The Scottish Parliament
Pàrlamaid na h-Alba

Official Report

WELFARE REFORM COMMITTEE

Tuesday 22 September 2015

Session 4

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WELFARE REFORM COMMITTEE
16th Meeting 2015, Session 4

CONVENER

*Hugh Henry (Renfrewshire South) (Lab)

DEPUTY CONVENER

*Clare Adamson (Central Scotland) (SNP)

COMMITTEE MEMBERS

*Neil Findlay (Lothian) (Lab)
*John Lamont (Ettrick, Roxburgh and Berwickshire) (Con)
*Joan McAlpine (South Scotland) (SNP)
*Christina McKelvie (Hamilton, Larkhall and Stonehouse) (SNP)
*Kevin Stewart (Aberdeen Central) (SNP)

*attended

THE FOLLOWING ALSO PARTICIPATED:

Sonya Chowdhury (Action for ME)
Bill Scott (Inclusion Scotland)
Rachel Stewart (Scottish Association for Mental Health)
Andrew Strong (Health and Social Care Alliance Scotland)
Professor Nick Watson (University of Glasgow)

CLERK TO THE COMMITTEE

Simon Watkins

LOCATION

The Mary Fairfax Somerville Room (CR2)

Scottish Parliament

Welfare Reform Committee

Tuesday 22 September 2015

[The Convener opened the meeting at 10:00]

Future Delivery of Social Security in Scotland

The Convener (Hugh Henry): Good morning and welcome to the Welfare Reform Committee's 16th meeting in 2015. Will everyone ensure that their mobile phones and other electronic devices are switched to flight mode and silent? Thank you.

Item 1 is our consideration of the future delivery of social security in Scotland. We continue to focus on issues to do with disability, carers and people who are ill or have long-term conditions.

I welcome the witnesses. We are using the round-table format, which we hope will encourage interaction, so if you want to ask questions or comment, try to catch my attention or that of the clerk, Simon Watkins. We will bring you in as much as we can, but please try to speak one at a time, to allow the official reporters to get a record.

We have apologies from Aidan McCorry, the chief executive of Deaf Action, who is unwell, unfortunately. I welcome to the Scottish Parliament Sonya Chowdhury, chief executive of Action for ME; Bill Scott, director of policy at Inclusion Scotland; Rachel Stewart, public affairs officer at the Scottish Association for Mental Health; Andrew Strong, policy and information manager at the Health and Social Care Alliance Scotland; and Professor Nick Watson, from the institute of health and wellbeing at the University of Glasgow.

If none of you wants to make opening remarks, I will go straight to questions. What principles do you think should underpin a new social security system in Scotland?

Professor Nick Watson (University of Glasgow): There are lots of different levels at which we can look at disability benefits. We need to look at issues to do with providing support and issues to do with work, and sometimes the two areas are different in terms of what we are looking for. For example, issues around the disability living allowance are different from issues around employment and support allowance and getting people into work. We need to look at that.

Since about the mid-2000s a succession of policies have been aimed at getting people off benefits and making it harder to get on to benefits. We switched to personal capability assessment, and then we moved to ESA and work capability assessment. All those moves made it harder to get on to benefits and made it easier to push people off disability benefits into, for example, the ESA work-related activity group, or WRAG.

There is a key problem with how all those approaches have been developed. The work capability assessment is based on the bio-psychosocial model of disability—I am sorry to get all technical. Lord Freud claims that the model has theoretical credibility, but very few other people support that claim. The model is based on the assumption that if people who have back pain are forced back to work early or are told to move a lot, the back gets better, and the same thinking has been applied to mental health problems and to cardiorespiratory problems, which, along with back pain, account for two thirds of the reasons why people are off work.

We have the emergence of WRAG. Evidence to date has suggested that very few people who have been placed in it are moving into work, so it is not working. The response has been to make it temporary, so that people have to reapply every year, even though it is not working.

We have located all the problems of getting disabled people into work with disabled people. We seem to think that the solution to finding employment for disabled people is to put more disabled people in the unemployed category and that, somehow or other, they will emerge into work. It is very much an attitude that it will happen downstream—if we increase the number of disabled people applying for work, they will get jobs. Instead, we should start to tackle some of the discrimination that disabled people experience in finding work.

The work capacity assessment asks, "Are you fit for work?" A better question would be, "Are you likely to find work?" I can find work very easily, but if I had the same impairment but did not have my academic qualifications, I would be unlikely to find work, because I cannot do manual work.

In the old personal capacity assessment there used to be a category of "Are they likely to find work?" That category has completely gone now. As well as looking at the individual, we have to consider whether they are likely to find work.

We might want to look at the Australian model, where much more work has been done with employers to try to break down their reluctance to employ disabled people. At the moment, we are not working on that at all; we are just assuming that if we take more and more people into the labour market, somehow or other they will magically get into jobs. The evidence is not there to support that claim.

Sonya Chowdhury (Action for ME): You asked what the principles are that our system should be based on, which is a great question to ask. At the end of the day you are asking, “How do you want to be treated as a human being?” We have just undertaken a study with people in Scotland about the personal independence payments system. People talk about the application process dehumanising them. A great quote that we received was, “I don’t want your sympathy, just your respect.”

You asked about principles. The system needs to be fair; it needs to be equitable. I do not think that many people would say that everybody who thinks that they are entitled to benefits should get them. There has to be a system to share out the limited resources, but it has to be respectful, which goes back to some of the things that Nick Watson was talking about.

Think about empathy and understanding. If an assessor asks you, “What is important for me to know about how your illness affects you, so that I can make sure that this process is as accessible as I can make it?” that immediately relaxes you and enables you to engage in a dialogue. At the moment, we are told that assessors are reading a list of questions from screens. How is that respectful? If I sat here and talked to you by reading off my screen for the next hour and 45 minutes, you would switch off; you would not want to engage with me. When we think about principles, we should think about what it is that makes us human and makes us caring and sensitive towards others.

Bill Scott (Inclusion Scotland): I very much agree with the idea that the system has to be based on treating every person who comes into it as a human being like any other and with dignity and respect. That is missing from the current system, which is all about saving benefits spend. We should embed those principles into the system.

We also need to think about what the purpose of the system is. The purpose of the benefits system should be to support disabled people and carers and people with long-term sickness to participate in society. At the moment, they are socially isolated. It is not just that they are excluded from the labour market; they are excluded from normal family life, community life and political life, all of which leads them to being marginalised. If the system existed to support people to participate in all those things—if that was its purpose—we would begin to see a change in societal attitudes towards disabled people and carers. That would lead to greater participation, because people would begin to understand some of the barriers that those people face in everyday life.

Andrew Strong (Health and Social Care Alliance Scotland): I echo the previous points, which were eloquently made. We back a human rights-based approach that would address people’s rights in relation to issues such as social isolation, to which Bill Scott referred. If we based the system on people’s human rights, we would be in a much stronger position.

Such a system would need to include things such as accessible information being made available at as early a stage as possible. Many people who have been asked to come to an assessment experience a great deal of difficulty in understanding what the assessment is about and the questions that they are asked during it. Information provided in easy read format before and after the assessment would be very helpful.

We also need to base our approach on the accuracy of assessments, rather than using targeted assessments as a means to get people off benefits. At present the system favours lengthy appeals rather than giving people benefits. That is an issue, as it results in costly on-going appeals that lead people to become more stressed as the process continues. The approach that I have described would avoid that.

We also need to look at greater flexibility in the assessment process with regard to aspects such as timings and where the assessment is held. We need to do a lot more to support people to be assessed at home where that is possible. We also need to consider appropriately funded sources of support—particularly independent advocacy—to help people through the assessment. Health and Social Care Alliance Scotland and the Scottish Independent Advocacy Alliance are currently running a one-year pilot in four areas of Scotland to provide people with advocacy support during the assessment process. The scheme alleviates some of the stress that people experience when they go into the assessment and mitigates against some of the bad practice that we have heard about. That includes some of the bad practice that Sonya has spoke about, such as assessors looking at a screen and typing away, and not showing compassion. Compassion is what we would want to see in any new system.

Rachel Stewart (Scottish Association for Mental Health): It is hard to add to so many eloquent contributions—that is a challenge.

We need to look at some of the challenges and changes that are going to be delivered in Scotland in the wider context of how the reserved benefits are delivered at present, and think about how those two systems will join up. We also need to look at the integration of health and social care and self-directed support at a local level.

There is not the same stigma in going to the NHS to get help when you are not well as there is in accessing benefits when you are not well. Those two systems were set up around the same time and linked up together, and I do not know why their directions have diverged. People need the benefits system in order to live their lives to the best of their capacity. We in Scotland need to take an approach that is more humane than the punitive approach that has been taken to date.

The Convener: That last point links in with Sonya Chowdhury's comment that we need a system to share out limited resources. When we establish our own model to administrate the benefits that will be devolved to us, should that be based on the current expenditure or on increased expenditure? Should it be based on the idea of living with whatever we have, which will in the next few years potentially be less than what we have just now? Should there be any losers, or should everyone have at the very least the benefits that they currently receive before the various changes kick in?

10:15

Sonya Chowdhury: It would be easy for me to say that of course there should be more money, as people who are disabled with long-term chronic conditions should get the support that they need and deserve. In fact, however, the losers are the taxpayers, who are contributing to a system that puts people through a costly and dehumanising process and after 12 months makes them do the same again, despite the fact that those people may have a long-term chronic illness such as ME.

ME is a hidden illness—people can be very severely disabled, but there is a lot of stigma around it. Nonetheless, some individuals—even the 25 per cent who are bed bound for years or decades—are going through a system every 12 months when there is no potential for their illness to improve in that timeframe. Why are they being reassessed after 12 months? I would be very interested to see how much that process costs from the perspective of a social return on investment. How am I, as a taxpayer, going to get better value for money?

We are unlikely to see increased investment; I think that many of us would accept that. What I want to see is a more efficient and effective service.

Rachel Stewart: Sonya Chowdhury makes an excellent point. It will be 2017 by the time the personal independence payment is devolved to Scotland. The roll-out of PIP is due to take place on a wider scale in Scotland from next month, and the Scottish Government reckons that approximately 100,000 people in Scotland who had previously been eligible for DLA will lose their eligibility in applying for PIP.

From that point of view, it is hard to see how the health and social care costs for those individuals—if they can still qualify, especially for social care costs—are not going to increase. Taxpayers in the round are still going to be paying a lot of money, but there is a human impact on those individuals' lives. If they are employed—because PIP is not an income replacement benefit—there is the question of whether they can stay in work. People who would have been filtered on to the work choice programme, which is also being devolved, will, because of their disability, end up in a more generalised work programme-style scheme that will be less effective for them because of their condition.

Clare Adamson (Central Scotland) (SNP): I have a supplementary on reassessment. It is a stressful process for everyone who goes through it, but we have taken evidence that suggests that, for people with mental health issues, it can make their condition worse. Do you have any evidence on that?

Rachel Stewart: We have been speaking to our service users and focus groups, and the three things that they raise again and again are the impact of the employment and support allowance work capacity assessment; the fear of sanctions and the impact of sanctions; and the looming roll-out of PIP. Approximately 88,000 people in Scotland on the lower care rate of DLA will simply not qualify for PIP—approximately 22 per cent of our service users receive that rate, so they will probably not qualify.

Our service users require more intensive support from our support workers in the run-up to an assessment because their mental health is suffering. We are struggling, because we are supposed to be helping them to recover but we are having to work harder to try to maintain some of them because their assessment is coming up.

Some of our service users are going through the work capability assessment and they know that PIP is coming too. There is an issue with the fact that they have just have had an assessment and now they have another assessment coming up that will include the same kinds of questions. There is a lack of understanding and clarity, and there is a lack of understanding about the rights of those people.

We are on the steering group for the advocacy project that Andrew Strong mentioned, which is being run by his organisation and SIAA. The project is garnering good results in helping people to advocate for themselves, and in reassuring people and ensuring that they are prepared. That can help them with reassessment, but the process in the run-up to an assessment is making people more unwell. We are a recovery-focused organisation, and it is distressing for our workers to see those effects.

Bill Scott: The number of assessments for disabled people in the current benefits system is far too high: there are work capability assessments, PIP assessments, care assessments and blue badge assessments. Reducing the number of assessments would save the Government money. According to the National Audit Office, about 18 months ago, it costs about £182 to administer the new personal independence payment assessment, compared to £49 for the disability living allowance assessment. If it is going to cost four times as much to administer the system, the money will be spent on that rather than on the benefits.

It works out that £22 million will be spent on administering PIP in Scotland by the time the disability benefits are devolved. We could make savings by reducing the number of assessments. The DLA was largely paper assessed and had an exceptionally low fraud rate—less than 2 per cent. That compares favourably with many other benefits. There are very low levels of fraud, but some level of fraud will continue to exist, even with the new assessment system.

I am not going to pretend that it is simple. I do not know where we are going to lever in £300-odd million to the new disability benefits budget, because that is how much we will have lost. Although that is only 20 per cent of the current budget, it is closer to 40 per cent of the budget for working-age disabled people, which is where all the cuts are falling. Pensioners and children are exempt from the new assessments, so they will be safe. However, in saving the young and the old, the cuts will fall disproportionately on working-age disabled people.

I can give you another example. About 48,000 to 49,000 people on higher rate disability living allowance will lose it. One in three of those people uses their payment to lease a motability vehicle, which they use to get to work. That means that 16,000 disabled people face losing their jobs because they will not have a means of getting to their workplace without that vehicle, unless they use their wages to make up the difference in maintaining the lease on the car.

It is not just that the changes are failing to move disabled people into work and that there are proportionately far fewer people in work than there were before the start of the recession but that the changes are driving people out of work. The stress does not just affect people with mental health issues; it affects people with variable physical impairments, such as ME and multiple sclerosis, whose conditions are worsened by stress. There is good research evidence that the current work capability assessment regime is making those conditions worse and that people’s physical condition is being affected by their mental health.

The Convener: Before I bring in Nick Watson, Kevin Stewart and Neil Findlay, I have a question for Bill Scott.

You mentioned that £300 million would be lost and that you were not sure how we would replace it. In a sense, that is an opportunity cost that is down to political decisions for us to make, as a Parliament, Government and society. That £300 million could be found by increasing income tax or by not paying councils the money that they get in return for the council tax freeze and using that money for disability instead. It could be funded through changing the air passenger duty or the small business bonus scheme—there are many things, but it is down to our choices as a society about what the relative priorities are. It could be decided that people like me should not receive universal benefits and that they should instead be targeted at people with illnesses and disabilities.

Bill Scott: Our organisation would want that money to be found through whatever means were necessary. However, I also know that the Scottish Parliament will be facing another round of spending cuts following on from the spending review, which aims to reduce overall Government expenditure by between 25 and 40 per cent. Disabled people and carers are going to be competing with many other groups in society that are losing services. You are going to be faced with extremely difficult choices.

It is not just a matter of finding the £300 million that will be needed with the transfer from DLA to PIP. Many other benefits will be cut, and services will also face cuts, including education and health. That is the context within which the Government will have to think about where the money will come from.

I agree that the money could come from a number of places. A fairer system of local government taxation would raise revenue that could be used to increase social participation at a local level and provide the sort of services that are being withdrawn at the moment, such as taxi cuts; taxis are essential to assist disabled people to participate in society. Those cuts are happening alongside the benefit cuts—that is what you have to understand. It is not just a matter of finding the £300 million; it is also finding whatever amount is eventually cut from spending in Scotland. I do not know how much that will be, but it is going to be substantial.

Professor Watson: Bill Scott, and indeed everyone else, raised some really interesting and important points. We did some work last year with disabled students. Their inclusion is contingent on those benefits. They all describe themselves as very included, which of course they would, being at university—

The Convener: You should maybe explain in what way their participation is contingent on benefits.

Professor Watson: If they do not have their mobility allowance, they cannot get in and out of the university. If you take away their support, they cannot do what they need to do as students. The benefits are key for including disabled people.

One other thing that we have to recognise is the knock-on effect that pulling large amounts of money from disabled people will have on the communities in which they live. We have to remember that impairment and disability is closely linked to poverty: the highest levels of disability are found in our poorest environments. If we take large amounts of money—£200 million or however much—out of those very poor communities, they will become even poorer.

Disabled people will have been employing local people as carers and personal assistants and for other support. If we start removing that money, it will clearly affect the disabled people themselves, but it will also have a great effect on the communities where disabled people live.

We did a piece of work on the issue a few years ago, just looking at some raw figures, and we estimated that between £1 million and £2 million per year would be taken out of Parkhead and about £200,000 per year would be taken out of Hillhead. Hillhead can afford to lose that amount of money, but if you take the estimated amount of money out of Parkhead, shops will close and so on. The long-term effects of removing benefits from disabled people, not just on them but on the communities in which they live, need to be looked at.

Kevin Stewart (Aberdeen Central) (SNP): The committee has taken a fair amount of evidence at the your say sessions about how benefits ensure that folks can go to work. The Tories have said that the reason for the proposed changes to social security is to get folk into work. However, we see adverse effects on disabled people who are working at the moment.

We heard from somebody who is net contributor, who gets high level DLA at the moment but pays more in than that in tax and national insurance. That person would not be able to work if they did not get the DLA. Bill Scott mentioned that there are some 16,000 folks who are reliant on Motability to get to work. Have folk round the table today done any analysis on what effect removing that support would have in terms of tax and national insurance that would no longer come in? What is that actually going to cost if all these so-called reforms go ahead?

Beyond the monetary cost, the human cost of folk no longer working will be even greater. I would be grateful if the panel would expand that out and suggest how we can create a system that has some common sense and logic to it, to allow folk the independence to go out to work.

10:30

Neil Findlay (Lothian) (Lab): My question is about benefit claims and how someone goes through that process. What percentage of the people who successfully apply for DLA, say, do that on their own without any advocacy or help? Does anybody know?

Sonya Chowdhury: I can speak only in terms of the research that we have carried out with people with ME. The majority of people with ME do not get any support whatsoever for that process. The majority of those who responded to our consultations do not access mainstream services. The services are very busy, there is high demand and people with ME who are severely ill are not able to get to the services. They are cognitively challenged and they also experience something called post-exertional malaise.

For someone with ME, coming along to talk today could cost them three days, three weeks, three months or maybe even longer because of the physical payback that they experience. Asking for support can be very difficult for those people because of the physical challenges. We run a specialist welfare advice service and some of our callers are not able to talk on the phone for more than a few minutes. There is a heavy cost for people in accessing support, assuming that it exists. A creative solution needs to be applied to providing advocacy support for such individuals.

Neil Findlay: Maybe I did not explain myself very well. What appears to be happening is that we are institutionalising advocacy and support. The only way that people can get through the system successfully is by having advocacy and support. Surely that is not right. The average person in the street should be able to fill in a form and provide the information necessary in order to be successful with their claim.

In my experience in dealing with the benefits system as a housing official, it reached the stage that we filled in every single form for every single tenant, or otherwise there was a problem. That should not be the case—the system should not be so complex that an ordinary person in the street cannot complete it successfully.

Bill Scott: I will try to answer that.

There are particular issues with the complexity of the forms; everybody would say that but I am an ex-welfare rights worker as well. Anybody who can get support with filling in the forms stands a better chance of getting the benefit. On top of that, anybody who is accompanied to an assessment stands a better chance, even when the person accompanying them is not a welfare rights worker. Something about the fact that there is a witness who can corroborate what was said can influence the eventual outcome of a claim.

All those sorts of things can influence the outcome of a claim, but we have to bear in mind that we live in a society in which the functional illiteracy rate is around one in five of the population. That is not evenly spread throughout the population; illiteracy is concentrated among those who are most likely to claim benefits. That is why there is a greater need for advocacy for that group.

We worked with West Lothian Council and local advice agencies, carers organisations and others to set up training for volunteers to accompany people to their assessments. That has been quite successful and we would like to see more of that sort of thing—building social assets. There are many people in communities who want to help and who, with a minimal amount of training, could act as an advocate for somebody.

We also encourage peer advocacy. Disabled people can often be the best supporters of another disabled person. They understand the condition that the person has, because it is the same one that they have.

Neil Findlay is right that we are seeing a professionalisation of advocacy and support, because the system has become more complex. Before I was a welfare rights worker, I worked for the Department of Employment when it was called that, back before it became the Department for Work and Pensions. We used to issue letters that explained the outcome of a claim that were one to two pages long. We now see letters coming from the DWP that are 40 pages long.

I defy anyone, even a graduate, to go through that and understand fully what they are being told. The computers generate information that is unnecessarily complex and which makes it very difficult for people to understand the outcome of their claim—whether they will have money or not. Usually the first that they understand the outcome is when they do not get a payment.

We need to reduce the complexity in the system so that people can use it. Costs would be reduced as there would be fewer reviews and appeals because people would understand what they were being told by the social security system.

The Convener: There is also the aftermath. Yesterday I was dealing with the case of a constituent who receives housing benefit, council tax benefit and tax credits. Because of changes to her income, the system now deems her to have been overpaid.

I know that others may think that I am stupid, but I do not regard myself as stupid, and I was a welfare rights officer for 14 years. She came to me with the assessments and the results generated by the computer that said how much she had been overpaid in each of the periods, and I could not understand it. It was unbelievable. The irony is that, when she went to the council to get an explanation, no one there could explain it either. We are left with people who are, to be frank, helpless because of the complexity of the system, even when they can receive advocacy.

Neil Findlay: I am the greatest supporter of advocacy services. You mentioned West Lothian Council; there is a fantastic advice shop there where great work is being done. The fact that it is there and is rammed to the door seven days a week—or for how many days it opens—is indicative of the system’s complexity and the problem that we are wrestling with.

Had that been happening in isolation, it would have been bad enough for disabled people, but it is happening at the same time as the front-line fight against poverty and inequality, which is local government—I do not care what anyone else says—is having its heart ripped out. There is a double, treble or even quadruple whammy when it comes to what is happening to disabled people. All the support services for disabled people—the small groups, the day centres, the fruit and vegetable co-ops and the other stuff that makes up the infrastructure and the scaffolding for them—is being taken away as well. The combination of the two is catastrophic for a number of disabled people.

Bill Scott mentioned that disabled groups and carers will be competing with other groups for scarce resources. That is absolutely right; they will be. When you look at how competition for scarce resources usually pans out, I am pretty cynical about how successful disabled people and their carers will be. When you look at the more middle-class areas and the other welfare areas that will be competing for those resources, my question to all the witnesses is: do you think that the political will is there, in any of the political parties, to prevent disabled people and their carers from losing out?

Bill Scott: We are going to face huge challenges because of the way that disabled people are being portrayed in the media and in political discourse as skivers who are avoiding work rather than as people who are unable to work. Those attitudes are much more widespread in society than they were a few years ago; every opinion poll that you look at says that. There is a widespread belief that fraud levels within the social security system are astronomical.

Politicians have to appeal to a public that have all those beliefs in their heads for support for what they are doing, so they have a mountain to climb in overcoming the attitudes that are created by programmes such as “Benefits Street” and other poverty porn on television.

You will face difficult challenges and, like you, I am cynical about our ability to compete for those scarce resources because the people who have the loudest voices are usually at the front of the queue. When that competition occurs, disabled people are stuck in their homes and unable to get out because they do not have their Motability any more and they do not have a taxi card system. They are not at the public meetings where local taxpayers shout the odds about preferring to have cuts to services rather than to pay more.

We need to be realistic about what we can do to begin changing those attitudes. I honestly think that the idea of social participation—that everybody should have the right to participate in society the same as everybody else—will appeal in Scotland because we have an understanding of fairness and justice. We can help people to contribute in whatever way they are able to contribute. That does not always mean work; it could mean being a volunteer down at the local community centre or going on a college course.

Neil Findlay: The centre might be shut half the time.

Bill Scott: I know, Neil, but if we begin to promote the idea that people should be able to do what everybody else takes for granted, that might begin to change some of the attitudes that have been fostered over the past few years to justify benefits cuts.

John Lamont (Ettrick, Roxburgh and Berwickshire) (Con): I will move the discussion on a little bit to talk about—

Kevin Stewart: Convener, before we move the discussion on—

The Convener: Kevin, hold on. I am chairing the meeting.

Is it a different point, John? There are a couple of people who want to comment.

John Lamont: It is about the delivery of benefits and picks up a bit on Neil Findlay’s point. Last week we had a good discussion about whether councils should be the principal body—

The Convener: Can we hold that just now? Andrew Strong and Nick Watson want to comment on the present issue.

Andrew Strong: Neil Findlay talked about the difficulties with local authority funding. We need to keep in mind the context that lots of disabled people use disability living allowance to pay for social care, so non-residential social care is funded partly through DLA. As a result of people coming off it, the pressure on social care is increased.

I do not know the exact numbers of people who need advocacy to go through the assessment process. Some of the evidence that we are getting back from our project suggests that people would not go to the assessment without an advocate with them. Therefore, because they would not go along, they would not get the benefit at all. We need to consider that issue.

We talked about professionalisation, which happens in a couple of different ways. Advice and information in advance of the assessment are different from advocacy during the assessment. Supporting applicants to fill out the forms is separate from supporting them during the assessment by giving them prompts.

It is becoming clear from our project that applicants having someone who is knowledgeable about the assessment at the assessment makes a massive impact on the outcome—not only whether people get the benefit but the tone of the assessment and treatment that applicants get. The advocate can say, “You can take a break now,” because people might not know that they can take a break during the assessment. They might not know in advance that they can request a change in date once—they cannot do it twice.

10:45

Another thing that we should consider is whether we need to ensure that, in future, general practitioner and medical advice and social advice are available in advance of assessments happening, so that reasonable adjustments can be made to the assessment process.

Earlier this week we heard an example from one of our advocates about a person with multiple conditions, including a mental health problem and a learning disability, who finds it difficult to understand and articulate their condition in a face-to-face assessment. The person needs the right kind of support in advance so that they know what the process will be like, and they need tailored advocacy support during the process. To be honest, I do not know how we create a system that can fend off those kinds of problems.

Professor Watson: Neil Findlay talked about the perfect storm that faces disabled people. There is also a huge cut in the number of people employed through the public sector, and disabled people, like most minority groups, are more likely to be employed in the public sector than in the private sector.

This ties in with what Bill Scott said. We produced a report a couple of years ago entitled, “Bad News for Disabled People: How the newspapers are reporting disability”, in which we compared how the media talked about disability in 2004 with how it did in 2011. There had been a huge change, with talk of people on benefits as skivers, lazy good-for-nothings and so on. If a private sector employer has constantly been reading in the press that people on ESA are lazy, feckless, good-for-nothing skivers, they will not employ someone who has been on ESA for two years if they can find someone else to employ.

Bill Scott talked about the increased perception that people are skiving. We ran a series of focus groups, and we found that most people thought that fraudulent claims for disability living allowance ran at about 40 per cent—some people thought the proportion was as much as 75 per cent. As Bill Scott said, the official figure is less than 2 per cent. When people talked about the issue, they all talked about a relative or someone they knew who had had trouble getting benefits. They knew that getting benefits was hard for their family, but somehow they thought that there were lots of other people who were finding it easy to get benefits, because they had read that in the media or seen it on a programme such as “Benefits Street”.

That perception is creating a real problem for disabled people in getting the support that they need. People do not choose that lifestyle.

The Convener: Joan McAlpine wants to come in. Is it on the same issue, Joan?

Joan McAlpine (South Scotland) (SNP): It is about benefits that have been devolved or reserved.

The Convener: We will come back to that. I think that Kevin Stewart has a comment on the issue that we are considering.

Kevin Stewart: I want to go back to the question that I asked, which folk did not get the opportunity to answer. I was asking about what will happen when folk who are working lose their DLA and then cannot work. I was asking about the lack of common sense in the reforms and the human cost. Has any analysis been done on the 16,000 people who are likely to lose their employment if they lose their benefits? I imagine that that will set them back greatly.

Bill Scott: There has been some work done at UK level. I can probably break down the figures and get back to you on the losses that are likely in national insurance contributions, income tax and so on. That might be doable in the context of the mobility component of DLA, because good work has been done on the issue.

Across the board, it is more difficult. As we keep saying, it is about not individual cuts but the cumulative impact of cuts on people. There are fewer disabled people in employment now than there were at the beginning of the recession, although employment rates in the general population have recovered almost to pre-recession levels—albeit that there is more part-time work and self-employment in the system now. Employment rates for disabled people in Scotland have fallen from about 48 per cent to less than 42 per cent. We have lost a part of the workforce, particularly in the public sector, as Nick Watson said, and the third sector, which employed a lot of disabled people but employs fewer now.

The Convener: Does anyone have specific figures that they can provide now? It seems not. Okay. We will move on to a question from John Lamont.

John Lamont: My question is about the future delivery of benefits in Scotland. Last week, we had a useful discussion about the role that local authorities will play, and opinion was divided on whether that is a good idea or a bad one, particularly given the possibility of an entitlement postcode lottery. Do the panellists have a view on that?

Rachel Stewart: We have been talking about the delivery of employment programmes, which is linked to the future devolution of benefits and whether that should take place at a national level or through local authorities. We have some concerns about local authority delivery because of the potential for a postcode lottery and the fact that some local authorities might take an inconsistent approach. We have seen that in practice.

It is a difficult issue. We want to support localism and we know that, because local authorities are on the ground, they should know what is required from an employment point of view, or what community support people with disabilities require. In practice, however, we have seen different social care charges in different local authorities, which can have an impact on people’s lives and their finances.

Self-directed support is another issue: it and the welfare fund have been applied in different ways. With the imminent changes from health and social care integration, we would be concerned about local delivery of those benefits. More local delivery might be something to consider in the longer term, but at present we are not convinced.

Sonya Chowdhury: It is a really interesting question. If we look at the devolution of public spending that is happening in, say, Manchester, there is a real opportunity for better integration of health and social care and support for disabled people, but we are yet to see that happen.

As we have just heard, there is also concern about a postcode lottery. There are differences in the health support and access to social care assessments that individuals get, despite their being severely disabled. Even under the current system, people wait anything from five weeks to eight months to get the outcome of an assessment. Research that the extra costs commission did with people with neurological conditions showed that they face extra costs of £200 a week. If somebody has to wait eight months for the outcome of an assessment, they will incur extra costs of £6,400, compared with costs of £1,000 for somebody who waits for five weeks.

If we end up with a fairer, more equitable and more consistent service or process overall, that is fantastic, but at present I question where the evidence base is for that.

The Convener: You have both expressed concerns about localism and the local delivery of services because of inconsistencies. If we had a system that was predicated on national assessments but local service delivery, would that also cause problems? Alternatively, are you talking about having the same level of service delivery across the country? That would inevitably mean taking the responsibility away from local authorities and having a national agency to deliver the services. Which model should it be?

Sonya Chowdhury: It is hard to answer that question. In some senses, I want to say that we need a mix of both. We need local solutions for specific issues and difficulties, but we need some consistency. Why should somebody who lives in one street get one form of service and greater support while somebody who lives in the next street is not entitled to the same support even though they have exactly the same disability or experience the same impact from their illness? There needs to be some consistency.

There are savings from having a national approach—I am thinking of the back-office costs and overheads—but how would people access services if they are not delivered locally? For example, people with ME have to travel 40 or 50 miles to an assessment centre, and that costs a huge amount of money as well as having a major disabling impact, given their condition. There has to be a better approach to what we are delivering that is fairer and more equitable, but I do not have all the answers.

The Convener: Sure. I know what you mean. I see such things locally, in the contrasts between those who live in the Renfrewshire Council area and those who live in the Glasgow City Council area, for example—only yards separate them.

The issue of assessment for mobility and national centres is a different one from that of assessment for entitlement—the judgment and decision about what level of service will go in—which is down to local authorities. How can the problem be eradicated without removing that decision from local authorities and setting up a national care agency?

Professor Watson: How we tackle that is a real problem. In a way, if different local authorities democratically opt to fund different priorities, that could be seen as acceptable, as local people chose to vote for them. However, the real problem, of course, is that we know that certain groups will do better. We know that disabled children always do very well but that they do less well when they get to 18, and that people with a mental health problem face stigma when it comes to accessing services or people providing them with services.

It is almost as if we are saying that we do not want to be democratic, but such is the stigma that is attached to some groups of disabled people that we cannot go round saying that we will put that to a vote. Sometimes a decision has to be taken and it will be that we are going to fund people with a mental health problem. We will not ask whether we should be funding disabled children or people with a mental health problem, because if we went to a democratic vote, we know which group would win. Someone has to make a decision on where the need is greater and how that need will be met.

The Convener: So what are we talking about? Are we talking about national or local decisions?

Professor Watson: I would say national decisions.

Bill Scott: During the Smith commission deliberations last year, we specifically asked people whether welfare benefits should be devolved to Scotland and who should administer them if they were devolved. The overwhelming response to that question was that they should be devolved and that the Scottish Government, not local authorities, should administer them. We asked the question again at our annual general meeting this year, and again the overwhelming response was that local authorities should not administer them. That response may suffer from disabled people’s perceptions of the care system and how unfair it can be, but people do not want to see that form of localism brought into benefits decisions. They want a consistent standard.

The evidence on the Scottish welfare fund is that there are huge variations across Scotland in whether the money is even spent. We know that poverty exists in every corner of Scotland, but money is not being spent where it needs to be spent on the people on whom it needs to be spent, and that is with national guidelines in place.

Disabled people are very suspicious of money being sent down to local authorities and not ring fenced; it is spent on road repairs or whatever rather than on disabled people's needs. Unfortunately, if there was a straw poll of disabled people, I think that it would find overwhelming opposition to local authority delivery. That does not mean that we do not need local delivery of services; we do. That relates to the loss of humanity in the system. People have to deal with a person at the end of a phone in Newcastle rather than communicating their experience to somebody who knows the local situation and what they face every day.

The Convener: Are you suggesting a return to ring fencing?

Bill Scott: No. I am saying that disabled people fear that the money would not be ring fenced.

The Convener: But you are saying that it should be ring fenced.

Bill Scott: Benefits expenditure is currently ring fenced in that sense. It is not spent on anything else. People do not set aside their social security budget and then say that they are going to spend it on education or health.

If a disabled person in Glasgow was told that they were not getting any of the new disability benefit because the council had decided to spend that money on the roads, that would be decidedly unfair. The council would be saying that it was going to ignore disabled people's human rights because the taxpayers had said that they had other priorities. That goes back to where we started with Andrew Strang's point, which is that this has to be based on human rights. If participating in society is a human right, that is not a local issue; it applies across Scotland, in that it does not matter whether you live in Inverness or Glasgow, you should have the same right to participate. That means that the benefit spend has to be ring fenced.

11:00

Christina McKelvie (Hamilton, Larkhall and Stonehouse) (SNP): I want to pick up Bill Scott's point and also something that Rachel Stewart said about having a more effective and efficient service, which ties into the local versus national argument. There is room for a mix in that system, but how do we make it more effective and more efficient?

One of the biggest fears of all the people that I speak to in the round tables, in have your says and in my constituency is that the person who is doing the assessment will have no understanding of the impact of the disability on the everyday ability of the person who is being assessed to do what they need to do. One of the biggest issues is that many people feel that the assessment of their GP or consultant was completely ignored and not taken into account.

Could a more efficient and effective service be delivered at the local level if all the medical information on someone's particular needs was taken into account and then assessed by a local occupational therapist? Decisions would be taken locally on eligibility and the level of support that a person required to function—whether that was to stay in work or to do something worthwhile that worked for them—rather than for that person just to be told that they have been put in a certain category and should go on to the system and get a job. It seems that people are being brushed aside like that just now.

Local information could be used to determine someone's personal profile and there would be effective delivery. There could be a substantial transition cost, but the result might be a more effective and efficient system. What are people's opinions on that?

Professor Watson: I agree. The old personal capacity assessment used to take account of information from people's doctors—their GP and consultants. The work capacity assessment stopped doing that. I do not know for sure why, but one might say that it was felt that people's own doctors might be too sympathetic to their views. The idea was that the assessor should have a dispassionate view and that because they did not know the person, they would come out with an allegedly objective measure. To go back to including and allowing the evidence of a person's own GP or consultant to be part of the process would be a welcome way of resolving some of the problems in the system.

Christina McKelvie: Do you think that the system has created inefficiency, in as much as a huge number of people appeal decisions and win because the original decision was wrong?

Professor Watson: The approach that you proposed would be better able to ascertain whether a condition was genuine. The GP could say, "My patient has these symptoms". A much longer-term view would be taken. The system should take account of fluctuating conditions, but how can those be judged on a single assessment? A GP or a consultant would be able to take such things into account. It would make life simpler and more straightforward.

Sonya Chowdhury: You need to have a combination of both. We have spoken to GPs who say that they can assess someone's health needs, but that they are not equipped to assess how that translates into whether they can go into work and function in their workplace. In programmes such as access to work, an OT will come and look at your working environment, consider your specific needs, take into account letters from consultants and GPs and make recommendations. There is a case to be made for a system that takes on board and seeks medical and other evidence. At the moment, the system is not like that.

We have heard of somebody in Scotland being asked to pay £100 for a letter and evidence from their GP, and some medical advisers and GPs refuse to provide letters because they cannot cope with the demand while they face stretched services and cuts themselves. A system that looks at the individual's specific condition and how it affects them in their specific circumstances will get us to a better place.

I go back to the example that I gave earlier. Paying for somebody to go through a process repeatedly when they should not have to do that results in not just a human cost—and there is a massive human cost—but a financial cost that cannot be justified. I think that there is a need for some economic evidence that looks at that in detail.

We are asking whether there should be extra money and whether it should be held locally or at a national level, but you want a system that will create savings so that the people who need services, support and benefits will have that funding available to them because it has been freed up and not wasted.

The Convener: You said that someone paid £100 for a letter and that others are being refused letters. Should there be a recommendation that, as part of any system, GP contracts should be changed to require GPs to provide those letters of support?

Sonya Chowdhury: If people are able to provide medical evidence, the system should enable them to get support. GPs are under considerable pressure and need the time to provide the evidence and see their patient. The system also has to be fair in terms of the amount of money that GPs are recompensed for doing that, as it will have a knock-on effect elsewhere.

The Convener: It is a bureaucratic thing that has to be dealt with separately. It should be dealt with not as part of the benefits system but as a negotiation with GPs. However, if we are looking to redesign the system, perhaps we should recommend that everyone should have access to that service without charge.

Sonya Chowdhury: Absolutely. Christina McKelvie's whole point is about integration, and there is a lot of evidence on the benefits of integration. There is a real opportunity to do things differently in Scotland, and integration should be at the heart of that, as should participation.

Bill Scott: I said earlier that the disability living allowance assessment regime was very different. It was largely based on a paper assessment that included a self-assessment of how a person's illness or impairment impacted on their daily life. The personal independent payment assessment is different, in that it identifies certain tasks and asks people whether they are able to do those tasks without assistance. It is, in essence, a functional test involving those tasks, and people score points only if they cannot do those things unassisted. With disability living allowance, there was much greater scope for someone to say how their illness or impairment impacted on their daily life—a story was being told—and the assessor could decide whether the level of impairment was high, medium or low. I would like to see a return to that.

There is also scope for a much more integrated system in which information is shared. People undergo care assessments by occupational therapists, but those assessments are not shared with the benefits system. Therefore, someone already has an assessment that probably says that they are not fit for work and are unlikely ever to be fit for work; it will also detail the barriers that they face even in their home and recommend how they can overcome those barriers. There is a lot of information in the system at the level of GPs, consultants, health visitors and so on that could be shared with any new benefits system that we set up. That would reduce costs by reducing the number of reviews and appeals. People would not need to review decisions because the person who made the initial decision would have much more evidence to base it on and would be much more likely to make the correct decision.

Andrew Strong: I was going to make a similar point. Lots of disabled people and people with long-term conditions who go through the health and social care system experience lots of disjointed discussions and an assessment process that is all over the place. Bill Scott has talked about the different assessments that people have to go through, and we need to consider that in the context of the wider debate in health and social care around data sharing between professionals.

We also need to add in something about where welfare comes into that, and we need to come up with a solution for building up a picture of someone's life that is the most accurate possible while reducing the number of assessments and the number of times that they are asked the same questions. Of course, there are polarised opinions on data sharing, so I am not sure what the answer is.

Rachel Stewart: The focus on welfare is very much driven by employment and the job centre. However, given that GPs are very often the gatekeepers, we need to think about health, welfare and employment in a much more integrated way. We are working with the alliance and GPs at the deep end on pilots in which people who are unwell and who present themselves at GP surgeries with a low-level mental health problem are triaged and given community-based social prescribing support. Many of the reasons why people present at surgeries are work related. If they can access support upstream before they become very unwell, they can be prevented from falling out of work or requiring extra help and more intensive social care support in the longer term. We need to think about the person in the round and how their life can be affected through a much more preventative system.

The Convener: We will move on. I thank Joan McAlpine for her patience.

Joan McAlpine: It is important to bear it in mind that we are looking at the future of social security delivery. The Scotland Bill, which will decide what powers we will have, is still going through the Westminster Parliament, so we can live in hope that it can be changed. I was struck by Inclusion Scotland's comment in its evidence that it was disappointed that the Smith commission proposals failed to address the key concerns and aspirations of disabled people, particularly in relation to powers over welfare, taxation and the national minimum wage. Is that still your position?

Bill Scott: Yes. We have consulted since the Smith commission reported and got back the same response: people would much prefer it if all welfare spend were devolved to Scotland—apart from pensions; there is slightly less support for pensions coming here. Because of the system's complexities and the interaction of benefits, divorcing means-tested benefits from disability benefits causes problems.

Joan McAlpine: I will tease that out a wee bit. The employment and support allowance, which is the big benefit that disabled people rely on, will remain part of the Westminster system and universal credit. I understand that a work preparation group—which relates to the existing WRAG—will be established for the ESA and that Iain Duncan Smith has said that more pressure will be put on that group to find work. That will mean more conditionality and, I assume, more sanctions, which are also reserved to Westminster. What problems could that create for disabled people?

Bill Scott: I think that Rachel Stewart and I are in total agreement on this. It is people with mental health issues, behavioural problems or learning difficulties who are being sanctioned under ESA at the moment—60 per cent of all sanctions fall on that group. That is because of the perceptions of those who administer the system, who think that the people in question are not really ill and that, if they could just pull themselves together, they could work or do certain things. What happens largely happens because people do not understand the system that they are dealing with—or cannot cope with it, because it makes them more ill.

The situation that we are going into is horrific. Up to now, some illnesses—ME, MS and so on—have been recognised as long term and as affecting people for their whole lives, but we are now going to pretend that people can get rid of those illnesses within a year. They cannot do that but, after the year is up, they will go down to the same rate as an unemployed person receives.

11:15

Unemployment benefit—it used to be called that; it is now jobseekers allowance—was always intended to be a short-term benefit that assisted people when they fell out of work, with the expectation that they would go back into work. Sickness benefits—such as incapacity and invalidity benefit, which were predecessors to ESA—were always intended to be long-term benefits for people who were unable to work. It is completely unrealistic to say to somebody in their 50s with a chronic condition such as asbestosis that they will be given support to return to work, when they could be dead in two or three years.

As a society, we need to look at ourselves and ask whether we are condemning people to poverty when they become ill. That is what will be the outcome of cutting ESA by £20 or £30 per week for people in the work preparation group. As Joan McAlpine said, all the sanctions will fall on those people as well. It is completely unfair.

We talked earlier about being assessed by people who have some understanding of the problems that claimants face. A court has found that only people with experience of treating people with mental illnesses should be doing the assessments of people with such conditions. Is that happening? No, it is not. The court's decision is basically being ignored by the DWP. In practice, it is not the case that everyone with a mental health condition is being assessed by somebody who specialises in mental health.

Professor Watson: If we go back to what I said at the beginning, the evidence about people being placed in the work readiness assessment group is that they are not being returned to work. Very few people are being returned to work; that policy is failing. Most of the research suggests that people who are being placed in WRAG are too far from the labour market to be ready to go back to work; they are being placed in WRAG and it is failing them.

The Organisation for Economic Co-operation and Development published a report in 2014 that looked at the UK's activation policy. It was very critical of the use of WRAG and said that it was not working. The only response from the Government has been to cut the time for which people go into WRAG, rather than look at why people in WRAG are not finding work. The old personal capacity assessment would have discovered that people were too far from work to be placed in WRAG, but that assessment is no longer available.

One of the big problems with ESA at the moment is that the wrong groups of people are being put into WRAG. Because too many people are being placed in WRAG, the resources that are available to provide employment support and to get people into work are stretched too far. Rather than concentrating on a smaller number of people who might be closer to work, resources are having to be spread out over far too many people, many of whom are not close enough to the labour market yet. We need to address that problem.

Rachel Stewart: I will reiterate those points. We know that of the two employment programmes, the work choice programme, which is specifically for people with disabilities, is much more effective, because the case loads are smaller and there is more specialised support. A caseworker for work choice meets the disabled person once a fortnight at minimum, whereas on the work programme, which people who are on ESA and in WRAG tend to be filtered through, there is much less intensive support. Only about 5 per cent of people with disabilities, rising to about 9 per cent over time, are getting a job after two years.

We know that welfare will be devolved to Scotland, so there is a chance for some revolution in how it is delivered, which we hope will lead to a more humane approach. We hope that the current cap on work choice numbers will be lifted, because many people who are put on the work programme rather than on work choice would benefit from a more specialised approach. A huge number of people with disabilities in the employment market are not getting specialised support.

Professor Watson: This is not just about supporting the worker who is going into work. The issues around the work that disabled people do and where they work also relate to supporting employers. Many employers have the same issues with bringing in people who have been in the criminal justice system or in care. We must support employers, many of whom have not employed disabled people before. That is what works.

The interesting thing about the debate about what is local or national is that employment support is much better localised, as local employment services are aware of the local employers and the local employment market. The delivery of that could be more localised.

Rachel Stewart: To return to Joan McAlpine's point about the Scotland Bill being changed, there is one thing missing from the bill, which should be based on what the Smith commission recommended for the employment programmes that are coming to Scotland. Access to work is not currently included in the bill. We and Inclusion Scotland, and most people around the table, are supportive of access to work being devolved—I think that Action for ME's submission also supported that—so as to support employers in making whatever changes to their workplaces are necessary to facilitate people with disabilities being employed.

Sonya Chowdhury: There are two points to pick up on. First, I absolutely agree with Nick Watson about employment support. We have just set up a specialist pilot employment support project in Bristol and the surrounding areas, which is integrated with healthcare provision. We are already seeing how that local service has been able to meet the needs of some people with ME who are well enough to work or to consider working. That is different from the support that they get from Remploy and Jobcentre Plus and so on, and it is important to consider that.

The other point goes back to the original question about principles. We must remember that we are talking about disabled people, who are not a homogeneous group. Some disabled people are much more badly affected by the stigma, the lack of understanding, the lack of awareness and the way in which society operates than others are. There are statistics about groups of people who are more badly affected, but we represent a group of people who are badly stigmatised. The ignorance and neglect that they experience are compounded by the health system, the social care system and the benefits system. It is really important not to slip into thinking about disabled people as one group of individuals—it is a group of individuals where there are lots of subsets of conditions, illnesses and needs.

Joan McAlpine: I am getting at the failure to devolve ESA. How will that affect our ability to deliver the system? We have spent a lot of time talking about how we will deliver benefits for disabled people, but the main benefit that goes to disabled people will remain reserved. Realistically, can we devise the kind of system that we would like to devise when that area remains with Westminster?

Bill Scott: It will be extremely difficult to devise a wraparound, fully supportive system. All the benefits interact with one another. The rates that are paid through income support, as it is now, and through housing benefit—universal credit, as it will be—are affected by a person’s entitlement to disability benefits, carers benefits and so on.

If you want a fully functioning system that you can plan properly, you want the lot. However, we are getting what we are getting. We would still like more, such as access to work, for one thing. We are talking about a very small amount of spending by the UK Government at a Scottish level—£6 million or £7 million a year—compared with what is being devolved. The amount is very little, but access to work is not being devolved, although it is one of the key tools that can open up workplaces to disabled people.

Access to work can support disabled people to get into work by providing adaptations for a new entry into the workplace and it can also support disabled people who are in employment if their impairment becomes worse or if they have an acquired impairment. They can be supported to remain in the workplace rather than falling out of work. If they fall out of work, their chances of getting back into work are extremely low. You want that tool.

At a meeting with Treasury officials, we said, “We are talking about a tiny amount of money, so why are the Treasury and the DWP so keen to hold on to it?” We were told that that is because access to work is administered by Jobcentre Plus, but that is not the case—it is administered by call centres in England and not by Jobcentre Plus.

An access to work grant is one of the smallest amounts of money that someone can get but, if we got it devolved, it would have the biggest potential for transforming Scottish society, because the extra costs of taking on a disabled person can be the barrier for small employers. If an employer faces costs of £3,000 to £5,000 on top of the wage bill to employ a disabled person, that will not happen if the employer compares that with employing someone who will cost nothing extra. We need access to work to overcome the financial penalty that small and medium-sized employers in particular face.

Clare Adamson: Rachel Stewart and Bill Scott have already answered part of my question. Given that we are not getting everything that was recommended by the Smith commission and that the Joseph Rowntree Foundation said that the Smith proposals would

> “land someway short of a great leap forward for poverty reduction in Scotland”,

and given the lack of control over equality that we have talked about today, are there any concerns about the vetoes that are written into the Scotland Bill? Do you see a situation where Scotland would be able to introduce new benefits in this area and do you have any recommendations?

Rachel Stewart: We are concerned that the Scotland Bill currently suggests an inability to top up benefit, particularly if an individual has been sanctioned. We know that half the sanctions on ESA are overturned on appeal, so they are not well applied. Sanctions have a massive impact, both at the time and in the weeks following the sanction, until the money is processed and returned. That happens only if the individual is well enough—given that they have already lost a lot of their income—to go through an appeals process and has the support that they need to navigate and negotiate such a stressful procedure.

Alongside the Scotland Bill, the Welfare Reform and Work Bill is going through Parliament, and many of the changes as a result of that will come into place from April 2016. Next April, people who are on JSA, housing benefit or income support or who are in the employment and support allowance work-related activity group will have their benefits frozen for the next four years. New applicants for ESA—I do not know whether that includes people who have reached the end of the 12-month period and have to go through another assessment—will also lose about £30 a week, despite having the additional costs of their condition.

From an inequality point of view, that will have a massive impact and we are very concerned about it. The Welfare Reform and Work Bill is going through the committee stage at the House of Commons. That is a big challenge, because it will also affect people’s ability to pay for social care services and to fully participate in society.

Bill Scott: We are concerned about the delays that the Secretary of State for Work and Pensions could impose on any positive changes that the Scottish Parliament and the Scottish Government want to bring about. The UK Government has said that it will not do anything unreasonable, but we can see that the universal credit system is having enormous teething difficulties. If the Scottish Government were to propose changes that had an impact on that system, which is currently not working, the secretary of state could delay—potentially indefinitely—those changes, although they could have a positive impact on the lives of carers and disabled people. Such changes would impact on entitlement to universal credit—the housing element or the former income support element could be affected by how the decision is made on who is entitled to disability benefits or carers allowance—and for that reason they could be delayed.

In relation to those benefits, there is not complete devolution of power—it is shrouded in all these conditions, such as the condition that the carer must not be in work or in full-time education and so on. I am sorry, but that is not full devolution.

11:30

On sanctions, at the moment the Scottish welfare fund can make a payment to somebody who is being sanctioned, to relieve their poverty. Once the Scotland Bill is passed, the fund will not be able to do that, because the bill precludes a payment that is made solely on the basis of a person having been sanctioned. The person would have to have some other emergency that justified payment from the Scottish welfare fund. Therefore, not only is the Scottish Parliament's ability to relieve poverty not going to be increased, but its ability to use the Scottish welfare fund will be reduced. With regard to delivering on the Smith commission, that is completely at odds with Smith, which said that the Scottish Government should have complete discretion over devolved benefits.

Christina McKelvie: I have a couple of quick points. Can I get a response from our panel on the verdict of the coroner in London this week that the decision to withdraw ESA had resulted in a man's suicide? Does anyone have a comment on that and on where to go from there?

I also want to pick up on Joan McAlpine's point about the tensions between devolved and reserved benefits and some of the related issues. I see that the Cabinet Secretary for Social Justice, Communities and Pensioners' Rights, Alex Neil, has announced that the Scottish Government will abolish the 84-day rule for children with long-term conditions who find themselves in hospital. The rule is that they lose DLA and some other benefits if they are in hospital longer than that. Sometimes parents are under great stress and have greater costs because they are taking shifts sitting in hospital to visit their child. The Scottish Government announced this morning that the rule will be abolished when it gets control of DLA.

My question is whether any aspects of the other benefits—attendance allowance, severe disablement allowance or carers allowance—could immediately be changed. I know that that is tinkering with the current system rather than developing a new system, but maybe there are things that we could do almost immediately that would alleviate problems.

Again, the two issues are the coroner's verdict and whether there is any scope within the devolution of further benefits to do something similar to abolishing the 84-day rule.

Andrew Strong: I will say something about the first point. We have talked a lot today about the impact of the assessments on people. Through our advocacy project, we have seen lots of people who are very nervous, who may be experiencing panic attacks and who feel that their mental health is being put at risk.

In our view, something needs to be put in place for after assessments that result in people not receiving benefit. There needs, for when people are assessed as being ineligible, to be a process of signposting or support to say, when they have not received benefit, what is out there in the local community, for example. We have the links worker programme, which runs in seven GP practices in Glasgow; it is about supporting people to find community-based solutions to particular health issues. We might support something like that across Scotland.

Sonya Chowdhury: To come back to the point about the coroner's report, that is something that we experience particularly with ME, although such things happen across disabilities. Action for ME sits on the disability benefits consortium; it is a really sad thing that we hear about on too many occasions from the organisations there that support disabled people. There are lessons that need to be learned from the case in London.

Andrew Strong made an interesting point about how to support people once they have been told "no". That has not been explored in the responses that I have read online or in talking with other organisations. That is something that the committee could consider moving forward.

Bill Scott: I think that the coroner's verdict is the tip of the iceberg, unfortunately. Black Triangle, which is one of the groups that we work with, has compiled a list of more than 80 people, I think, who have committed suicide after adverse benefit decisions.

The Convener: Is that 80 people in Scotland?

Bill Scott: No, it is 80 people throughout the UK.

The figures are based on press reports of what relatives said about the condition of those people's minds. Suicide is very complex; we would never reduce it down to an adverse benefit decision. When a coroner gives that verdict it is because that is what the balance of the evidence that has been presented to them suggests is the reason. We do not have coroners' inquiries for every death, which is why I am saying that I think the figures are the tip of the iceberg.

At engagement events that we have organised and in their phone calls to the office, I have encountered people who are feeling suicidal about benefit decisions. They have been robbed of dignity and respect, and are reduced to feeling that they are less valuable human beings than everybody else in society. That is happening daily, and I am not hearing it all.

Inclusion Scotland not a front-line organisation; we provide advice and information to people. People come to us because they are at their wits' end, they have nowhere else to turn and they have met us before, perhaps at an engagement event. It is incredibly difficult for us to cope with people on the other end of the phone who are suicidal. It has a real impact on our ability to function—think about what it is like for them.

I have heard of people who have been reduced to nothing by the system. That is why we have to reform whatever we get so that it works for people. On centring on dignity and respect, one thing that we could do with whatever system is devised is ensure that everybody who is involved in administering it understands the group that they are working with and understands disability better. We argue that everybody should undergo disability equality training, in which people's discriminatory attitudes are challenged, they are made to look at the basis of their beliefs and are helped to overcome them. Without that challenge to existing beliefs, we will not get a proper change in the system.

Professor Watson: The coroner's report is the first time that it has been officially recognised that suicides are happening as a result of benefit decisions. Obviously, I cannot say that it is welcome, but it is something that we should be using to challenge the system. I do not disagree with anything that Bill Scott said.

On what we can do immediately, the key area that we can look at is provision of support for people on ESA who are undergoing sanctions or going for assessments. We have been looking at areas including Possil, where there are high numbers of people with no form of qualifications and there are low levels of literacy—which I think may often be associated with dyslexia. Benefit conditionality involves having to complete forms online, but those people are not able to complete them.

We know that middle-class children are much more likely to be diagnosed with dyslexia than are children from areas of high deprivation. I recently examined a PhD thesis looking at dyslexia that virtually concluded that middle-class children are diagnosed aged 8 while working-class people are diagnosed in prison. That puts it very crudely, but there is a real disparity. Lots of people will be given benefit conditionality that they cannot complete, so they get sanctioned. There are not just one-off sanctions of 28 days—they are bad enough—but people are being sanctioned for up to three years. That can be done without recourse to a court of law.

One way to get round that is for us in Scotland to provide support and to look at why people here are unable to fulfil their benefit conditions. What is happening? People might not be able to fill in forms online. Under the Equality Act 2010, one cannot set conditions that people cannot meet because that is unfair—on the ground of disability, for example. Looking at that might be one relatively straightforward way to address the issue. I do not know.

We need to look at why people are being sanctioned and what we can do to keep the level of sanctions down. If we cannot give people money when they have been sanctioned, we should stop the sanctioning in the first place and think about what we can do upstream to prevent it. Given that the money is not devolved, stopping sanctions might become a good preventative measure and it might well be cost-effective for local authorities and housing associations. Sanctioning is affecting housing associations because of people's inability to meet costs and so on. As a long-term preventative strategy, stopping sanctioning would be a good thing to do.

Rachel Stewart: On the coroner's verdict about the individual who died by suicide, I would echo what Bill Scott said about the complexity around suicide and how difficult it is to attribute it to one reason. However, we know from supporting our service users that we have had to make interventions to prevent suicide. We carried out a snapshot poll of our services a couple of years ago and found that over the course of a month there had been six such interventions. We know that stress, financial anxiety and the fear of losing support and how that will affect people's ability to pay for social care services are really affecting people's mental health.

I recall that the Mental Welfare Commission published a report in the spring of 2014 about an individual who had died by suicide, which was attributed to their losing benefit through the ESA process, I think.

Bill Scott: Yes.

Rachel Stewart: There has been some evidence that that is happening in Scotland. I echo Nick Watson's point about trying to alleviate the challenges that people are facing following sanctions and about supporting them better.

In the immediate future, by the time the benefits are devolved to Scotland, we are going to see so many people who will lose their DLA and whose carers might lose their carers allowance—if the individual is on the lower-rate care component of DLA, their carers will no longer be able to claim carers allowance, too. We should look at how the Carers (Scotland) Bill could deal with that.

Bill Scott: The committee should probably address carers allowance because it has fallen behind the other income-replacement benefits, including jobseekers allowance and ESA. It is lower than both of them. That should be addressed: if it is an income-replacement benefit, why are carers being penalised? There is scope to address that. Of course carers live with disabled people, so it affects household income. In supporting carers, you also support the disabled people in that house.

The Convener: We have heard other comments on that, as well. It is not just about the level, but about how restrictive the eligibility criteria are.

Professor Watson: I say this as somebody who does research—we want the business—but if we make changes, we need to make sure that they are evaluated and that we look at what is happening, rather than just rolling them out—which we could argue is what is happening just now. It is about making sure that the changes that we make work. We have to make sure that we set up systems to evaluate what we are doing and that we do not just roll things out. We have the capacity to make some changes to carers allowance and so on. If we make those changes we have to make sure that they are evidenced and that we are making them in a way that will make, and is making, a difference to people’s lives. As somebody who does research, I will obviously try to promote research, but we need to make sure that we keep a grasp on what we are doing and that the changes are working in the right way.

The Convener: Okay. Thank you for your contribution, which has been invaluable to us.

11:44

Meeting continued in private until 12:11.

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