

WELFARE REFORM COMMITTEE
THE FUTURE DELIVERY OF SOCIAL SECURITY IN SCOTLAND
WRITTEN SUBMISSION FROM PROFESSOR KIRSTEIN RUMMERY

In preparing this submission I am drawing on over twenty years of research in the field of disability and gender rights in welfare and social care, including:

International comparative evidence

- (E.g. cash/care comparative study; housing and disability rights comparative study; carers' study; ethics of care; Fairer Caring Nations; policy work with EU, UN & various welfare states)

UK and Scotland evidence

- (E.g. accessing community care; employment study; direct payments; health and social care for disabled people; Self-Directed Support; policy work with user organisations, carer organisations and service providers)

Theoretical framework

- Disability rights/social model of disability
- Human rights – independence, choice, control
- Social citizenship – rights, duties and social inclusion

With the devolution of further powers under the forthcoming Scotland Bill, Scotland has a unique opportunity to create a system of welfare that is fair, universal, simple and sustainable. Scotland has long maintained that it is different and fairer to the rest of the UK when comes to its approach to welfare and care. It now has an opportunity to demonstrate that fairness and redesign elements of welfare.

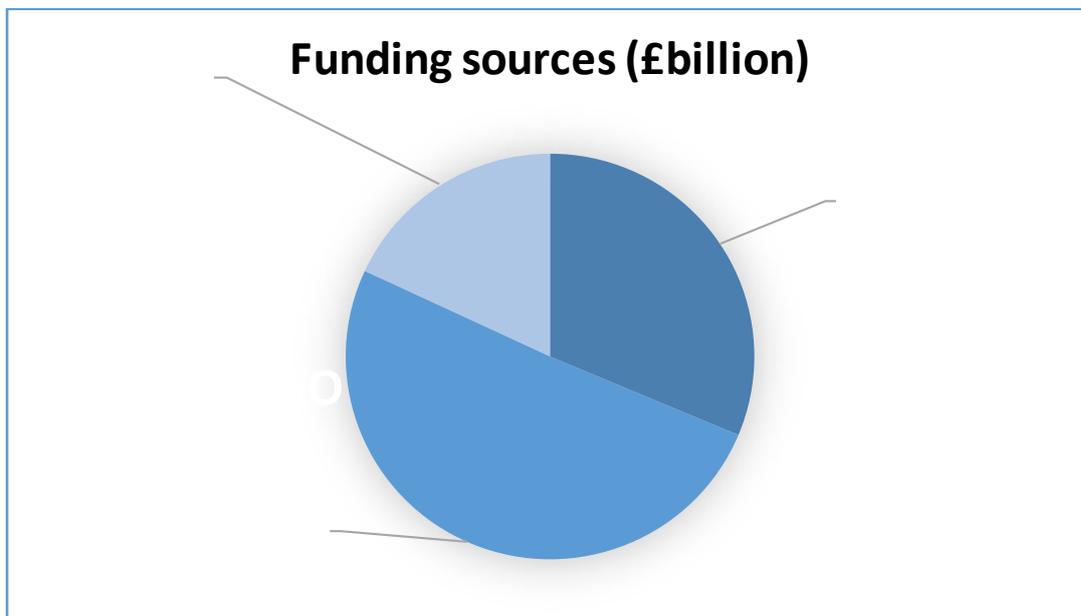
Principles and scope

Based on extensive international research, this is what we know about effective disability benefits:

- They are holistic and joined up from the perspective of the user;
- They are designed and run according to a social model of disability, personalised, flexible, and administered by service users themselves;
- They see long-term and social care services as an investment, not a spend;
- They are simple, universal, fair – and with transparent criteria and the right to challenge access decisions, and well-supported advocacy services.

The present complexity of benefits makes no sense, either from a principled or administrative perspective. Payments for disability are to help meet the cost of impairments and illness, and not to compensate for lost work earnings. So why separate out benefits for the over and under 65s, and industrial injuries from other kinds of impairment? The costs to disabled people are the same regardless of age or reason for injury.

Scotland has two main sources of funding for welfare and care. It already has devolved powers over health and social care and it does not have to follow established patterns of spending in either of these areas. With the Scotland Bill it also will receive new powers over welfare benefits: Attendance allowance; Disability living allowance/Personal independence payments; Industrial injuries disablement benefit; Severe disablement allowance; and the Regulated social fund. This offers substantial opportunities for service redesign.



New opportunities to think differently:

Scotland could, for example:

- End the ring-fencing of NHS funding and create joined up health and social care budgets for disabled people, older people, mental health service users and learning disabled adults;
- Move funding from acute NHS services into community health, and from health into preventative social care services;
- Remove funding for social care from local authorities and instead create a simple nationalised universal social care budget;

- Combine DLA/PIPs/AA/SDA/IID/and the combined SDS/adults social care budget into one simple, three tiered user controlled benefit (the criteria for the tiers following the social model of disability adapted version of the World Health Organisation's Instrumental Activities of Daily Living Scale – mild, moderate and severe – which would apply across Scotland);
- Users could then chose to take this as a weekly direct payment – to spend on services, support, personal care, informal care, aids etc – and be assisted by user-run advocacy services both to apply for and manage the payment, or chose to have the payment managed for them by social services departments;
- This could be combined with an increase in benefits for informal carers so that users can put together the right package of support from them from the state, the community, the market and the family to reflect their own needs using local resources.
- Initial set up costs would be relatively high, but this would translate into significant savings from more cost effective administration of a simpler service, higher levels of independence from more personalised user controlled services, more disabled people and informal carers about to work and pay taxes, and a reduction in need for directly provided high level care services.

However, there are substantial barriers to be overcome if we are to achieve universal, fairer support for disabled people in Scotland:

- Benefits, not powers, are being devolved under the Scotland Bill, with the expectation that no disadvantage would be felt by the rest of the UK;
- Creating and running the above system would involve significant support from disabled and older people, carers, local authorities, the social work and allied professions, the third sector, and employers. The savings needed to make the system work come from simplifying it and removing some of the statutory workforce needed to run a complex system, there would be tensions between unions and disability rights organisations;
- To truly work in a transformative way, Scotland would also have to have full control over taxation systems and employment legislation (eg to provide flexible working and leave for carers and disabled people, and to end the benefits trap that makes it unfeasible for disabled people and carers to undertake part-time flexible work);
- It would make sense if this approach were combined with a Citizens Universal Basic Income (replacing Jobseekers Allowance, Income Support, Employment and Support Allowance and all workfare benefits).

But why not think big?

Towards a fairer Scotland

Put simply, there is no point having these powers if Scotland is not prepared to risk doing things differently. The international evidence demonstrates that such systems:

- Are fairer, simpler, more cost effective, and achieve better health and social care outcomes.
- Reduce the need for expensive acute health services for disabled and older people by preventing degeneration of physical and mental health;
- Lead to a reduction in health inequalities;
- Effectively harness the capacity of the state, families, the market communities and individuals;
- Create jobs, tackle inequalities along the lines of gender, disability, age and ethnicity;
- Promote universalism, social solidarity, and are not punitive or stigmatising;
- Allow people to combine paid work and care, leading to better social relationships, stronger families and reducing the risk of poverty and social exclusion for service users and carers.

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Sources

Further publications giving evidence for some of these research findings can be found at <http://rms.stir.ac.uk/converis-stirling/person/11240>

Professor Rummery is currently carrying out an international comparative review of childcare and longterm care policies and the role they play in achieving gender equality. She will be presenting her findings at a conference on the 13th October 2015, places are free and can be booked here:

<http://www.engender.org.uk/content/events/38-gender-matters-equality-and-inclusion-through-care-conference/>