

## **WELFARE REFORM COMMITTEE**

### **THE FUTURE DELIVERY OF SOCIAL SECURITY IN SCOTLAND**

#### **WRITTEN SUBMISSION RECEIVED FROM CASTLE ROCK EDINVAR**

Castle Rock Edinvar is a leading Scottish Housing Association in scale and in significance. We build, own and manage a range of housing stock in excess of 6500 across the tenures. A substantial proportion of our housing is given over as social housing for those in need. Over 60% of our customer base is reliant wholly or in part, on means tested and contribution based benefits.

Within our social provision, support for those who need it lies at the heart of our values. One of our strategic priorities is to provide appropriate personalised advice and support to our vulnerable customers to help them sustain tenancies and participate effectively in their communities.

We have a long history of innovative advice and support services and our Financial Inclusion Service provides in depth advice and assistance to our customers with regard to welfare benefits, money and debt, fuel and energy and a range of other advice areas. We also provide the service externally, to other Housing Associations and a Local authority – giving the FI service a customer base of over 12000 people and families.

We home visit, working with customers for often extensive periods to settle and maximise their income, stabilise and reduce their debt and bring in further support if necessary. We are accredited to level 3 with the Scottish National Standards for Information and Advice. We represent to Tribunal level.

We assist with all benefit types, claims and challenges, including those selected for devolved powers. We can help to identify vulnerabilities, effect successful claims, challenge wrong decisions, arrange managed payments, instigate third party payments, assist in switching processes, assist claimants in their conditionality, help them to report changes in circumstances timeously and generally provide advice about entitlement.

We believe that Housing associations are strongly placed, to provide or facilitate appropriate levels of benefits advice and assistance based on our sound understanding of our own customer group. We appreciate that not all Housing associations are equipped with comprehensive advice services.

Your consultation call requests that principles are considered, around dignity equality and others.

Our view is that the following areas are of real significance and our opinions and suggestions are below.

## Delivery system and access

- Use this first tranche of benefit devolution to design and test a delivery system that is easy for people to access and that has fair and transparent processes at its heart. Access could be offered across a range of access points and media. Create a new and separate body. Install regional delivery points that cater to claimant populations and that harmonise geographically with LA areas.
- Have a central control and support facility that acts to underpin efficient delivery but does not participate in the benefit decision making process, which should happen at local level. Use Local Authority expertise and logistical frameworks to best advantage. With no disrespect intended, use LA's as expertise and logistical partners rather than delivery agents. The evolution of LA's has led, inevitably, to 32 differing systems and approaches to the delivery of their duties and powers and the opportunity at stake here, is to design a single, simple, national mechanism that can be trialled for this first tranche of powers and that is a model designed to scale up if and when further devolution occurs.
- Equally, existing benefit delivery digital platforms are not at a mature stage of development so this again, is a golden opportunity to design a single, cross benefit, digital access platform that works. The difficulties encountered by DWP in this regard arise in great part because they have not had the opportunity to design from a 'clear sheet of paper'. We appreciate that claiming benefits, maintaining those claims, catering to changes in circumstances and cessations could create an extremely complex digital system environment and it may be that there need to be two systems, one for public claiming and reporting, with the other designed as a series of decision making 'flow chart' type systems for use by staff. The point though, is to design the front facing system with simplicity for the claimant as paramount and for it to interface effectively with the background assistive systems.
- We agree that your proposed overarching set of guiding principles need to be enshrined in law and applied to all subsequent regulations and guidance. Embed these principles in benefit communications, in staff training and in procurement and partnership working.
- Have the control body governance represent all sectors through its membership as a matter of constitution. Ensure adequate representation from legal professionals.
- Devise a system of 'best interest' data sharing whereby claimants are helped to have full understanding of the data sharing that will happen in their interests and that they accede to this at the start of any claim. Tilt towards best interest data sharing by default rather than its opposite. The current environment of risk aversion marked by 'do not disclose' as a default setting only serves to make helping harder and a debate is needed here, notwithstanding legislative requirements.

- Reinststate access for claimants to the benefit decision makers and/or ensure that front line staff are not fettered by being unable to make decisions about a claim, as currently happens. Introduce a 'duty' system so that within each region, agents are always on hand face-to-face, online and via the phone. Ensure caseload operatives have the technical training needed to administer well and effectively but have, within each region, technical support for the agents so that they can minimise poor decision making.
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- More generally, create better recognition of the role of third parties, carers and agencies who assist claimants. This might include seeking an improved means of fielding such enquiries, using consent forms and informing affected parties.
- Similarly, create adequately resourced direct means of contact by partner agencies (say, direct telephone numbers) as well as including them across policy and feedback.
- Facilitate productive relationships with those agencies supporting claimants and the delivery body. Install regular forums at district level for information and good practice exchange.
- Install a true non-digital alternative for vulnerable customers to avoid the growing exclusion by vulnerable groups unable to confidently make and monitor claims online.
- Simplify and shorten initial phone applications – these will work best if they are used to record claimants name/address and National Insurance number and to find out what claiming media would work best for the claimant.

### Benefit design

- Design a closer integration of carers and disability benefits. This would seem to militate against the long-standing poor alignment that means claimants can often fail to claim carers benefits, or indeed incur overpayments when one falls away.
- Consider the restoration of the Severe Disability premium, a valuable component for many, including disabled workers seeking to overcome barriers to work.
- Reappraise the PIP descriptors so as to remedy the shift from DLA which means little direct provision is made for those with mental illness involving risks of suicide and self-harm.
- Recognise the role of claimants' established medical referees in assessing ESA and, more so, PIP. This has been diminished in recent years, exposing claimants who have symptoms less conspicuous, to adverse decisions.
- Move towards a more standardised and controlled DHP system across all councils. Although always budget-reliant there is at present a poorly-known and opaque patchwork of very different schemes. Mandatory medical assessments to be run by NHS staff, based in GP practices.

- Review whether indefinite awards are counterproductive. If their use continues for those most severely affected by illness or disability, introduce an assistive review that can be used to generate access to other services. For others, install fair, periodic reassessments that don't require complex claim reiteration and are focussed on the medical assessment.
- Re-assert within the UC Housing Element, a primary right for the claimant to nominate that such payments be made to their landlord. With support and guidance, the claimant should also have the right of control over payment frequency and to nominate with regard to split payments or payment receipt.
- Consider a single Disability claim, accessible and with differing criteria at different stages in life, and with two award levels.
- For example, call it a Citizens Assistance claim (remove stigma from whatever it is entitled) that has a child's claim component, an adult claim component and an older person's claim component.
- Generally, produce information designed to help claimants understand that it is their own best interest to report changes in circumstances, rather than use punitive language.
- Apply capital rules to all benefits. Ensure they are sufficiently well thought through and described so as to not drive at a detriment to homeowners.
- Abolish the additional qualifying conditions for under 16 year olds within DLA.
- Uprate these benefits in line with yearly inflation
- Delete the cooking test.
- Allow time limits of 30 days to report changes in circumstances
- Health Professional report to be sent to the claimant as a matter of course. If decision making is robust and fair then greater transparency will be achievable.
- Shorten disability benefit qualifying periods.
- For Carers Allowance, increase the earnings limit so that carers who are also working up to 30h per week for the National Minimum wage can access this allowance.
- Widen entitlement to include students and link to SAS funding.
- Allow claimants to choose how often they want to be paid.
- Allow one month's backdating automatically and extend this period where good cause can be shown.
- Allow for reconsideration request for a refused budgeting loan.