

SUBMISSION FROM ECAS

Background

Ecas is an Edinburgh based charity which works to improve the lives of people with disabilities. Current activities include the provision of clubs and classes, a befriending project, grants to individuals and raising the profile of disabled people and the issues that affect them.

The chief executive of Ecas, David Griffiths, has given oral evidence to the Scottish Parliament's Welfare Reform Committee, Health & Sport Committee and Scotland Bill Committee on relevant issues.

Should the committee wish to discuss the issues in this evidence he would be very happy to attend an oral evidence session.

Basic Principles

Before answering the specific questions in the call for evidence, it is important to consider the basic principles the committee may wish to decide upon as these will affect further discussions. It seems inevitable that there will be some harsh, moral decisions required on where to invest limited funds. We would recommend consideration of the following:

Funding It is not yet entirely clear to us what funding gap there will be. However, with an ageing population and statements to the effect that the change from DLA to PIP will save 20% and that Council Tax Benefit will be devolved less 10% (a shortfall of about £40m) there are bound to be areas where the committee will wish to recommend increased expenditure to mitigate the effects. The committee may therefore wish to consider:

- Measuring the benefit to people in need, and the preventative spend value in terms of health and wellbeing, of various current benefits and concessions, for example free travel for people of working age and universal free prescriptions, and comparing these to the potential benefit to people in need and the associated preventative benefit of, for example, increasing provision for Community Care Grants (CCGs), community accessible transport and measures to support those who are homeless and/or in need of crisis support. This comparison would enable informed decisions to be made.
- The explanatory notes provided with the Bill indicate that concessionary travel costs £180m a year and legal aid £142m. It is understood that Community Care Grants costs about £25m a year. A relatively small reduction in the first two could make a large difference to CCGs and for this reason the committee may wish to consider the comparative benefits, in particular the preventative benefits.
- A recent report by the Community Transport Association¹ identifies the considerable benefits from community transport, especially accessible

¹ The CTA State of the Sector Report for Scotland 2012 available via www.ctauk.org

transport, with a combined total income of £10million. Again, the committee may wish to identify and consider the comparative benefits when considering, for example, the benefit of those below pension age (particularly those in employment) receiving a concessionary pass.

The committee may wish to note that Ecas provides grants to individual disabled people, mostly similar to Community Care Grants. We have seen a dramatic rise in applications and expenditure with a 30% increase in applications in the last year alone. Discussions with other charities indicate we are not alone. This pressure on local charities is not sustainable and the committee may wish to seek evidence as to whether or not this is replicated elsewhere in the country and if it is indeed a potentially major issue; such evidence should influence the thinking behind the resources needed for the replacement for CCGs and Crisis Loans.

Crisis support Evidence provided to the committee's earlier meetings suggests that there is a real risk of a significant number of people becoming homeless and/or in poverty. We would recommend that the committee considers how funds can be identified to enable shelter and food to be provided if this situation does occur.

Who is to be targeted? It is clear that both the revised passporting arrangements and any mitigating action will need to be carefully targeted and will be subject to very limited cash availability. Taking the change from DLA to PIP as an example, based on data issued by DWP² there will, in effect be five groups of people:

- DLA recipients who move to PIP and receive the same, or very similar, amounts.
- DLA recipients who move to PIP but at a much lower rate.
- DLA recipients who will not receive any PIP.
- Non-DLA recipients who will get PIP.
- Non-DLA recipients who will not get PIP.

The committee will need to consider which of these groups will need to be supported through passporting and mitigation measures. Another relevant figure is that DWP estimates show that by 2015/16 there would be 1,040,000 people in receipt of higher rate DLA (Mobility) but only 760,00 will be on the Enhanced Mobility rate of PIP. This could drastically affect the mobility of those who do not get the enhanced rate when transferring to PIP.

Passporting Keeping DLA and PIP as an example, the simple option with passporting will be to replace DLA with PIP in the legislation. It should be noted that this would exclude those who do not get transferred to PIP and the key question here is whether or not their need for the passported benefit has gone? DWP figures suggest that 0.5million people currently on DLA will not transfer to PIP and it could

² Personal Independence Payment; second draft assessment criteria and consultation document

be assumed that the UK government has assessed that they no longer need the support provided by DLA/PIP and the associated passported benefits. However, the committee may feel it appropriate to seek some clear evidence that this is the case before deciding on the new passporting mechanism. The transfer to Universal Credit is more complex due to the absence of a straight replacement.

Mitigating effects Given the anticipated very large reduction in the overall spend on benefits by DWP we assume that the Scottish Government cannot simply fund the reductions faced by individuals; nor are we convinced that to do so would be appropriate in all cases. Again, we would ask the committee to seek an evidence base from which to decide where any money that can be made available could be spent. This should include consideration of funding organisations to help individuals as well as funding individuals directly (see, for example, community transport above).

Methods of delivery When considering how Community Care Grants, for example, are to be delivered the Committee may wish to consider moving towards the direct provision of goods, or the use of vouchers. The voluntary sector has a number of sources of cost-effective provision of furniture, floorings and household goods and this could be an opportunity for co-production. Similarly, the committee may wish to consider the best method of providing support with transport costs. Currently provision can be provided by some or all of: subsidised community accessible transport; subsidised taxis using a taxi card; Disability Living Allowance; a Motability vehicle; national concessionary cards. Not all of these are within the Scottish Parliament's control, but it is only by taking an holistic view that the Parliament can ensure that any action they may take is the most effective.

Specific Questions

1. Are you generally in favour of the Bill and its provisions?

Yes, noting that it is essential that it is passed as an enabling bill. Of more concern will be the regulations that follow.

2. What are your views on this principle?

It is correct.

3. What are your views on the proposed powers in relation to UC? And

4. Do you have any other comments on the introduction of UC? And

5. What are your views on the proposed powers in relation to PIP?

Whilst we still have many concerns regarding the introduction of UC and PIP, they relate to reserved matters. The powers in the proposed Scottish Bill are essential.

6. Do you have any other comments on the introduction of PIP?

We continue to have concerns over the assessment process and how PIP will interact with the Scottish health and social care system. We are also concerned that DLA/PIP is, in many ways, a preventative spend and removing it from 0.5million people using the new assessment is likely to lead to increased problems for local authorities, the NHS and the third sector to deal with. We would therefore urge, as stated above, that the merits of mitigating and preventative spends, either via organisations or to individuals, be considered.

7. What are your views on the proposed subordinate legislation powers in the Bill?

They are correct.

8. Do you have any other comments on regulations that would follow this Bill on “passportd” benefits and eligibility for them?

Please see the general principles above.

9. Do you have any views on the assumptions and calculations contained in the Financial Memorandum?

No.

10. Are you satisfied in the assessments that have taken place in regard to these matters and in the conclusions reached by the Scottish Government?

We agree that there needs to be detailed assessment of the impact the changes will have as part of the scrutiny of secondary legislation. Some of the suggestions in this evidence concerning the measurement of the benefit and anticipated benefit of various courses of action should be used to inform those assessments.