



The Scottish Parliament  
Pàrlamaid na h-Alba

## Official Report

# WELFARE REFORM COMMITTEE

Tuesday 14 May 2013

Session 4

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**Tuesday 14 May 2013**

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**WELFARE REFORM COMMITTEE**

**9<sup>th</sup> Meeting 2013, Session 4**

**CONVENER**

\*Michael McMahon (Uddingston and Bellshill) (Lab)

**DEPUTY CONVENER**

\*Jamie Hepburn (Cumbernauld and Kilsyth) (SNP)

**COMMITTEE MEMBERS**

\*Annabelle Ewing (Mid Scotland and Fife) (SNP)

\*Linda Fabiani (East Kilbride) (SNP)

\*Iain Gray (East Lothian) (Lab)

\*Alex Johnstone (North East Scotland) (Con)

\*Kevin Stewart (Aberdeen Central) (SNP)

\*attended

**THE FOLLOWING ALSO PARTICIPATED:**

Richard Cornish (Department for Work and Pensions)

Jason Feeney (Department for Work and Pensions)

Catherine Fergusson (Clerk)

Bill Gunnyeon (Department for Work and Pensions)

Pete Searle (Department for Work and Pensions)

**CLERK TO THE COMMITTEE**

Simon Watkins

**LOCATION**

Committee Room 3



## Scottish Parliament

### Welfare Reform Committee

*Tuesday 14 May 2013*

[The Convener *opened the meeting at 10:00*]

### Impact of Welfare Reform in Scotland

**The Convener (Michael McMahon):** Good morning, everyone, and welcome to the Welfare Reform Committee's ninth meeting in 2013. I ask everyone to switch off any electronic devices, such as telephones.

Item 1 is evidence from officials from the Department for Work and Pensions. We have with us Richard Cornish, the work services director for Scotland; Pete Searle, the strategy director; Jason Feeney, the benefits director; and Bill Gunnyeon, the chief medical adviser and director for health and wellbeing.

I invite the officials to make a short statement; I understand that Pete Searle will do so. However, before we start—this is no reflection at all on the officials who are before us—I want to put on record the committee's view.

We had hoped, as part of our evidence session this morning, to meet decision makers from the Department for Work and Pensions. We understand that, because of the level at which they are employed, it would be difficult for them to comment on the record, so we tried to facilitate an off-the-record briefing, which would have been beneficial for committee members. However, the ministers who are responsible for those officials denied us the opportunity to have that briefing. That is a disappointment, to say the least, given that the committee is trying to get the best possible picture and understanding of what is happening as the welfare reform changes work through.

We understand the difficulty of speaking to Atos officials on the record, but, in practical terms, the fact that we had to go out to an Atos facility meant that the whole committee could not attend. We had to send a delegation, and the members of that delegation had to feed back information from which they benefited but which they could only convey second-hand to committee members who were unable to participate.

If we take up the offer that has been made to us to go to a DWP facility to talk to decision makers, we would have to make the same arrangement. We could not take the whole committee, so we would be in the same situation. Rather than have

two or three officials from the DWP inform all committee members, two or three members will have to go to a DWP facility and feed back to the remainder of their colleagues on the committee to try to apprise them of information that becomes available. In a practical sense, that is not as satisfactory as the opportunity to talk directly to the decision makers would have been.

That reflects very badly on the ministers who appear, for whatever reason, not to want to co-operate with the committee. We are trying our best to get an understanding of the situation, which is why the officials are here this morning. On behalf of the committee, I would like to send out a message to Iain Duncan Smith and Lord Freud that the way that they are treating the committee is not doing them any good in the eyes of those who are affected by the changes in the welfare system, and it is not indicative of the degree of co-operation between us and the Westminster Government.

As I said, that is no reflection on those who have come to the committee this morning, whom I thank very much for taking the time to come and speak to us. I hand over to Mr Searle to make a statement.

**Pete Searle (Department for Work and Pensions):** Thank you. I will first respond briefly to what you have said. I understand your points. However, even though such a visit would be off the record, it is still a very formal setting and we are talking about extremely junior members of staff: in civil service terms, they are just executive officers. Jason Feeney is the benefits director who is in charge of all decision making in the department, so he will be able to talk about the work that it does in that regard.

We could facilitate a visit this week, if it suits you, as I am happy and very keen that you should hear from decision makers. We think that it is best for you to see what they do and hear what they have to say in context, so that you can see them dealing with cases and talk those through. I am sure that the members who were able to go to the Atos office found the visit very useful. If the committee so wished, we could facilitate something this week, next week or as soon as you liked. Nevertheless, I note your concerns.

**The Convener:** I think that we indicated that we would take up that offer as it was the only one on the table. We will try to facilitate that as soon as possible. I appreciate your comments in that respect.

**Pete Searle:** As a brief introduction, convener, I will outline some of the objectives of the huge programme of reforms that the Government is introducing, because it is crucial that they are seen in that context.

First and foremost, as too much in the current system—the system that the Government inherited—disincentivises work, the Government aims to make work pay through a whole series of reforms. Next, the reforms not only focus support on those who need it most but enhance personal responsibility and personal capability and address dependency. A number of the specific measures and elements of the reforms—universal credit, for example—are designed to help people help themselves out of poverty.

Just as important, the system needs to be affordable and sustainable. The Government inherited a very large deficit and debt and needed to get the fiscal position back in line, and a number of reforms were needed to make the system affordable. Those reforms do not reduce the system's overall cost but simply control the increase in the growth in costs over time.

The Government is also keen to localise provision where it makes sense to do so. The introduction of local council tax support and the local welfare fund aims to take decision making and support down to the local level because the Government feels it appropriate to do so. The Government is also determined to simplify an extremely complicated system, in part to modernise and greatly improve service delivery for claimants.

We have had a very big couple of weeks in the department and across the country with the implementation of the reforms. A number of the most important reforms were introduced in April: universal credit went live as a pathfinder in the north-west of England; the personal independence payment is also going live in a number of areas in England; the benefit cap went live in four London boroughs and will be rolled out further in July; and the localisation of council tax support, the welfare fund and the spare room subsidy were introduced.

A whole series of major reforms has just kicked off and the Government's approach is to introduce them in a way that allows us to land them safely; to introduce them gradually where necessary; and to expand them fairly gradually. Universal credit, for example, is starting very small with new claims from unemployed people, and we will expand it only when it feels safe to do so.

We are also determined to work in partnership with all social and third sector organisations and local government administrations to ensure that the reforms' impacts are as positive as they can be.

Finally, we will monitor and evaluate the reforms on an on-going basis to ensure that we really understand how they are working and that we implement them effectively.

After Iain Duncan Smith made an informal appearance before the committee at the end of March, he asked me to visit a number of local authorities, particularly rural ones, to look at the impact in those areas. I have been doing that over the past few weeks and want to thank all the local authorities and housing associations that I have spoken to for the very constructive discussions that we had. They did not always agree with the Government's policies, but they were always very open, honest and straight in explaining the challenge that they were facing in implementing them. I also point out that the Scotland Office minister David Mundell is conducting his own series of visits to local authorities; he is most of the way through them, and he, too, has been having very constructive and positive conversations.

**The Convener:** Before I open up the discussion to committee members, I want to get an idea of the basis on which the success or otherwise of the reforms will be judged.

Not so long ago, the United Kingdom Statistics Authority reprimanded the Secretary of State for Work and Pensions for misusing information after he claimed that 8,000 people who would otherwise have been on benefits have already moved into jobs. That claim was not true. How do we know that the statistics that ministers are using to justify the effectiveness of their reforms are true if they are receiving reprimands from the civil servants who produce the statistics?

**Pete Searle:** Actually, that claim was true: 8,000 people who would have been subject to the benefit cap have moved into work. What is not yet known or proven is the proportion of that 8,000 who moved into work as a result of the benefit cap. That is the point that was at issue, but it is a proven fact that 8,000 people have moved into work since being contacted by the department.

Between local authorities and Jobcentre Plus, a great deal of work has been done with those who are affected by the benefit cap to try to help them into employment before the cap hits them. Anecdotally, we feel that that has had a tremendously positive effect on those individuals, but we cannot at this stage prove that 8,000 people went into work because of the benefit cap or because of that support. Some of them would have gone into work anyway.

That shows—Richard Cornish may want to say more on this in a minute—just how positive that type of close working between Jobcentre Plus, local authorities and the claimants who will be affected by the reforms can be in changing lives.

**The Convener:** So there is no evidence that the benefit cap actually helps or incentivises people to get into work. Eight thousand people went into

work before the cap was introduced—so they found work without the cap—but a cap has been introduced in order to get people to find work.

**Pete Searle:** Eight thousand people who would have had their benefits capped have moved into work following interventions from Jobcentre Plus and local authorities, which are working in partnership. That is simply a fact. We cannot prove that those people moved into work because of the cap, but we believe—and our discussions with Jobcentre Plus indicate—that many of them have engaged positively with employment support because of the impact of the cap.

In financial and arithmetic terms, the cap certainly incentivises work. If someone is in full-time work and on tax credits, they are not subject to the benefit cap. That in itself is a straightforward incentive to work.

It takes time to fully evaluate and monitor these things. Over time, we will undertake a rigorous impact assessment and evaluation for all the reform measures—not only for the benefit cap but for the spare room subsidy—but it takes time for data and analysis to build up. We are simply not at that stage yet.

**Richard Cornish (Department for Work and Pensions):** Anecdotally, we have had some positive feedback from the work that we have undertaken jointly with local authorities in a number of areas. Someone from the local authority and a member of my staff go to certain areas together to look at what support can be put in place for those who may be affected by the benefit cap. The anecdotal evidence suggests that that has often led to people going into work, but, as Pete Searle said, the numbers have still to be run through and ratified.

**The Convener:** On the separate issue of the mechanisms for assessing people for employment and support allowance, can you confirm that there is no overlap between assessments for ESA and assessments for what is currently the disability living allowance but will soon be the personal independence payment?

**Jason Feeney (Department for Work and Pensions):** Are you talking about an overlap with regard to the people who conduct the assessments?

**The Convener:** I am talking about the assessments themselves. Are the assessments distinct and separate?

**Jason Feeney:** Yes, they are completely separate assessments that are conducted by separate healthcare professionals on different premises.

**The Convener:** Citizens Advice Scotland has sent me a document that contains five or six

examples of where bureaux have been advised of unsuccessful DLA applications based on people's examination by health professionals for ESA. Would you say that that is not possible?

**Jason Feeney:** No, that should not be possible.

**The Convener:** If Citizens Advice Scotland can provide evidence of that, would you look at it?

**Jason Feeney:** I would be happy to look into it.

**The Convener:** Thank you.

I open up the discussion to colleagues.

**Jamie Hepburn (Cumbernauld and Kilsyth) (SNP):** Has the DWP undertaken any assessment of the impact on children of the move to household payments from the previous system, in which some payments were made directly to the main carer?

10:15

**Pete Searle:** We conducted an impact assessment, which we kept up to date throughout the period between the white paper on universal credit and the universal credit regulations. I cannot recall whether that detailed the impact on children. We have said quite clearly that there will be a small minority of cases in which a single household payment will not be appropriate, either from the outset or over time, if it has been proven that the money is not being used in the most effective way and for the benefit of all household members. In such cases, there will be the option of an alternative payment mechanism, with payments split between household members, but those cases will be very much the exception rather than the rule. The great majority of households share their money very effectively and should be encouraged to do so.

**Jamie Hepburn:** You said that some households will be exempt after a time, if it is demonstrated that the benefit provided is not being utilised in a form that benefits the entire household, and that some households may be exempt immediately. In what circumstances will that happen? What criteria will be used?

**Pete Searle:** We are still working through those questions as part of the local services support framework that we will enter into with local authorities and local partners. There will be a connection with, for example, direct payments and monthly payments. We are working to ensure that both we—the DWP—and our partners, such as local authorities and housing associations, can identify people up front, based on a number of criteria, who we feel may not be able to cope from the outset. More generally, we would not expect people with known severe alcohol or drug dependency problems to be on direct or monthly

payments from the outset. We need to ensure that we have mechanisms in place with local partners to identify those people before an inappropriate payment mechanism starts. However, such cases will be very much the exception rather than the rule.

**Jamie Hepburn:** I appreciate that you are saying that the issue is still being worked through. You mentioned that there would be a range of criteria, and you suggested that some might be to do with substance abuse issues. I accept that the process is still being thought through but, with regard to on-going discussions, can you tell us what other criteria might be encompassed?

**Pete Searle:** The criteria could include a history of severe debt problems or severe gambling difficulties, or a long record of rent arrears. Those issues will be among the criteria that we will use to assess people. However, it will be very much an individual judgment or assessment—we will not categorise people and say, “You fall into category A, so you’re not capable of looking after your own finances,” or, “You fall into category B, so you are capable.”

**Jamie Hepburn:** You say that such cases will be the exception rather than the rule. Will people be able to come forward and say that they want to be an exception? Will that qualify them?

**Pete Searle:** That will be one of the factors, but there will not be a choice. If someone said that they had severe alcohol dependency issues, we would certainly take that into account. However, people will not be able to choose, without any other supporting evidence, a certain payment mechanism.

**Jamie Hepburn:** One of the underlying features of the reforms is to encourage and foster a sense of independence, is it not?

**Pete Searle:** Yes.

**Jamie Hepburn:** However, a person who comes forward and tries to exercise a degree of independence by saying that they want their money paid in a particular way will not qualify.

**Pete Searle:** I think that you are talking about circumstances in which someone is trying to maintain their own sense of dependence rather than assert a sense of independence.

**Jamie Hepburn:** Even when they have self-asserted and it is their own choice.

**Pete Searle:** I think so—if there is no strong reason why that person could not cope. I think that the Government’s view is very much that we should encourage and help people to be able to support and look after themselves, and that it is greatly in their long-term interests to be able to do that.

In relation to monthly payments, for example, one of the things that keep people in poverty and dependency is the fear that if they move into work they will suddenly have to look after their rent payments and be able to budget. That is a big step into the unknown for some people—it is just as big a step as starting work in the first place. We can help people to address such barriers when they are out of work so that the move into work is less frightening for them.

**Jamie Hepburn:** I started off my questions by asking about what impact the move to household payments will have on children. I appreciate that you said that you do not have that detail to hand, but if you can provide that to the committee later, that would be very helpful.

**Pete Searle:** Certainly.

**Jamie Hepburn:** If someone says, “The reason why I do not want to have household payments is because of the impact on my child”, will that not be enough to meet the criteria?

**Pete Searle:** Someone simply saying so would not be enough, but if there was evidence to show why that would be the case, certainly we would take that into account.

**Jamie Hepburn:** Having explored the impact on children, I want to move on to consider the equality impact assessment that the department undertook. What did the equality impact assessment say about the impact that the move to household payments would have on the independence of women?

**Pete Searle:** I certainly know that that issue was covered in the impact assessment. A number of payments will come into universal credit that currently might go to the mother as opposed to the father. By consolidating the payments into a single household payment, in all probability that will mean that more payments—though not all, by any means—will go to the father rather than to the mother. In purely mathematical or financial terms, that will mean that some money will not initially be in the pockets of the mothers. However, the great majority of households fully share their income. I think that only 7 per cent of cohabiting couples and 2 per cent of married couples do not share their income in some way, so it is quite a rare and unusual circumstance for that to present a major issue.

**Jamie Hepburn:** Have you identified the likely impact should such circumstances arise?

**Pete Searle:** I can certainly share the impact assessment, which we have been keeping up to date since the publication of the white paper, where that issue is covered.

**Jamie Hepburn:** Convener, I have some questions on second earners, but I know that I



have taken up quite a lot of time, so perhaps I can come back to that issue later.

**The Convener:** Thanks. The next question will come from Linda Fabiani.

**Linda Fabiani (East Kilbride) (SNP):** Good morning. The hard end of the policy, which we have all seen locally in the work that we do and have heard about from organisations such as Citizens Advice Scotland, is that people can end up with no money at all. In looking at that issue, I want to ask about Richard Cornish's letter to Margaret Lynch, in which he answers some of her queries. Regarding the civil penalty, why would someone get a £50 penalty?

**Richard Cornish:** My understanding is that the civil penalty applies in quite extreme cases, so it is not a common thing that people will regularly face. The civil penalty was brought in under the Welfare Reform Act 2012. If people have deliberately not given the right information, a penalty can be applied.

**Linda Fabiani:** So people can be fined for not giving the correct information.

**Richard Cornish:** Yes, if they have deliberately not given the correct information.

**Linda Fabiani:** The letter also states that each case would be considered on its merits, so a degree of discretion is available that perhaps does not exist for other elements of the reforms. Who would make that decision? One concern is that people who make mistakes will end up being penalised.

**Richard Cornish:** I do not have the figures to hand, but my understanding is that the penalty was introduced only quite recently, so there have not been a huge number of cases so far. The decision would be made by an independent decision maker, who would review what had happened.

**Linda Fabiani:** Would that be one of those junior members of staff who cannot come to speak to us?

**Richard Cornish:** Jason Feeney might want to respond further.

**Jason Feeney:** Yes, one of my decision makers would make the decision. Where someone is overpaid benefit, a decision is made about the cause of the overpayment. Generally, those fall into three categories: either it is an official error, so we have got it wrong, in which case—

**Linda Fabiani:** Do you fine yourselves £50?

**Jason Feeney:** Sometimes we get things wrong. The second category is a mistake by the claimant in providing the information, and that is where a judgment needs to be made on whether

that was deliberate. The third category is where the overpayment was generated by people committing fraud. In circumstances where people have provided incorrect information, a judgment needs to be made about whether that was done deliberately in order to gain additional benefit.

**Linda Fabiani:** And that judgment would be made by a decision maker.

**Jason Feeney:** Yes.

**Linda Fabiani:** Another matter of concern to advice agencies and to me is the sanctions regime, which certainly seems to be quite tough—it leads to people turning up at food banks because they have absolutely no money. People have been trying to understand that regime. Citizens Advice Scotland has brought to our attention quite a lot of cases—I have also seen a couple of cases myself—in which sanctions have been used inappropriately. For example, where the department has got it wrong, people have ended up going for an awful long time without any money. We have read reports lately of people being so depressed that they have considered taking, or have taken, their own life. What is the decision-making process for sanctions?

**Richard Cornish:** I will start off and then Jason Feeney might want to come in.

For jobseekers allowance, when people first make a claim, it is made clear what they are expected to undertake as part of their job search activity. That is made clear in the jobseekers agreement, which sets out all the requirements. If, in the regular, fortnightly reviews that people come along to or in the personal adviser interviews, the adviser feels that the person is not applying for jobs in accordance with the agreement that they signed up to, the matter can be referred to a decision maker—we call that raising a doubt about someone's job search activity—who will look at all the evidence, including evidence provided by the customer. A decision is then made as to whether a sanction should apply.

**Linda Fabiani:** In the cases that we have been given, which I have no reason to doubt the citizens advice bureau has considered carefully, people have been able to provide written confirmation that, contrary to what they had been accused of, they had not missed appointments and so on, but a sanction was still imposed and was not lifted. Why would that happen?

**Richard Cornish:** I cannot talk about individual cases, but if people have provided evidence that backed up what they were saying, I would expect that such a decision would not be made—

**Linda Fabiani:** We have examples where that has not been the case. I wonder whether that goes back to your earlier point that decision makers are

very junior members of staff. Perhaps there should be some kind of appeal mechanism in place whereby someone with a bit more clout, who might be able to come and talk to us about things, would be part of that decision making.

Convener, like Jamie Hepburn, I have other questions, but I will let others come in first.

**The Convener:** The next question is from Kevin Stewart.

**Kevin Stewart (Aberdeen Central) (SNP):** Research on internet access has been published today by Citizens Advice Scotland, which has featured highly in today's meeting. In "Offline and left behind", which is based on research with 1,200 CAB clients, the key findings state that

"76% of ... clients said they would struggle to apply for a benefit online including 39% who said they could not apply online at all."

The key findings continue:

• Only half (54%) ... have an internet connection at home.

• 36% of respondents said they never used the internet and a further 11% said they hardly ever used it.

• Just a quarter (24%) said they would be able to apply for a benefit on their own with no problems."

However, your expectation is that some 80 per cent will apply for benefits online. Gentlemen, I hope that you will take cognisance of that CAS report. What will you do to try to resolve those difficulties?

**Richard Cornish:** I have not seen the full report from Citizens Advice Scotland, although I saw the press release this morning—

**Kevin Stewart:** I made time to read the full report this morning, Mr Cornish.

**Richard Cornish:** I could not see the report on the website at 7 o'clock this morning.

We do not know whether the 1,200 people in that survey are working-age benefit recipients. Of working-age benefit recipients, to whom universal credit will apply, 80 per cent have access to the internet.

10:30

It is important to make the point that right now—according to figures that were released in March—more than 50 per cent of people who claim jobseekers allowance do so online, with or without support. We are looking to increase the level of online claiming as we move to universal credit.

Pete Searle mentioned the local support services framework. We are looking at ways of going beyond the support that we already provide. We have internet access points in jobcentres, and

we have been running training sessions in jobcentres to help improve people's information technology skills, to coach them and to hold their hands as they use the universal jobmatch system or claim jobseekers allowance online. All that activity is going on now. More than 50 per cent of working-age customers are claiming online, and that figure is rising all the time.

We do not want to leave people behind. It is extremely important that we do not exclude people in society from the digital age that we live in. Across all sorts of public and private sector areas that people have dealings with, we see that we are in a digital world. About 90 per cent of jobs that are advertised require a degree of IT skills, from working a till in a shop or whatever. We are trying to support people to get ready for that, whether to claim benefits or to help with job searching.

**Pete Searle:** I would like to build on that. Two or three weeks ago, I was in the Orkneys, where one might think that access to the internet is very poor, but the figure there for online JSA claims is 80 per cent, which is extremely high. I am not saying that that is possible everywhere all the time, but it shows what can be achieved.

Richard Cornish's point about opportunities is extremely important. Although we need to ensure that we support people to get online to use the department's digital services, such support provides an opportunity to help people to become more capable generally, which will help them with social inclusion and the world of work. I think that that is a positive opportunity. We would like to work with all partners, including the Scottish Government, to further that digital inclusion.

**Kevin Stewart:** You gave the example of Orkney. I will give the example of Shetland, where I went last summer with another parliamentary committee. The broadband service was down for the two days that I was there. It is not just a rural problem. I represent a city-centre seat in Aberdeen, and many of my constituents find it very difficult to access high-quality broadband.

Let me move on. Almost half—49 per cent—of the 1,200 clients who were surveyed who said that they would be completely unable to complete a benefit application online said that their main barrier was that they had never previously used a computer. Another 16 per cent said that their main barrier was health related, which included having a physical disability or mental health problems.

You say that you provide additional support in your jobcentres. How much does it cost you to provide that additional support? What will we do to support Citizens Advice and other organisations that have to deal with a lot of the consequences of welfare reform?

**Richard Cornish:** In response to your final point about Citizens Advice, in today's report, which you mentioned, it makes the point that it supports people becoming digital savvy and improving their IT skills, so we are saying similar things.

There are, of course, people who do not have the necessary IT skills or the necessary confidence. We have worked on that in the jobcentres through the provision of training and one-to-one coaching. When I go into jobcentres, I see that, instead of doing the traditional style of interview, which was done from behind a desk, some advisers are conducting interviews by sitting with customers in front of a personal computer and looking at jobs that are available on the internet. The issue is not just about training courses; it is about changing the services that we deliver and changing the culture of how we deliver them, so that we can offer such digital interaction and IT upskilling as part of the things that we do every day.

**Kevin Stewart:** So although Citizens Advice has found that almost half—49 per cent—of folk will have major difficulties doing applications online, you still believe that your target of 80 per cent of applications being completed online is achievable.

**Richard Cornish:** The evidence on jobseekers allowance shows that, as Pete Searle mentioned, at the moment more than half of people are claiming online, and in some places the figure is already hitting 80 per cent. Of course, there are perhaps 20 per cent who will not do so. On the Citizens Advice statement, we are not saying that we expect everyone to claim online; we think that some people will not be able to do so, but that is okay, and there will be other channels for them to claim.

**Kevin Stewart:** At the moment, you are coping with jobseekers allowance, or so you claim, but all the other benefits have not yet come into play. You have restricted the number of pilots on universal credit and there is a restriction on other pilots. Would I be right in saying that it seems obvious that some of the previous targets that have been set have turned out to be unachievable?

**Pete Searle:** I do not think that that is correct. As I said at the outset, with the reforms—universal credit is a case in point—the Government is looking to start gradually and to build. We want to ensure—

**Kevin Stewart:** Why have the areas that the pilots were originally going to be in been restricted?

**Pete Searle:** If you are talking about the pathfinder, the conclusion was that the most

sensible way to begin was to start in one office, expand out to the other three offices that were part of the initial pathfinder phase and then broaden out nationally from October. Broadly, that has always been the plan. The plan was to start small and local, with straightforward newly unemployed claims, so that we could learn about the processes and test the IT and the claimant experience through that small start and then build from there.

**Kevin Stewart:** Has there been no backtracking from the original plan?

**Pete Searle:** The very initial plan for the pathfinder was to start in four jobcentres rather than one. We have now started in one and we will quickly expand to four. That is a small change, and the basic principle is the same.

**Kevin Stewart:** Citizens Advice reckons that the 80 per cent target is unachievable, but you reckon that it is achievable and that Citizens Advice is not right.

**Pete Searle:** It is an aspiration, rather than a target. We aspire to achieve that figure. However, what we have achieved on jobseekers allowance shows that it is not an unreasonable aspiration. We think that it is an important aspiration, in that it gives our claimants or customers the opportunities to build skills that they might not have. We recognise that they need support. We will help organisations and local partners, including citizens advice bureaux, to provide that support for people to get to that place. We think that the aspiration remains achievable, not tomorrow or the day after, but in time.

**Kevin Stewart:** You have just said that you will provide support. Is that monetary support for those organisations? Will more money come from the Government to help Citizens Advice and others who are helping you out on the issue? Will they get the resource that is required to do that?

**Pete Searle:** I mentioned the local support services framework, on which we have been consulting and working with local partners. That will come with funding, which will tend to be outcome based, so results will be expected. We see local authorities as being at the centre of the partnerships, but I hope that citizens advice bureaux and other third sector providers will be in there. Work around digital inclusion and support is very much a part of that local support. So, yes, additional funding will be available.

**Kevin Stewart:** Have you costed that? How much additional funding will be available?

**Pete Searle:** That is still work in progress.

**Kevin Stewart:** I have other questions but, like other members, I do not want to hog the session.

**Alex Johnstone (North East Scotland) (Con):**

I want to ask about work capability assessments. The committee has had a process of inviting people to come along and have their say. The vast majority of those who have come, if not all of them, have had problems with work capability assessments. The first general problem seems to be that the assessments are perceived as a very adversarial process. Are they meant to be an adversarial process or would it be fair to say that they should be carried out in a relationship of equals?

**Pete Searle:** Do you mean the assessments with a healthcare professional?

**Alex Johnstone:** Yes.

**Pete Searle:** Bill Gunnyeon is best placed to deal with that.

**Bill Gunnyeon (Department for Work and Pensions):** Clearly, the process is not meant to be adversarial in any way. The purpose of an assessment is to look at the individual's health-related issues and the impact on their capability for work and to gather the evidence in an independent and objective way.

That will always be difficult, because for a lot of people the process is distressing. We should recognise that any sort of assessment that has a financial implication will produce anxiety and distress in those who have to go through it, and those for whom the outcome is not what they expect it to be will be moved into a slightly adversarial situation. However, the assessment itself is intended to be done in a professional way, because it is all about gathering evidence and looking at the individual and the impact of their condition on their capability for work.

You must remember that every month we carry out 100,000 of these assessments. One of the challenges is to carry them out consistently and to the same standard across the country to ensure that we get consistent outcomes and that two people who are being impacted in the same way by the same condition can be seen in different parts of the country by different healthcare professionals and still get the same outcome. There are challenges in ensuring that the process is clearly independent and objective and that the assessment is undertaken and the criteria applied consistently. That said, healthcare professionals are trained to carry out the assessment in the professional and supportive way that it was certainly meant to be carried out.

**Alex Johnstone:** Our discussions with people who have had a bad experience with the system indicate that there is some confusion over who actually makes the decisions that are informed by this information. Does Atos, the contractor, have any role in the decision-making process or is its

role simply to inform a DWP official, who then makes decisions on individual cases?

**Bill Gunnyeon:** That is very much the case. In carrying out the objective independent assessment, the Atos healthcare professional uses the available evidence, including any additional evidence that might have been provided and the evidence that they get from the assessment, to reach a conclusion on capability for work. They justify that conclusion by demonstrating that it is supported by that evidence; they make their recommendation to the department, and it is then up to the department's decision maker to consider the evidence that has been presented, which obviously includes the assessment, to ensure that the law is being applied correctly and to reach a decision on that basis.

Clearly, the hope is that the system will work in such a way that when the healthcare professional reaches their conclusion it will be sound and will take into account all the available health-related evidence. As a result, the decision maker's decision should not be significantly different from the healthcare professional's decision all that often. However, the decision maker has the opportunity to consider whether the assessment has been carried out properly and whether they think that everything that should have been done has been done and that the available evidence has been taken into account. If they are not comfortable with any of that, they can refer the case back to the healthcare professional for review and further work.

**Alex Johnstone:** We have spoken to a relatively small number of individuals who have had some difficulty in the system. However, it has been suggested that the number of appeals produced in the process and indeed the number of appeals that are successful are higher than might normally be expected. What is your reaction to that?

**Bill Gunnyeon:** Perhaps I should put that into context. In the last quarter of 2005, when we were still doing only personal capability assessments—the predecessor to the work capability assessment, which was introduced along with the employment and support allowance in 2008—the successful appeal rate with regard to such assessments was about 49 per cent. I think that that is worth bearing in mind.

10:45

The challenge is that, by the time that something gets to appeal, there are a series of parts of the process that may contribute to the ultimate appeal decision, and we have done a lot of work to examine each of them. It is important

that the assessment itself is sound and is done properly, and that it takes account of any other available medical evidence. It is important that the decision maker reflects on the assessment and ensures that there is not any evidence that has not been taken account of, and that there is not any other evidence that should be gathered. It is also important that the law is applied correctly.

Individuals should understand why they have been unsuccessful. One of the challenges for us is to ensure that people do not have to go through the process of appeal, which is stressful in itself, merely because they do not understand why they have been unsuccessful. Quite a lot of work has been done to ensure that the individual understands—that they have a clear reason why they have not been granted the benefit. There is then an opportunity for reconsideration. As you are aware, that process will become mandatory in all cases in the course of this year—there will be a reconsideration, so that we can be sure that the decision is sound as far as the department is concerned.

There is then the assessment by the tribunal. One challenge is that the assessment might take place many months after the original decision. Although the tribunal considers—at least in theory—whether the decision was the right one at the time when it was made, based on all the evidence that was available, the individual's situation may have changed many months on. Conditions progress, and the individual will have experienced a period of uncertainty, which induces anxiety and so on. The tribunal's decision may be influenced by a number of things.

As you are probably aware, one of the challenges has been to get comprehensive feedback from judges about the reasons for overturning decisions. That has been difficult, but judges started a pilot project last summer in which they are at least selecting from a drop-down menu the main reason why they have overturned decisions. We are learning from that. However, it is clear that we need more information. We would like to know whether there are other reasons as well as the main reason. Only in a small proportion of cases were decisions overturned as a result of a healthcare professional's report; in many cases, it was the result of oral evidence that was provided by claimants on the day. In a small proportion of cases, decisions were overturned as a result of new information that had not been available when the decision was made.

We need to consider all those parts of the process, and we must try to get them all right if we are to be successful in reducing the number of successful appeals. Reducing the number of appeals overall will always be a challenge, because people are quite likely to appeal if there is

a financial implication for them. The challenge is to ensure that people do not go through an appeals process unnecessarily if we can avoid that at an earlier stage.

**Alex Johnstone:** You have touched on the area that I wanted to move on to next, but I will go back over it, just for clarity.

The suggestion has been made to us more than once that the reason for the high number of successful appeals is that information becomes available during the appeals process that was not made available, for whatever reason, at the initial assessment stage. It has been suggested that one area of difficulty is the slow or non-existent feedback from general practitioners. Is there a specific problem there, in that information is not being made available at the earlier stage, although it becomes available in the course of an appeal?

**Bill Gunnyeon:** The issue of further medical evidence is important, and there are a number of aspects to it. It is important that the healthcare professional determines at the outset when it will be appropriate to seek further medical evidence. We do not want to bring the healthcare system to a halt by asking for that in every case—that is not necessary—but we need to identify correctly when further medical evidence will be important. I can say more about that if you want.

When we ask for further medical evidence, that should be done in a way that is as focused as possible, so that we get the right information. We should ask for such evidence in a way that is user friendly for GPs. We might take evidence from other healthcare professionals, but a significant proportion of it comes from GPs.

Once we have done all that, we need to get the information from GPs and take account of it. There are challenges in getting information back from GPs, and I have spent a bit of time working with GPs on that. A few days ago, I looked at the challenges for practices in Scotland of providing the further medical evidence that we are asking for. We will set up a pilot to look at how we can better determine when further medical evidence will be helpful. Following that, we will look at ways of making it easier for GPs to provide that information to us. GPs feel—perfectly reasonably—that it is one of the last significant paper responses that they have to provide, as most other things can now be done electronically. That part of the process clearly lags behind, but there are things that we could do to make it a bit easier.

Most GPs want to return the information—you have seen that in the evidence that you have received on the return rates—and, although we do not necessarily get it in the two-week timescale, which would be ideal, in Scotland we still get a

significant proportion of it before the assessment takes place. We need to try to improve that situation, and that will involve working with GP colleagues and their representative bodies. We have been working with the British Medical Association, and I will have further discussions with the BMA in Scotland, which has particular issues, to see how we can improve things.

**Alex Johnstone:** In so far as the position today is that the process works but only if you take into account the whole process including the appeals procedure, is the objective to move the effectiveness of the process back to the assessment and the interpretation of that assessment instead of having to depend on appeals?

**Bill Gunnyeon:** We need to ensure that, when the assessment is carried out, any relevant medical and health-related evidence that would ensure that the recommendation that came out of the assessment was sound is available. That is one of the challenges that we are working on.

**Alex Johnstone:** Are we making progress towards that?

**Bill Gunnyeon:** I think that we are. GPs often get a lot of flak, but I think that GPs have been very helpful. I understand some of the problems. Not all GPs will be helpful, but that is the norm. We worked closely with GPs when we developed and introduced the fit note—GPs were very constructive in that—but we have not been quite as proactive in looking at the interaction between GPs and the benefits system, although we are doing that now. That was one of the reasons for my visit to some of the deep end group of practices.

**Pete Searle:** Jason Feeney might want to add something briefly about the appeals success rate.

**Jason Feeney:** As colleagues said, we are dealing with a significant volume of business. Every year, we make 2.6 million decisions on the back of work capability assessments, and just over 430,000 of those are contested. About a third of a million of those go to appeal and about 95,000 are overturned. About five in 100 decisions on income capacity benefit reassessment are overturned on appeal, and for ESA the figure is about three in 100. We have a particular problem when claimants are found to be fit for work, which is where we see some of the higher overturn rates.

I support what Bill Gunnyeon said. The more that we can get claimants to provide all the available evidence from their healthcare professionals, including GPs, the more information my decision makers will have at the point of making the decisions. We are doing an awful lot of work to reduce the timescale for appeals and we

have reduced our appeals arrears from about 60,000 last autumn to 5,000.

We put an awful lot of effort into that over the winter, because it is important, not just for the purposes of the administrative process but for the sake of people who are going through the appeal process, that we make the timescale as short as possible. If we do that, we can remove some of the stress and anxiety that the process causes and there is less opportunity for additional evidence to emerge during the process. We want the evidence up front, as far as possible, and we want to shorten the timescale for appeals, which is currently too long.

**The Convener:** A number of members have supplementary questions, but if I bring you all in it will almost mean starting again. I will bring in members who have not yet asked questions before I bring other colleagues back in.

**Iain Gray (East Lothian) (Lab):** My main question is for Mr Searle, but I first ask Mr Gunnyeon whether I heard him say in passing that sometimes a reason for WCAs being overturned on appeal is that the stress of the appeal is such that a person is rendered unfit for work by the time the appeal is considered?

**Bill Gunnyeon:** I think that I said that a range of issues will determine whether a person's condition has changed by the time they come before a tribunal, many months later. There is no doubt that in some cases conditions will have progressed, even when we expected them to improve. Individuals and their health conditions do not adhere to rigid patterns, so there will be an element of that.

The process is distressing for people who are waiting and are anxious, which will influence how someone is and how they come across when they come to appeal. I think that that would apply to all of us. I am not saying that that necessarily worsens a person's condition; I am saying that it is likely to make the process of appearing before a tribunal much more distressing and that the distress will come across.

**Iain Gray:** I think that you are saying that one of the factors that can make a difference—between the initial assessment that a claimant is fit for work and the appeal that finds them to be no longer fit for work—is the distress that the process itself causes. That seems to me to be deeply dysfunctional.

**Bill Gunnyeon:** I am not saying that the process affects a person's fitness for work. I am saying that it might influence the view that the tribunal takes, which is slightly different.

**Iain Gray:** The tribunal would be taking a view on the person's fitness for work.

**Bill Gunnyeon:** I accept that, but I am saying that it is possible for someone to appear to be more incapacitated than might actually be the case, simply by virtue of the fact that the appeal is distressing and they have been waiting a while for it. That is only one of the factors that might influence how someone seems to a tribunal on the day—

**Iain Gray:** Yes, but it is a function of the system—

**Bill Gunnyeon:** That is, of course, why we want to reduce the length of time—

**Iain Gray:** It will be interesting to read in the *Official Report* what has been said.

Mr Searle said in his introduction that after the meeting with the secretary of state they were asked to meet rural local authorities and housing associations. He said that the bodies did not always agree with Government policy. Given the evidence that we have heard, we would be surprised to hear that they ever agreed with Government policy.

In some respects, that is neither here nor there, because it is for Government to decide policy. More serious is that we have heard a lot of evidence from local authorities and housing associations that the policy cannot work without having the most serious consequences. For example, housing associations told us that they simply do not have smaller properties for rent, so it is impossible to allow people who are affected by the housing benefit underoccupancy rule to move to a more appropriately sized property. The smaller properties just do not exist.

In relation to the exercise that you have undertaken and the parallel exercise that Mr Mundell has undertaken, the question is not how open and friendly the discussion was, but what changes will be made to enable the benefit changes to be operable in any way by local authorities and housing associations. What changes will come from the discussions?

11:00

**Pete Searle:** The Government believes that the reforms are deliverable and are being delivered. The purpose of my talking to local authorities was to learn about their circumstances, particularly in rural areas. It is part of our continuing monitoring and evaluation. The Government has always said that if there is strong evidence that there are problems with implementation or the policy for any of its reforms, it will reconsider. At this stage, that is not anything like where we are.

On the spare-room subsidy, many of the local authorities and housing associations to which I talked mentioned a lack of one-bedroom

accommodation. However, there are actually 148,000 one-bedroom properties in the social housing sector in Scotland. That is 27 per cent of the sector, which is only marginally smaller than the figure of 31 per cent for Great Britain as a whole. In 2011-12—the last year for which I have figures—there were 24,000 new lets for one-bedroom properties in Scotland.

There are properties available. There were not necessarily hundreds of properties sitting empty in April, but the policy has been on the books since June 2010—it has been a long time in arriving—so there has been plenty of time to prepare for it.

**Linda Fabiani:** Ach! That is nonsense!

**The Convener:** Linda, I understand your frustration, but I do not think that that is helpful.

**Linda Fabiani:** Jeez-oh! For goodness' sake!

**Pete Searle:** If I could also add—

**Linda Fabiani:** Please do.

**Pete Searle:** Housing associations, local authorities and individuals can make a number of responses to the spare-room subsidy. Downsizing or moving within the social sector are among them—depending on the extent to which properties are available.

Some people can also take up work. What we talked about earlier on the benefit cap is the sort of approach that we would like to take with local authorities on the spare-room subsidy. If people are already working, they can increase their hours.

People can also take in lodgers. Hundreds of thousands of people in Great Britain, including in Scotland, already have lodgers. That is an option for some people.

People can use the private sector. It is smaller in Scotland, but there are still 60,000 private sector one-bedroom properties in Scotland.

**Linda Fabiani:** Why do you not just give them all tents?

**The Convener:** Linda, it is not appropriate to talk over the witnesses.

**Linda Fabiani:** I do not think that the suggestion was appropriate.

**The Convener:** I understand your frustration, Linda, but if we keep order, you will get the opportunity to ask your questions and supplementaries. It is not helpful to shout across a witness.

**Pete Searle:** Thank you, convener.

There are also discretionary housing payments. The Government quadrupled the amount of money that was put into those payments in Scotland to £10 million for 2013-14. Local authorities can use

them either on an on-going basis or temporarily to support people who are affected by the spare-room subsidy and other measures.

Last, but not least, some people will choose to make up the shortfall.

There is a range of options. I am not saying that it is easy for everyone who is affected, but all those options are available.

**Iain Gray:** Surely, if you have met rural local authorities and housing associations, you must know that the one-bedroom properties in the social rented and private rented sectors are primarily concentrated in urban Scotland and in the central belt and that, therefore, for housing associations such as those that serve the Highlands and Islands, almost all the solutions that you mention are simply not possible or practicable. You must also know that, even if local authorities increase the money for discretionary housing payments to the maximum that they are allowed, the increase in funds for those payments would allow them to compensate for only a fraction of the housing benefit changes. If you have not learned that, you surely have not been listening to what those bodies have said to you.

**Linda Fabiani:** Absolutely. You said it much better than I did, Iain.

**Iain Gray:** I come back to my initial question: if nothing has changed as a result of the meetings, they have just been a cosmetic exercise, have they not?

**Pete Searle:** Your point about rural local authorities, particularly the more remote ones, is important. It has certainly been clear from some of the conversations that I have had that there are particular challenges in more remote locations. Those are not necessarily rural areas, because “rural” can mean 20 miles away from Edinburgh, but they are more remote. For example—

**Iain Gray:** That is true. I represent East Lothian, so I know that.

**Pete Searle:** An example is the outer islands of Orkney, where there are very fragile communities. On some of those islands, there are literally no one-bedroom properties in the social sector, and there are real challenges with regard to people leaving the islands and the stability of those communities. I recognise—as the Government does—that there are particular issues in some remote locations.

I agree that all the rural local authorities to which I have spoken have emphasised the challenges around availability of one-bedroom accommodation, but that view has often tended to be based on what is available today and tomorrow rather than what is physically there.

The meetings are not a cosmetic exercise: they are very much about listening to the real challenges on the ground. As part of our early monitoring of the policies, Government ministers including Iain Duncan Smith will review evidence as it becomes available, including the findings from my and David Mundell’s discussions with local authorities, housing associations and the claimants who are affected.

**Iain Gray:** So, you are saying that you will recommend to ministers that there must be some response to the particular challenges that you have found from those discussions.

**Pete Searle:** I will give a full report to my ministers on what I have seen and heard, and they will take a view on the back of that advice and the other evidence that emerges in the coming weeks and months.

**Annabelle Ewing (Mid Scotland and Fife) (SNP):** Good morning, gentlemen. To focus briefly on the previous issue, are you all based in Whitehall as your main place of work?

**Pete Searle:** That is where I am based.

**Annabelle Ewing:** You are all based in Whitehall.

**Richard Cornish:** No, I am based here—just down the road.

**Jason Feeney:** I am based in Leeds.

**Bill Gunnyeon:** I work in London, but I live in Scotland.

**Annabelle Ewing:** I was just asking where your main place of work is. It was not to do with any other issue.

I have to describe what I have just heard from Mr Searle on the bedroom tax as “Alice in Wonderland” stuff. As far as I understand it, the number of available one-bedroom socially rented properties is approximately 16,000 this year, and 105,000 people will be affected by the bedroom tax. I do not know how you get the numbers to square up.

Further to a recent question that I posed to the Minister for Housing and Welfare in Scotland in the past few weeks, and to the answer that I received in the past week, although the UK Government’s apparent justification for the bedroom tax is that it has to deal with the massive rise in housing benefit, that is of course not an issue in Scotland. We have found out that housing benefit is rising two-and-half times faster in the rest of the UK than it is in Scotland, so the bedroom tax is not a solution—if it could be a solution for anyone—to a problem in Scotland.

Just because the bedroom tax has been on the books since 2010, were we supposed to magic up



100,000-plus houses when we have had a cut in our capital budget of some 25 per cent from the Westminster Government? Again, that does not add up.

Lastly, I find it really insulting to suggest, as a matter of state intervention, that an older woman who is living by herself should take in a lodger.

I will go back to the WCA, as I have a few questions that I have picked up from the paper that the DWP helpfully provided. The first step, as I understand it, will involve the healthcare professional looking at a paper. The DWP goes on to state:

“If the healthcare professional is able to advise on the basis of documentary evidence (sometimes supported by further medical evidence requested from a GP or other medical professional)”

the decision may be taken that

“the claimant does not need to be called for a face to face assessment.”

What would be the documentary evidence if there is no medical evidence at that very first stage? How could a decision properly be made without any medical evidence?

**Bill Gunnyeon:** You must remember that the healthcare professional has the ESA50 form, which the individual completes. It contains a lot of information about the individual's condition and their view of its impact. As you will be aware, we have recently revised that form by working with many disability organisations.

The information in the form may be clear, and it may be possible to make a decision for someone who has quite significant impairments. We will already have information for cases in which we are undertaking incapacity benefit reassessment.

That suggests that, where it is probable that with some further evidence we may be able to avoid a face-to-face assessment, the healthcare professional can take further medical evidence.

With regard to new claims for ESA, that will be avoided so that we can place someone in the support group. For incapacity benefit reassessment cases, we will put people into the work-related activity group on the basis of paper evidence because we have a lot more knowledge about them than we have for new claimants.

**Annabelle Ewing:** Thank you for that. Your paper indicates that

“the vast majority of reports are completed using a computer system (LiMA)”—

I am not quite sure what that stands for—and that

“HCPs select the descriptors appropriate for each claimant and the system then calculates these into a points score.”

Who selects the descriptors? Who decides what the descriptors are? That is a key part of the process.

**Bill Gunnyeon:** The descriptors were developed when the assessment was developed. They were designed to cover a range of activities to provide the best proxy for and test of capabilities—physical, and mental and cognitive—that would be relevant in a working situation. All the different descriptors are set out, and the healthcare professional's role is to gather the evidence so that they can select the right descriptor.

The impression is often that the assessment is a tick-box exercise, but it is not. The healthcare professional has to be able to gather the evidence during the course of the assessment, or from other medical evidence that will allow them to select the appropriate descriptor for each of the activities. The descriptors have points attached, but the healthcare professional selects a descriptor not on that basis but because it comes closest to their view of the impact of the individual's condition on the particular activity.

**Annabelle Ewing:** Do you feel comfortable that the descriptors are relevant and fit for purpose?

**Bill Gunnyeon:** When we developed the work capability assessment, we made it clear at the outset that we knew that it would need to be refined over time in the light of experience, and we carried out an internal review relatively soon after the introduction of the WCA. That led us—again, working with representation from disability organisations—to make a number of significant changes to the assessment, which were introduced subsequently.

Since then, three independent reviews have been undertaken by Professor Harrington—again, we have considered what we can learn from those. Perhaps the most significant changes in relation to descriptors arose from Professor Harrington's invitation to charities to look first of all at how we treated people with cancer. As you are aware, we made significant changes to how the WCA treats people who are awaiting or undergoing treatment for cancer. Those changes were introduced at the beginning of this year.

Professor Harrington also asked charities for their views on the mental function descriptors, of which there has been a lot of criticism, and on how we address chronic and fluctuating conditions. The charities produced two reports, and we looked at those. Our concern was that, although the charities made recommendations, they did not have supporting evidence for why the current descriptors do not work or why the new ones would work better. We felt that, if we were going to change things, we had to do so properly.

We have therefore established an evidence-based review in which we have worked with the charities to develop their suggestions for revised descriptors into a testable form of assessment, which will be compared with the existing assessment. That work is well under way. We have been undertaking assessments with both sets of descriptors and will use expert panels that will look at the evidence that an individual presented, without knowing the outcome, and determine what they think their capability for work would have been. We will compare that with the two different assessments. We should have initial findings from that in the summer and should certainly have our report by September. On the basis of that, we will consider whether to make more significant changes to the assessment.

11:15

**Annabelle Ewing:** The committee has heard evidence from two witnesses that they were tested on their ability or otherwise to lift an empty box from one part of a room to another. Can you explain to the committee how that is a determinant of anything in terms of replicating a useful function in a workplace? One of the witnesses was a blind man.

**Bill Gunnyeon:** It is important to remember that we are looking at all the things that will impact on an individual's ability to work; a person may be blind, but there may be other issues that will also affect their ability to work—remembering that being blind does not necessarily prevent an individual from working.

**Annabelle Ewing:** I am sorry to interrupt, but my question was this: what is moving an empty box from one part of a room to another useful for showing?

**Bill Gunnyeon:** I was going to come on to that.

**Annabelle Ewing:** Sorry.

**Bill Gunnyeon:** Obviously, what we are trying to do is to use things that will test different aspects of functioning, such as whether somebody is able to reach or stretch. You have picked out one particular bit, but we are looking at a range of movements that will test what an individual can do—for example, whether they can stretch. There is a range of things that we are trying to test out to show whether somebody can undertake a range of work tasks. Again, we are clearly looking at different types of work; it is about whether somebody is capable of any form of work. So, lifting tests movement at different joints and in different muscle groups rather than strength per se.

**Annabelle Ewing:** Perhaps, but I would imagine that, rather than seek to pay somebody

for the moving of empty boxes, an employer might want to pay them for moving boxes that had things in them.

**Bill Gunnyeon:** Yes, but I think that you have missed the point. The tests are proxies for different types of function. The empty box is not for testing the ability to lift weights; it is about the ability to move different joints and muscle groups. The problem is that the assessment, which was developed with a range of experts and disabled people, is designed to be integrated, so you cannot just pick out one particular function or part of the assessment, because you are testing out different things in different parts of the assessment and it is the overall integration of the assessment that is important.

**Annabelle Ewing:** I feel that we are entering a kind of Kafkaesque world, convener. Having been a member of the House of Commons some years ago and having dealt a lot there with welfare issues, I have to say that whatever the hue of the Government—be it Labour or, as now, Tory—it seems that we just have the same old problems and the same Kafkaesque world of the DWP in which we talk about the relevance of moving empty boxes.

**Pete Searle:** Convener, can I just briefly put on the record a few points about the spare-room subsidy?

**The Convener:** Yes, go on.

**Pete Searle:** First, Annabelle Ewing said that 105,000 people are affected. However, the DWP estimates that 80,000 people are affected. I am not quite sure of the basis for the figure of 105,000. I have heard it quoted, but we would be interested to understand it more.

As I said, in the last year for which we have figures available, 24,000 one-bedroom properties were re-let in the social sector, so—

**Kevin Stewart:** Convener, a very important point here is how—

**The Convener:** Kevin, Mr Earle is trying to make his point. I will let you come back in and ask questions, but I do not think that interrupting someone in the middle of their response will help us to move the discussion forward. Do you want to carry on, Mr Searle?

**Pete Searle:** I will be very brief. On the real-terms housing benefit rise, it is right to say that the rise is greater in England and Wales than it is in Scotland, but it is a 21 per cent real-terms increase in housing benefit costs in Scotland in the 10 years to 2011-12, so it is still very substantial.

**Annabelle Ewing:** Compared with 23 per cent.

**Pete Searle:** Yes. As I said, the rise is faster in England and Wales, but it is still very substantial in Scotland.

I am not saying to ageing ladies that they should necessarily take in a lodger. What I said is that a range of options is available to people who are affected by the measure and that that is one of the options; it may not be appropriate for everyone, but it is one of the options.

Lastly, the UK Government has put in £10 million of discretionary housing payments that are designed for local authorities to choose, based on their priorities, who they think needs support following the introduction of the measure.

**The Convener:** I will go round everyone who wants to comment on points that have been raised, starting with Jamie Hepburn.

**Jamie Hepburn:** Thank you, convener. I wonder whether all the proxy empty boxes will be utilised for all the people who have to move house under the so-called bedroom tax. However, that is not the area that I want to explore. I want to return to assessments.

Mr Gunnyeon set out clearly in response to Alex Johnstone that DWP decision makers make assessment decisions and that Atos, which the DWP has contracted to make assessments, can make only recommendations. I have figures here from Citizens Advice Scotland—you can tell me whether they are correct—that show that the DWP agreed with 98 per cent of Atos recommendations. Does that sound about right?

**Bill Gunnyeon:** No—the figure is actually slightly less.

**Jason Feeney:** The average is about 8 per cent for decisions that the decision maker takes a different view on. There is quite a range within that number, though, so it can be as high as the mid-20s. We have some of that range in Scotland as well. However, on average, it would be around 8 per cent.

**Jamie Hepburn:** So the figure is not 98 per cent but 92 per cent.

**Jason Feeney:** Yes.

**Jamie Hepburn:** That still suggests to me that there is a high correlation between the recommendation and the final decision. Does not that indicate that, in essence, DWP decision makers just rubber-stamp decisions that have already been made? Is that an unfair position?

**Jason Feeney:** I think that that is unfair. The decision makers take into account the assessment and wider medical evidence. We talked earlier about the time that it takes for the medical evidence to appear; it may well be that we have medical evidence that was not available to the

healthcare professional who undertook the assessment. However, we view all the available evidence and seek additional evidence when we think it is necessary. The decision makers might feel that an area needs to be probed further or that they need further clarification. We undertake that activity, then apply that assessment and all the evidence to the legislation and the law to come to a decision.

That role is very important. Professor Harrington has significantly reinforced and emphasised the independence of that decision making and that it ought to sit with the department and not with the people who conduct assessments.

**Bill Gunnyeon:** I will clarify and perhaps reassure the committee. When decision makers have additional medical evidence that was not available to the healthcare professional, they are able to go back to the professional and seek a view on the basis of that medical evidence. I think that there is sometimes concern about whether our decision makers are capable of assessing medical evidence. If they had new medical evidence that had not been taken into account, they would go back to the healthcare professional to see whether that evidence would change their recommendation.

**Jamie Hepburn:** Okay. I mentioned earlier that I had a question about the position of second earners under universal credit, and I want to explore that just now. I want to return to the DWP's own impact assessment of universal credit, which suggests on page 22 that

“second earners do not benefit as much from the reduced taper under Universal Credit.”

Does that suggest that the DWP is unconcerned about the impact on second earners, who are more likely to be women?

**Pete Searle:** No, it does not suggest that. The primary objective of universal credit in terms of work was to reduce substantially the number of workless households. I do not have the impact assessment in front of me, but I think that we foresee a 200,000 or 300,000 reduction across the UK in the number of workless households. The Government feels that having someone in the household who works makes an enormous difference to the whole household and to the futures of the children in that household.

There has necessarily been a balance in terms of the costs of universal credit between ensuring that there are strong incentives for someone in the household to earn and that there are incentives for people after the first earner to move into employment. That has meant that the Government has not been able to increase earnings disregards for second earners to the level that it might want to, but it certainly does not look on second earners

moving into employment as a bad thing. The situation is quite the opposite, in fact; the Government would very much favour that.

The design of universal credit ensures that, for first earners or second earners, work always pays, so that an additional hour is always beneficial and there are substantial reductions in marginal deduction rates for increased hours.

**Jamie Hepburn:** Mr Searle, you said that the changes are designed to encourage independence. Now you are saying that they are designed to incentivise work, but your own impact assessment—I emphasise that it is your own—states:

“it is possible that in some families, second earners may choose to reduce or rebalance their hours or leave work.”

That hardly strikes me as incentivising work.

**Pete Searle:** The great majority of the net impact of universal credit on earnings will increase hours—there will be a very large increase in net hours. Universal credit removes some of the oddities in the current system, which create incentives that are not really what people want but almost force people to stay at a particular point in the earnings distribution just because that is what the system dictates.

Universal credit allows people to find the balance that suits them best between their caring needs and their employment and income needs. It still ensures that second earners benefit from their earnings. In some cases they may choose to work less, but overall the impact is a strong net positive.

**Jamie Hepburn:** You mentioned the net impact. Is that more important to the DWP than the effect on individuals?

**Pete Searle:** The overall impact on households is the important thing for the DWP and for ministers. As I said, their primary objective in designing universal credit was to maximise the number of households in which someone is in work.

I heard about Nicola Sturgeon’s announcement yesterday, and I would be interested to know more about exactly what she has in mind in terms of earnings disregards, including whether she is thinking of additional earnings disregards for second earners that are equal to the current proposed levels for first earners. That was not clear to me from yesterday’s announcement, but I am sure that further details will emerge.

**Jamie Hepburn:** It is good to hear that the DWP is learning lessons from the Scottish Government.

To return to the impact on second earners and the point that I made, I note that you did not accept the premise that the DWP is unconcerned

about any impact. Nonetheless, your impact assessment states:

“second earners do not benefit as much from the reduced taper under Universal Credit.”

What is in it for second earners? What are you doing to support them?

**Pete Searle:** They do not benefit as much, but in a way that is because first earners benefit so hugely, as I said.

I can repeat the same thing several times, but the impact is primarily about ensuring that someone in the household is working. That is enormously important for everyone in the household and for future generations of the family, and it has led to the development of strong work incentives for someone who is the first person to work. There are still strong work incentives for second earners, but they are not quite as strong as those for first earners.

**The Convener:** We will go back to Linda Fabiani.

**Linda Fabiani:** I will stay away from the bedroom tax.

**Pete Searle:** Thank you.

**Linda Fabiani:** Mr Gunnyeon—

**Bill Gunnyeon:** I had a feeling that a question might be coming my way. [*Laughter.*]

**Linda Fabiani:** You spoke earlier about work capability assessments and how they changed following the Harrington reviews. Those assessments have been going on since October 2008, so we are five years down the line. Do you think that you have improved—not you personally, but the system—over that period with regard to work capability assessments?

**Bill Gunnyeon:** Yes. The percentage of people in the support group, for example, has gone up significantly, and the proportion of people who are found to be fit for work has gone down. That would indicate that things are improving.

I am not going to claim that we have got the assessments absolutely right yet. We have learned a lot since their introduction and from Professor Harrington’s reviews, and there is an on-going programme of work. The evidence-based review is a fairly significant piece of work that may or may not lead to further changes.

We have also built more into the process to try to improve it so that it is not just about the assessment itself but about trying to make it as comfortable an experience as possible. The process is always going to be a difficult experience for people to go through, but we are trying to make it better. Professor Harrington liked to talk about making it more humane, but we are just trying to

make it feel more comfortable for people. At the same time, we are continuing to learn from experience and to refine the assessment.

11:30

**Linda Fabiani:** There have been refinements and exemptions. One of the issues that many of us have come across lately concerns what happens when someone has a degenerative condition. Is it true that, unless someone is told that they are likely to die within six months, they are likely to be told that they are fit for work?

**Bill Gunnyeon:** No. Would you like to clarify which particular conditions you are talking about? I suspect that there is something underlying your question.

**Linda Fabiani:** Motor neurone disease is one example. Of course, I am being anecdotal here. It is not a case of my own, but an experience that colleagues have shared. Someone with motor neurone disease—if it is a disease; it may be a condition—was told that their life expectancy was such that they were still capable of work. We know that it is a terribly degenerative condition. What a stress to put on someone.

**Bill Gunnyeon:** You should remember that we are actually looking at the impact that a condition has. Motor neurone disease is clearly a particularly distressing condition, but continuing to work is quite important to some people who are in the early stages. That is clearly different for different individuals. We see people whose life expectancy from the diagnosis of motor neurone disease is very short, whereas for other people it is longer than anticipated.

The challenge is, first, to identify at the time of the assessment whether it is reasonable for someone at that stage to work, on the basis that people with conditions that have the same impact as motor neurone disease do work. Equally, it is important to identify when it is appropriate to review somebody and to ensure that it is possible to identify quickly when someone's condition has progressed to the point at which it is clearly not reasonable for them to work any longer.

We have looked at some of the evidence. A lot of people with motor neurone disease go straight into the support group, but we are always interested in actual evidence, not just anecdote, so that we can look at and learn from people with particular conditions. With conditions like motor neurone disease such as Parkinson's and so on, assessment is difficult, and we need to try to ensure that we have got it right and that we are picking up on and establishing the right criteria.

**Linda Fabiani:** So there is not a six-month formal point or a six-month-to-death rule of thumb?

**Bill Gunnyeon:** Not for motor neurone disease.

**Linda Fabiani:** For anything?

**Bill Gunnyeon:** If someone has a terminal illness and they are within six months of death, they will automatically be put in the support group, but the challenge is that, for many people with a condition such as motor neurone disease, determining that stage may be difficult. If someone with motor neurone disease was considered to have only six months left to live, they would automatically go into the support group.

**Linda Fabiani:** So they would not be expected to work.

**Bill Gunnyeon:** No, not if their life expectancy was six months.

**Linda Fabiani:** What if, by some fortunate experience, they managed to live beyond six months?

**Bill Gunnyeon:** Clearly, one has to be sensible, and obviously they would be reviewed, but—

**Linda Fabiani:** Sensible, or compassionate?

**Bill Gunnyeon:** Compassionate, I think. We have had cases in which it was expected that people with certain conditions had only six months left to live, but three years later it was clear that things had changed and the diagnosis had not turned out as expected. It is entirely reasonable to review things in that circumstance.

If we were talking about a matter of months, obviously—

**Linda Fabiani:** Would you charge them £50?

**Bill Gunnyeon:** I am not going to comment on that.

**Linda Fabiani:** Okay. Thank you very much.

**Kevin Stewart:** I agree with what colleagues said earlier about the “Alice in Wonderland” or Kafkaesque nature of the reforms. I have a number of questions seeking clarification of various things that have been said today. Let me turn first to Mr Gunnyeon.

Some people in this Parliament, including me, have suggested that certain vulnerable groups should be taken out of the work capability assessment process completely. Have there been any discussions in Whitehall on that? It seems to me that folks who have severe conditions or severe learning disabilities or mental health conditions should be taken out of the process altogether. There should be a recognition that

some folk will never work. What discussions have there been on that?

**Bill Gunnyeon:** In a sense, the issue depends on what you mean by taking people out of the process. The objective of the initial paper-based review is to identify people whose problems are so severe that it is clearly inappropriate to put them through the process either because we already have the evidence to make the decision or because it is clear that the process would be so distressing that they should not be put through it. Those people would go into the support group. Not everyone who goes into the support group does so immediately following the paper-based assessment, because quite often it is difficult to be sure. However, almost 60 per cent of people go into the support group from the paper-based assessment and do not go through a face-to-face assessment at all. That is designed to try to do the very thing that you identified.

**Kevin Stewart:** However, my colleagues and I have come across cases in which common sense would dictate that someone should not have had to undergo an assessment, so the paper-based assessment obviously does not always work.

Let me turn to the assessment itself. Three of us from the committee had the opportunity to see a staged assessment at an Atos facility here in Edinburgh. When we watched the healthcare professional fill in the descriptors after the interview, we thought that a decision maker in a far-away place who could see only the descriptors would likely have said that the person was fit for work, whereas anyone who had sat in the room would have come to a very different conclusion. On that day, we probably saw one of the best healthcare professionals at work, because he added in various comments that probably helped to ensure that a better decision was taken. However, given that several of those comments included medical terms, how many of the decision makers in Scotland have any medical training?

**Jason Feeney:** I do not have that number. The decision makers go through quite an intensive training, so on average—

**Kevin Stewart:** Do they have medical training? How many have been doctors, nurses or physiotherapists?

**Jason Feeney:** They will have some knowledge of the terminology, but they are not—

**Kevin Stewart:** How many?

**Jason Feeney:** I do not have the number. Some may have training from an earlier career and have become civil servants subsequently, but we do not capture that information. However, that is not routine. It is not a condition of being a WCA

decision maker that you should be medically qualified.

**Kevin Stewart:** It would be useful for us to have that number, but from what you are saying, that is not the norm. Only a small percentage of folk might have been in those professions before. Might we be talking about 1 or 2 per cent tops?

**Jason Feeney:** If that, yes.

**Kevin Stewart:** The decision makers need to look at the descriptors and any notes that the healthcare professional might have written, but they are very reliant on the descriptors. I think that it is fair to say that, if we had not been in the room, we would probably have said that the person was fit for work based on the descriptors. Basically, there is a complete and utter gulf between the person in the room who deals with the individual and the person who finally takes the decision. Is that the right way to go about things?

**Jason Feeney:** The additional comments can be helpful. The more rounded the view that decision makers can have about the nature of the individual, the better. Decision makers always have the opportunity to go back to the healthcare professional who undertook the assessment to ask for further clarification on what the terminology means.

**Kevin Stewart:** How often does that happen?

**Jason Feeney:** On a regular basis. I do not have numbers.

**Kevin Stewart:** Could we get those numbers?

**Jason Feeney:** That is not something that we routinely collect.

**Kevin Stewart:** I think that those are the sorts of things that should be routinely collected. Maybe that would resolve some of the difficulties in the process and give the public a bit more confidence about a system that they can see is completely and utterly broken. I am very surprised that you say that you do not routinely collect those numbers.

**Bill Gunnyeon:** I might be able to help a little. I understand the concern. One of the improvements that we made, particularly following Professor Harrington's reviews, was to require the healthcare professional, at the conclusion of the assessment, to write a summary in free text that justifies the conclusion that they reached and the recommendation that they are making. That is important. First, it is meant to demonstrate the evidence on which their conclusion is based. That was designed to ensure that the decision maker has a document that is clear. If the decision maker does not understand the assessment, they should go back to the healthcare professional.

Secondly, the summary of the process is one of the things that we use when we audit the quality of the assessments. We look at whether healthcare professionals can demonstrate at different stages that the selection of the descriptors is based on evidence that they gathered during the assessment and that their assessment summary reflects that evidence and the selection of the different descriptors. Therefore, the process is not quite as random as you may be suggesting. There is a lot of focus on trying to ensure that, whichever healthcare professional does the assessment, they do it properly and they can justify the conclusion that they have reached.

**Kevin Stewart:** Mr Gunnyeon, I think that you are accusing me of saying that the process is a little random, but your response shows how random it is. You said that the decision maker should go back to the healthcare professional if there is anything in the writing at the bottom of the page. I would have thought that there should be guidelines to say that they must go back to the healthcare professional, yet we seem to have no figures on that. I would be interested to see those figures if they can be found.

My last point concerns Mr Searle's comments about the availability of one-bedroom properties. I have never heard so much claptrap in my life as what has been said about housing today. It shows clearly that many folks have not had experience of housing in this country. I can understand why Ms Fabiani, as a former housing professional, has been so upset.

Mr Searle, you said that, last year, 24,000 one-bedroom properties came up for rent in the social rented housing sector in Scotland. How many of those 24,000 properties were either sheltered, very sheltered or amenity housing?

**Pete Searle:** I do not have the figure for 2011-12.

**Kevin Stewart:** Again, you need to go back and do your homework, because I can imagine that a large amount of those 24,000 properties in the social rented sector in Scotland would have been sheltered, very sheltered or amenity housing for lets to specific groups.

**Pete Searle:** A proportion certainly would have been, but I suspect that that was a small minority.

**Kevin Stewart:** I imagine that, if you do your homework, you will find that it is probably a very large proportion of that 24,000. It would be interesting to get that number.

**The Convener:** It is worth exploring exactly what the proportions are in relation to that.

We are starting to come up against the clock. I would like to ask a couple of questions for clarity and then conclude. Mr Gunnyeon, while we have

been talking about the assessment process this morning, you have continuously referred to "we", saying, "we have looked at", "we have concluded", "we have established", and so on. When you say "we", do you mean the Department for Work and Pensions or the Department for Work and Pensions with its agency Atos? How involved is Atos as "we" in the process?

11:45

**Bill Gunnyeon:** By "we", I meant the department. It is clear that we take information and we monitor. I am responsible for overseeing the quality of Atos assessments, for example. It is the department and not our contractor that decides policy. It is clear that we use evidence that is gathered during assessments, but we work closely with a range of disability organisations. Indeed, in the evidence-based review, we have worked extremely closely in helping to develop the alternative version of the assessment for testing. I clearly meant the department and I was thinking about my own role in leading some of the assessment work.

**The Convener:** That is a useful clarification, but you used the phrase "Atos assessments", which has become common currency. The assessments are not actually Atos assessments, are they?

**Bill Gunnyeon:** Indeed they are not. Despite all the attempts to encourage other people not to refer to them in that way, it is easy to fall into that trap oneself, as I have clearly done. Obviously, they are work capability assessments, the policy is the department's policy, and the assessment is the department's assessment. The assessments are executed by our current medical services contractor on our behalf.

**The Convener:** I am not sure whether you or Mr Feeney will answer my next question. When we went out to the Atos assessment centre, Atos went to great lengths to assure us that it is not that organisation that arrives at the recommendations or concludes the points allocation. However, witnesses who have come before the committee have said that, when a decision has been made, the written documentation from the DWP refers to the number of points allocated by Atos. In some cases, they have said that Atos allocated no points, but the decision maker increased that to X, Y or Z. However, Atos has said that it does not allocate points. It went to great lengths to assure us that it does not allocate points or make recommendations.

**Jason Feeney:** The system uses the descriptors that Bill Gunnyeon has talked about at some length. When the descriptors that are applicable to the individual are selected, the system generates and calculates with a points

system. The decision maker has the opportunity to look at a wider range of evidence and decide to adjust that points total. The healthcare professional does not score using a points mechanism; they select the descriptors, and the system that generates those descriptors generates the points. Bill Gunnyeon might want to comment on that.

**The Convener:** That is the LiMA system.

**Jason Feeney:** Yes.

**The Convener:** So a computer allocates the points. That is not done by a healthcare professional who looks at an individual and decides whether they are entitled to X number of points.

**Jason Feeney:** The healthcare professional selects the descriptors that are applicable to the case, and that generates the points.

**The Convener:** So the points allocation is computer generated.

**Jason Feeney:** Yes. The decision maker then has the opportunity to adjust that.

**Bill Gunnyeon:** To be clear, each descriptor has points allocated to it. It is not presented in that way to the healthcare professional, but there is not something random that happens in the system. The descriptors are all set out. Which descriptor attracts what number of points is set out in regulations.

**The Convener:** I am aware of the axiom that hard cases make bad laws, but I will give you an anecdote.

A lot of the discussion—indeed, almost all the discussion—that the committee has had about the assessment process has been about its being stressful and adversarial. We talked about that earlier. Such phrases have been used again today when the process has been discussed. You have made it clear that you always want to be professional and supportive throughout the process, and I take that at face value.

I was recently contacted by a family. A sister had gone through the assessment process and the decision was that her benefits should be removed. She is 57 years old and has never worked in her life because of mental incapacity. When she was of school age, she did not go to a mainstream school, and she has never been assessed at any point in her life as being anything other than mentally incapable.

The family discovered that she had been living for a week without any food because her benefits had been taken away from her. When they asked why that had happened, she said that she had not understood what had happened. She did not know that an assessment had been made and she was

not aware of how a decision had been made to remove her benefits.

I checked with Atos, which was able to tell me precisely when her assessment started, precisely when it finished and how long it took the assessor to compile and submit the final report. That woman did not realise that she had gone through an assessment process, so incapable was she of understanding it, yet the conclusion was that she was fit for work, which was something that she had never managed to do during her 57 years on this planet. Surely there is something wrong with a system that can leave someone destitute because they are incapable of understanding what they have gone through, and leave her family feeling as though she was tricked out of her benefits. Would any of you like to respond and say how we have a system that operates like that?

**Bill Gunnyeon:** Obviously it would be inappropriate for me to comment on a case when I have only part of the story, but I agree that that story, as you have presented it, is concerning. As a healthcare professional myself, I am concerned. If we do not get it right, we need to learn from that, look at why and adjust the system accordingly. That is the whole process of working towards improving something to get it to the point at which it is as good as it can possibly be. That has been our aspiration since we developed the assessment and we still have that aspiration.

The situation that you described sounds like the sort of thing that should not have happened, but clearly I cannot comment without having all the details of the case.

**The Convener:** I totally appreciate that, but you are the person who told us that you want the system to be professional and supportive.

**Bill Gunnyeon:** Indeed.

**The Convener:** That is the type of experience that every individual elected representative whom I talk to encounters far too regularly. When that happens, you must be able to convince us that you are aware of those concerns and that your assessments and appraisals of the system take account of such difficulties. That woman is now being supported through an appeal and time will tell whether it is upheld.

**Bill Gunnyeon:** Certainly, when detailed cases come to my attention, we look into them carefully.

**The Convener:** Okay. I have one further question for clarification. When PIP assessments are carried out, they will be undertaken by Salus or NHS Lanarkshire on behalf of the DWP. In talking to the DWP and Atos, Salus has made it clear that it had approval from the Scottish Government of its contract. Can you confirm whether DWP officials spoke to the Scottish



Government officials prior to the contract being awarded?

**Pete Searle:** I do not think that we know the answer to that, but we can certainly find out and come back to the committee.

**The Convener:** Okay. Thank you for that

The normal practice is for the committee to review the evidence that we have heard. If there are any outstanding questions or we require further information, we will correspond with you, if that is all right. I look forward to your providing us with responses to those questions. If there is anything that we did not cover this morning that you would like to see in our deliberations, please feel free to send the data or information to us and we will welcome it. Thank you all for coming before the committee this morning.

**Pete Searle:** Thank you.

**The Convener:** I will suspend the meeting for a few minutes before we go on to our next item.

11:54

*Meeting suspended.*

12:00

*On resuming—*

## Annual Report

**The Convener:** The second item on our agenda is consideration of our draft annual report for the parliamentary year 11 May 2012 to 10 May 2013. The annual report is in a standardised format with a set number of words. It is supposed to be an accurate account of the issues that we have considered. Unless anyone can highlight any omissions or factual inaccuracies, are we content with the draft report? Does anyone have any comments?

**Iain Gray:** I hesitate to prevent our just nodding it through, but I have a comment about paragraph 23. Rightly, there is an acknowledgement of the committee's concern about the unwillingness of Whitehall ministers to give evidence. Again this morning, we had the issue of the non-availability of Atos and decision makers to give evidence. I wonder whether it is worth registering that in the report.

**The Convener:** I ask the clerk whether we have used up the 1,500 words or whether we can fit something in.

**Catherine Fergusson (Clerk):** I think that we have room.

**Linda Fabiani:** You take that executive decision, Catherine.

**Jamie Hepburn:** There is one thing that could usefully be added, unless I have missed it. In the paragraph on the commissioned research from Sheffield Hallam University, perhaps we should point out at the end that we had a debate in Parliament on that topic, and give the date.

**The Convener:** Is everybody happy with that?

**Members** *indicated agreement.*

**The Convener:** Other than those two minor changes, are we happy with the report?

**Members** *indicated agreement.*

**Annabelle Ewing:** Congratulations to the clerks.

**The Convener:** That concludes our meeting.

*Meeting closed at 12:02.*



Members who would like a printed copy of the *Official Report* to be forwarded to them should give notice to SPICe.

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