



Carers Scotland welcomes the opportunity to respond to this consultation on a new future for social security in Scotland.

In preparing our submission we sought to reflect the views of carers across Scotland and have consulted with a wide range of carers, our members and affiliates, with the national carer organisations network and in the Carers Parliament. Throughout this response, we have included comments and quotes from carers (in italics).

About carers in Scotland

- There are 759,000 adults carers in Scotland - 17% of the adult population.
- There are an estimated 29,000 young carers in Scotland - 4% of the under 16 population.
- Every year over 160,000 take on a caring role
- 171,000 people care for 35 hours a week or more
- 132,000 people care for 50 hours a week or more.
- 59% of carers are female, 41% male.
- 3 in 5 of us will become carers at some point in our lives.
- Over 250,000 people juggle caring with holding down a job.
- The main carers' benefit is worth just £62.10 for a minimum of 35 hours.
- Almost half (44%) of carers are struggling to pay utility bills, 47% have been in debt and half are struggling to make ends meet, cutting back on food and heating as a result.
- 8 in 10 carers say their health is worse because of caring.
- By 2037 the number of carers in Scotland will have increased to around 1 million.
- Carers save the Scottish economy £10.3 billion - close to the cost of providing NHS services in Scotland.

About Carers Scotland

Carers Scotland is the Scottish nation office of Carers UK. We are a carer led organisation which works to make life better for carers. Working as part of Carers UK: we give expert advice, information and support; we connect carers so no-one has to care alone; we campaign together for lasting change; and we innovate to find new ways to reach and support carers.

CONSULTATION QUESTIONS

PART 1: A PRINCIPLED APPROACH

1. Fixing the principles in legislation

Q: Which way do you think principles should be embedded in the legislation?

A. As a 'Claimant Charter'?	X
B. Placing principles in legislation?	X
C. Some other way, please specify	Both

In our discussions, surveys and engagement events with carers, the largest proportion of respondents indicated that they felt the principles **must** be embedded in legislation. However,

just under a third felt that they should be embedded in a Charter only, many of whom went on to discuss the principles being embedded in both a charter and legislation. In our face to face discussions, more carers responded that they believed that the principles should be in both legislation and a charter.

We therefore believe that there is an inherent value in embedding the principles in **both** legislation and a charter, with the charter underpinning the principles in legislation. This would set out the Scottish Government’s approach to delivering the principles and people’s rights and expectations and provide more detail on how these will be delivered in practice.

Q: Should the Charter be drafted by:

A. An advisory group?	
B. A wider group of potential users and other groups or organisations?	
C. Both	X
D. Some other way, please specify	

We believe that the Charter should be drafted by an advisory group that includes those with experience of the social security system, including carers, along with organisations working with carers.

Q: We are considering whether or not to adopt the name, “Claimant Charter”. Can you think of another name that would suit this proposal better? If so, what other name would you choose?

In our discussions, surveys and engagement events with carers, the vast majority of respondents felt that the terminology “claimant” was both unwelcome and unhelpful; reflecting the current UK Government approach to “welfare” rather than the dignified, principled approach desired for social security in Scotland.

*“That sounds too much like existing DWP language.
This approach would ultimately be damaging”.*

*“I don’t like the name, as claimant would put people off.
Your rights in Scotland regarding social security might be broader.”*

Carers made a range of suggestions for alternative names including:

- carers charter
- people’s charter
- citizen social charter
- supporting people in need charter
- declaration of rights and entitlement.

Q: On whom would you place a duty to abide by the principle that claimants should be treated with dignity and respect? (please tick the option you prefer)

A. The Scottish Government	
B. The Scottish Ministers	X
C. The Chief Executive of the Social Security Agency	
D. Someone else, please specify	

In our discussions with carers, most suggested more than one option for this; reflecting that they believe this should be a shared responsibility amongst Government, Ministers and the Social Security Agency – and indeed any other body delivering any aspect of social security.

“Shared duty for everyone who gives out benefits: Scottish Government, councils etc. and on frontline staff.”

We believe that the duty must be wider than simply on the Scottish Government and its Ministers, although they should have the final duty to ensure that the duties are enforced. This is important to ensure that the meeting the principles of dignity and respect are everyone’s responsibility.

2. Outcomes and the user experience

Q: Are the outcomes (shown in the table on page 17 of the consultation) the right high level outcomes to develop and measure social security in Scotland?

Yes	X
No	

We agree that broadly these appear to be the right outcomes. However, most of the outcomes which are listed as longer term, should be included and measured from the outset. These are particularly relevant in measuring outcomes for people receiving benefits, improving the system, and in attitudes of people resident in Scotland. Whilst it may not be possible to, for example, deliver the relevant outcomes in the short term it will be possible to measure progress toward these. We recognise that it may be the Government’s intention to do this but this is not made clear within the consultation document.

Q: Are there any other outcomes that you think we should also include (and if so, why?)

We agree with the submission from Engender which states that advancing gender equality should explicitly be included as a longer-term outcome. As they state, “the UK Government’s approach has had a disastrous effect on women and women’s equality, with 86% of net savings raised through cuts to social security and tax credits coming from women’s income over the decade from 2010-20”. They state that this “demonstrates what can happen when robust gender mainstreaming does not form part of the policy process.”

We also suggest that consideration be given to including longer term outcomes of advancing equality for other groups, including disabled people and carers, should also be included. Whilst Engender has stated the significant impact of welfare reforms on women (many of whom are also unpaid carers), these reforms have also impacted severely on disabled people, with 29% of cuts

targeted to disabled people and 18% on those with the most severe disabilities¹. This sits alongside restricting criteria for eligibility for social care services and rising charges. These cuts also have a consequential impact on carers whose Carers Allowance is predicated on a qualifying benefit and whose caring role (and ability to sustain paid employment or education) is impacted by the availability of social care support.

Q: How can the Scottish social security system ensure all social security communications are designed with dignity and respect at their core?

We believe that the best way to ensure that this happens is to ensure that all communications are designed and developed in partnership with people who use social security and with relevant organisations.

Q: With whom should the Scottish Government consult, in order to ensure that the use of language for social security in Scotland is accessible and appropriate?

See above. Co-production from the outset is vital. This co-production and consultation should take place from the very outset and with as diverse an audience as possible to reflect the views of people from all groups in society.

Q: Are there any particular words or phrases that should not be used when delivering social security in Scotland?

Yes	X
No	

In our discussions and engagement events with carers, there were phrases that were disliked by many. These include claimant and user. As noted by Engender in their response (with whom Carers Scotland held a joint event for women carers) many felt that their contribution to society, which has an estimated value of £10.8 billion to Scotland's economy) is not recognised by the social security system.

It is worth noting at this point, that many carers and those they care for, felt stigmatised by the media and devalued by the narrative of "scroungers" and "skivers" versus "hard working families". They struggle to receive the support they need and often face assumptions that they are "at it" and they do not feel their contribution, and other contributions that are unpaid, are valued in the same way as paid employment.

"The amount is very little, being a carer is rarely recognised as the vital but time consuming role that it is."

In this respect, we echo the response from Engender and others that there is a disproportionate emphasis on fraud within the consultation. Even within our consultations with carers, many believed that the level of fraud was far higher than the tiny proportion of fraudulent claims. Whilst we recognise that a system must be in place to tackle fraud, the Scottish Government must ensure that its communications, systems and support reflect actual fraud rather than perceived fraud.

¹ <http://www.centreforwelfarereform.org/library/by-az/briefing-on-how-cuts-are-targeted.html>

“Often one feels that in applying for these benefits, the first assumption on the side of the administration is that you are “bogus”, a “malingerer” or being deceitful. While it is understandable that there is a duty on the administration to safeguard the taxpayers’ pound – over the past years, administration of these benefits has descended to the level of a draconian system.”

Q: What else could be done to enhance the user experience, when considering the following?

We believe there are a number of areas where the experience of people can be enhanced. Across all areas, access to appropriate advice and information and training for staff delivering the social security service are vital components. Equally, streamlining to enable people to receive all the devolved and passported benefits easily without multiple applications and have knowledge of other public and third sector support (and indeed private sector) are desirable elements to improving people’s experience. Furthermore, effective, timely communication in a way that is tailored to the individual can also assist. Carers particularly noted the need to simplify the process and of well trained staff and a named contact.

“A simpler way. Carers don’t have time for multiple calls and completing extremely long forms constantly. A designated person (one constant point of contact) to help instead of getting different information every time you contact the DWP from different advisors (better training required.”

1. When people first get in touch

A welcoming and encouraging approach where advisors are suitably trained and feel that they are helping someone to apply for something which is their right rather than being gatekeepers of resources. Clear information on how to apply, expected timescales, contacts for support to complete forms etc. as well as, at the point of an individual seeking support through the social security system, be encouraged to help people applying to access other benefits and link them to other types of related support.

2. When they are in the process of applying for a benefit

From our discussions with carers, particularly in applying for personal independence payment for the person they care for, timescales for completion of the form and return felt compressed in seeking advice and in gathering evidence from medical professionals. Realistic timescales are important to enable individuals to seek suitable advice and support to complete forms and it is important that a network of local advice agencies are available to support people through the process.

3. When a decision is made

Where a decision is made, which has a positive outcome for the individual, award letters should include information and relevant contacts (local where appropriate) to apply for passported benefits e.g. blue badge, CEA card, concessionary travel card, help with health costs, free school meals, help with energy costs etc. In an ideal system, connections should be made for the award to trigger these automatically where possible, without any further applications being required. In developing the social security system, the Scottish Government should investigate how such a system could be made possible.

Where a decision is made, which has a negative outcome for the individual, award letters should clearly include the reasons for the decision, along with clarity on where further information or

evidence could help in reconsidering this. It should information on how to appeal a decision along with details of an organisation locally which can provide representation and support to appeal.

In either circumstance, individuals should also be given details of other relevant local agencies to access other forms of support e.g. carers centres, condition specific organisations, social work departments etc. We recognise that this can be complicated but at a minimum, individuals should be provided with information on publicly funded sources of information such as Care Information Scotland and NHS Inform, Living it Up etc

4. When they are in receipt of a benefit

Communications should only be as required, for example, to provide updated letters of entitlement. Unnecessary communications are likely to cause unneeded anxiety, particularly where individuals are also claiming reserved benefits.

Q: What are your views on how the Scottish Government can ensure that a Scottish social security system is designed with users using a co-production and co-design approach?

To be effective, there must be an opportunity for diverse groups of those who may be likely to claim devolved benefits. Organisations representing and supporting, for example, carers can help support this process.

Q: We are considering whether or not to adopt the name “User Panels”. Can you think of another name that would better suit the groups of existing social security claimants which we will set up?

We welcome the proposal to set up these panels. From our discussions with carers, we would suggest an alternative name for these panels could be “Citizens Panels”.

3. Delivering social security in Scotland

Q: Should the social security agency administer all social security benefits in Scotland?

Yes	X
No	

From our discussions with carers, a clear majority of carers would prefer a social security agency to administer and deliver all benefits in Scotland. We do not support local administration or delivery of benefits, as this risks different standards of delivery and opens confusion where carers and the person they care for live in different areas. We continue to be concerned that any move to deliver social security locally will end with these benefits being brought into social care budgets, removing choice and control from individuals and leaving those without critical or substantial care needs without support (practical or financial).

“Would prefer to see a separate department and that there is a fair process throughout Scotland not reliant on council area.”

“Councils do not have the capacity to deliver social security benefits on this scale. Many carers do not trust them e.g. given their experiences of social care. There may be risk that some authorities would take benefits such as Attendance Allowance and suck this into social care – not recognising that such benefits can be preventative and allow people to buy support, equipment etc. which keep them out of more expensive, statutory services.”

Q: Should the social security agency in Scotland be responsible for providing benefits in cash only or offer a choice of goods and cash?

Yes	X
No	

Carers views on this were mixed. Whilst similar proportions were for and against, the majority felt that they could not make an informed comment without a clear idea of what might be provided and whether or not they would provide a clear benefit to carers and disabled people. For example, some carers felt that lower energy costs would benefit them whilst others noted that Carers Allowance was their only income and there may be other ways to negotiate lower energy costs without sacrificing income.

We advocate a cautious approach due to the potential for unintended consequences, including stigma.

We are concerned however that some examples used e.g. equipment and adaptations are used in the consultation. People on low incomes who have been financially assessed and are not required to pay a contribution for these services currently receive them for free. We are concerned that by offering the option to people to take equipment and adaptations as an alternative to cash, this will result in local authorities seeing this as an income source to offset the costs of services, particularly in the current challenging economic context.

The Motability scheme was seen as being a valuable service we feel that this should continue and be supported by the social security agency.

Q: How best can we harness digital services for social security delivery in Scotland?

There are opportunities to explore services such as secure online chat, online personal accounts and skype discussions with advisors. However, it is important to consider that many people cannot access or do not have access to such technology nor to reliable broadband connectivity because of rurality.

Q: Should social security in Scotland make some provision for face to face contact?

Yes	X
No	

Q: Who should deliver social security medical assessments for disability related benefits?

We are not convinced that there is a case for wide scale medical assessments for disability related benefits. We are not convinced that they add anything to the process and indeed cause untold stress to disabled people and carers. Where sufficient medical information exists in paper form, such as evidence from a GP or consultant, medical assessments should not be required.

We believe that with better information to people claiming benefits about what evidence is needed, an appropriate system for ensuring medical reports are provided and a network of advice and support, medical assessments are likely to be the exception rather than the rule.

Where medical assessments are required, they should not be carried out by profit making companies and should be carried out by a qualified health care professional. Whatever organisation is responsible for carrying out medical assessments should have a duty to ensure staff are well informed and well trained and that the systems and processes ensure claimants are treated with dignity and respect. Monitoring needs to be in place to ensure these standards are upheld. The organisation undertaking medical assessments should play an impartial role in the process and should not be incentivised to lower the number of successful claims.

“The NHS with properly trained doctors, nurses and consultant and they should show the proof to the claimant and anyone that’s with them that they are indeed qualified to assess them.”

Q: Should we, as much as possible, aim to deliver social security through already available public sector services and organisations?

Q: Should any aspect of social security be delivered by others such as the 3rd sector, not for profit organisations, social enterprises or the private sector?

Yes	X
No	X

Yes and no. Carers were in favour of a single Scottish Social Security Agency delivering all social security benefits. However, most were clear that there was a role for other public sector services and organisations – and the third sector – including in the provision of advice and support to complete forms, representation, advocacy etc.

4. Equality and low income

Q: How can the Scottish Government improve its partial EqIA so as to produce a full EqIA to support the Bill?

It is vital that the full EQIA considers how policies will impact on carers and disabled people across all policy areas within the Scottish Government. In addition to those listed, we would include for example (this list is not exhaustive):

- the specific requirements of childcare for parents with a child(ren) with disabilities
- consideration of how employability and returners' programmes could support carers back into paid work following a career break to provide care
- rurality and the issues of providing and receiving services and support for carers and disabled people living in rural and remote areas
- availability of appropriate services and support to BME communities
- links between the availability and delivery of social care services, in and for all communities, and the ability of both carers and disabled people to sustain or return to paid employment or into education. This include, understanding and addressing the cost and availability of transport to and from services and support and the costs of public transport for carers who are unable to benefit from concessionary travel schemes.
- social care charging and how this may contribute towards increased financial disadvantage for people with disability and their carers.
- ongoing assessment of the impact of welfare reform at UK level and how this will continue to affect carers and their families.

We would also welcome a focus on the specific financial barriers faced by carers and what actions could be taken to reduce the poverty that many carers experience. Carers with the highest intensity of caring (of all ages, including young carers) care are almost twice as likely to live in the most deprived areas.² Scotland's 2011 Census shows that children who live with a lone parent are much more likely to be a carer (6.6% are carers) than a child who lives with two parents (2.5% are carers).

Research by Carers UK³ as part of a 12 month inquiry found alarming levels of hardship amongst carers with large number of carers accumulating unmanageable debt as they struggle to cope with loss of income, savings and benefits alongside rising everyday food, fuel and care related bills.

Key evidence included:

- Almost half (47%) are in debt as a result of caring. 1 in 6 carers in debt over £10,000
- A fifth relying on overdraft or credit card to make ends meet
- 1 in 3 over £20,000 worse off as a result of caring
- Almost half cutting back on essentials like food and heating
- 59% of carers are in fuel poverty
- Savings of 1 in 10 carers totally drained by basic bills and everyday living costs
- 170,112 people in Scotland had given up work to care at some point. Half of working-age carers in a household with no-one in paid work

² Scotland's Carers, Scottish Government

³ Caring and Family Finances, Carers UK and Carers Scotland

5. Independent advice and scrutiny

Q: Do you think that there is a need for an independent body to be set up to scrutinise Scottish social security arrangements?

Yes	X
No	

The vast majority of carers in our engagement sessions and who were surveyed agreed that independent scrutiny was important.

Independent scrutiny of the new system would support the ability of the Scottish Government to achieve its intended outcomes and will enhance transparency and accountability. Those involved should be appropriately trained.

*“People need to see that there is some kind of accountability.
An independent body would go some way to hopefully ensure fairness in the system and transparency for the public.”*

“I think because we are setting up an entirely new system there is potential that problems will occur during the transitional phase and it’s important that people are protected from the bureaucratic mistakes that have turned the UK system into a farce.

We need to ensure that what we say we are creating is what is delivered and that there isn’t a gap between the theory and the practise.”

Q: If you agree, does the body need to be established in law or would administrative establishment by the Scottish government of the day be sufficient?

Yes	X
No	

We support the position of Citizens Advice Scotland that establishing the role of the bodies in statute would guarantee their independence from government, allowing them to bring constructive criticism and challenge if needs be.

Q: If yes, what practical arrangements should be made for the independent body (for example, the law could state how appointments to it are made and the length of time an individual may serve as a member of the body)?

We have few specific recommendations on this process but independent bodies should include people or representative organisations are included - for example, carers and carers’ organisations and disabled people and disabled people’s organisations.

Q: Should there be a statutory body to oversee Scottish social security decision making standards?

Yes	X
No	

Q: If yes, should this be a separate body in its own right?

Yes	X
No	

We support the position laid out by Citizens Advice Scotland that “the Scottish Government introduce a new statutory body which is independent of the Scottish Government and the Scottish Social Security Agency, responsible for independent scrutiny of decision making and standards. The body should be required to publicly publish any recommendations made, and the Scottish Government or the Scottish Social Security Agency should be required to publicly respond to the recommendations regarding improvements that are to be made.”

Q: Do you have any other views about the independent scrutiny of social security arrangements in Scotland (e.g. alternative approaches)?

No

PART 2: THE DEVOLVED BENEFITS

6. Disability Benefits (Disability Living Allowance, Personal Independence Payment, Attendance Allowance, Severed Disablement Allowance and Industrial Injuries Disablement Benefit)

Q What is right with DLA, PIP and AA

The principle that DLA, PIP and AA are available to everyone, regardless of their income is very important to disabled people. It is essential for offsetting Disability Related Expenditure and promoting Independent Living. It is positive that these benefits can be used flexibly by claimants. For example, for additional transport needs, or additional fuel costs.

With DLA, the three levels of care component mean that there is the ability to provide a payment to people with varying health and social care needs in a more preventative manner.

People at our consultation events also said that the process for applying for DLA and AA was much simpler than PIP and based more on evidence provided by the claimant and other supporting evidence from medical professionals etc.

For those who responded to our survey, they said the following aspects of disability benefits were welcomed

You can collect them at a local post office.

The rates are acceptable to maintain a good standard of living

My mum is unable to work due to health issues so we need her PIP to not only survive but exist

Not means tested and a regular amount. Helps with the day to day costs of disability.

*It's positive that they exist because the costs associated with disability are so high.
It's good that they are not means tested. It's good that they are not condition specific.
Levels of payment are good.*

*Allow us independence to decide what is important to us
I am grateful that we are entitled to this as it is extremely helpful*

Q What is wrong with DLA, PIP and AA?

The forms are long and overly-complicated and are more suited to people with a physical disability. Those who require help to stay safe, such as people with a learning disability or dementia find it harder to fill them in and those with fluctuating conditions, such as some mental illnesses also struggle to explain how their condition affects them within the constraints of the application process.

“Sometimes families cannot present evidence due to nature of disability for example Autism/Asperger’s and some mental health conditions who do not attend appointments or engage with health professionals or attend school etc.

thus making it hard for carers to provide evidence”

This results in many people having to use the services of a welfare rights officer to complete forms. If they were simpler and more transparent more people could fill them in themselves.

There is also a lack of consistency with awards. This may be partly due to people's ability to fill in the forms, or inconsistencies within the decision making process.

The application and assessment process for both DLA and PIP can be very disempowering and upsetting for claimants as it focuses on what they can't do and they are penalised for what they can do. The focus needs to be an asset based approach, where the questions focus on what support people require to live a full and independent life.

Bureaucratic, a heartless system at times which leaves onus on claimants to prove how disabled they are

Feeling as though you are worthless. It is very depressing completing the forms as on a daily basis we tend to focus on what is positive and try to have a positive experience but when completing the forms it brings home how far removed from 'normality' we can be and how difficult life is for someone with a disability. Every day is different and the forms and system don't allow for good days.

People also expressed the view that re-assessing someone where it is clearly established, through the evidence they have submitted, that their condition will not improve causes anxiety, is time-consuming and a waste of resources

Sanctions were discussed in one meeting with participants commenting

'Sanctions need to stop – there can be no justification for a state to withdraw total financial support to an individual when they claim they are a caring nation – reduce income if they suspect some form of action is needed to make a claimant repay, but never is it justified to sanction someone'

Introduction of PIP

Since the introduction of PIP many carers have reported that the assessment process and uncertainty around it have caused great stress to disabled people and their carers.

The forms are very long and complex and require a high level of evidence and detail to be provided by the claimant

“The application process is lengthy and soul-destroying for the depressed person I care for. I don't personally know anybody who was given personal independence payment until after they were refused it and contested the decision. It seems that this is the policy for awarding PIP”

It almost appears to be deliberately confusing or misleading in some places, meaning that people are not providing the 'correct' answers despite clearly having the health and care needs which should result in a successful claim.

Carers at an event in Edinburgh expressed their frustration at the process of moving from DLA to PIP. In their experience the person they care for has been on DLA for many years but when an

application went in for PIP they were awarded no points. These were vulnerable people who do not fit into boxes. The feeling was the decision was based on an inflexible points system, rather than the real impact of the person's disability.

The assessment for PIP was felt to be an unfair and flawed process. Many people have expressed the opinion that assessors do not have sufficient knowledge of the different medical conditions they are assessing and there is a lack of training and objectivity. This is particularly the case for people with a mental illness or a learning disability.

'The assessments aren't designed for the people they are assessing.

My son was asked to stand on one leg. He has a learning disability and has not got a problem standing on one leg. That is not how his condition affects him'

Furthermore, medical evidence is not taken into account in the way it should be and since claimants often have to pay to receive a letter from medical professionals, this information is often missing.

A group of carers in Edinburgh felt that the PIP form was not suitable for many conditions. They suggested there could be two separate application forms. One for physical needs and the other for people with capacity issues or mental health needs. Or alternatively different sections in the form itself that one can apply to.

Some carers felt that there should still be a three tier eligibility for the care component for PIP, so there would be another rate paid for those with moderate needs, as opposed to the standard and enhanced rates that exist at the moment.

Q Is there any particular change that could be made to these disability benefits that would significantly improve equality?

Disabled people are afforded protection from discrimination and abrogation of fundamental rights under both domestic and European Law including the Human Rights Act (1998), the Equality Act (2010), the Convention on the Rights of Persons with Disabilities (2006) and the International Covenant on Economic, Social and Cultural Rights (1966). However, despite this framework, it is disappointing to see that disabled people continue to experience exclusion from all walks of life. For example, evidence compiled and presented within the recently published 'Is Scotland Fairer' Report by the Equality and Human Rights Commission (2016) notes that disabled people have an employment rate that is half that of non-disabled people, experience a higher rate of poverty and have lower participation rates in Government funded schemes such as Modern Apprenticeships.

For individuals with more than one protected characteristic, for example, a Black and Minority Ethnic disabled person, it is reasonable to assume that exclusion rates will be higher due to the dual nature of the protected characteristics.

"Treat every person regardless of gender, age, disability, creed, religion etc. as a human being and not a number or names that appear on a computer database"

The ability to participate in the economic, social and cultural life of a community is influenced by income levels. For individuals who rely solely on welfare benefits or whose household income is comprised primarily of welfare benefits, it is imperative that these benefits are paid at a level

sufficient enough to realise the rights afforded by the International Covenant. We welcome the Government's commitment to raising disability benefits annually by at least the rate of inflation but would argue that if benefits simply keep pace with inflation, then individuals will be no better off. The current practice of including disability related benefits as 'income' to be taken into account as part of a financial assessment by some local authorities is detrimental to the autonomy of the disabled person. We would strongly advocate that disability related benefits should be considered as 'personal finances' to be spent at the discretion of the individual. To do otherwise is to constrain the choices that an individual can make.

We believe that an opportunity has presented itself with the creation of the new Scottish Social Security Agency to embed human rights principles at the outset and to create a welfare benefits system that is enabling rather than punitive.

Q How should the new Scottish social security system operate in terms of the eligibility criteria set for the benefit? / Do you think that the impact of a person's impairment or disability is the best way to determine entitlement to the benefits?

83% of respondents to our survey agreed that it should be based upon the impact of a person's disability 17% did not agree.

We believe the focus should be on the impact of the condition or disability on the individual and on what support and assets they are able to draw on to live independently. Since these benefits are designed to promote independent living and compensate for disability related expenditure, the emphasis should be on what people can do with support, rather on what they can't do.

Should cover how much support is needed depending on the persons needs to live as inclusive a life as possible. Some people need lots of support but are able to walk etc. `

*Mental ability, physical ability, social problems, communication problems –
all aspects of their lives should be looked at as it affects not just the
person who is ill but their whole family*

The criteria based on need, not on ability to work

The eligibility criteria should be clearly set out so that the application process can be as transparent and as straightforward as possible.

There should be a framework for decision making, but this should not rely on a rigid points system, as it does not allow enough flexibility for personal circumstances.

Eligibility criteria should be co-produced by people with disabilities, their carers, medical professionals and other key stakeholders. More consideration needs to be given to how to set criteria for conditions which fluctuate and conditions such as mental illness, learning disability and dementia, where the person may be physically able but require support to keep them safe, remain independent and to engage in activities of their choice

Q How should the new Scottish social security system operate in terms the provision of entitlements and awards (at present cash payments and the option of the Motability Scheme)

We agree with the continuation of the Motability scheme which has helped many people remain independent. We believe that a cautious approach should be taken in relation to alternatives to cash payments.

Q How should the new Scottish social security system operate in terms of the review and appeal process where a person isn't content with the outcome?

This process should be clear, transparent and as speedy as possible. People should be able to get help through this process and advocacy provision should be available where required.

At the moment the review and appeal process can be very stressful. One carer commented:

'It is nerve racking. You are faced by a panel of so called experts that make a judgement on something they have read and the questions and answers you provide when they don't actually know the person'

Q Do you think that timescales should be set for applications, assessments and decision-making?

Yes, applying for benefits causes anxiety and often means economic uncertainty for people and concerns about paying the bills.

For disabled people transferring to PIP the process has often been extremely stressful and both disabled people and their carers have reported that it has impacted on their health and wellbeing.

However, timescales also need to take into account the time needed to gather evidence from different sources, fill in lengthy forms and often wait for an appointment with an advice agency to assist with the process. We believe some of this should be addressed by requiring medical professionals, such as GPs to provide evidence and by ensuring welfare rights services are working to full capacity and are able to meet local needs.

Q What evidence and information, if any, should be required to support an application for a Scottish benefit?

Primarily the information to support a person's claim should come from them and those who know them best. In cases where the claimant lacks capacity to make decisions themselves, or is unable to fully articulate their needs, it is important that their carer or welfare guardian is involved in the application process.

Carers who responded to the NCO survey suggested the best source of information was:

- From people who know the individual best
- A mixture of information from the person, carer and any professionals involved

People's health and social care needs vary, even when they have the same condition. Therefore, there may be a variety of people who would be in a position to provide evidence to support their

claim. This may include, amongst others, health professionals, social care professionals and people working in education. The claimant, or carer acting on their behalf, should be able to indicate who they think would be the most appropriate person or people to provide evidence. For example, for some people they may choose to ask their GP to provide evidence, for others they may view their GP as not being knowledgeable enough about their condition and they may prefer evidence to be provided by a consultant or other health professional.

We do not believe that people should have to pay for the evidence they require to support an application. The government should consider including this as a requirement of the GP Contract. The task of submitting evidence could be supported by other staff within the G.P practice.

Q Who should be responsible for requesting this information and who should be responsible for providing it?

The process would be much simpler if the person indicated who the most appropriate person was to provide evidence and then the social security agency was able to directly request information from that person, such as the applicants G.P.

To allow for flexibility the claimant should also be entitled to submit additional evidence to support their application. For example, this could be from a specialist explaining the impact of their condition

Q Should the individual be asked to give their consent (Note: consent must be freely given, specific and informed) to allow access to their personal information, including medical records, in the interests of simplifying and speeding up the application process and/or reducing the need for appeals due to lack of evidence?

We agree to this approach, provided the information is only accessed by appropriate agency and this is done so in a secure way. In addition, people should not be penalised if they decide not to give permission. 72% of respondents to our survey agreed with this approach, 28% did not

“All medical information should remain private between you and your doctor which used to be the case”

“Only with explicit permission given by claimant or claimant’s appointee”

Q If the individual has given their permission, should a Scottish social security agency be able to request information on their behalf?

Yes, but they should not be penalised if they decide not to give permission.

Q What do you think are the advantages and disadvantages of automatic entitlement?

We support the position of an automatic entitlement to disability benefits for some people. 89% of respondents to our survey agreed with this position.

Evidence of certain conditions, provided by medical professionals, should be sufficient in cases where it is clear that the diagnosis will have a significant impact on someone

“This would need to be decided by experts”.

“Long term progressive conditions when they are deemed by health professionals to be at a point of eligibility i.e. struggling to manage/cope with daily living tasks, when quality of life is significantly impacted upon.”

We understand that this is a complex area which will require careful consideration by medical professionals, working jointly with disabled people, carers and other stakeholders in deciding what conditions should be included in this category.

This information may need to be reviewed over time to make sure it is fair and consistent, to include more rare conditions and to take into account any medical advances.

Q What would the advantages and disadvantages of a single, whole-of-life benefit be?

We did not discuss this widely at our events, but those people who did express an opinion thought it was worth exploring further and would get around what they saw as age-discrimination in the absence of the mobility component for Attendance Allowance.

Q For those people that may require a face-to-face assessment, who do you think should deliver the assessments and how? For example, private organisation, not-for-profit organisation, public sector body or professional from health or social care.

Social Security Medical assessments should not be carried out by profit making companies and should be carried out by a qualified health care professional.

Where sufficient medical information exists in paper form, such as evidence from a GP or consultant, medical assessments should not be required.

Whatever organisation is responsible for carrying out medical assessments should have a duty to ensure staff are well informed and well trained and that the systems and processes ensure claimants are treated with dignity and respect. Monitoring needs to be in place to ensure these standards are upheld.

The organisation undertaking medical assessments should play an impartial role in the process and should not be incentivised to lower the number of successful claims.

Respondents to our survey suggested:

“Actual doctors or nurses, not untrained staff who have little comprehension of what living with a disability is like.”

“The claimant’s own doctor”

“ Person’s GP – they know them best.” (this was mentioned by several respondents)

“Independent medical assessor, trained in disability assessment.”

Q What are the advantages and disadvantages of different types of assessments e.g. paper based, face to face, telephone?

We approach the idea of continued face to face medical assessments with caution. We believe

that wherever possible assessments should be paper based and decisions should be made using the best evidence available. In most cases this will be information from the claimant and the people who know them best, such as their carer. This should be further supported by evidence from those involved in their care, both health care professionals and those supporting their social care needs.

Fraud cases in relation to disability benefits are very low (less than 1%) and provided decisions are based on evidence there is no reason to believe that fraud will increase with a paper based system.

The current assumption that an assessor who does not know the person and does not necessarily have a good knowledge of their condition will produce more reliable evidence than those who have supported them over many years is flawed. The fact that over 60% of appeals following this process are successful is a clear indication that the system needs to be reformed.

Many people with conditions such as autism are uncomfortable with face to face or telephone contact. In these circumstances it should be avoided where possible to minimise stress to the individual

However, in some cases face-to-face may still be the most appropriate method for assessment.

We suggest that as this is a complex area, that guidelines are co-produced with disabled people and carers.

How could the existing assessment process be improved?

95% of respondents to our survey said they thought the assessment process could be improved. Respondents to our survey suggested several ways in which the assessment process could be improved.

Better education and knowledge base for assessors. No political agenda for those assessing and awarding.

Not be done by outside companies

Assessors should need to have a minimum qualification with decision makers required to have a higher level both of which should have a minimum medical knowledge

Reduce the horrendous form filling. Ban professionals from charging vulnerable people when producing reports for ATOS/DLA

The questions are based on a person who has a finite physical disability and no psychological disability. Perhaps you should have separate sections for physical/psychological

However, this should be undertaken by someone with medical qualifications or suitable expertise and training. Carers were very clear that this should not be undertaken by a private company.

The assessment needs to be designed to minimise stress to the claimant and uphold the principles of dignity and respect

When asked, carers were generally of the view that a face-to-face assessment was generally not necessary and should only be used when required.

They felt that where information on a person's condition or medical diagnosis clearly indicated that they were eligible and met the criteria, then this should be sufficient. However not all cases are as straightforward and they felt that an assessment may be required in some cases.

If the individual's condition or circumstances are unlikely to change, should they have to be re-assessed?

No, this causes stress and anxiety to the individual and additional cost to the system.

83% of respondents to our survey thought that in these circumstances the person should not have to be re-assessed.

If you have medical opinion that condition will not change then everyone's time is wasted by a reassessment. Long term awards give the vulnerable families some stability.

The claimant should be able to request an invitation for a re-assessment where their condition has become worse and they may be entitled to a higher rate of benefit. But where it is clear their condition will not improve they should not be required to undergo re-assessment

What evidence do you think would be required to determine that a person's condition is not likely to change? Who should provide this evidence?

Most of the respondents who answered this question in our survey suggested that medical professionals would be the most appropriate people.

GP and/or consultant of person applying

We agree that in most cases the most appropriate evidence would be medical evidence of the person's diagnosis and prognosis. However in some situations evidence of social care needs may also be appropriate.

Any future guidelines should be co-produced with disabled people and their carers.

Do you think people should be offered the choice of spending some of their benefit for alternative support, such as reduced energy tariffs or adaptations to their homes? / Should the new Scottish social security system continue to include the use of mobility allowance to lease cars, wheelchairs or scooters?

We recognise that the Motability scheme has been very successful and has promoted independence for many disabled people. We believe this should continue.

In relation to extending this to other alternatives, we are not opposed to this idea in principle, but believe that it requires a cautious approach due to the potential for unintended consequences which have been identified by our members.

The government has indicated that this would be an opt-in choice for people and we agree that this principle is essential.

We also agree that cheaper fuel tariffs would be an attractive proposition to many people and the government has the ability to negotiate this with energy companies. There may also be other areas where savings could be achieved and passed on to benefit recipients, such as phone and broadband.

However, we are concerned that the example of equipment and adaptations was used in the consultation. People on a low income who have been financially assessed and are not required to pay a contribution for these services currently receive them for free. In addition, many local authorities do not currently charge for small pieces of equipment and services such as personal alarms.

We are concerned that by offering the option for people to take equipment and adaptations as an alternative to cash, this will result in local authorities seeing this as an income source to offset the costs of services, particularly in the current challenging economic context.

This may then create the situation where there is a discrepancy between people who agree to exchange their benefit for this service and those who do not, with the likely outcome that those who pay will receive a service more quickly, even if other people's needs are greater.

What kind of additional support should be available for people who need more help with their application and during assessment?

To begin with the person should have access to Information and Advice in their local area, including face-to-face if preferred. This should provide clear information on the criteria, requirements to claim and support to make a claim if required.

The process should be fair and as clear, simple and transparent as possible. Questions should not be closed and should allow the claimant to easily explain their circumstances.

They should have information on what decision has been reached and why and how to appeal if required.

Carers at many of our events said they really valued the support they received from advice workers at their local carer centre who were able to provide advice on social security benefits and assistance with form filling.

The support that Shirley provides is really excellent. What we really need is 4 more Shirley's

How could disability benefits work more effectively with other services at national and local level assuming that legislation allows for this e.g. with health and social care, professionals supporting families with a disabled child?

When looking at the overall system, where DLA, PIP or AA are included as part of a person's income within a financial assessment for social care, this removes the freedom for them to decide what to use the payment for. Meaning the advantages of receiving the benefit can be undercut by the charges placed against social care support.

We believe there is a danger that that disability benefits and social care funding could be viewed as the same pot of money, or interchangeable. We believe this would be a dangerous development and detrimental to disabled people. A person's benefits must be viewed as personal income and people must have the autonomy to decide how to manage their own personal finances. Disability benefits help to offset the costs of disability and should be viewed as part of the person's personal finances. We believe it is unjust that some local authorities require disabled people to use these benefits to subsidise the cost of social care, which is generally only provided for a limited amount of time. This often leaves disabled people without adequate funds to lead an active life at other times.

This also impacts on other family members and we have evidence which show that carers often subsidise the activities of family members, such as their disabled adult children, despite being on a low income themselves.

We believe that the funding of social care needs to be looked at separately, as it is currently inadequate and does not meet existing needs. At the moment disabled people and carers are affected both by low income and a shortfall in available social care and until both these issues are addresses, they will continue to have an impact on people's health, wellbeing and quality of life.

Q: If DLA and PIP help meet the additional costs of disability, what is the role of Industrial Injuries Disablement Benefit (IIDB) and its supplementary allowances (Constant Attendance Allowance, Reduced Earnings Allowance etc.) in the benefits system?

We have no specific comments on this issue.

Q: In addition to the issues set out at page 47 of the consultation, please tell us:

What is right with the IIDB scheme?

We have no specific comments on this issue.

What is wrong with the IIDB scheme?

We have no specific comments on this issue.

Q: Should different approaches be taken for people with life limiting conditions compared to people with less severe conditions?

We have no specific comments on this issue.

Q: Are there situations where a one off lump sum payment would be more appropriate than a regular weekly IIDB benefit payment?

We have no specific comments on this issue.

Q: Should the Scottish Government seek to work with the UK Government to reform the IIDB scheme?

We have no specific comments on this issue.

Q: Do you agree with the Scottish Governments approach to Severe Disablement Allowance?

We have no specific comments on this issue.

7. Carers Allowance

Q. Do you agree with the Scottish Government’s overall approach to developing a Scottish carers’ benefit?

Yes. We are pleased that the Scottish Government will increase the amount of money paid to carers eligible for the current Carers Allowance (although the policy limitations of this are noted below) and that a Scottish Carers benefit will remain non-means-tested and linked with a wider strategy to support carers. However, we believe that there are several proposals currently being considered for long term change that could be implemented in the short term, which would fit in with this approach.

Whilst we welcome any increase in the amount of Carers Allowance paid, it is not always useful to compare Carers Allowance with Jobseekers Allowance and seek an equivalency. Jobseekers Allowance, or equivalent benefits paid to those seeking work, is intended to be a temporary payment that is provided until income is secured through paid employment. Carers Allowance may also be a temporary payment for some situations, but there are thousands of carers who will need to receive the benefit on a long term basis because their caring roles are also long term and are too intensive to allow them to seek paid employment alongside. Carers with long term caring roles are very likely to be living in poverty, and it is important that those who are unable to work because they are caring are provided with adequate income.

In the short term, we agree with Child Poverty Action Group that this additional amount of Carers Allowance is not taken into account when the DWP is calculating an individual’s eligibility for reserved means-tested benefits such as income support.

“Struggling to be able to afford the small things in life alongside giving your all in a caring role is not a nice place to be in, particularly with a fixed income, having to struggle...is tough on mental health.” (Carer, NCO survey)

Q. Young Carers Allowance

Young carers are trying to prosper as individuals and should have every chance to grow up healthy and happy. But they are not always able to take part in social and leisure activities due to caring responsibilities. Carers Trust research has found that young and young carers experience higher levels of isolation and bullying than their peers, which can be detrimental to their mental and physical health and wellbeing⁴.

⁴ Carers Trust (2013) Young adult carers at school: experiences and perceptions of caring and education.

The majority of carers who we consulted with⁵ agreed with the introduction of a young carers' allowance, as this could help bridge the gap so that young carers have fairer life chances and opportunities to fulfil their potential to the same level as those who are not carers. However, as young carers should be children first and foremost, and must not be financially incentivised to provide care, there are certain ethical and practical difficulties in providing cash payments to young carers, especially those under the age of 18. The consultation is not clear as to what age a young carer would become eligible for this allowance. Young carers below the age of 16 would be better supported through access to young carer services, breaks from caring, and alleviation of practical aspects of the caring role; a young carers allowance must not be a substitute for this kind of support. Whilst a premium top-up to Educational Maintenance Allowance for young carers would alleviate some of these practical and ethical issues with financially supporting young carers, as most young carers are balancing full time education along with their caring responsibilities, there may be unintended consequences to this method of delivery and it would need to be further researched.

However, cash benefits could promote and encourage young carers to stay in education, rather than seeking employment at the expense of their education in order to provide additional household income. Top-up grants could be aligned to Education Maintenance Allowance for 16 to 19 year old carers who are currently in receipt of this. We welcome recent guidance from the Scottish Government that local authorities should recognise young carers as being vulnerable and entitled to additional flexibility around entitlement and when considering attendance based sanctions. However, any top-up grant to support the young person in their caring role must be exempt from any attendance based sanctioning if progressed. Evidence of eligibility (such as a letter from a young carer support service, GP or similar) would provide exemption from sanction.

The creation of a student carer specific bursary could also be an option, which could be administered through the Student Awards Agency for Scotland (SAAS). Criteria could be developed and eligible student carers could receive this bursary through the current process for other SAAS grants and bursaries. This could provide student carers with the further financial support that many require to continue and prosper within their further and higher education studies. Another option specific for student carers is for changes could be made to the current Carers Allowance model which would allow student carers to study full time and still be able to claim what is currently Carers Allowance. Our research highlights that many student carers are undertaking full time study and spending more than 35 hours per week undertaking caring responsibilities, but under the current criteria they are not eligible for Carers Allowance. Removing this rule would allow carers to gain qualifications alongside caring without financial penalty.

Q. Non-cash benefits for young carers

Non-cash support for young carers such as further respite provision and improved investment in support services would be welcomed. Other non-cash options for consideration could be free travel on public transport, which would support access to employment and education and alleviate the financial burden. Criteria could be developed to support the eligibility for these options. This could be dovetailed with the current Young Scot National Entitlement Card which is provided to all young people; a national symbol for young carers could be created and added to the card which would indicate eligibility for free travel. This card could in time become a national

⁵ Opinions were sought from adult carers who were parents or guardians of young carers, as well as directly from young carers.

identification card which can be used in education, employment, and health and social care settings – such as pharmacies - to evidence young carer status. Separate identification cards have been trialled in some NHS Health Board areas, but with local implementation, leading to significant variation in uptake and lack of cross-area recognition. We believe national implementation of a young carer identification card, which gave access to free public transport and potentially other non-cash benefits, would provide financial help to young carers and improve national identification and recognition also.

Excluding the SAAS example above, we think that most assessments for a specific cash or non-cash benefit for young carers could be paired with the forthcoming Carers (Scotland) Act 2016 implementation of the Young Carers Statement; resulting in one single assessment of a young carer's need. This would avoid multiple assessments and time spent by young carers undertaking these assessments. This would also require less service burden – as instead of multiple teams carrying out different assessments, delivery teams could be trained to undertake both aspects. This model could be save on development, staffing, administrative and processing time and would allow a more holistic approach to carer support, maximising the opportunity to deliver positive outcomes. Evidence for eligibility for a young carer benefit would need to be flexible, as not all young carers will have a Young Carer Statement or support plan.

Q. Young carers and employment

Many young people work part-time while successfully continuing their education, but this is often not possible for carers due to their caring responsibilities. Many young carers live in low income households, where there is very little free money beyond essentials. This situation can often lead to pressure for young carers to enter employment as soon as possible to help support the household income. Some young carers are sacrificing their education and their future and not fulfilling their true potential to enter full time employment to financially support the family home. Due to the nature of caring, the employment opportunities available to young carers are often low-paid and unstable (such as zero-hours contracts). Some young carers do try and juggle their caring role, and education with employment, but research highlights that this can be detrimental to their mental health and wellbeing as well as their education. Carers Trust research has found that young adult carers are four times more likely to drop out of college or university than students who are not carers⁶. Therefore many young carers are not able to fulfil their potential in education or in employment.

We believe that young carers moving into employment should be given an enhanced payment under the Job Grant. Recognition of the extra barriers and poverty faced by young carers and young adult carers could be achieved by extending the enhanced £250 payment (for those with children) to those with unpaid caring responsibilities also. A caring role may be the reason why a young person has struggled to find employment, and caring may continue after they have entered the workforce, with associated additional costs. Access to the enhanced Job Grant acknowledges that households where someone has an illness, disability or long-term condition are frequently on very low incomes and may be restricted as to the type of paid employment they can seek or maintain. Young carers who manage to secure suitable employment alongside or after a caring role must be supported adequately.

⁶ Carers Trust Scotland (2015) Time to be heard: Bridging the gap – young adult carers in Scotland.

Q. How can we improve the user experience for the carer (e.g. the application and assessment process for carers' benefit?)

Many carers we consulted with thought that the current user experience was good. This is mostly due to eligibility for Carers Allowance being directly connected to the cared-for person's receipt of a disability benefit, meaning evidence of carer eligibility is easy to access. However, some carers also felt that the strictness and complexity of the current eligibility was quite disconnected from the realities of an actual caring role, and there was no recognition in the assessment process for people with very intensive caring roles of well over 35 hours per week.

"Ensure that the rules are not ambiguous and are precise in their definitions"

Assessment processes for a Scottish carers' benefit will need to be flexible, particularly if the rules and eligibility for carers' benefits are changed. Removing the link between Carers Allowance and disability benefits will require evidence of eligibility for a carer benefit, which could be connected to the Adult Carer Support Plan or Young Carer Statement, or based on other evidence.

If carer benefits are embedded in the Scottish Government's wider strategy for supporting carers as part of the Carers (Scotland) Act, it is important that carers who are not eligible for support or who do not access preventative services are not left out of the process. All carers we consulted with were keen for the process to remain simple, with easy to follow forms to complete and clear points of contact. Many people were in favour of a casework-style approach, with a designated point of contact for an individual as soon as they were in the system.

"Carers don't have time for multiple calls and completing extremely long forms constantly."

It is, of course, vital that as a new carers' benefit is developed, that the commitment to dignity, respect and fairness is maintained.

Q. Should the Scottish Government offer the choice of exchanging some (or all) of a cash benefit for alternative support (e.g. reduced energy tariffs?) What alternative support should be considered?

Carers' views on this are mixed. Overall, carers feel that this might be a good idea provided it is always voluntary and a genuine choice, does not disadvantage people, and does not reduce access to other benefits. Fuel poverty is a concern of many carers and efforts to reduce this are welcomed, but more detail is needed as to how this would work in practice. There is a risk of over-complicating the application process, which may ultimately be detrimental and at odds with the Scottish Government's desired approach of a social security system that is easy to access and understand.

"Unpaid carers require extra cash to try and cover everyday expenses. Let [the carers] decide what they wish to do with the increase in Carers Allowance. It is not a large amount anyway."

Carers Scotland believe that as Carers Allowance is not a large amount of money and may contribute a significant proportion of a household's income, (and may be the only income an individual has), providing the opportunity for the payment to be reduced, even as a genuine choice, may be unfair.

Q. How can we achieve a better alignment between a future Scottish carer benefit and other devolved services?

Contact with health and social care services must be well integrated with the social security system, as these services can provide evidence of eligibility for support.

Employment support must recognise the specific employment needs of carers – flexibility, the need for carer leave, and any interaction between paid employment and social security (such as an earnings threshold)

An individual's request for the process to determine eligibility for carer benefits or carer support should trigger proactive engagement from other agencies, e.g. local authorities or the new social security agency.

Q. Do you agree with our proposed long term plans for developing a Scottish carers' benefit?

Yes. The restrictions on eligibility for the current carer benefit mean that many carers are not able to access it despite being financially disadvantaged due to their caring responsibilities, or are discouraged from pursuing paid employment or studying alongside a caring role. Additionally, the rules around starting and stopping Carers Allowance do not fit well with the realities of many caring situations, such as the cared-for person spending time in hospital, or the almost immediate cessation of Carers Allowance following the death of the cared-for person with no appropriate transitional support.

There are several options that must be explored for a new Scottish carers' benefit. We would urge the Scottish Government to consider these options in the short term rather than long term.

- Removing the connection between Carers Allowance and qualifying disability or ill health benefits would be beneficial for many carers who are looking after someone who does not qualify for the benefits but still needs to be looked after. For example, many carers spend significant amounts of time looking after frail older people who do not qualify for Attendance Allowance because they are not technically in severe ill health, but struggle with practical household tasks or have limited mobility. Because these types of caring roles often involve very practical caring tasks (such as helping the person to clean, cook, shop, or attend services such as hospital appointments) the impact on the carer's life can be substantial and can limit their ability to remain in paid employment.
- Removal of the earnings limit for Carers Allowance, as the current threshold is not very flexible and can prevent carers from seeking work alongside their caring role. The current cliff-edge approach, with no taper, means that even very part-time flexible work can be detrimental to carers, as there is absolutely no flexibility and earning even £1 over the threshold will cause the loss of Carers Allowance. The lack of appropriate uprating following increases in National Minimum Wage and the Living Wage can also cause working carers to lose their Carers Allowance suddenly. Whilst a tapered threshold may be more complex to implement, it will allow carers greater flexibility to pursue paid employment, improving their long term financial prospects as well as employment skills.
- Allowing people to claim a greater amount of Carers Allowance if caring for more than one person. Caring for more than one person is more expensive (as well as more difficult and stressful), and people in this situation are much less likely to be able to undertake paid employment alongside caring.

- Removal or alteration of overlapping benefit rules. Many carers have an underlying entitlement to Carers Allowance but are not able to receive it, or other benefits in their household are reduced by an equivalent amount. If Carers Allowance is viewed as income replacement, it must be paid at an amount that replicates a sufficient income. In particular, carers who reach state pension age feel disadvantaged by the loss of Carers Allowance, as their caring role has not decreased.
- Alteration of the rules around starting and stopping Carers Allowance including when the cared-for person spending time in hospital and the almost immediate cessation of Carers Allowance following the death of the cared-for person with no appropriate transitional support. This should also include a holistic approach to supporting carers when caring comes to an end, linking carers with employability, education and skills, leisure and support for health and wellbeing.

Carers Scotland, with the national carer organisations, have proposed a two-tier carer benefit. The first tier would be a Carers Allowance equivalent, paid at a similar rate to other income replacement benefits that would provide support to all carers eligible for it. There would be a permitted earnings rule, with the opportunity for carers to undertake paid employment. The second tier would be a premium payment available to those carers who are undertaking more intensive caring roles (defined by hours per week, as currently). The premium payment would be available to all qualifying carers, including those over state pension age, to compensate them for the additional costs of caring and/or to enable them to purchase help, goods or services to ease the pressure of their caring role. This payment could be set at similar levels to similar payments such as child benefit, i.e. between £25 and £50 per week.

8. Winter Fuel and Cold Weather Payments

Q: Do you have any comments about the Scottish Government's proposals for Winter Fuel and Cold Weather Payments?

Carers commented on the fact that disabled people and carers did not qualify for Winter Fuel Payments. The Scottish Government should consider extending WFA to disabled people in receipt of disability living allowance or personal independence payment.

Q: Could changes be made to the eligibility criteria for Cold Weather Payments? For example, what temperature and length should Cold Weather Payments be made on in Scotland?

Carers were strongly in favour of changes being made to the eligibility criteria for Cold Weather Payments. For example, in our online survey of carers, 85% said changes should be made.

There were a range of suggestions including:

- Reducing qualifying length to 3 days
- Raising average temperature to 3-5 degrees. Consider temperatures that include wind chill.
- Payments that recognise that disabled people tend to feel temperature drops more quickly due to reduced physical movement.
- Adding Carers Allowance, Disability Living Allowance, Personal Independence Payment to the qualifying benefits for cold weather payments.

Comments on Winter Fuel Payment

Carers were keen for winter fuel payment to be extended, supporting the proposal to extend to disabled children on high rate care, but wishing for this to go further. Many carers report higher utility bills, including heating which was underlined in Carers UK's Caring and Finance Inquiry⁷, where higher utility bills were often the first costs identified when carers were asked about the 'costs of caring' at evidence sessions and in research surveys.

Over three quarters of respondents to the State of Caring survey identified higher utility bills as a cost of caring, rising to 85% amongst those living with the person they cared for. Many pointed to higher energy bills because the person they care for needed a warmer than average house, and for heating to be used for more months in the year because they were unable to regulate their body temperature, or because they were moving around less.

Carers also reported that higher usage of appliances and equipment drove up their bills – from more intensive use of household items like washing machines and tumble driers or needing lights on during the night, to the energy used by specialist items like electric wheelchairs, hoists, adapted beds or suction pumps.

Carers of partners (88%) and disabled children (79%) were most likely to face higher utility bills – reflecting likelihood of living with the person they cared for. Whilst the proposals to extend the provision of Winter Fuel Payment to severely disabled children will support some households, others with a disabled adult under the qualifying age will continue to miss out, despite facing higher average heating bills.

All disabled people should be able to receive this, not just elderly

The cost of utility bills was also particularly challenging for single carers – who were less likely to be in paid work or live in a household with anyone in paid work. This meant that they were more likely to be struggling with fuel bills, with half (50%) of single people saying they could not afford them. They are also less likely to be able to afford other household costs including their rent or mortgage payments and were 10% more likely than other carers to have been in debt as a result of caring.

Carers who did not live with the person they care for also reported that the only way to manage rising bills was to forgo food and heating themselves to ensure the person they care for had everything they needed – including turning off heating in their own homes in order to pay for additional energy consumption for a loved one living elsewhere, or not using heating at times when the person they cared for was at a day centre or school in the cases of disabled children.

“My health suffers due to very poor diet. I am very cold in winter and summer. I live in a basement I cannot heat. I support my son to heat his flat and I cannot heat my home.”

This research also highlighted that because of the financial costs of caring, including loss or reduction of paid employment, low benefit levels and higher bills, many carers face significant financial hardship, with almost half cutting back on essentials like food (45%) and heating (44%).

⁷ Caring and Family Finances, Carers UK
<https://www.carersuk.org/for-professionals/policy/policy-library/caring-family-finances-inquiry>

“We had good jobs and were doing well, but overnight it all fell apart. The impact of us both being unable to work was financially devastating. Now it is a struggle to pay our basic bills. I have to choose between having the heating on, or using the tumble drier.”

We therefore believe that the Scottish Government should consider how best to support disabled people and carers with the additional costs of heating through both the Cold Weather and Winter Fuel Payments.

The Scottish Government should also explore the ways in which wider support for heating costs could better support carers and disabled people including additional measures that could be developed to provide support including energy efficiency and widespread promotion of criteria for the warm home discount scheme.

9. Funeral Payments

Q: Proposals for Funeral Payment: What should the benefit cover?

We believe that the funeral grant should include the cost of an ordinary funeral. The current grant often does not cover the full costs and carers have to either go into debt or approach charities to cover the full cost. For those on lowest incomes, they may only be able to access higher interest lenders. This is at a time where carers are facing both grief and often the end of caring responsibilities, where carers talk about feelings of loss of identity. It can also be a very difficult time for carers financially as they can experience a sudden drop in income as their household no longer receives the disability benefits of the person they care for, and for those receiving Carers Allowance, this too comes to an end only 8 weeks after caring ends.

We have not included the costs of a small funeral reception but believe that consideration should be given to making a contribution towards this. We believe it is important to ensure that people who have to apply for funeral grants are given the ability to organise for their loved one to have an ordinary funeral similar to that of their peers. Flowers, a death notice in the newspaper and order of service sheets, all costly elements, are an important part of this normalcy.

Q: Which of these elements do you think should be paid for by the Funeral Payment?

	YES	NO
Professional funeral director fees – advice and administration etc.	X	
Removal or collection of the deceased	X	
Care and storage of the deceased before the funeral	X	
Coffin	X	
Hearse or transport of the deceased	X	
Limousines or other car(s) for the family	X	
Flowers	X	
Death notice in a paper/local advertising to announce details of funeral (time and location)	X	
Fees associated with the ceremony e.g. for the minister or other celebrant	X	
Order of service sheets	X	
Catering for wake/funeral reception		X

Venue hire for a wake/funeral reception		X
Memorial headstone or plaque		X
Travel expenses to arrange or attend the funeral	X	

Q: Are there other elements that you think should be included or explicitly excluded?

Yes	
No	X

Q: How can we improve the process for identifying whether someone is responsible for the funeral and should receive the funeral payment?

The rules on eligibility for Social Fund Funeral Expenses payment are overly complicated and too restrictive. As a result, carers can find themselves being refused a payment, or having to provide proof of their relationship to the deceased, even when they have been caring for the deceased for many years.

Where the deceased had a number of siblings but no children. The sibling who had taken on the caring responsibility for the deceased would not automatically be entitled to a funeral payment even if they had organised and paid for the funeral. If any of the other siblings were not getting a qualifying benefit, the carer could be refused a funeral payment if the DWP decided these siblings were in equally close contact with the deceased. The carer could of course challenge this decision but they are to some extent dependent on the quality of DWP decision making, their own knowledge and understanding of their rights, as well as having access to advice and advocacy services.

Furthermore, where the deceased was a disabled child, it is even possible for the parent who was both the person with parental responsibility and the carer to be refused a funeral payment if the 'absent parent' (or their partner) was not in receipt of a qualifying benefit.

Finally on this point, carers who are not the spouse, parent or child of the deceased can often find themselves refused a funeral payment because there is another relative more closely related to the deceased than they are and who is not in receipt of a qualifying benefit. This is the case even though they may have been caring for the deceased for many years. For example, a carer who has been looking after a sibling for many years would be refused a funeral payment, even if they took on responsibility for arranging and actually paid for the funeral, if the deceased had a son or daughter who was not in receipt of a qualifying benefit. There is no way that the carer could force the son or daughter to contribute to the cost of the funeral. Only if the deceased was estranged from their children would the carer be eligible.

Q: In terms of the Scottish Funeral Payment, are there any qualifying benefits (e.g. Pension Credit) that you would add to or take away from the current qualifying benefit list?

Yes	X
No	

Carers Allowance should be included as a qualifying benefit, with an appropriate extension to take account of time needed to claim a funeral payment (see below). Disability benefits should also be considered as qualifying benefits.

Q: Is the three month application window for a Funeral Payment sufficient time for claimants to apply?

Yes	
No	X

The time limit for claiming a funeral payment is 3 months, and the person has to be in receipt of a qualifying benefit on the date they make a claim. Carers in receipt of Carer’s Allowance and/or Income support are entitled to an 8 week run on of those benefits from the date of death of the cared for. It is therefore possible for a carer to lose the ability to claim a funeral payment following the end of the run on of income support. If they then have no entitlement to another qualifying benefit then even though they are still within the time limit for claiming a funeral payment they will no longer meet the rules of entitlement. We have mentioned in the section on carers benefits the need to consider the rules surrounding Carers Allowance and the very short period of continued payment of the benefit.

The complexity of the rules of entitlement to a funeral payment means that they are often poorly understood both by claimants and DWP staff, and many people who could make a claim either do not or are given incorrect advice that they cannot.

Q: What are your views on the options for speeding up and simplifying the payment?

We echo the response from Citizens Advice Scotland in this respect which are changing the system to deliver:

- A quicker decision or decision in principle that will give funeral directors and families the confidence they will receive financial support and allow funerals to proceed at the speed the family want
- Reducing the need for, or alternatively the ability to refund once the grant cleared, deposits which we know cause families substantial concern and anxiety in trying to afford
- Fast-tracking for those with terminal illnesses to have arrangements in place before they die to better allow them to plan their own funeral should they wish

We agree that a move to fixed payment amount rewards and the removal of the need to check family relationships would simplify the payment.

Q: The other funds which are deducted from the DWP funeral payment are listed below. What sorts of funds do you think it is appropriate to deduct from a Scottish FP?

Funds in the deceased’s bank account
 Funeral plan/insurance policy
 Contributions from charities or employers
 Money from an occupational pension scheme
 Money from a burial club

YES	NO
X	
X	
	X
X	
X	

We agree with that contribution from friends and family should not be included, and believe the same approach should be taken in relation to contributions from charities and employers.

We agree that monies saved for funerals e.g. funeral plan or burial club should be deducted from a funeral payment. However, additional clarity is needed on the position of occupational pension schemes and funds in a deceased bank account where there is a surviving spouse.

Q: Are there any other funds that you think are appropriate to deduct?

No

Q: Which services should promote awareness of the funeral payment to ensure that claimants know about it at the relevant time?

Information should be made more widely available throughout GPs, NHS, local authority, third sector and DWP services. Information and advice services for carers which will be established or further developed as part of the Carers (Scotland) Act 2016 should include the ability to provide this information to carers. In addition, such information should be provided by funeral directors themselves.

Consideration should be given to providing information to all people who are bereaved on organising a funeral, including funeral payments. Such information, whilst published, is not widely available.

Q: Are there any other points that you would like to raise in connection with the new Scottish Funeral Payment?

The costs of a basic funeral have increased significantly and far outstrip the average funeral grant. For many the costs of a funeral are unaffordable, with people taking resorting to payday lenders to find a deposit and even when their funeral payment comes in (if they are eligible) find they are short of the bill. The average cost of a funeral in the UK in 2015 was £3702, an increase of almost 4% in the previous year (and well over inflation)⁸. The Scottish Government must consider options to address both the level of funeral grants and the rising costs of funerals.

⁸ House of Commons Work and Pensions Committee: Support for the Bereaved 9th report of session 2015-16

10. Best Start Grant

Q: What are your views on who should receive the Best Start Grant (BSG)?

We agree with the response from Engender that eligibility criteria for the grant should be as wide as is possible, based on income thresholds rather than entitlement to a narrow range of UK benefits. We also agree that it should be updated annually in line with the cost of living.

Whilst we have no other detailed comments to make, we believe that consideration should be given to the requirements of parents with a disabled child, particularly as essential items are often more expensive.

11. Discretionary Housing Payment

We have no specific comments on this Discretionary Housing Payments but we reflect the response from Citizens Advice Scotland who highlight administrative and decision making difficulties. We therefore agree that guidance should be received to ensure that administrative issues, such as delays and differential treatment of people at the beginning or end of the financial year are minimised.

12. Job Grant

Q: What should the Scottish Government consider in developing the Job Grant?

Again we do have significant comments in this area. We welcome attempts to tackle unemployment amongst young people through the new social security system and reflect the response from the Health and Social Care Alliance that there should be right to support rather than a discretionary fund.

The Scottish Government also consider the specific and differential needs of young adult carers – as young people but also as people with caring responsibilities (see below). The Government should also consider, in the longer term, extending such job grants to other people who have faced long term unemployment or, in the case of carers, have spent time out of the workplace providing unpaid care.

Young carers and employment

Many young people work part-time while successfully continuing their education, but this is often not possible for carers due to their caring responsibilities. Many young carers live in low income households, where there is very little free money beyond essentials. This situation can often lead to pressure for young carers to enter employment as soon as possible to help support the household income. Some young carers are sacrificing their education and their future and not fulfilling their true potential to enter full time employment to financially support the family home. Due to the nature of caring, the employment opportunities available to young carers are often low-paid and unstable (such as zero-hours contracts). Some young carers do try and juggle their caring role, and education with employment, but research highlights that this can be detrimental to their mental health and wellbeing as well as their education. Carers Trust research has found that young adult carers are four times more likely to drop out of college or university than

students who are not carers⁹. Therefore many young carers are not able to fulfil their potential in education or in employment.

We believe that young carers moving into employment should be given an enhanced payment under the Job Grant. Recognition of the extra barriers and poverty faced by young carers and young adult carers could be achieved by extending the enhanced £250 payment (for those with children) to those with unpaid caring responsibilities also. A caring role may be the reason why a young person has struggled to find employment, and caring may continue after they have entered the workforce, with associated additional costs. Access to the enhanced Job Grant acknowledges that households where someone has an illness, disability or long-term condition are frequently on very low incomes and may be restricted as to the type of paid employment they can seek or maintain. Young carers who manage to secure suitable employment alongside or after a caring role must be supported adequately.

13. Universal Credit flexibilities

Q: Should the choice of managed payments of rent be extended to private sector landlords in the future?

Yes	X
No	

In principle, this development should be a positive move, ensuring that the choice of direct payment of rent is extended to a larger group of people. Given that the private rental sector is less regulated than the socially rented sector, we believe that consideration should be given to putting in place safeguards to ensure that tenants are not pressurised into a direct payment of rent by a landlord.

Q: Should payments of Universal Credit be split between members of a household?

Carers Scotland shares and fully supports the campaign with Engender in pressing for payments of Universal Credit to be split between members of a household. For this reason, we replicate below the majority of the response submitted by Engender on this matter.

The current UK policy, to pay joint awards to one individual in a couple, is discriminatory and regressive. Scotland has certain opportunities with new powers over social security to chart a different course from the UK’s damaging ‘welfare reform’ agenda. However, the Scottish Government’s pledge that “new powers will be founded on dignity and respect” will be undermined from the outset if social security cannot be accessed equally by women.

Yes	X
No	

The UK policy of one monthly household payment, paid to one individual, is likely to reduce women’s access to income and economic autonomy, even if the level of income for the family is sustained. It will also place significant pressure on household budgeting, which is still primarily undertaken by women. Evidence shows that the majority of jointly awarded ‘out of work’ benefits

⁹ Carers Trust Scotland (2015) Time to be heard: Bridging the gap – young adult carers in Scotland.

are claimed by men, a pattern unlikely to change under Universal Credit. Assumptions that couples own, access and control joint bank accounts on an equal basis are unfounded, therefore the single household payment will mean many women will have no independent access to an income.

Single payment of Universal Credit will also undermine the ability to practise financial capability and other skills needed to move into paid work. Women already face multiple barriers which constrain their access to the labour market and to an independent income, and the single household payment will be yet another addition to this. Financial independence is crucial for women, who are twice as dependent on social security as men. Without it we risk returning to the 'male breadwinner model' which prioritises men's employment, sees women trapped in the domestic sphere, and creates huge imbalances of power within households. Women who face multiple inequalities across society, including disabled, minority ethnic and refugee women are among those who would be at particular risk of increased harm from a policy that undermines women's access to resources.

When couples jointly claim Universal Credit awards, both partners will "play an equal part in the claim", sharing responsibility for reporting changes, and liability for claimant commitments. This means the single household payment will impose responsibilities without rights on those receiving joint awards. The introduction of personalised conditionality will mean a significant change for women; nearly three in four of those affected are women, many of whom will have had lengthy gaps from paid work. In couples with children, one person will be designated as the 'main carer' and will be subject to less onerous conditionality; however there is concern that this could lead to some partners falsely assuming this designation for conditionality purposes. In broad terms, it is a matter of principle that everyone should have access to an independent income. This is vital in ensuring that individuals are able to realise their human rights, including those to food, physical and social security and housing. The principles of universalism and individual entitlement that underpin the welfare state will be eroded by the policy of single household payments and other welfare reforms. As both partners will be liable for claimant commitments, and therefore the risk of sanctions, single payments will impose responsibilities without rights on those receiving joint awards. In practice, neither partner will have an independent income through Universal Credit, with entitlements depending entirely on the behaviour, actions and any fluctuating earnings of the other.

We should also be able to manage relationships and household affairs without major intervention from the government. It is wholly inappropriate that the state should impose this level of control over household financial management. The policy of single payments is based on a projected nuclear family model that does not reflect reality, and the notion that couples budget in a prescriptive, uniform way. Such assumptions could lead to far-reaching 'unintended' consequences for couples and families, including in terms of cohabitation, reconciliation, new or transient couple relationships and child custody rights. Scottish Government has an opportunity to work through and take stock of these assumptions in developing its own policy for payment of Universal Credit.

The Scottish Government and Scottish Parliament are also obliged to protect individual rights set out in a suite of international human rights treaties. These include the UN Convention on disability rights (CRPD), which states that policies should have "respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons", the UN Convention on child rights, and the UN Convention on women's rights (CEDAW). Individuals right to social security are also recognised in Article 22 of the International

Declaration of Human Rights and Article 9 of the International Covenant of Economic, Social and Cultural Rights. Following its last examination of the UK in 2013, the CEDAW committee recommended that the UK Government take action to prevent the potential harm to women caused by household payments of Universal Credit in its 'concluding observations' on its examination of the UK.

a) automatic payments to individuals, with the option to choose a joint payment

Yes	X
No	

b) automatic household payments, with the option to choose individual payments?

Yes	
No	X

It is extremely important that the default position is automatic payments to individuals. Automatic household payments with the option to choose individual payments, is the current UK policy which has caused so much alarm amongst equality groups. Even if the option to choose individual payments was made more explicit, this would send a clear signal around the expectation for couples to pool their income. Automatic household payments of Universal Credit would also increase the likelihood of financial dependency and control, and places women and their children experiencing domestic abuse at increased risk. Around 90% of women experience financial abuse as part of their experience of domestic abuse.

Requiring joint recipients of Universal Credit to nominate who receives the payment at the outset of a claim does not account for the fact that financial decision-making takes place within the context of gendered power dynamics. The majority of jointly awarded 'out of work' benefits are claimed by men and assumptions that couples own, access and control joint banks accounts on an equal basis are unfounded. Although the option to ask for alternative payment arrangements does exist on paper, this is not a realistic 'choice' for many women, especially those experiencing coercive control.

If Yes, how do you think payments should be split? For example 50/50 between members of a couple or weighted towards the person who is the main carer if the claim includes dependent children?

With Engender, we are calling for payments to be split in line with entitlements linked to caring. Elements related to dependent children, or caring for disabled, ill or older relatives should go directly to the main carer. Similarly, if housing benefit is included in the claim, and rent is not paid directly to the landlord, this portion of the entitlement should go to the person named on the tenancy.

PART 3: OPERATIONAL POLICY

14. Advice, representation and advocacy

Q: What role[s] should publicly funded advice providers play in the development of a new Scottish social security system?

There is a clear role for publicly funded advice providers in the delivery of advice, information and representation to individuals claiming benefits. This includes third sector advice providers. However, this will require investment to enable such services to be available as widely as possible and to respond to increased demand which is likely to be more complex as two systems of devolved and reserved benefits interact..

Q: Do you think that Independent Advocacy services should be available to help people successfully claim appropriate benefits?

Yes	X
No	

There is a need for independent advocacy and representation to support individuals to make claims for benefits. This should be available to anyone who has been asked to attend a face to face assessment or who is appealing a decision.

Q: What next steps would you recommend that would help the Scottish Government better understand the likely impact of the transfer of the devolved benefits on independent advocacy services?

As noted above, we believe there is likely to be an increase demand as two complex systems of devolved and reserved benefits interact. As such, the Scottish Government should undertake discussion with the Scottish Independent Advocacy Alliance and advocacy organisations to understand and respond to the impact of the creation of a new social security in Scotland.

15. Complaints, reviews and appeals

Q: Do you agree that we should base our CHP on the Scottish Public Services Ombudsman's 'Statement of Complaints Handling Principles'?

Yes	X
No	

We believe there is some sense in having the same model of complaints handling across the public sector. However, we agree with the response from Citizens Advice Scotland that there needs be further consideration may be needed of what support and alternative measures need to be in place at the frontline resolution stage.

Q: How should a Scottish internal review process work?

We believe that there should be an internal review process but that it should not replicate the issues that are part of current mandatory reconsideration.

Q: Should a tribunal be used as the forum for dispute resolution for the Scottish social security system?

Yes	X
No	

Carers agreed that there should be a tribunal system but these tribunals need to include people with experience of the social security system and with experience of caring. Carers also suggested that the tribunal have a pool of health professionals so that professionals with the right experience and knowledge of specific conditions be included as required. Carers also noted that it was important the tribunals were more informal to make them less intimidating.

Q: What do you consider would be reasonable timescales to hear an appeal in relation a decision on a devolved benefit?

It is important that appeals are heard in a timely manner e.g. for people who face losing their entitlement to a Motability car, there is finite period before their car is removed.

Q: In order to ensure a transparent appeals process, what steps could be taken to ensure that those appealing fully understand and are kept informed at each stage of the appeals process?

Part of the process should include ensuring that individuals have appropriate representation and/or advocacy

16. Residency and cross-border issues

Q: Should Scottish benefits only be payable to individuals who are resident in Scotland?

Yes	X
No	

In the main carers felt that Scottish benefits should only be paid to people resident in Scotland but there was recognition that there may be complicating issues such as people caring for someone who lives elsewhere in the UK.

Q: What are your views on the 'habitual' residence test currently used in the UK by DWP?

Although isolated cases, people do return from other countries to provide care and the social security system should be flexible enough to recognise such instances to ensure that these carers are not left without support.

Q: What factors should Scottish Government consider in seeking to coordinate its social security system with other social security systems in the UK?

We have no significant comments here but would like to highlight the need to consider those providing distance caring who live in another country of the UK. In these instances, the individual with the qualifying benefit i.e. DLA/PIP/AA would live elsewhere but the claim for Carers

Allowance would be made in Scotland.

17. Managing overpayments and debt

We have no significant comments in this area. However, we would echo the response from Citizens Advice Scotland who believe that improvements could be made to the way in which overpayments are recovered from benefit claimants including the following recommendations:

- that there should be a 'tell us once' system in which information on changes of circumstances gets shared between different agencies.
- that more clarity is introduced into communications around the rules of entitlement so that claimants know what is expected of them.
- that the agency promptly acknowledges receipt of information regarding changes in circumstances and acts on this information as quickly as possible.

18. Fraud

We have no specific comments in this section.

19. Safeguarding your information

Q: Would you support strictly controlled sharing of information between public sector bodies and the agency, where legislation allowed, to make the application process easier for claimants? For example, this information could be used to prepopulate application forms or to support applications, reducing the burden on applicants.

Yes	X
No	

In principle, carers are broadly in favour of this approach e.g. 78% of respondents in the NCO carer survey said they would support this. However, there were significant concerns over ensuring that a robust system was put in place to ensure security and confidentiality is maintained and that this information must only be shared where explicit consent has been given by the individual.

“Wasting carers and other claimants’ time and energy, with consequential stress and illness, should be avoided where the information is the same for several bodies.”

“It would seem like a good idea but the more people have access to someone’s personal information, the more chance of it being exploited.”

Q: Would you support strictly controlled sharing of information between a Scottish social security agency and other public sector organisations (for example local authorities) to support service improvements and deliver value for money?

Yes	X
No	

Again, carers were broadly in favour e.g. 72% of respondents supported this in the NCO carer survey.

“Would be more cost effective.”

“Everything needs to be done to save money in light of Brexit”

Q: What are your views on having the option to complete social security application forms online? Can you foresee any disadvantages?

We support the option to give people the opportunity to complete application forms online. However, there should be no move to a fully online system of application. Individuals must have the opportunity to apply in a variety of ways including retaining paper based forms. As noted earlier, it is important to consider that many people cannot access or do not have access to such technology nor to reliable broadband connectivity because of rurality.

20. Uprating

Q: What are your views on the best way to ensure that devolved benefits keep pace with the cost of living?

Benefits should be uprated by at least RPI. RPI includes rises in housing costs in the prices included, unlike the CPI. It therefore better reflects the actual living costs of people in receipt of the devolved benefits, and supports meeting any rises in rent, mortgage, council tax and energy.

Q: Are there any devolved benefits in particular where uprating based on a measure of inflation would not be effective?

There should be additional flexibility to uprate specific benefits for carers, disabled and older people on areas where they have additional usage or costs above that of the rest of the population. This might, for example, include energy and fuel costs. In these circumstances, it may be appropriate to uprate above RPI.