

WELFARE REFORM COMMITTEE

THE FUTURE DELIVERY OF SOCIAL SECURITY IN SCOTLAND

WRITTEN SUBMISSION RECEIVED FROM SCOTTISH ASSOCIATION OF MENTAL HEALTH (SAMH)

In summary, SAMH welcomes the devolution of many of the powers within the Scotland Bill, but this does not go as far as we would like. In our submission to the Smith Commission, we made the case for wider devolution of welfare policy, including JCP, housing benefit and out of work sickness benefits. We are concerned about how the devolution of the employment programmes and the disability benefits will be implemented, how the UK and Scottish Government will effectively work together when their political ideologies seem incompatible, and whether the devolution will be genuine or if the Scottish Government will have to administer such programmes and benefits on behalf of DWP, with limited scope for reform and a more humane approach. We suggest changes to the employability programmes and an urgent pause in the roll out of PIP.

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

a) Personal Independence Payments, Disability Living Allowance Attendance Allowance and Carer's Allowance

SAMH welcomes the devolution of disability and carer's benefits. Scotland has a higher proportion of people with disabilities than the rest of the UK – one in five people in Scotland have a disability; the largest single disability groups who receive either DLA or PIP in Scotland are on grounds of a psychiatric disorder¹.

Given the extensive welfare reforms in the past five years, people with disabilities have been subject to many delays and uncertainty about the benefits they need. The transfer of these benefits must be done in a timely manner. As yet, there is no clear timetable within the Scotland Bill to ensure that adequate preparation can take place to deliver these benefits, so SAMH would welcome the Committee's support for such a measure.

SAMH notes that in the SNP's White Paper on Independence², there was a commitment to cancel the rollout of PIP, as follows:

"The rollout of Personal Independence Payment (PIP) has also been difficult and created significant anxiety amongst recipients of Disability Living Allowance (DLA) and those people and organisations that support them.... The current Scottish Government considers that the continued roll out of UC and PIP is not in the best interests of Scotland. Halting these changes will give an independent Scotland the opportunity to design and implement a welfare system suited to our needs. In the event of a vote for independence in the referendum, the Scottish Government will

¹ Department for Work and Pensions Tabulation Tool

² 'Scotland's Future: Your Guide to an Independent Scotland
<http://www.gov.scot/Resource/0043/00439021.pdf> page 164

ask Westminster not to proceed any further with the roll-out in Scotland of UC and PIP, in order to give the Scottish Government elected in 2016 maximum flexibility to begin to reform the welfare system in line with its priorities. This Scottish Government will not proceed with UC and PIP if we form that government. For those not already in receipt of UC and PIP, the existing welfare arrangements will remain in place (changed by our immediate priorities such as abolishing the "bedroom tax"), until longer-term reforms are introduced in Scotland."

While the White Paper was written with the view of delivery of such social support services within the context of independence, these benefits and funds attached to them are being devolved, and the principles remain. SAMH hopes that the Scottish Government will deliver its desired commitments in a socially just way to vulnerable Scots, and halt the UK Government's changes to disability benefits.

In March 2015, Citizens Advice Scotland published a briefing³ calling for a halt to the rollout of PIP in Scotland. SAMH adds our support to this call. We ask the Scottish Government to support for a moratorium of the PIP rollout in Scotland. At present⁴, 88,630 people in Scotland receive the lower rate of Care Allowance of DLA. If the rollout is not halted, these people would lose their vital support, as they are unlikely to qualify for PIP. In that time, their support needs could increase, they could move away from the workforce and become more unwell. The loss of this vital income could push more people into poverty and attendant ill health and debt. Such a reduction would mean years of misery, when there is a Scottish Government proposal to provide a more socially just welfare system. The additional cost of assessments would be wasted, and the additional pressure that would be placed on vulnerable people is unfair. It makes no sense to implement a change that the Scottish Government is on record as being against; fixing the damage could cost as much in health and social care terms as the cost of the rollout, and the impact on people with disabilities would be detrimental.

Aside to the Scotland Bill, SAMH notes with concern the future reduction of the Welfare budget by a further £12 billion, which is being implemented through the UK Government's Budget and the Welfare Reform and Work Bill. It is vital that the process of devolution benefits and as an absolute minimum does not harm disabled people. Along with our colleagues in Disability Agenda Scotland, SAMH calls for the devolution process to be based on an explicit commitment that there will be no detriment to disabled people as a result of this process. Concerns have been expressed by the Disability Sector that the definition of disability within the Bill may be restrictive to people with fluctuating conditions. Ensuring such support is crucial to promote their wellbeing and greatest opportunities to

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

SAMH supports the flexibility within the Bill which will allow for Universal Credit to be paid in smaller amounts to the individual on a more frequent basis, and for the

³ <http://www.cas.org.uk/publications/voices-frontline-halt-roll-out-pip-scotland>

⁴ DWP Tabulation Tool accessed 29 July 2015 http://tabulation-tool.dwp.gov.uk/100pc/dla/carepay/ccgor/a_carate_r_carepay_c_ccgor_nov14.html

housing element to be paid directly to the landlord if required. This will help people make a smoother transition off benefits, as going from weekly payments to a monthly wage could be too much of a jump for people not used to handling their living expenses in large chunks.

We welcome the statement from the Scottish Government that these powers will be swiftly implemented. We note however that this devolution of powers may not happen until at least 2017, so we hope that arrangements will be put in place by the Government and local authorities to ensure that no one is detrimentally affected by the current inflexibility in the interim period; and that significant preparatory work to allow for this flexibility is underway. This could have a cost implication of greater discretionary payments as well as infrastructure development.

b) the Work Programme and Work Choice

SAMH welcomes the devolution of the employability programmes, Work Programme and Work Choice. We believe that there should continue to be two separate programmes, but that substantial reform to both programmes is required in order to improve their efficacy. We recommend that individuals with mental health problems are automatically referred to Work Choice, rather than being placed on the less effective Work Programme. Further, within Work Choice there should be specialist support for people with mental health problems, rather than the generalist, end-to-end support at present – the Individual Placement and Support (IPS) model, delivered by SAMH, is an evidence-based programme which has been shown to be most effective at helping people with mental health problems into work⁵.

The current cap on individuals who can access Work Choice should be ended, and the programmes reformed to meet the needs of all individuals with disabilities. Greater flexibility and fluidity is required to allow for swift transfer of individuals from one programme to another. The Key Performance Indicators should be reviewed within Work Choice, especially in terms of employment outcomes for individuals with mental health problems, and progression towards work should be measured and valued, rather than the 'harder' outcomes of simply getting a job.

To provide some context, SAMH provides employability support in a range of programmes; we are a tier three specialist provider for a small number of Work Programme clients; we are a Work Choice subcontractor; we provide IPS services to individuals with severe and enduring mental health problems through some Community Mental Health Teams; and we are funded by some local authorities to provide employability support services, especially in terms of horticulture therapy.

SAMH's Employability Service is subcontracted to provide the DWP's Work Choice employability programme, which is offered to some people with disabilities who are seeking work. Like the Work Programme, it is focused on gaining and sustaining a 'job outcome' but it provides much more extensive support. It is a voluntary scheme and advisors have limited caseloads of around 20 people, and so considerably more time to support people. Support is flexible and continues for up to 12 months to find a job, and then for a further two years once in employment. Support can include

⁵ <http://www.centreformentalhealth.org.uk/Handlers/Download.ashx?IDMF=3e0ce53c-a1b9-45c8-bf18-3c9835465cfa>

coaching; help with applications and CVs; accessing training; and signposting to other services. Crucially, advisors work to make sure people meet the conditions associated with their benefits relating to looking for a job, so they avoid benefit sanctions. Advisors may also contact potential employers to find opportunities for work, potentially improving the demand-side conditions, and help people apply for crucial Access to Work for funding.

It is clear that people with mental health problems and other disabilities are poorly served on the Work Programme. At present, the numerical and fiscal balance between the employability programmes is heavily tilted in favour of the Work Programme. Across the UK between April 2014 and March 2015, 180,540 people were referred to the Work Programme⁶; only 18,800 (with 15,150 starts) were referred to Work Choice⁷; the expenditure on each programme for the financial year 2013/14 was £703 million for Work Programme; DWP lists that £200m is currently spent on 'disability programmes', of which Work Choice presumably makes up the majority of expenditure⁸. This is despite the high proportion of people with disabilities in Scottish society, many of whom could work if given appropriate support. Redistributing the funding between programmes and allowing a greater number of people with disabilities to access the specialist support they require would greatly increase their chances of employment. This should mean that individuals on the Work Programme receive more personalised support, as caseloads would be lower for employability workers, and that more individuals with disabilities would benefit from a more specialist service.

SAMH believes that the compliance within a reformed Work Choice programme should continue to be voluntary, and conditionality (i.e. sanctions) should not be introduced. The fluctuating nature of mental health problems present an additional barrier to finding employment, and the sanctions regime of DWP causes SAMH grave concern. Ensuring that people with mental health problems were supported into employment by a specialist employability service, which did not sanction individuals if their illness contributed to intermittent compliance, will ultimately be more successful in getting people into work, as well as not affecting their already poor health. A longer support period, and funding to provide meaningful ongoing support after an individual gains employment, would also make a difference. Ongoing work with employers could also help reduce stigma and unsupportive work practices, leading to better outcomes within the workplace.

The Key Performance Indicators (KPIs) for individuals with a mental health problem should be set at a lower level than that of other disabilities. This is due to ongoing stigma by employers and the fluctuating and unpredictable nature of these individuals' conditions. In terms of conversion levels to employment in Work Choice, SAMH recommends that this should be set at a level of 40% for individuals with mental health problems (at present it is 70%, which is unrealistically high for this cohort). Other KPIs should be created to measure how far the individuals on the programme have progressed, whether they have started volunteering or moved closer to the workplace in other ways such as better management of their conditions. Having KPIs which look at both types of outcomes would promote a more supportive

⁶ DWP [Tables: Quarterly Work Programme national statistics to March 2015](#)

⁷ DWD [Work Choice: Official Statistics](#) May 2015

⁸ UK Government [Departmental expenditure](#) (Department of Work and Pensions)

programme and ensure more personalised support, which is likely to garner better results.

SAMH notes with concern that the implementation of the employability programmes rely on many factors which are going to remain under the control of the UK Government, and subject to years of reforms and budget reductions. We believe that the current ideological approach of DWP, which is penalty-driven rather than supportive, is counterproductive and damaging to individuals with mental health problems. The number of sanctions applied in Scotland doubled in the last year, and individuals with mental health problems are disproportionately affected. Sanctioning this group of people serves no purpose other than to make their illness worse and their personal circumstances even harder to cope with - making employment a less, not more, likely outcome. Other services devolved to Scotland such as the NHS, Scottish Welfare Fund, Social Care and Criminal Justice services and Homelessness have to step in to support people in these circumstances. The Scotland Bill as it is written prevents the Scottish Government from adequately supporting individuals if they have been sanctioned, and SAMH believes that this exception within the Scotland Bill should be removed.

Many of the problems of the Work Programme stem from the inappropriate and inadequate Work Capability Assessment; despite five years of independent reviews by Professor Harrington and Paul Litchfield, the focus of this test remains physically focused, and thus poorly serves individuals with mental health problems (over 45% of those too unwell to work). There is little faith in this test amongst the disability community; neither in its ethos or its accuracy. Individuals are still too often found fit for work and then placed in the Work Programme before they are well enough for employment, setting back their recovery and often leading to sanctions through their inability to comply with the process. SAMH hopes that the Scottish Government will lobby for significant changes to this process in order to correctly identify individuals for each employment programme once these are devolved; otherwise, these mistakes are likely to continue as individuals are wrongly assigned by DWP to programmes which will be administered in Scotland. Another challenge is the loss to JCP of many specialist Disability Employment Advisors in recent years, making the referral to the specific disability programme problematic. How this will be married up remains to be seen.

Finally, one current omission from the Scotland Bill is the continued reserved status of the Access to Work programme. SAMH believes that this programme – a fund to provide support for disabled people in work - fits within Smith's intentions of devolving employment support, and that it dovetails neatly with the other support being devolved for individuals with disabilities. SAMH calls on the Welfare Reform Committee to support the devolution of Access to Work, which could then be expanded and applications coordinated with Work Choice.

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

The elements of the Regulated Social Fund which SAMH had the most experience of, namely Community Care grants and Crisis Loans (now Crisis Grants), were previously devolved to Scotland in an earlier welfare bill and placed on a statutory

footing through The Welfare Funds (Scotland) Act 2015. As a general principle, SAMH calls for the smooth and speedy delivery of such payments within the Fund, which are applied for in times of great need and stress. In terms of the Funeral Payment, especially in the case of a death by suicide, this involves ensuring that the process is simple, streamlined and works well with police, Procurator Fiscal and other agencies.

Regarding benefit top ups, the Scotland Bill states that financial assistance may not be provided if an individual has had a reserved benefit sanctioned due to non-compliance with a work-related requirement. SAMH is extremely concerned that the sanction regime as currently constituted discriminates against people with mental health problems. People with mental health problems are more likely to be sanctioned than any other group – 6 in 10 people who have been sanctioned have a mental health problem or learning disability⁹. Non-compliance could be unavoidable due to their disability, and such sanctioning is therefore discriminatory.

The Smith Commission clearly stated that “The Scottish Parliament will also have new powers to make discretionary payments in any area of welfare without the need to obtain prior permission from DWP.”¹⁰ This is undermined by the conditions included in the Scotland Bill on Exceptions and is not a true transfer of powers.

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Conclusion

There is an opportunity to ensure that the principles of dignity, respect and human rights become embedded in the welfare provisions which are being devolved to Scotland. Scotland has a chance to lead the way, especially as the Work Programme and Work Choice are also ending in England and Wales, and therefore a review of such approaches is possible, as well as desirable. SAMH's previous research¹¹ has shown that the UK Government's welfare reforms have had a negative impact on the mental health and finances of people we support, and it is imperative that a more supportive, effective and humane approach is taken by the Scottish Government.

⁹ UK Government FOI request March 2014

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/295384/foi-79-2014.pdf

¹⁰ The Smith Commission 2014, paragraph 54.

¹¹ http://www.samh.org.uk/media/432022/samh_worried_sick_poverty_and_mental_health.pdf