

WELFARE REFORM COMMITTEE

THE FUTURE DELIVERY OF SOCIAL SECURITY IN SCOTLAND

WRITTEN SUBMISSION FROM PERTH & KINROSS COUNCIL

How should the new welfare powers proposed by the Smith Agreement be used to improve or change:

a) Personal Independence Payments (PIP), Disability Living Allowance (DLA), Attendance Allowance (AA) and Carer's Allowance (CA):

Whether delivered centrally or at a local level, by local authorities, the benefits listed above should be delivered in a way that ensures ease of access for people with disabilities and their carers. Local authorities are ideally placed to deliver these benefits and have a proven track record administering Housing Benefit, Council Tax Reduction, Scottish Welfare Fund and a wide range of ancillary benefits. The required skills, culture, knowledge and the capacity to share most information already exists within local authorities. Should via the local authority be the preferred method of delivery then it is vital that adequate administration funding is provided. The advantages of local authority delivery do not end at administration of the above benefits, but extend to a more rounded model of welfare provision with the individual firmly at the centre; a system in stark contrast to the current delivery which can seem remote and faceless to those who need it most. The above benefits will require national legislation, regulations and guidance. Local authorities have excellent working relationships and regular communication with both CoSLA and Scottish Government which would ease the implementation of any benefit administration. Local authorities also provide a range of ancillary benefits, concessions and discounts for charges such as Council Tax and so, direct links to these benefits would not only enhance customer service but reduce barriers to services entitlements for those most in need.

Any Scottish disability and carers benefit system will require effective communication with UK Government benefit delivery centres and the most effective method would be via electronic means. This communication will be required to transfer information to and from the Scottish benefit administration in order to:

- Provide information regarding disability benefit and CA entitlement as this can change means-tested benefit entitlement administered at a UK level (DWP and HMRC). The benefits affected are income-based Jobseeker's Allowance (JSA), income-related Employment and Support Allowance (ESA), Income Support (IS), Pension Credit (PC), Tax Credits (TC) and Universal Credit (UC).
- Provide information regarding CA entitlement to DWP offices responsible for administration of contributory benefits such as ESA to prevent overpayment of benefit due to overlapping benefit rules.

If local authorities are not the desired option for end-to-end delivery, they should play a key role in the application and evidence gathering process.

Application process

People with disabilities and their carers often cite the application process as the most difficult part of claiming benefit. The current system is not as accessible as it could be and this in itself is a barrier to people accessing their entitlements.

| Benefit | Face-to-face | Telephone | Paper form | Online |
|---------|--------------|-----------|------------|--------|
| AA | | | ✓ | |
| CA | | | ✓ | ✓ |
| DLA | | | ✓ | |
| PIP | | ✓ | ✓ | |

Any system should make access to benefits as simple as possible; the system should treat people with dignity and respect and should provide different methods of accessing the system. The current system can also require more than one level of form-filling which invites duplication, overlap and frustration or distress for individuals. Any system implemented in Scotland should seek to capture information once to prevent, additional costs, delays in processing, and distress for the person making the claim. The application process for the Scottish Welfare Fund is a good example and how it could work for benefits. All Scottish local authorities are required to have at least three methods of application for welfare fund and in the case of Perth & Kinross Council; all four of the application methods mentioned above are in place.

Assessment process

A Scottish system should take cognisance of the health condition; evidence of a medical diagnosis of a progressive condition such as dementia, certain types of multiple sclerosis and motor -neuron disease should be accepted without the need for assessment or repeated assessment.

The current assessment process for PIP, in 97-98% of cases, includes a medical assessment. These assessments could often be avoided; they can also be inconvenient for the person claiming benefit, traumatic for the individual and although the assessment should not be considered as a snapshot in time, this is often the case. Use of information held by social care and health services, from people involved in the care of the person should be used to inform the decision-making process, and thus prevent or reduce the need for medical assessments (currently provided by the private sector). The current system relies heavily on the latter and it could be argued that this does not make the best use of the resources or finances available and can often result in duplication of information. Local authorities hold information on their service-users, including: occupational therapy assessments, care assessments and care plans. Data sharing protocols could be put in place to share this information, to simplify and streamline the administration and reduce the cost of delivery.

Payment of benefits

Benefit should be paid direct to the individual or to their appointee; this creates the right conditions for people to maintain their independence and their dignity. It also gives individuals the right to flexibility and the freedom to use the financial assistance to support their needs in a way that they choose.

Disability-related benefit under 16s

Consideration should be given to a disability benefit similar in design to DLA for children under the age of 16. Although it is sensible that current legislation requires consideration to be given to the care required by the child, *“substantially in excess of the normal requirements of persons [their] age...”* or *“substantial [care, supervision or watching over] which younger persons in normal physical or mental health may have but which persons of [their] age and in normal physical and mental health would not have”* given that all children require care, in practice, too much emphasis can be placed in comparisons with other children rather than the medical condition and subsequent care needs that arise. Use of existing information, shared seamlessly by the decision-making authority and those health and social care professionals involved in the child’s care, should be used to inform decision-making to prevent unnecessary requests for evidence being placed on parents and others responsible for the child; such requests can often have financial implications for families. Families with disabled children should not have to bear the cost of assessments or medical evidence.

Disability-related benefit 16 and over

Consideration should be given to a disability benefit which retains certain key features of both the current PIP and previous DLA systems for those over the age of 16:

- Non-means-tested, non-contributory and non-taxable;
- Two components which take into account care/daily living needs and mobility needs;
- Include the alternative route (grounds of severe mental impairment) to the higher rate of the mobility component;
- Severity of the condition and level of care/supervision/attention/intervention should influence the level of award for care/daily living component, not whether the needs are during the day, at night or both.
- Medical evidence of progressive conditions such as dementia and motor-neuron disease should be accepted and individuals should not therefore require separate or repeat medical assessments.
- Assessment should include both subjective and objective elements in order to ensure consistency of benefit delivery whilst taking cognisance of the differing ways disability can affect individuals.
- Special rules for individuals who are terminally ill.

Consideration should also be given to the following aspects which would provide positive change to the current system:

- The disability benefit and the practitioners involved in the assessment and decision-making process of the benefit should have the ability to recognise and have an understanding of the care/daily living and mobility needs arising from mental health. The current descriptors within the PIP assessment for the daily living component do not adequately reflect the difficulties faced by people affected by mental health problems. The DLA assessment process was more subjective in nature and therefore not so prescriptive a test, therefore care needs arising from mental health problems could have been more easily acknowledged, however, an apparent lack of knowledge and understanding of practitioners (including professionals) involved in the assessment and decision-making processes meant that those affected by mental health problems would often miss out.
- The assessment process should make use of existing information held by health and social care professionals e.g occupational therapy assessments, care assessments and care plans, thus preventing or reducing the need for medical assessments and preventing duplication within the system as a whole. Data sharing protocols will be required to ensure effective and legitimate sharing of information. Consideration should also be given to the following:
 - a. Abolition of AA and the eligibility criteria for PIP/DLA/new disability benefit extended to anyone over the age of 16 or,
 - b. Eligibility for PIP/DLA/new disability benefit should end at 69 and eligibility for AA begin at 70.

The rationale for the recommendations above is to bring the policy around disability benefits in line with current policy on retirement-age and the fact that people are expected to work for longer. Increased standards of living and advances in medicine mean that, generally, people are healthier and more mobile for longer, disability in terms of mobility should therefore be recognised as non-age-related until later in life.

Extending the eligibility criteria of an existing or new disability benefit to include those aged between 65 and 69 or to anyone over the age of 16, would have no financial implications for reserved welfare

provision. Entitlement to the mobility component does not attract additional premiums or elements from reserved provision for older people i.e. Pension Credit or Housing Benefit.

Carer's Allowance (CA)

CA should be retained in its current form, non-means-tested and non-contributory, however consideration should be given to harmonising the qualifying criteria with that of [Carer's Credit](#) which is paid if the person provides care for 20 hours or more per week. Carer's Allowance is an earnings replacement benefit, yet it attracts less weekly income than sickness or unemployment benefits. Carers often have to give up employment in order to look after someone, and the combined effect of the caring role and the lack of income can have adverse effects on the health and wellbeing of the carer. Caring for someone else is one of the most valued things that someone can do for another person, however the amount paid by the current system is not a meaningful value. Moreover, carers are often forced to rely solely on the benefits system for their income, not least because there is a maximum amount of earnings for those in receipt of CA, because employment opportunities may be restricted. An earnings disregard or earnings taper would allow carers the choice of working more hours or in higher paid employment. In order to maximise their entitlement many carers have to claim IS/UC in addition to CA. The current system is complex and has unnecessary duplication. A review of the weekly amount should be considered as a priority. In terms of equalities, women are more likely to undertake caring roles and are therefore disproportionately affected by the low level of benefit, limit on earnings and complexity within the current CA system.

Universal Credit (housing element and administrative arrangements) and Discretionary Housing Payments (DHP)

- The housing element of UC should be paid direct to social landlords. The housing element should be paid direct to private landlords where current safeguards, as per Housing Benefit regulations, apply.
- UC payments should be more frequent than monthly and should be split in couple households to prevent or reduce the opportunity for financial abuse or control.
- Local authorities have administered DHP since its inception in 2001 and should retain the administration as the required knowledge skills and systems are already established. Any changes to the current system should involve consultation with local authorities.

The Work Programme and Work Choice

The current system could be improved by closer working relationships between Jobcentre Plus and Work Programme providers. Communication between these agencies can be poor and co-location or dedicated liaison workers could improve service delivery. Consideration should be given to the approach taken to the delivery of the Work Programme and how health, housing, education and training, childcare and income can impact on a person's preparedness for work. It is necessary to ensure that the right incentives and necessary support are in place to prepare people for work. This will include putting in place education, training and employability programmes that ensure individuals are ready and able to access the jobs that are available. Strong links are required between education, training, employment and health. The current sanctions regime in place for, not only those who are fit for work, but for those on sickness benefit, adversely affects those individuals furthest removed from the job market. Work Programme providers are not afforded the time to provide the intensive support required to assist individuals back into the job market or to prepare them for their first paid employment. Barriers to work such as literacy, numeracy and even childcare can be the most difficult to overcome. The efforts of the current work programme are often concentrated on those recently out of work, which produces better outcomes and attracts more funding. Providers therefore find themselves producing outcomes to satisfy funders rather than providing support to overcome or address the causes of unemployment.

Regulated Social Fund, new benefits, top-ups and delivery of benefits overall.

Consideration should be given to the administration of the Regulated Social Fund within local authorities alongside or integral to the delivery of the Scottish Welfare Fund. There are a number of

areas of overlap between the two systems and combined delivery would be the most customer-centred and cost-effective. Welfare Fund Teams have access to the DWP customer information system (CIS) therefore established channels of communication for UK Government benefits already exist.

Consideration should be given to the following:

Sure Start Maternity Grant:

- Reviewing the eligibility criteria for a grant, the current system excludes too many families by refusing a grant to households where Child Benefit is already in payment. It is reasonable to expect people to keep items such as cots and prams from previous births, however there comes a point when this expectation becomes unreasonable. The criteria should be relaxed to provide support to the first child and exclude families where there are other children under the age of five. The current system redirects need to the Scottish Welfare Fund, where awards are often made from pressurised budgets to low income households for baby items. Integrating the administration of these grants would also reduce or prevent misuse of the Funds.

Funeral Payment:

- Including Council Tax Reduction as one of the qualifying incomes.
- Reviewing the award of the payment – current awards are unrealistic in terms of the current cost of a funeral and affords little or no choice to those arranging the funeral.

Cold Weather Payment:

- Payments are currently made automatically to those who qualify and no applications have to be made. The current system is very effective and in order to replicate a similar system, Scottish local authorities could liaise with their identified DWP single point of contact (SPOC) for customer information. Effective data sharing protocols would be necessary. CTR may be considered as a qualifying income however issues arise where there is no Council Tax liability to attract benefit. Our first option would be for the DWP to continue to deliver these payments on behalf of Scottish Government.
- Consideration could be given to reducing the number of days to qualify for payment.

Winter Fuel Payment:

- Consideration could be given to whether this remains a universal payment to those of qualifying age.

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