' project, the team has been reviewing evidence on rural poverty, including relating to benefit take-up in rural areas and this submission draws on this review.

Previous research focusing on benefit take-up levels in the UK has tended to find that levels are lower in rural areas than in urban areasⁱⁱ. Research in 2007 analysed the DWP's Family Resources Survey data linked with actual administrative data on Pension Credit uptake and found a statistically significant difference: overall take-up was lower in rural areas with 42% of those eligible in rural areas failing to claim compared with 35% in urban areas. In landward areas, non-claimant rates were much higher (54% in villages and isolated dwellings)ⁱⁱⁱ. Partly this may be because rural dwellers are less willing to take up their benefit entitlements^{iv}. The remainder of this submission explores some of the factors which may explain the lower take-up of entitlements. It is important to understand these factors, as claimant levels are often used as an indicator of economic and social need, such that rural needs may therefore be underestimated. However, this is a difficult area to research since we need to find out about those who are not claiming benefits and the reasons for this, rather than those who are.

One reason for lower benefit entitlement take-up in rural areas that has been suggested in previous research^v is that rural residents often find themselves geographically and socially apart from others in similar situations who might act as informal sources of information. This is not usually the case in urban areas where those in poverty are more likely to be concentrated in particular areas, and often in social housing. Social housing is lacking in rural areas, so poorer households are most likely to be in private housing, without social landlords to provide an effective channel for information on benefits and rights and appropriate services to reach those eligible for state support. Accessing advice and information in distant urban centres has also been found to be problematic^{vi}, alongside a general lack of local information and advice about eligibility for benefits. This may be one reason why research has suggested that rural people are more often confused about the benefits available and their entitlement to them.

Added to this, research suggests that many people in rural communities feel a stronger social stigma attached to claiming benefits, whether they are required to do so at a potentially intimidating benefit office (which may be costly to travel to in a town centre by public transport or private car) or at a local village post office. In short, there is more visibility and less anonymity – and therefore more potential for stigmatisation – when claiming benefits in a rural location^{vii}. This may be particularly the case for older people, who form the largest group experiencing low income in rural areas^{viii}. This demographic group may show a stronger desire than other groups in the population to be independent and may be more anxious about protecting their privacy.

The challenges of distance to travel to access advice, information and the benefit payments themselves, as well as social isolation, have also been found to be an issue for rural dwellers, and particularly for older people. Added to this, research has found that pensioners' lack of information on benefits may be due to their limited contact with service providers. They may only infrequently come into contact with GPs or district nurses who may have limited understanding of, and little time available to discuss, benefit entitlements^{ix}. One of the key 'risk factors' explaining why there is a high likelihood that older people will be experiencing low income in retirement and old age is that they were in jobs with low incomes during their working life. Such low wage jobs, with limited opportunities for progression, are particularly prevalent in rural areas.

In addition to insufficient advice and information, and thus confusion about entitlements, research has also suggested that people in rural communities may view their current circumstances, even if they are 'in poverty' according to a formal objective definition, as better than previous circumstances where they perhaps lacked access to basic services^x. Now that they have water, electricity and a TV, how can they be poor? Added to this, research has shown that rural dwellers often feel that the advantages of living in rural areas (such as low crime and high quality landscape) outweigh the disadvantages; in short, they place a high value on the non-monetary, non-material aspects of rural life^{xi}, even while recognising that they "can't eat the view"..

Research has also suggested that rural dwellers tend to have a stronger culture of independence and self-reliance compared to urban dwellers, and this would appear to be another important factor militating against the claiming of state benefits^{xii}. Rural individuals are reluctant to claim benefits, instead seeking a second or third job or to work informally, or preferring to live a more spartan or self-sufficient existence.

It is also worth noting that the majority of those of working age facing low incomes in rural Britain experience poverty or unemployment for relatively short spells (alongside groups such as older people and lone parents who tend to face longer-term poverty). While for some people, benefits payments are vital in assisting them to cope in these periods^{xiii}, others may choose not to claim for these times in-between (for example, seasonal) jobs, given the delays involved and perhaps a fear of sanctions. Research

has found no evidence of welfare dependency in rural areas; on the contrary, people are eager to find work and be independent^{xiv}.

Finally, it is just worth noting the challenges with benefit take-up amongst one particular group in the rural working population, migrant workers working in some of the key rural sectors, including agriculture and tourism. ‘Seasonal’ workers (who may be in the UK for a few weeks during one summer or a few months of every year) may lack information and understanding of the benefits to which they are entitled, resulting in under-claiming.

This brief review of the evidence of rural benefit take-up has highlighted some of the reasons why benefit take-up levels are lower in rural areas, and thus some of the challenges that may be experienced when trying to increase these levels – even though doing so could have a powerful impact on rural poverty. In conclusion a number of policy implications can be drawn from this work and this review ends by highlighting three.

First, it is important to recognise that using benefit claimant levels to ‘measure’ poverty and need in rural areas may underestimate actual levels of poverty and need as research suggests that not all those rural individuals/families who are eligible for benefits may claim them. New, more creative approaches to collecting information may be required to build up a more accurate picture.

Second, there is a pressing need for better access to information and advice about benefit entitlements, and therefore improved knowledge amongst rural dwellers, perhaps particularly amongst key target groups, such as those in older age. Ideally this information should be available locally (perhaps in conjunction with primary medical service provision^{xv}), and indeed examples of good practice are already emerging from the Rural Lives project interviews.. However, in circumstances where this is not possible, improving online information availability may form part of the solution; it is not the only solution as digital infrastructure is poor in some areas, and some people may lack the necessary digital skills. If older people remain the group most likely to be in poverty in rural areas, as this group continues to become an increasingly significant proportion of the rural population, the need to address low benefit (usually pension) take-up levels becomes ever more pressing^{xvi}. Moreover, improving the financial security of an individual or family will in turn lead to other benefits, such as health and wellbeing improvements.

Looking forward, any changes to the welfare system (whether by the UK or Scottish Governments) need to be ‘rural proofed’ to ensure that they do not disadvantage actual/potential claimants in rural areas. This might include changes to payment types and levels, to eligibility for specific schemes, or to the way in which schemes are delivered. To fully inform such decisions may require research with those who do not claim benefits to which they are entitled in rural areas, to understand the reasons why,

and to inform appropriate responses. This will itself require a thorough understanding of the contextual features of living and working in rural areas. Key features include: the predominant types of employment (including main sectors, the balance of full-time and part-time working, and of permanent, contract and seasonal employment, training/career progression opportunities, etc.); the consequences of limited employment choices/options; the predominance of microbusinesses; the challenges of access to services; and the extent/cost of public transport provision.

More information

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ⁱ For more information about the authors and on the project, please visit our project website [here](https://www.rurallives.co.uk/) (<https://www.rurallives.co.uk/>).

ⁱⁱ See for example: Bramley G., Lancaster S. and Gordon D. (2000) Benefit Take-up and the Geography of Poverty in Scotland, *Regional Studies*, 34 (6), pp. 507-519; Shucksmith, M. et al. (1996) *Rural Scotland today: the best of both worlds?* Aldershot: Avebury; Shucksmith, M. et al. (1994) *Disadvantage in rural Scotland: A summary report*. Perth: Rural Forum; Shucksmith, M. (2000) *Exclusive countryside? Social Inclusion and Regeneration in Rural Areas*, York: Joseph Rowntree Foundation; Commission for Rural Communities (2007a) *Pension Credit take-up in rural areas - State of the countryside update*, SOC Update 4 (December); Commission for Rural Communities (2007b) *Working age benefit claimants in rural England 2000-2006 - State of the countryside update*, CRC WEB03 (February).

ⁱⁱⁱ Commission for Rural Communities (2007b) *Working age benefit claimants in rural England 2000-2006 - State of the countryside update*, CRC WEB03 (February)

^{iv} Rank, M. and Hirschl, T. (1993) The link between welfare participation and population density. *Demography*, 30, pp. 607-622; Shucksmith, M. (2001) History meets biography: processes of change and social exclusion in rural areas. *Paper presented at the 'Exclusion Zones: Inadequate Resources and Civic Rights in Rural Areas' Conference, Belfast, UK*: Queen's University; Shucksmith, M. et al. (1996) *Rural Scotland today: the best of both worlds?* Aldershot: Avebury; Shucksmith, M. et al. (1994) *Disadvantage in rural Scotland: A summary report*. Perth: Rural Forum.

^v See for example, Shucksmith, M. (2000) *Exclusive countryside? Social Inclusion and Regeneration in Rural Areas*, York: Joseph Rowntree Foundation.

^{vi} See for example, Shucksmith, M. (2000) *Exclusive countryside? Social Inclusion and Regeneration in Rural Areas*, York: Joseph Rowntree Foundation.

^{vii} Shucksmith, M. (2001) History meets biography: processes of change and social exclusion in rural areas. *Paper presented at the 'Exclusion Zones: Inadequate Resources and Civic Rights in Rural Areas' Conference, Belfast, UK*: Queen's University; Rank, M. and Hirschl, T. (1993) The link between welfare participation and population density. *Demography*, 30, pp. 607-622.

^{viii} See for example, National Audit Office (2002) *"Tackling pensioner poverty: Encouraging take-up of entitlements"* HC Session 2002-2003; Commission for Rural Communities (2007a) *Pension Credit take-up in rural areas - State of the countryside update*, SOC Update 4 (December); Vera-Toscano, E.,

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^{ix} Bramley G., Lancaster S. and Gordon D. (2000) Benefit Take-up and the Geography of Poverty in Scotland, *Regional Studies*, 34 (6), pp. 507-519.

^x Shucksmith, M. (2000) *Exclusive countryside? Social Inclusion and Regeneration in Rural Areas*, York: Joseph Rowntree Foundation.

^{xi} See for example, Cloke, P., Milbourne, P. and Thomas, C. (1994) *Lifestyles in rural England*, Rural Development Commission Research Report 18 (relating to rural England) and Shucksmith, M. et al. (1994) *Disadvantage in rural Scotland: A summary report*. Perth: Rural Forum (relating to rural Scotland).

^{xii} See for example, Sherman, J. (2006) Coping with rural poverty: economic survival and moral capital in rural America, *Social Forces* 85, pp. 891-913; Scharf, T. and Bartlam, B. (2008) "Ageing and social exclusion in rural communities". In *Rural Ageing. A Good Place to Grow Old?*, Edited by: Keating, N. pp. 97-108. Bristol: Policy Press; Milbourne, P. (2014) Poverty, place, and rurality: material and sociocultural disconnections, *Environment and Planning A*, 46, pp. 566-580.

^{xiii} Chapman, P. et al. (1998) *Poverty and exclusion in rural Britain: the dynamics of low income and employment*, York: York Publishing Services.

^{xiv} Shucksmith, M. (2000) *Exclusive countryside? Social Inclusion and Regeneration in Rural Areas*, York: Joseph Rowntree Foundation.

^{xv} Moffatt, S. and Scambler, G. (2008) Can welfare-rights advice targeted at older people reduce social exclusion? *Ageing and Society* 28, pp. 875-899.

^{xvi} Commission for Rural Communities (2007a) *Pension Credit take-up in rural areas - State of the countryside update*, SOC Update 4 (December); Lowe, P. and Speakman, L. eds. (2006) *The Ageing Countryside: the Growing Older Population of Rural England* Age Concern England, London.

SOCIAL SECURITY COMMITTEE

BENEFIT TAKE-UP

SUBMISSION FROM David Bell and Elaine Douglas

Introduction

In this paper, we address issues relating to benefit take-up in Scotland, largely focusing on the specific questions in the Social Security Committee call for evidence. While drawing on a wide range of sources, we base some of our evidence on data collected through our survey - Healthy AGEing In Scotland (HAGIS) - which was funded by the US National Institute of Ageing and the Nuffield Foundation.

The issue of take-up is extremely important. It is an issue of fundamental justice that eligible individuals receive the payment to which they are entitled. Equally, it is important that ineligible cases are not funded, given that this will detract from the provision of other public services.

Take-up is also important in relation to Scotland's public spending outlook. Once all of the social security powers are devolved, they will account for 9.3% of the Scottish Government budget. The Scottish Government's [medium-term financial strategy](#) estimates that the cost of social security spending in 2023-24 will be £3.6 billion. A 5% overrun on that budget is equivalent to the entire current budget of Skills Development Scotland.

We begin with a review of studies which examine take-up, particularly those that relate to disability. We follow this up with some modelling of the financial implications of differential take-up.

Evidence on take-up

Most of the benefits that come within the scope of Scottish Social Security relate to disability and are not means tested. Most of the evidence on benefit take-up relates to means tested benefits. The larger benefits that will be available through Scottish Social Security are not means tested. Means tested benefits tend to be more complex, involving assessment of individual and household circumstances that can fluctuate over relatively short timeframes. Finn and Goodship (2014) conduct a systematic review of the evidence on means tested benefit take-up.

Non means-tested benefits such as Attendance Allowance (AA), Disability Living Allowance (DLA) and Personal Independence Payments (PIP), which are relevant for Scotland, instead focus on personal capacity assessments. In these circumstances, it is important to understand what exactly is meant by take-up. Kasparova, Marsh and Wilkinson (2007) provide a useful way of categorising take-up which is exemplified in Table 1.

Table 1: Defining take-up in relation to benefit receipt and 'true' eligibility status

	Applied		Not Applied	
	Awarded	Disallowed	Would have been awarded	Would have been disallowed
'Truly' eligible	A	B	C	D
Not 'truly' eligible	E	F	G	H

The take-up rate can be defined as $(A+E)/(A+E+C+G)$ which covers all those who are actually awarded or would have been awarded, irrespective of their eligibility status. It includes some $(A+G)$ who are not 'truly' eligible and excludes others $(B+D)$ who are eligible. Given that there are many reasons why individuals do not apply, and that assessments are inevitably subject to error, none of the categories in Table 1 are likely to be empty. The policymaker's Herculean task is to maximise the take of those who are truly eligible (acknowledging that every case is different, so even finding an agreed definition of eligibility will be difficult), while minimising take-up by those who are not truly eligible.

Take-up is closely linked to the concept of "unmet need". Unmet need comes from those who are legitimately eligible for a policy or benefit, but do not receive it.

Causes of unmet need include:

- lack of knowledge of the policy/benefit
- perceived costs of claiming
- stigma associated with claiming
- difficulties in completing the application process
- errors in assessing valid applications
- process delays in providing the policy/benefit
- negative feedback from other claimants

From Table 1, it is clear that those in groups B, C and D are truly eligible but do not receive the benefit. Either because they have not applied or been wrongly denied the benefit, these groups constitute total unmet need. The task of the engagement and assessment system is to identify members of these groups and ensure that they receive the payments to which they are entitled. The unmet need rate is $(B+C+D)/(A+B+C+D)$, which is clearly related to, but distinct from, the take-up rate.

This discussion echoes a previous example of Scottish Government policy where the issue of unmet need arose. Free personal care was introduced by the Scottish Government in 2001. Prior to its introduction, the Care Development Group (CDG), which had been established by the Scottish Government to examine the feasibility of the policy, commissioned analyses of unmet need for personal care. Its concern was that the overall costs of the policy should fall within its budget and so not have adverse effects on other budgets. The CDG [final report](#) (P47) discussed its approach to estimating unmet need:

“We asked Aberdeen University to do some further work for us on estimating the levels of current unmet need for community based personal care services. To do this they used information from the Family Resources Disability Follow Up Survey, although the sample size was not ideal. They found that levels of reported unmet need for personal care did not exceed 10 percent. Moreover, cost was not the most commonly reported cause of unmet need. Instead, not knowing help was available, not knowing where to find help, or wanting to help one’s self were reported more often.

This level of reported unmet need was also confirmed broadly by the Scottish Household survey and from the British Household Panel Survey, though neither relate specifically to personal care. We also made use of information from the CareNap E (elderly) assessment tool, which had been piloted in Glasgow. The work culminated in an estimate of unmet need for personal care services in the community in the range between £15 to £25 million.”

The CDG approach was to take some household surveys and to use data from these to estimate the costs of meeting unmet need for personal care. These surveys suffered both from insufficient sample size, which led to reduced precision, and from lack of validated questions that forensically identified unmet need for personal care. They also rely on self-reported need: individuals will not know, a priori, whether they are ‘truly’ eligible or not, nor whether their claim would be allowed or disallowed. Going back to Table 1, individuals cannot be sure whether they belong to groups C, D, G or H¹.

Following concerns about the cost overrun for the free personal care policy, the Scottish Government published a [report](#) which set out a methodology for how it should be monitored and evaluated. This proposal to provide a rigorous ongoing assessment of free personal care, including unmet need, does not seem to have been implemented. And the cost of free personal care has expanded well beyond the initial projections, suggesting that the methodology for estimating take-up and unmet need was flawed.

A consequence of this was budget overrun. Audit Scotland [reported](#) on the costs of free personal and nursing care (FPNC) in 2008. It suggested that:

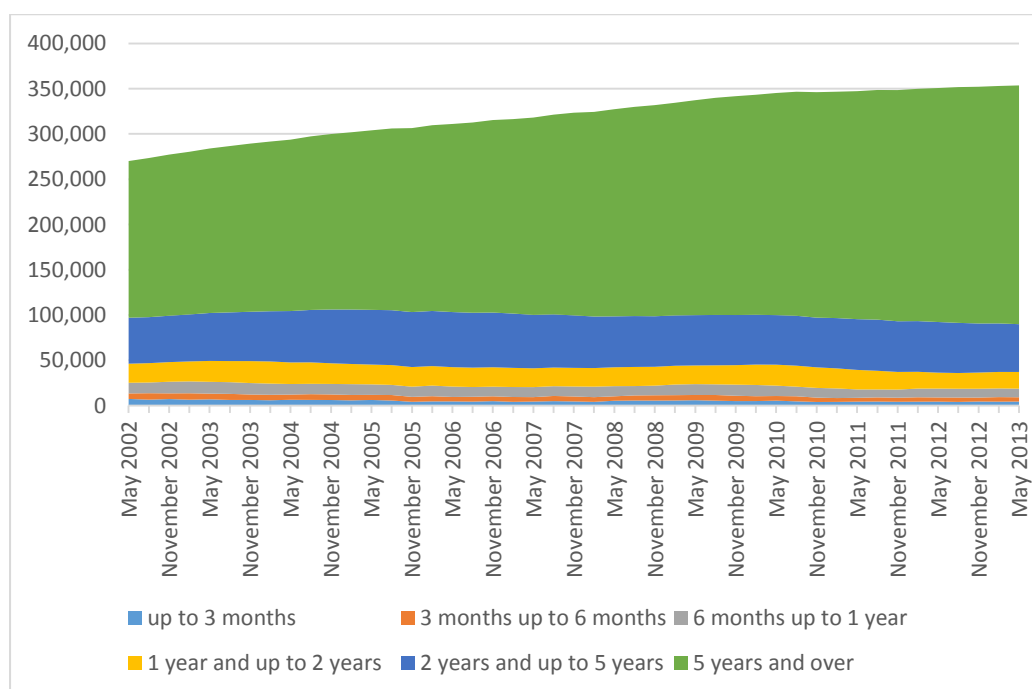
“Allowing for the limitations of the data available, we estimate that the additional costs for the first four years of FPNC are around £600 million. This has led to a growing shortfall in central funding, and by 2005/06 we estimate this was either £46 million or £63 million depending on the assumptions used” Audit Scotland

¹ Note that recent estimates of unmet need for care in England and in Europe have used the English Longitudinal Study of Ageing and the Survey on Health, Ageing and Retirement in Europe (sister studies of HAGIS). Like the research conducted for the CDG, these estimates depend on self-reported expressions of the need for care (either health or social care).

The lesson from the Scottish government experience with free personal care is that the accurate assessment of potential take-up and unmet need are of critical importance for the financial viability of any policy which provides cash benefits or benefits in kind to the Scottish population. The assessment of take-up in relation to Scotland's new social security payments must be evidence-based and rigorously executed.

Returning now to take up in relation to Scottish social security payments, it is important to realise that most disability-related payments involve long-term financial commitments that extend beyond the Scottish Government's budgetary horizon. At best, the Scottish government has a two to three-year view of its future finances, with significant adjustments being made on a year-to-year basis. The long-term nature of these claims is exemplified in Figure 1, which shows the evolution of DLA claims in the UK between 2002 and 2013 by the duration of claims (the period ends in 2013 so as not to cause confusion with the transfer of DLA to PIP). It clearly indicates that, by the end of the period, DLA claims lasting for more than five years made up around 70 per cent of all claims.

Figure 1: Disability Living Allowance Payments by Length of Payment. UK 2002-2013



Source: DWP

This is further evidence of the need to accurately predict variations in take-up. Significant underestimates will pose a threat to overall Scottish Government budgets, possibly for an extended period of time.

Estimating Take-Up

Probably the most comprehensive statistical analysis of AA take-up is by Hancock et al (2014). Their study largely focuses on comparing the adequacy of different household surveys in capturing the relationship between disability and AA take-up. Their latent measure of disability explains a significant proportion of the variations in AA receipt. But factors other than disability also seem to be important even though assessment for AA should solely relate to disability. For example, and even though AA is not means tested, it is more commonly received by lower income individuals. Also, women are more likely to receive AA than men. And living with a partner does not affect the probability of AA receipt compared with living alone. Suppose these differences due to non-disability related factors were eliminated by increasing take-up among men, richer households etc. How much would overall take-up increase as a result?

We move towards answering this question using some evidence that is available for Scotland. We continue to concentrate on the disability-related benefits because these (AA, DLA/PIP) will together account for 80% of Scotland's Social Security budget.

We use two specific approaches. One is based on our survey of older people in Scotland - Healthy AGEing In Scotland (HAGIS) - which records the benefits that individuals receive, along with a range of responses to questions that relate to physical and mental capacities to function within society. The second approach considers variations in benefit take-up across Scotland's local authorities and argues that, conditional on differences in disability, one would not expect to observe substantial differences in take-up across these areas. Disability, not location, should determine eligibility.

We start with the model based on HAGIS. Adopting Sen's approach to individuals' functionings within society, we treat disability as a limitation on individuals' capabilities rather than being associated with specific health conditions. And we therefore view benefit payments as a means of extending the disabled person's ability to function within society. We also regard disability as a "latent" measure that we cannot directly observe but which relates to information on physical function that many surveys, including HAGIS, collects.

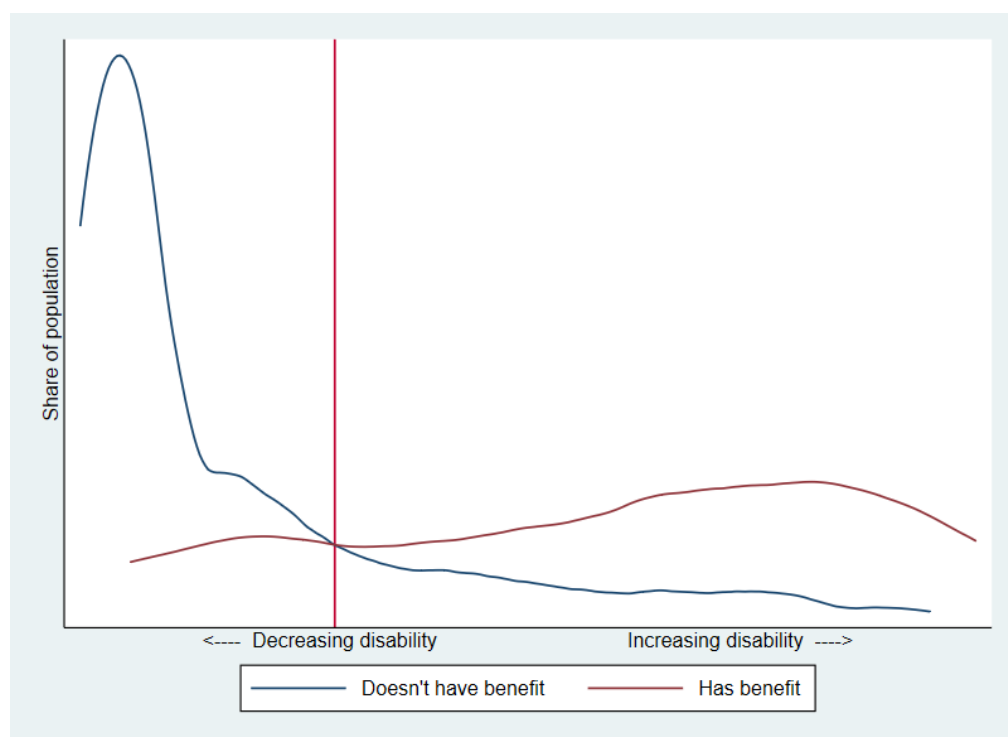
Specifically we have collected information from respondents relating to whether they have difficulty with: (1) walking 100 metres; (2) running or jogging about 1.5 km; (3) sitting for about two hours; (4) getting up from a chair after sitting for long periods; (5) climbing several flights of stairs without resting; (6) climbing one flight of stairs without resting; (7) stooping, kneeling or crouching; (8) reaching or extending your arms above shoulder level; (9) pulling or pushing large objects like a living room chair; (10) lifting or carrying weights over 10lb, like a heavy bag of groceries; (11) picking up a small coin from a table. Note that these relate to physical function: we think mental function is also very important, and have collected relevant data, but have not used these in this study. We use the answers to the questions relating to physical to form our composite measure of disability

and then ask how much of the variation in benefit take-up can be explained using this measure and whether there are other factors that also play a significant role in explaining benefit receipt. As in the Hancock et al study, these factors may suggest a potential reservoir for increased take up.

The distribution of our measure of disability for benefit recipients and non-recipients is shown in Figure 2. Most non-recipients have low levels of disability. In response to the questions listed above relating to difficulties with everyday tasks, they generally say they have no problems. This contrasts with benefit recipients whose scores on the disability scale are generally much higher. However, some benefit recipients score relatively low on the disability measure, while some non-recipients apparently have high levels of disability.

The vertical red line shows where the two distributions cross. The HAGIS data suggests that levels of disability to the left of the line are *less* likely to receive a disability-related benefit, while those to the right are *more* likely to receive a benefit. If one took this point as defining the lower limit of “true” eligibility, then it is still the case that 21% of those *not receiving the benefit* would qualify under this rule, while a similar proportion of those *receiving the benefit* have a lower disability score than the cut-off. Referring back to Table 1, and assuming that everyone applied for the benefit, then the letters on Figure 2 correspond to the four groups defined by combinations of eligibility on the one hand and whether receiving benefit or not on the other. Some are eligible but do not receive the benefit, while others who are not eligible, do receive it.

Figure 2: Distribution of Latent Disability Measure for Benefit Recipients and Non-Recipients



Source: HAGIS

The choice of cut-off is arbitrary, but this exercise illustrates the difficulties of ensuring that the assessment procedure accurately identifies eligibility. Self-assessed disability and benefit receipts are reasonably, but not perfectly, matched. The finding reflects the fact that HAGIS respondents report a range of difficulties with activities of daily living: many of these with the most severe difficulties receive disability-related benefits. But not all do, while some with seemingly less severe impairments, do receive benefits. Of course, these results must be treated with caution. Decisions about benefit receipt are made on the basis of objective, rather than subjective, assessment. And we do not know how closely our measures of physical function aligns with those used in assessments. Finally, as mentioned earlier, we have not used information on mental function in the study.

We have previously suggested that one way to explore take-up is to identify whether the benefit is being allocated to the ‘truly’ eligible if the allocation can be explained solely by disability. If this is not the case, then some will be less likely to receive the benefit than their level of disability might imply. They could therefore argue that they have been denied the benefit even though they would have been deemed eligible based solely on their level of disability.

To explore this issue further, we develop a model² which seeks to explain benefit receipt in terms of disability *and* other individual characteristics. Our goal is to determine whether these other characteristics can explain some of the variation in benefit receipt. Again, we use the HAGIS data. Our results showed that disability is by far the most important indicator of benefit receipt. However, other factors seem to play a role. For example, as with Hancock et al., women are more likely to receive the benefit than men: this may be because our disability measure does not capture frailty, which is more prevalent among women. It also seems that the better qualified and those living in the least deprived areas are *less* likely to be benefit recipients. Given that income is positively linked to qualifications and to the chance of living in an affluent area, this suggests that, although the benefits are not means tested, they are still more likely to be received by poorer people. Thus, it does not appear to be the case that the more affluent are better able to navigate the benefit system to their advantage: rather it may be that they are concerned about the stigma associated with being a claimant. To conclude, the HAGIS data suggest that disability is very important, but perhaps not the only reason why take-up varies. This result is tentative, given that, the pilot study of HAGIS has only sampled just over 1000 Scots. However, our intention is to revisit respondents in order to develop a unique picture of benefit receipt over time.

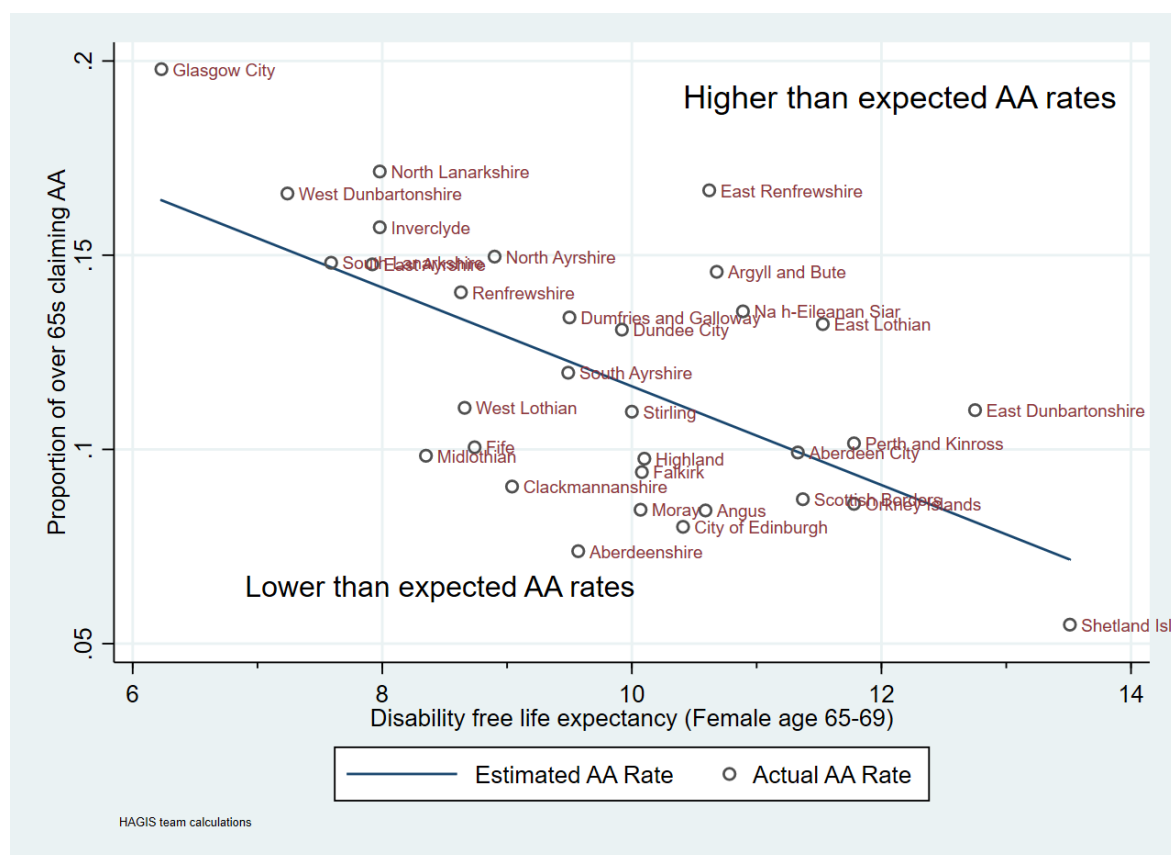
Our other approach to investigating take-up is again to establish whether there are variations across Scotland in benefit receipts that are difficult to explain due to disability alone. For this, we use data from DWP on AA claims by local authority. We combine this with estimates of disability at local authority level constructed by the Office for National Statistics (ONS). Specifically, we focus on Disability Free Life Expectancy (DFLE) - a measure of how many years, on average, individuals

² Results available from the authors on request

can expect to live disability free. This uses questions in the Annual Population Survey where respondents assess how health conditions and illnesses reduce their ability to carry out day-to-day activities. The ONS uses this information to construct measures of DFLE by local authority, age group and gender. We concentrate on AA for this analysis because eligibility is clearly age-related. Specifically, it is only available to those aged 65+. Therefore, it is possible to calculate, for each local authority, an AA rate - the proportion of the population aged 65+ who are receiving either higher or lower rate AA. We use variations in DFLE for females aged 65-69 as our principal variable to explain differences in these rates. This set of individuals comprise the largest group among the elderly population for which DFLE data is available. DFLE estimates across age groups and genders are anyway highly correlated.

Figure 3 shows the estimated relationship between AA rates and DFLE for Scotland's local authorities using AA data for 2018 and DFLE data for 2013-15, the most recent available from ONS. Those local authorities above and to the right of the fitted line have higher than expected AA rates, while those below and to the left, have lower than expected AA rates, given their DFLE.

Figure 3: Local Authorities with lower than (higher than) expected AA rates, given their DFLE.

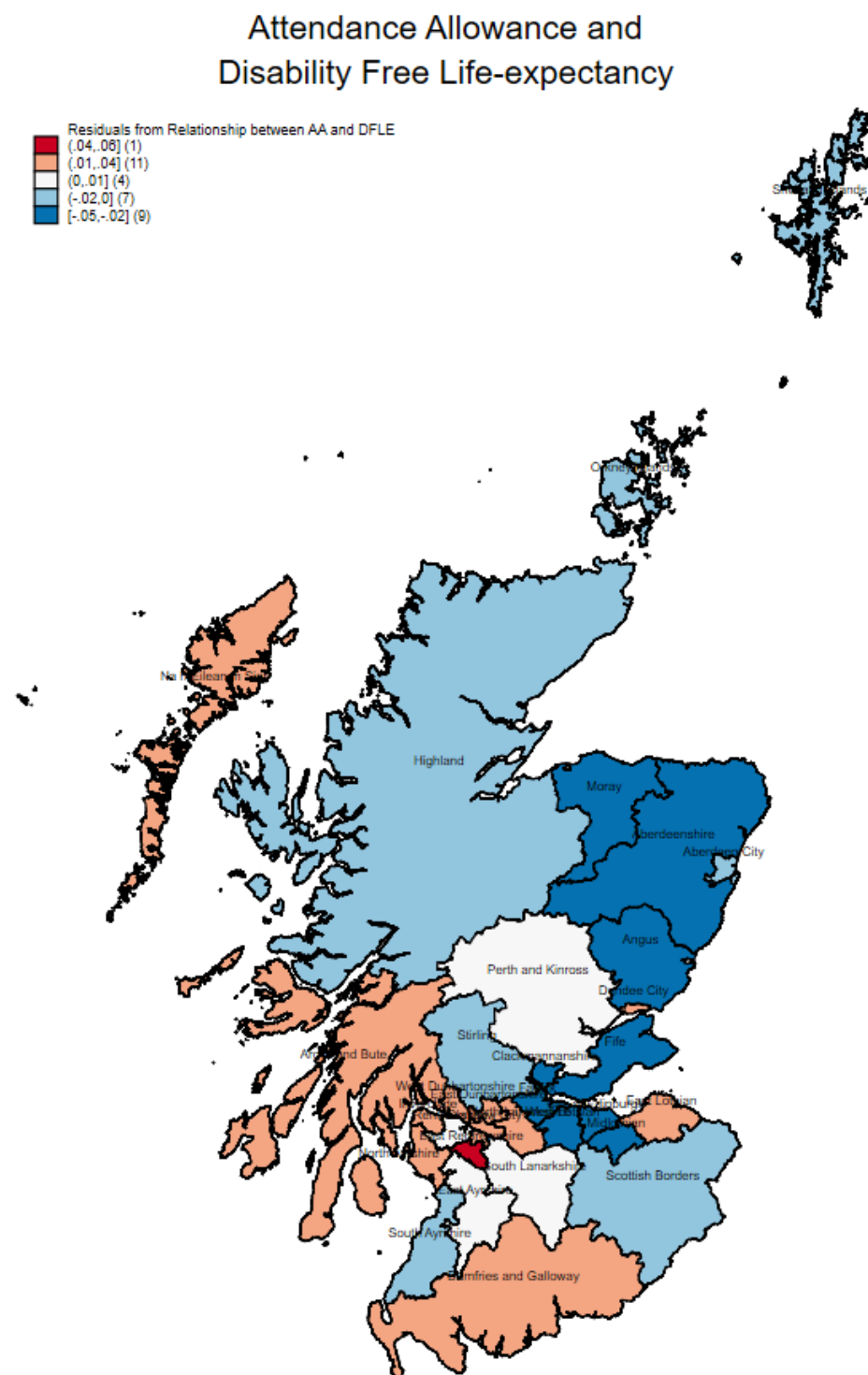


Disability-free life expectancy explains around 36% of the variation in AA rates across Scotland's local authorities. This leaves a substantial portion of the

variation unexplained. For example, Glasgow has an actual AA rate of around 20%, while its estimated rate, based on its DFLE, is 16.4%. The gap of 3.6% is equivalent to around 3000 AA cases. On the other hand, the AA rate in Aberdeenshire is 7.4%, while the expected rate is 12.2%. Raising the actual to the expected rate would imply an additional 2500 AA claimants in Aberdeenshire.

DWP is the relevant authority for administering AA, not local authorities. Local authority boundaries are therefore not necessarily relevant for differential take-up rates. Local authorities may differ in the effort that they expend on encouraging individuals to maximise their incomes by ensuring that they claim all relevant benefits. But it is difficult to gauge the effectiveness of such policies. On the other hand, claims may be boosted by social interaction outside official channels, for which local authority boundaries are less relevant. To demonstrate this, Figure 4 takes the same data as presented in Figure 3, namely the difference between actual and expected AA rates, and presents them in a local authority map of Scotland.

Figure 4: Map of Relatively High (Red) and Relatively Low (Blue) Attendance Allowance Claim Rates Relative to DFLE by Local Authority



Data Source: DWP and ONS

The map indicates some geographic clustering, with lower rates in North-East Scotland and higher rates in the south and west, with Glasgow standing out as the highest having largest positive gap between its actual and its expected AA rate, conditional on its DFLE. Again, there appears to be an issue relating to take-up

which merits further research – namely, how can differences in take-up between the north-east and south-west of Scotland be explained, if not by disability?

Conclusion

This paper has focused on take-up rates for key benefits that are being transferred to Scotland from DWP. It has firstly argued that accurate forecasts of take-up rates are vital, not only for ensuring that claims are fairly dealt with, but also for stabilising Scotland's wider fiscal position. It has discussed two models. The first, using HAGIS data, seeks to discover whether individual characteristics other than disability influence benefit receipt. The second, which uses DWP data on benefit receipt by local authority, seeks to explore whether differences in claim rates can be explained by differences in disability free life expectancy. In both cases, disability is a key determinant of benefit receipt. However, in both models, disability only explains some of the variation in take-up.

There are several reasons to be cautious about these findings. The HAGIS data is drawn from its pilot survey where only around 1000 Scots were interviewed: so far, funding for a full-size version of the survey has not been obtained. The relatively small sample size necessarily implies greater uncertainty around conclusions drawn from this source. In addition, measures of disability in both models do not exactly replicate the measures used by DWP in real assessments, again increasing uncertainty associated with the results. Finally, the set of characteristics other than disability which may explain disability benefit take-up is limited by what is available in the HAGIS survey: it was not designed for this purpose. The DFLE estimates by ONS ultimately draw on the Annual Population Survey, which also has limitations, particularly for small areas.

Nevertheless, the evidence presented here is such as to at least suggest that there is an urgent need to ensure that the key factors which drive take-up should be better understood. This is both to ensure that the systems are fair, internally with respect to clients, and externally with respect to other calls on Scottish Government resources. Even partial repetition of the Free Personal Care experience would pose significant budgetary challenges.

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SOCIAL SECURITY COMMITTEE

BENEFIT TAKE-UP

SUBMISSION FROM CITIZENS ADVICE SCOTLAND

Introduction

Citizens Advice Scotland (CAS) welcomes the opportunity to provide evidence to the inquiry. In 2018-19, Scotland's CAB network provided advice on 311,714 issues related to benefits, representing 44% of all advice given in that year. To further inform our submission, CAS surveyed 65 CAB advisers, representing a wide range of geographical areas, to gain their insight into issues surrounding benefit uptake.

1. What do we know about how much is unclaimed and why?

The UK Government produces estimates of levels of take-up and amounts unclaimed for some, though not all, benefits.^{i ii} CAS records client financial gain across different benefits. This gives an indication of what might go unclaimed, were it not for CAB advice to the clients in question. The circumstance of each case (i.e. whether the client came in looking for support with a specific benefit, or was informed of their eligibility by a CAB adviser as a result of a different enquiry) is unknown.

Overall, CAB in Scotland achieved a client financial gain of over £84 million through benefits payments in 2018-19, of which over £30 million related to Personal Independence Payment (PIP), over £16 million to Disability Living Allowance (DLA), and over £10 million to Universal Credit (UC).

Based on a survey of CAB advisers, the four benefits viewed as most likely to be underclaimed (which all happen to be devolved or due to be devolved) were:

- Personal Independence Payment (68% of respondents)
- Attendance Allowance (63% of respondents)
- Carer's Allowance (42% of respondents)
- Funeral Payments (42% of respondents)

When asked if any particular groups of clients would be less likely to claim their full entitlement, 68% of respondents said older people, with disabled people cited by the next largest proportion of respondents (10% of respondents).

The "why" is more complicated, although there appear to be some commonalities across benefits. Low awareness of benefits themselves, and of eligibility, is commonly reported, as are systemic barriers like the complexity or difficulty of the application and assessment processes.

From the survey of CAB advisers referred to above, the top three barriers to people claiming what they're entitled to were felt to be:

- People don't know they might be entitled (65% chose as one of "top 3")
- Application or assessment process is too complex (62% chose as one of "top 3")

- People struggle to make and manage claims online (46% chose as one of “top 3”)

Other common reasons for people not claiming all the benefits they are entitled to include - giving up due to administrative barriers (e.g. delays, long phone calls, lost mail); being put off by a previous bad experience of dealing with the benefits system; feeling afraid of a particular part of the process (e.g. being sanctioned, having to go for a face-to-face assessment); benefits being delivered by different agencies (DWP, HMRC, local authorities, Social Security Scotland); or people feeling shame or stigma in claiming benefits.

CAB cases illustrating some of these issues can be found at Appendix A of this response.

2. What are the gaps in knowledge/research and how can they be improved?

There is a need for good data and research on the levels of take-up for current benefits. Currently, the figures for existing benefits are incomplete, can be out-of-date and may not be the most accurate assessment. For instance, there is currently no official estimate on the level of take-up for Universal Credit, Personal Independence Paymentⁱⁱⁱ or Carer's Allowance^{iv}. This is vital to better understand gaps and barriers to take-up and as such CAS would recommend the Scottish Government includes commitments to produce take-up estimates in its take-up strategy. This should include estimates for Universal Credit, as it acts as a 'passport' to a number of current and future devolved benefits^v.

Additionally, although research has been conducted as to the reasons why people do not take up the benefits they are entitled to – including that which has been submitted to this inquiry – CAS would welcome further research being conducted to inform the design of targeted take-up strategies.

3. How can the administration of benefits be improved to maximise take-up? Specific examples would be welcomed.

As part of our survey of CAB advisers, we asked what options the Scottish Government should prioritise in its benefits take-up strategy. The options supported by most CAB advisers all focused on making it the process of claiming benefits easier:

- Automating elements of the process, where eligibility information is known
- Funding independent advice and advocacy
- Changing application, eligibility and assessment rules
- Giving people the choice of applying for benefits in person, over the phone or online

These are broadly reflected in some of the key priorities for CAS in the design of the Scottish social security system itself. CAS has made a number of specific recommendations for how the process of applying for benefits^{vi}, eligibility criteria^{vii} and assessment processes^{viii} can be improved, which have the potential to increase the take-up of benefits.

Independent advice has a vital role to play in a well-functioning social security system, including support with entitlement, take-up, applications, complaints, appeals, access to information, outreach and continuous improvement.^{ix} As detailed above, Scotland's CAB network helped clients claim at least £84 million in social security entitlements in 2018-19. This represents a consistent return of £10 of additional money going to Scotland's citizens

for every £1 of funding. Provision of high quality independent advice is proven to guarantee increased levels of benefit take-up.

CAS has consistently called for people to be given a choice in how they apply for benefits. This is based on consistent feedback from CAB clients and advisers and experiences with 'digital by default' processes for making and managing claims for Universal Credit which has functioned as a barrier to a significant minority of people who do not have the internet access or digital skills required to make and manage their claims online.^x

Further detail related to automation can be found in our response to question 4 below.

4. How far is it possible for technology to create a more automated system, that uses information gathered for other reasons to award benefits automatically? What would the advantages/disadvantages be of greater automation?

As outlined above, the most common 'top priority' for a benefits take-up strategy in the view of CAB advisers who participated in our survey, was to automate elements of the process to make it easier for people to receive the payments they are entitled to. There are a number of ways to do this, all of which CAS would recommend are explored further:

- **Automatically make payments to people who qualify for a benefit by virtue of receiving another.** The process for receiving the Carer's Allowance Supplement is an excellent example of this. Payment is made to recipients of the Supplement automatically without requiring a separate application by using records for Carer's Allowance. It would also be possible to apply the same approach to the Scottish Child Payment, and CAS would recommend the Scottish Government give further consideration to doing so to improve take-up.
- **Using existing data to identify people who may be entitled to a benefit, but are not currently receiving it.** This approach has previously been utilised by local authorities to proactively identify people who appear to qualify for low income passported benefits, such as Free School Meals, and encourage them to apply. This approach could be replicated in the Scottish social security system, for instance by contacting people who have received the Best Start Grant Pregnancy and Baby Payment once records indicate their child has reached the age of two, to alert them that they may qualify for an Early Learning Payment.
- **Pre-populating application forms using information already held.** In a number of cases, details about a person and their circumstances will already be held by Social Security Scotland as they have provided them in applying for another benefit. For instance, information provided to support a Best Start Grant application (e.g. names, addresses, dates of birth, details of children) could be used in an application for Scottish Child Payment without a person needing to provide the same information repeatedly. This would have the effect of simplifying the application process, and has the potential to reduce stigma – CAB clients applying for disability benefits have felt upset or embarrassed about having to repeatedly provide details of medical conditions or impairments on numerous occasions to the same agency.

5. What can we learn from previous campaigns to increase take-up? Specific examples of projects or approaches that improved benefit take-up, particularly those that were evaluated, would be welcomed.

Two CAS projects focused on maximising income and increasing benefit take-up have the following strengths in common:

- Meeting people where they are, whether that's at home, in health centres, or in schools.
- Partnership working. Each project makes use of over 500 partnerships to reach people.
- Holistic advice. Both projects can offer a range of advice (and referrals if required), recognising that people's advice needs rarely fit under one neat category.
- Sharing best practice. Both projects make use of regional meetings to share lessons.
- Clear targeting of certain demographics, allowing for focused and effective use of resources.

Money Talk Team (formerly Financial Health Check)

This project is a Scottish Government funded initiative aimed particularly at maximising the income of low income families. The first six months of the project (November 2018 – April 2019) recorded at least an additional 1,332 benefit checks compared to CAB records the previous year when the project was not running, and supported 3,889 clients overall, achieving a client financial gain of just over £2.5 million.

Work is continuing on the 575 local partnerships and a number of national partnerships developed in the project's first six months, ranging from simple referral routes and training opportunities to full co-location. This includes a number of successful local partnerships with schools. Airdrie CAB, for example, has attended parent evenings and offers a weekly surgery at two local secondary schools.

There are also 125 NHS-CAB partnerships, including Citizens Advice and Rights Fife, who have set up a simple referral route with the midwife and health visitor teams. National partnerships with Local Authorities, including registrars, have displayed information and promoted the service in their waiting areas and in new parent information packs.

Welfare Reform Mitigation Project

The Citizens Advice service in Scotland, funded by the Scottish Government, is undertaking a Scotland-wide project to provide a mitigation service to changes in social security. The service aims to maximise income and providing invaluable support to large numbers of people from the more disadvantaged communities of interest, as identified by the Scottish Government.

From April 2018 to March 2019:

- CAB supported over 37,000 clients (one in eight of all CAB clients) successfully reaching typically excluded groups such as people living in SIMD 1 areas (34%), and disabled people (61%)
- Client Financial Gain was recorded as £14.6m (excluding debt remedies), representing value for money with a return of £10 for every £1 of funding

- 33.5% of clients come from the most deprived areas of Scotland, with significant over-representation of clients across a number of potentially disadvantaged groups
- CAB are continuing to strengthen ties across communities, with over 500 partnerships and outreach arrangements reported covering organisations right across the public and non-profit sectors, including GP surgery outreaches and home visits.

6. Are different approaches required for different benefits and different client groups?

Similar principles can apply – for example, simplifying and automating processes where possible – but awareness raising will require different approaches according to the type of benefit and claimant group.

When asked if any particular groups of clients would be less likely to claim their full entitlement, 68% of respondents said older people, with disabled people cited by the next largest proportion of respondents (10% of respondents). This indicates that targeted approaches are likely to be successful in successfully increasing take-up amongst particular groups.

As detailed above, CAB advisers felt that PIP, AA, Carer's Allowance and Funeral Payments were particularly likely to be underclaimed. A summary of advisers' comments on specific take-up barriers for each benefit can be found at Appendix B.

7. What kinds of eligibility criteria ensure better take-up?

In broad terms, if eligibility criteria are straightforward and easy to understand then take-up rates are improved, with people requiring less assistance and advice to help them to navigate the process. It is notable that the benefits felt to be most underclaimed – PIP, AA and Carer's Allowance all have relatively complex eligibility criteria, whilst the benefit with the highest level of take-up according to official figures – Child Benefit – has relatively straightforward eligibility rules.

8. How might the development of Scottish social security impact on take-up of both reserved and devolved benefits?

Citizens Advice Scotland would be hopeful that the development of the Scottish social security system would have a positive impact on the take-up of devolved benefits, with the potential of a consequential increase in the take-up of reserved benefits. CAS has welcomed the principled approach to the development of the new system, including the recognition that social security is an investment in the people of Scotland and a human right, together with proactive campaigns, such as Money Talk Team, and initiatives to promote the take-up of each new payment as they are introduced.

Working together with independent advice services, devolution can also lead increased take-up of reserved benefits such as Universal Credit, due to it being a qualifying benefit for several devolved social security payments, and by an increased number of people receiving support to claim all the benefits they may be entitled to.

Appendix A – CAB cases illustrating barriers to take-up

Agency Practice

An East of Scotland CAB reports of an older client who was told by the local authority to hand in evidence for Housing Benefit and Council Tax Reduction at the library. On arrival, the client was told to call the local authority housing department, who then told him to return to the library. The client is handing in documents in person because they cannot make “head nor tail” of the online form.

An East of Scotland CAB reports of a client who was deterred from claiming ‘new style’ Jobseekers Allowance (JSA) or Universal Credit as the online claiming system was too difficult. When the adviser followed gov.uk instructions to make a telephone claim for JSA on behalf of the client, they were told that there is no alternative to an online claim, despite the client being unable to make the claim online.

Low awareness/knowledge

A North of Scotland CAB reports of a client who cannot work due to a number of health issues and is currently claiming JSA. The Jobcentre had informed the client that the JSA was due to come to an end as he had reached the maximum number of weeks for claiming while ill (12), and the client is likely to be asked to apply for UC. Considering the client’s health conditions (nerve damage, poor eyesight, memory issue, fainting, the adviser suggested that Employment and Support Allowance (ESA) may have been a better fit than JSA. The client did not know about ESA or PIP, and had heard of UC but did not understand it. In addition, if the client does have to claim UC, he will struggle as he does not know how to use a computer or email.

A West of Scotland CAB reports of a client who lost the mobility element in the move from Disability Living Allowance to Personal Independence Payment, but was not aware she could challenge the decision if she wanted to.

Process

An East of Scotland CAB reports of a client who decided against applying for Industrial Injuries Disablement Benefit as their current experience of the application and assessment process for Personal Independence Payment has been so poor. The client finds it difficult to remember and attend all appointments as well as collate required medical information.

A South of Scotland CAB reports of a client with mental health problems who is socially isolated and cannot work. The client is diagnosed with bipolar disorder, suffers from acute anxiety and crippling fatigue, particularly when using medication more frequently, but has been unsuccessful in claiming PIP as he does not readily fit the descriptors.

Poor experience

A West of Scotland CAB reports of a client who withdrew her appeal for PIP before appearing at tribunal as she has been made to feel she is “begging” and does not want to put herself through the trauma of a hearing.

Stigma

A West of Scotland CAB reports of a client and partner, expecting their first child, who are put off applying for Universal Credit even though it means missing out on the Best Start

Pregnancy Grant, because of its reputation and the way they've been treated by Jobcentre staff.

Appendix B – Adviser survey comments on specific benefits

As well as the general “top three” barriers outlined in our responses to questions 1 and 6 above, respondents also had specific comments around barriers to specific benefits. These have been summarised in the table below.

Benefit	Comments on barriers
Attendance allowance	<p>Agency practice: DWP not advising on possible entitlements. The challenge process can feel like a tick box exercise for the deciding agency “sometimes it's as if they keep saying no hoping clients will stop progressing through the challenge process.</p> <p>Awareness/knowledge: Assumption that it's means-tested. It's a “less high profile” benefit - not much advertising or marketing.</p> <p>Process: The criteria (descriptors) are difficult for clients to interpret, forms can be off-putting, assessment process can be demoralising and helplines hard to get through.</p> <p>Stigma: Potential claimants held back by pride or fear of being perceived as “unable to cope”. Still consider any state support and/or perception of being disabled as negative. Scared of sanctions/overpayments, so would rather not claim at all.</p>
Best Start Grant	<p>Awareness/knowledge: lack of awareness of eligibility and of time limits, not much advertising or easy way to find out info, Stigma: Scared of sanctions/overpayments, so would rather not claim at all.</p>
Carer's Allowance	<p>Agency practice: The challenge process can feel like a tick box exercise for the deciding agency “sometimes it's as if they keep saying no hoping clients will stop progressing through the challenge process.</p> <p>Awareness/knowledge: people unaware of benefit itself or their eligibility - it's a “less high profile” benefit - not much advertising or marketing</p> <p>Process: The criteria (descriptors) are difficult for clients to interpret, forms can be off-putting, assessment process can be demoralising and helplines hard to get through on. The connection between carers allowance and cared-for person's entitlements can prevent claim.</p>
Council Tax Reduction	<p>Agency practice work coaches and JCP advisers not checking other entitlement</p> <p>Awareness/knowledge: unaware of entitlement, may assume it is done automatically with UC claim</p> <p>Digital: Online claims are complicated, particularly for those with no digital access or skills</p>
Disability living allowance	<p>Agency Practice: The challenge process can feel like a tick box exercise for the deciding agency. sometimes it's as if they keep saying no hoping clients will stop progressing through the challenge process,</p> <p>Awareness/knowledge: unaware of time limits or eligibility – it's a less “high profile” benefit</p> <p>Process: “Parents are put off making the case” as it is “difficult to obtain” for children due to required proof of disabled child needing more care than non-disabled child of same age. Reluctance to submit to demoralising</p>

	assessment regime. The criteria (descriptors) are difficult for clients to interpret, very off-putting forms and hard to get through on helplines.
Discretionary Housing Payment	Awareness/knowledge: Unaware of entitlement
Employment and Support Allowance	Agency practice: Incorrect DWP advice due to perception of UC “replacing” ESA Awareness/knowledge: lack of understanding of what new-style ESA is, perception that it only caters to those with physical disability so those with mental health issues may not be aware of eligibility Process: put off by the number/bad experience of medical assessments. The lack of data sharing (e.g. results of medical assessments) between departments/agencies means repeated assessments/evidence. Very lengthy, off-putting forms and hard to get through on helplines
Funeral payments,	Agency practice: work coaches and JCP advisers not checking other entitlements Awareness/knowledge: lack of awareness of benefit – seen as “less high profile”. Lack of marketing. Process: overly complicated process Stigma: Media and Westminster narrative of “scroungers”
Housing Benefit	Awareness/knowledge: lack of awareness of entitlement. Councils/Housing Associations could do more to ensure tenants offered DHP when “underoccupying” and receiving Housing Benefit. Stigma: older clients not wanting to be perceived as “burden”, or having to rely on the state, media and Westminster narrative of “scroungers”
Industrial Injuries Benefit Entitlement	Agency practice: DWP not advising on possible entitlements, Awareness/knowledge: lack of awareness, lack of marketing
Jobseekers Allowance	Agency practice: incorrect DWP advice due to perception of UC “replacing” JSA/ESA Awareness/knowledge: lack of awareness, lack of understanding of what new-style JSA is, Stigma: fear of sanctions and having to attend Jobcentres
Pension Credit	Awareness/knowledge: People unaware of benefit
Personal Independence Payment	Awareness/knowledge: people unaware of benefit itself, their eligibility, or of time limits. It’s a less “high profile” benefit, with not much advertising. There’s a perception that it only caters to those with physical disability so those with mental health issues may not be aware of eligibility, Agency practice: The challenge process can feel like a tick box exercise for the deciding agency. Sometimes it’s as if they keep saying no hoping clients will stop progressing through the challenge process., poor decision making. Process: The assessment is too complex, and can be demoralising. The forms are off-putting and it’s hard to get through on helplines. Put off by the number/bad experience of medical assessments. The lack of data sharing (e.g. results of medical assessments) between departments/agencies means repeated assessments/evidence. The criteria (descriptors) are difficult for clients to interpret. Stigma: Scared of sanctions/overpayments, so would rather not claim at all.

Tax Credits	<p>Awareness/knowledge: Unaware of availability, it's a less high profile benefit, not much advertising</p> <p>Stigma: Scared of sanctions/overpayments, so would rather not claim at all. Media and Westminster narrative of "scroungers"</p>
Universal credit	<p>Agency practice: DWP not advising on possible entitlements,</p> <p>Awareness/knowledge: low awareness of eligibility</p> <p>Digital: lack of skills and resources to claim online,</p> <p>Process: The system is not set up for vulnerable clients, and overly complicated/bureaucratic for those who would only be claiming short term (between contracts/on zero hours contracts). the criteria (descriptors) are difficult for clients to interpret. the assessment process can be demoralising. the challenge process can feel like a tick box exercise for the deciding agency. sometimes it's as if they keep saying no hoping clients will stop progressing through the challenge process.</p> <p>Stigma: "horror stories" and fear of being left worse off.</p>

ⁱ Income-related benefits: estimates of take-up: financial year 2016 to 2017 – Department for Work and Pensions, November 2018 <https://www.gov.uk/government/statistics/income-related-benefits-estimates-of-take-up-financial-year-2016-to-2017>

ⁱⁱ Child Benefit, Child Tax Credit (CTC) and Working Tax Credit (WTC) take-up rates 2016 to 2017 – HM Revenue and Customs, December 2018 <https://www.gov.uk/government/statistics/child-benefit-child-tax-credit-ctc-and-working-tax-credit-wtc-take-up-rates-2016-to-2017>

ⁱⁱⁱ It is recognised this is difficult to do due to the eligibility criteria depending on a functional assessment.

^{iv} The DWP did commission a feasibility study on the take-up of Carer's Allowance in 2010, but have not published regular official statistics

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/207552/wp84.pdf

^v Receiving Universal Credit is, or will be, a qualifying criterion for Best Start Grant, Funeral Start Payment, Job Start Payment, Scottish Child Payment and Cold Spell Heating Assistance.

^{vi} Pages 22 - 25, A New Future for Social Security consultation response - Citizens Advice Scotland, October 2016 https://www.cas.org.uk/system/files/publications/social_security_consultation_-_response_from_citizens_advice_scotland.pdf

^{vii} Pages 83 – 87; 123 - 129, Ibid.

^{viii} Pages 75 – 82; 90 - 100, Ibid.

^{ix} Pages 169 – 182, Ibid.

^x Voices from the Frontline: online barriers to maintaining Universal Credit claims – Citizens Advice Scotland, May 2019 <https://www.cas.org.uk/publications/voices-frontline-online-barriers-maintaining-universal-credit-claims>

**SOCIAL SECURITY COMMITTEE
BENEFIT TAKE-UP
SUBMISSION FROM MACMILLAN CANCER SUPPORT**

1. What do we know about how much is unclaimed and why?

There are a multitude of studies and anecdotal evidence that shows that benefits go unclaimed on a large scale. Macmillan's focus on welfare over the last decade across the UK is based on efficient sign-posting to and uptake of benefits as our starting point on any discussion on social security.

Benefits uptake is essentially a workforce issue – we need more link workers & benefits advisers to support patients with financial needs and we need health & social care staff to sign-post people to benefits advice.

2. What are the gaps in knowledge/research and how can they be improved?

No response provided.

3. How can the administration of benefits be improved to maximise take-up? Specific examples would be welcomed.

The Macmillan/ Glasgow City Council partnership "ICJ Glasgow" is not a programme that specifically exists to *maximise* benefits take up; however, the nature of the programme means that each person who uses the services of ICJ are being supported in a variety of different ways to access the support they need. The 2016 Scottish Government Cancer Plan set out to spread the learnings from ICJ Glasgow across Scotland – and in August 2019 the Scottish Government and Macmillan launched the Transforming Cancer Care partnership to spread this across Scotland for every cancer patient. At the centre of this is link workers the length and breadth of Scotland supporting the cancer patient's needs – which is often focused on income maximisation.

4. How far is it possible for technology to create a more automated system, that uses information gathered for other reasons to award benefits automatically? What would the advantages/disadvantages be of greater automation?

Greater tech automation could possibly further disenfranchise certain populations who have little or no access to technology, and are unaware of how to use technology, etc. People in remote and rural locations who have poor connectivity need to be considered.

**5. What can we learn from previous campaigns to increase take-up?
Specific examples of projects or approaches that improved benefit take-up, particularly those that were evaluated, would be welcomed.**

Improving the Cancer Journey Glasgow is a great case study to look at. Money and housing are one of the top concerns of those that use the service, and in the past people would turn to clinicians and healthcare workers with their questions regarding benefits. ICJ Link Officers help increase clinical efficiency by providing the support patients need and helping them address non-clinical issues:

“Being able to refer their patients to ICJ for a range of non-clinical support has allowed the clinicians to regain a clinical focus within their consultations... because of this collaboration with ICJ, a number of the clinicians described a considerable contrast between their old and current way of working. Realising that they can now refocus on their clinical role had a positive impact on staff morale and well-being. The clinicians reported feeling less worried, less pressured and less guilty knowing they can now easily refer their patients for further support.”

Napier University Study.

Another good evaluation of benefits services and take up is: THEORY BASED EVALUATION OF LONG TERM CONDITIONS AND MACMILLAN BENEFIT ADVICE SERVICE in Queen Elizabeth University Hospital, Glasgow

“Employment and income are key factors that affect our health, and even small changes in these factors may be important for people living on low incomes and dependent on welfare. It is increasingly recognised that people with long term conditions such as cancer or heart disease can face considerable financial hardship, resulting from loss of income for example. There is also an increasing body of research evidence that once a clinical diagnosis has been given, many people worry about the impacts of their diagnosis on their finances. Integration of health and social care is one of Scotland’s major programmes of reform. At its heart it is about ensuring that those who use services get the right care and support whatever their needs, at any point in their care journey. One of the aims of the welfare benefits service is to provide financial advice and support to the patient at a time they need it most (often shortly after diagnosis). There is robust research evidence that welfare rights advice delivered in healthcare settings results in financial benefits”

6. Are different approaches required for different benefits and different client groups?

Context matters: for someone in the hospital, either with a long term or acute condition or illness, accessing benefits might be extremely difficult:

“One of the key benefits of having a service in the hospital is that it can identify people at an early stage that could benefit from financial advice and enable them to be discharged from hospital at an earlier stage with all the financial entitlements in place.” (22, THEORY BASED EVALUATION OF LONG TERM CONDITIONS AND MACMILLAN BENEFIT ADVICE SERVICE in Queen Elizabeth University Hospital, Glasgow – mentioned earlier)

In addition, helping people in hospital get access to their benefits helps people from more remote and isolated communities who may otherwise struggle to get face to face advice when at home.

7. What kinds of eligibility criteria ensure better take-up?

No response provided.

8. How might the development of Scottish social security impact on take-up of both reserved and devolved benefits?

Macmillan has raised concerns with the Scottish Government over clinical nurse specialists not being permitted to sign the new BASRIS form, the way they can currently sign the DS1500 form. The government is looking into resolving this – but clearly having different sign-off rules for the same health professionals could cause misunderstandings and difficulties for patients and staff alike.

9. Are there other questions you think the Committee should consider as part of this inquiry?

It would be useful for the Ctte to look at automatic payment of linked benefits. If the system knows someone has a qualifying benefit why do they need to complete an application again when they know they meet the criteria. A good example of this working well is ICJ in Glasgow and the impact that had on take up of free school uniform grant.