

Glasgow Centre for Population Health response to the Scottish Government's consultation on Social Security in Scotland

Fixing the principles in legislation

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

- A. As a 'Claimant Charter'?
- B. Placing principles in legislation?
- C. Some other way

If other, please specify

The Glasgow Centre for Population Health recognises that there are strengths and limitations in embedding the new social security principles within a claimant charter or new legislation. We have provided comments below on both approaches. However, on balance, we believe that legislation is a more robust approach to ensure that the principles are protected.

Claimant Charter: Some of the potential benefits of a charter are that it could support individuals to become more informed of their entitlements, expected minimum standards of service delivery, and help claimants discern and understand the differing sources of social security provision, namely local authority, Scottish Government and Westminster. The principles of co-production should underpin the drafting of a charter'. For example, advisory input comprising representation from potential 'users' and others from civic groups and organisations. In operational terms, the charter document would need to be accessible and widely available, particularly within known settings, such as post offices, pharmacies, doctors' surgeries, and known areas with existing high rates of claimants.

Although the NHS Patient Rights and Responsibilities Charter was cited as a potential model for developing a charter, there does not appear to be a lot of information provided about the user acceptance for the NHS charter. This raises potential questions such as how much flexibility was there for change during user acceptance? What did and did not work? Who is using that charter now, in practice, and how? What are its current strength and limitations?

Legislation: Overall, we believe that new legislation can offer a more robust approach than a charter to support efforts to address stigma, encourage and promote the values of dignity and respect, act as a safeguard for those accessing the new system, and support ongoing efforts to improve uptake of unclaimed benefits. New legislation could serve as a bulwark to protect vulnerable groups against important factors that can shape disability programmes: increasing public anxiety or insecurity about who is entitled or not entitled to claim; general societal change in the future that is encouraged by politicians or media; fiscal pressures forcing or justifying 'welfare retrenchment' that is translated into reduction in national and local expenditure; and institutional factors within services, including staff prejudice and a discriminatory climate¹.

On whom would you place a duty to abide by the principle that claimants should be treated with dignity and respect?

- The Scottish Government
- The Scottish Ministers

¹ Morris Z. Constructing the need for retrenchment: disability benefit reform in the United States and Great Britain. *Policy & Politics* 2015. DOI: 10.1332/030557315X14381812909357. Available at: https://www.researchgate.net/publication/281208480_Constructing_the_need_for_retrenchment_Disability_benefit_reform_in_the_United_States_and_Great_Britain

- The Chief Executive of the Social Security Agency
- Someone else

If someone else, please specify

We believe that the duty to abide by the principles of dignity and respect should be a collective duty & responsibility. We should be aspiring to culture change in Scotland where societal norms and values demonstrate the type of society we are and want to be with institutions and policies that are rooted in a rights-based approach to guarantee dignity and respect to all citizens.

Outcomes and the User Experience

Are the outcomes the right high level outcomes to develop and measure social security in Scotland?

- Yes
- No

Please explain why.

We recognise that to a certain extent the outcomes will be shaped by the constraints of the proposed measures. In other words, 15% of the total social security budget for Scotland will be devolved under the plans. Nevertheless, as noted in the consultation document the changes to social security arrangements will not just be important to the 1.4 million people currently receiving these benefits but also for future generations in Scotland. The Cabinet Secretary recognises that there will be only one chance to do things for the first time and how the new powers are exercised will set the standard that follows.

Therefore, within this context, we believe there is scope to take a bolder approach and ensure that the long-term social security outcomes are more explicitly aligned to efforts to address the key drivers of health inequalities; namely, poverty and deprivation and widening gaps in income, power and wealth. For example, data from the Understanding Glasgow Health and Wellbeing indicators website² shows that:

- Almost half of Glasgow's residents (286,000) live in the 20% of most deprived areas in Scotland. In contrast, just 20,600 people (3.5% of the city's population) live in the 10% of least deprived areas in Scotland (based on 2012 population estimates).
- Glaswegian men and women have the lowest health life expectancy in Scotland compared with other local authorities. The predicted period of life spent 'not in good health' is 16.7 years for men and 20 years for women (in the period 2009-2013).
- Wide health inequalities within the city are exemplified by a 15-year gap in male life expectancy at birth across neighbourhoods and an equivalent 11-year gap in female life expectancy (in the period 2008-12).
- Alongside these inequalities, 24% of working-age adults in the city reported having a disability (2012) with mental wellbeing consistently lower than in other Scottish cities.

This picture of high levels of deprivation, disability and poor health in Glasgow will overlap considerably with the high numbers in the city receiving the key benefits that are being devolved. With over 500,000 people in Scotland receiving the disability benefits (Disability Living Allowance, Personal

² Understanding Glasgow. *Health, Overview*.
<http://www.understandingglasgow.com/indicators/health/overview>

Independence Payment, Attendance Allowance), Glasgow has the most claimants, in terms of actual numbers and rates, of any Scottish local authority.

A more explicit link between the social security long-term outcomes and efforts to address health inequalities may serve as a foundation towards achieving a future Scottish welfare system that provides sufficient income for a healthy living and is aligned to progressive taxation, active labour market policies, and more equitable participation in decision-making, including action on health inequalities³.

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

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?

Rather than opting for a traditional targeted approach to consultation (i.e. via Third Sector or community groups working with 'claimant representatives') should they work towards a universal and proportionate approach to seek wider views. This approach could help shape and/or influence priorities and wider societal values? It could also avoid the trap of 'poor services for poor people' – we could refer to Mike Danson's work at the Jimmy Reid Foundation on the case for universalism⁴.

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

- Yes
- No

If yes, please state which words or phrases should not be used.

1. Where possible, avoid the language of deficit: As the Scottish Government aims to 'involve users in shaping a new social security service', then clearly users will have valuable views and input to contribute. Much of Scottish Government public policy (democratic renewal, public services reform, community empowerment) now makes a commitment to recognising the value and importance of identifying and building individual strengths, assets, resources, knowledge and experience that can be mobilised to support the achievement of better outcomes and enhance life chances. The policy shift also demonstrates a progression towards citizen involvement and an understanding of the positive outcomes that can be associated with working with people in ways which support them to 'part of the solution' rather than part of the problem.

2. We believe it is important to try and avoid language that creates a distinction between recipients of benefits and the wider population. The majority of the population are potentially beneficiaries, all are entitled, all contribute and all benefit, even if not personally in direct receipt of a benefit.

3. A wider cultural challenge exists around language that involves tackling a more harmful discourse that has emerged over the last five years which was characterised as 'strivers versus skivers'. The emergence of various mainstream TV programmes (e.g. *The Big Benefits Handout*, and *Benefits*

³ NHS Health Scotland. *Health Inequalities Policy Review for the Scottish Ministerial Task Force on Health Inequalities*. Edinburgh: NHS Health Scotland; 2013. Available at: <http://www.healthscotland.com/uploads/documents/23047-2.%20HealthInequalitiesPolicyReviewKeyMessages.pdf>

⁴ Danson M, McAlpine R, Spicker P, Sullivan W. *The case for universalism. An assessment of the evidence on the effectiveness and efficiency of the universal welfare state*. Biggar; Jimmy Reid Foundation; 2012. Available at: <http://reidfoundation.org/wp-content/uploads/2012/12/The-Case-for-Universalism2.pdf>

Britain) exploring the lives of some people on benefits have played a contributory role in shaping day-to-day conversations beyond the policy-making sphere. Due to the negative connotations of 'benefits', there is an argument for reframing this in equality terms to 'entitlements'.

4. If services, such as health and social care partnerships (HSCP), are going to be involved in supporting the new social security arrangements, then it is important to ensure that there is a shared understanding of the agreed words and phrases, for example, the terminology used by health and education staff can be vastly different.

5. There could also be valuable learning from the Plain English campaign around accessible language for all.

As an additional general comment, the vision outlined on page 13 of the consultation document that *"we will also have turned a corner, away from a social security system which many people say stigmatises and disempowers users, towards a future where social security in Scotland acts as a springboard to improve opportunities for everyone, providing protection and a safety net in times of need"* is an extremely welcome one.

A cautionary note, however, relates to the many individuals, particularly those with disabilities, who do not 'spring back', but who, nevertheless are valuable citizens with rights to dignity, respect and income.

What else could be done to enhance the user experience:

When people first get in touch?

Make it as easy as possible for people by operating a dedicated helpline that is properly resourced and free to access via mobile phones. It is also important that users are not treated with suspicion or made to feel guilty about approaching the social securing system. Therefore, work could be done within jobcentres to nurture a culture of support and respect for those needing to access the service.

When they are in the process of applying for a benefit?

Ensure that support is available for people who have difficulties, i.e. learning difficulties, mental health problems, age- and health-related problems. Many people needing benefits may also need an advocate to help them navigate their way through.

When a decision is made (for example, about whether they receive a benefit)?

Clear communication channels should be put in place. People should be advised when a decision is likely to be made and how the outcome will be communicated to them. A face-to-face explanation, especially in the case of a negative outcome, can often lessen stress.

How should the Scottish social security system communicate with service users? (For example, text messaging or social media)?

While new digital and social media are increasingly being used and are suitable for certain population groups, there remains a high proportion of the population who do not have internet access or are not proficient in digital media, such as older people, and vulnerable people living in poverty and deprivation. Evidence from the Right Here Right Now (RHRN) pilot study⁵ showed that, among the cohort of participants recruited to take part in the study, the favoured methods for receiving and answering questions were by email, text messaging (for basic mobile phone users) and a link to the RHRN website (for Smartphone users), and by post. Indeed, one participant with particular support needs was not able to fully participate in the study due to the written questions, and would have preferred telephone contact. Therefore, multiple methods of communication will be required.

⁵ Fergie G, Harris R, Hilton S, Inglis G, Kelly L, McCartney G, Naven L, Phipps R, Smith M, Teal G, Walsh D. *Right Here Right Now: final report*. Glasgow: GCPH; 2016. Available at: http://www.gcph.co.uk/publications/645_right_here_right_now_study_final_report

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?

The development phase of the Right Here Right Now (RHRN) study, set up by the GCPH to test a system for gathering near to real-time data from Glasgow householders on their experiences of social and economic changes, involved co-design workshops with members of the public from varied age-groups and socioeconomic backgrounds to generate the requirements for data collection tools and methodologies. This co-production approach was also subsequently used to test and refine the chosen design. The approach resulted in a usable methodology for the project and members of the public valued the opportunity to be part of the design of RHRN.

It is important, however, to ensure that marginalised voices are not overlooked during the co-production process, particularly those not in contact with any services but in need of social security support, such as people with severe enduring mental illness.

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? If so, what other name would you choose?

We are of the view that the term "user panels" has negative connotations and should be avoided. Some alternatives are "client", "citizen" or "stakeholder" panels. However, a community engagement exercise would be useful in allowing individuals to suggest the most appropriate term for themselves.

Delivering social security in Scotland

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

- Yes
 No

Please explain your answer.

The driving force behind decisions such as these must be the aspirations around dignity and respect.

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

- Yes
 No

Please explain your answer.

Evidence from the Healthier, Wealthier Children (HWC) project⁶ (where health staff make direct referrals to local money advice services for pregnant women and families), showed the range of benefits received by people who were referred for help. Some of these revolved around non-financial awards from charitable organisations, such as white goods, bedding and educational supports. In the long run, if such awards were replaced with cash, then support may be needed to help people who have difficulty with budgeting identify the best options for procuring vital household items.

⁶ Naven L, Withington R, Egan J. *Maximising Opportunities: final evaluation report of the Healthier, Wealthier Children project*. Glasgow: GCPH; 2012. Available at: http://www.gcph.co.uk/publications/359_maximising_opportunities_final_evaluation_report_of_the_hwc_project

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

Internet uptake across Scotland has grown steadily with the latest figures showing that 76% of households have internet access, compared with 40% at the beginning of 2003⁷. However, there is a broadly linear relationship between internet uptake and deprivation in Scotland. In other words, uptake within the most deprived 10% of the population was 53% compared with 81% within the least deprived 10% of the population. Among those 'offline' in Scotland, characterised as being predominantly older, in lower income groups and likely to live in social, rented accommodation, rates of internet uptake could be less than 10%. This very low uptake is particularly challenging in terms of harnessing digital services for social security in Scotland as many from the 'offline group' will be key recipients of the devolved disability benefits and must be able to access support. Housing associations are well placed to access some of the most vulnerable groups and could be part of an overall communications strategy.

The Department of Communities in Northern Ireland operates a programme for Government of "Creating Opportunities, Tackling Disadvantage and Improving Health and Wellbeing"⁸. The "Make the Call" advertising and promotional campaign is part of this work to encourage people to apply to a Benefit Advice Line. Methods to target the whole population, including harder to engage groups with unclaimed entitlement, include TV, press, outdoor advertising, posters, social media and other branded materials to encourage people to make the call. There is also a community outreach service providing personal entitlement checks. Groups identified as being most vulnerable to poverty and likely to have unclaimed entitlement have been targeted, including older people, people living with disability or illness, carers and families. Since 2005, nearly £100m of additional benefit has been generated for eligible people across Northern Ireland.

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

- Yes
 No

Please explain your answer.

Yes, face to face contact should form part of a range of available contact methods, particularly for vulnerable groups experiencing, for example, literacy and/or numeracy difficulties, complex mental health/addictions problems, homeless people and those leaving prison etc, to ensure there are no misunderstandings around social security issues.

Who should deliver social security assessments for disability related benefits?

Ideally, GPs could be universal primary care gatekeepers but with their current burdens of work, this would not be possible. It is also the case that, sometimes, secondary care services are better placed to provide "functional" assessment data e.g. community mental health/addictions teams or Allied Health Professionals, such as occupational therapists.

There could be valuable learning from Salus, an NHS-based provider of Occupational Health, Safety and Return to Work Services across the public and private sectors. It is 'hosted' within NHS Lanarkshire and operates as a social enterprise model. Salus took over some work from ATOS Healthcare, part of the UK branch of the Paris-based multinational company contracted by the Department for Work and Pensions (DWP) to carry out assessments of whether welfare claimants are entitled to sickness benefits.

⁷ Scottish Government. *Digital Participation: A National Framework for Local Action*. Edinburgh: Scottish Government; 2014. Available at: <http://www.gov.scot/Publications/2014/04/6821>

⁸ Department for Communities. *Benefit uptake programme*. <https://www.communities-ni.gov.uk/articles/benefit-uptake-programme>

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

- Yes
 No

Please explain your answer.

It would make sense to utilise existing structures where possible. However, there are a lot of negative opinions and experiences associated with Jobcentre Plus services. Re-branding and renaming these services may be necessary.

The most important aspect of delivery, in order to promote respect and dignity, is the concern of creating greater ease of access for people. Some lessons can be shared from current efforts to integrate services, such as through the Building Connections work in Glasgow and the Deep End GPs work around co-housing with money advice providers and other services to lessen the burden for claimants and create a 'one-stop shop'.

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
 No

If yes, which aspects?

It must be remembered that social enterprises and not-for profit organisations struggle for funding and may not have the capacity to commit to a social security delivery role unless long-term funding is provided and formalised for this purpose. There is a danger that using private sector organisations, instituted for profit-making purposes, would not have the best interests of the population at heart and would not be a good use of public money. Lessons could be learned from the use of ATOS for claimant work capability assessments.

Equality and low income

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

A full EQIA needs to take into account the wider social determinants of health to fully reflect poverty and disadvantage in Scotland. The NHS carries out equality impact assessments of services to ensure that all equality groups are considered and the Scottish Government could learn from these in order to put a process in place.

Independent advice and scrutiny

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

- Yes
 No

Please explain your answer

Yes, it is important that people know there is such a scrutiny group to ensure transparency and give people confidence in the new social security system. Lessons could be learned from housing associations with 'tenant panels', such as Thenue Housing and Partick Housing Association, among others. These are good examples of groups of tenants scrutinising the work of the housing associations. Thenue housing scrutiny group recently won an award for its work and is described as a "critical friend", unafraid to examine and comment on the work of the Association.

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
 No

Please explain your answer.

To be truly independent, a national-level scrutiny body would need to be established in law to ensure it has the power to hold Government to account.

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)?

There should be representation on the body from social security user groups to represent the views and concerns of recipients of the service. This will ensure that the Scottish Government's aims and values around 'involving users in shaping a new social security service' will be upheld.

Disability Benefits

Please explain your views (both positive and negative) on disability living allowance.

A recent Glasgow Poverty Leadership Panel welfare reform update (13 Sep, 2016) noted that significant numbers of vulnerable people are losing out in the transfer from DLA to PIP, particularly people with mental health problems.

Please explain your views (both positive and negative) on attendance allowance.

For people who need a level of support but can still live independently, attendance allowance can be disempowering for older people as the locus of control over the payment is no longer with them but *with the person 'attending' to them.*

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

- Yes
 No

Please explain your answer.

There is a strong argument for reframing the language around all 'benefits' to one of equality and re-naming them disability 'entitlements'.

How should the new Scottish social security system operate in terms of a person applying for a disability related benefit?

Please explain your answer.

People applying for disability-related benefits should be treated respectfully and every effort should be taken to understand the nature of the person's disability. The system should be as easy as possible to access and be supportive to avoid inequalities in provision for disabled people.

How should the new Scottish social security system operate in terms of the eligibility criteria set for the benefit?

Please explain your answer.

It is important that the Scottish social security system takes a holistic approach to reflect the complexity of the underlying social, economic and environmental determinants of wellbeing and health and is seen to work for the good of all citizens. This has the power to send a message to the world about the type of society that Scotland intends to cultivate.

How should the new Scottish social security system operate in terms of the assessment / consideration of the application and the person's disability and/or health condition?

Please explain your answer.

Disabilities are not homogeneous and assessment of an individual's application will need to be sensitive to the particular disability or health condition being experienced by that person. This means that a range of professionals may have to be involved in complex cases, for example, clinical assessments may need to be augmented by social, psychological, occupational or other assessments of capability to ensure the applicant can access all the support necessary to be able to participate in society.

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?

Please explain your answer

The first principle must be to ensure that individuals receive the appropriate support for their particular condition. This involves operating a person-centred approach with respect and dignity as its foundations.

We want to make sure that the process is clear and accessible from start to finish, and that people claiming devolved benefits understand how and when their claim will be dealt with. With this in mind, do you think that timescales should be set for applications, assessments and decision-making?

Yes

No

Please explain your answer

It may help relieve some of the stress associated with claiming benefits if there is clarity around how long it should take for each step of the process to be completed.

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

It largely depends on the benefit being applied for.

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

- Yes
- No

This would mean that social security agency staff should be ethically bound by the Data Protection Act 1998 to treat all information confidentially.

Do you think that the impact of a person's impairment or disability is the best way to determine entitlement to the benefits?

- Yes
- No

If yes, which aspects of an individual's life should the criteria cover and why?

A rights-based approach ensures that people's abilities should be taken into account in relation to their right to work, right to adequate food, adequate housing, health, education, personal security and privacy, justice and political freedoms. Ultimately, it is about equality, through creating a fairer society where everyone can participate and has the opportunity to fulfil their potential.

In the longer term, do you think that the Scottish Government should explore the potential for a consistent approach to eligibility across all ages, with interventions to meet specific needs at certain life stages or situations?

- Yes
- No

Please explain why.

We agree with the response from NHS Greater Glasgow and Clyde that the devolution of parts of the benefits system gives an opportunity to develop an entirely new approach to social security which supports people across transitions at different stages of their lives. A consistent approach to eligibility would give the potential for proportionate universalism over the life-course. It could be simpler, and fairer and create ownership and buy-in across the whole of Scottish society.

Could the current assessment processes for disability benefits be improved?

- Yes
- No

Please explain how.

By taking account of access issues, in the widest sense. For example, difficulties can arise by virtue of language barriers, transport, distance, capability, mental health issues, learning difficulties, among others.

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

Considerations of access are important and will vary across different groups. People with physical or mental health issues, learning or cognitive impairments, or language difficulties, and other vulnerable groups will require different types of assessments, tailored to their needs.

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

- Yes
- No

Please explain why.

Assessments are stressful for individuals and resource-intensive for the service. Where an individual's condition is unlikely to change and they are already supported appropriately, then there should be no need to re-assess. However, the opportunity for individuals to instigate a change in status based on changed circumstances should be facilitated within the system.

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

Evidence from health, social care and allied health professionals.

Who should provide that evidence?

Health, social care and allied health professionals

Should the new Scottish social security system continue to include the use of mobility allowance to lease cars, wheelchairs or scooters?

- Yes
- No

Please explain why.

The mobility allowance is vital to help disabled people maintain their independence.

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.

Developing national and local links across health and social care, welfare rights, third sector money advice services would ensure an integrated approach to person-centred care and provision. A successful example of a system-wide partnership approach (in NHS Greater Glasgow and Clyde) to income maximisation for families experiencing poverty is the Healthier, Wealthier Children (HWC) project⁶. HWC developed referral and information pathways between early years health staff (midwives and health visitors mainly) and local money/welfare advice services to ensure that need was identified early and a referral system existed to address it.

Carer's Allowance

Do you agree with the Scottish Governments approach to developing a Scottish carers benefit?

- Yes
- No

Please explain why.

We agree with the response from NHS Greater Glasgow and Clyde that a Scottish carer's benefit should be used to ensure that the vital role of unpaid carers is recognised and that they are not disadvantaged in terms of their own education, employability, housing or their own physical and mental health. This means that carers should be paid an adequate income which enables them to meet their own needs and maintain their own health. Jobseekers Allowance is too low for carers to survive on for long periods. Therefore the approach to increasing carer's benefit where people's access to work and education is limited is very welcome if it can be increased over time as the financial situation allows.

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

We agree with the NHS Greater Glasgow and Clyde response as follows: There is an opportunity to bring together all the support available to carers including the carer's benefit to make it easier for carers to know what they are entitled to. Health and social care, the new agency and other devolved services could make a commitment to join up their support for carers. This could be included in the charter as a Carer Commitment and linked to the Carer's (Scotland) Act 2016.

Do you agree with our proposed long term plans for developing a Scottish Carer's Benefit?

- Yes
- No

Please explain why

We agree with the NHS Greater Glasgow and Clyde response as follows: The issues outlined in the future consultation are very relevant as the nature of caring has changed over the last few years. In particular, many women are caring for more than one relative while they tend to be the people in the

community involved in voluntary work and are now working in paid employment to 65 and beyond. It would be beneficial to define the needs of people who develop hearing problems in relation to the care they require. This has been effectively excluded from the assessment, however people who are hard of hearing often rely heavily on caring support to communicate with people and remain active and able to participate in community activity.

Withdrawing benefit while the person cared for is in hospital should form part of this review as sometimes costs can increase for carers at such times. Continuing the benefit during this time could prove cost-effective and help to maintain the carer's and their relative's health and wellbeing.

Do you have any other comments about the Scottish Governments proposals for a Scottish Carer's Benefit?

We agree with the NHS Greater Glasgow and Clyde response: In the past the social security system was able to make extra payments based on people's additional needs. It might be worth considering if this could be introduced to meet the needs of carers and their families as a way of creating a more level playing field. For example, people's housing conditions or geographic location might become a detrimental issue for them once they need to care for a disabled relative.

Funeral Payments

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

Consideration needs to be given to sudden deaths among stigmatised and excluded groups, i.e. those with mental health and addictions issues. In 2015 there were 706 drug-related deaths (DRD's) in Scotland which is the highest recorded levels and 110% higher than in 2005. A 2014 report into DRD's showed that 70% of DRD's had recent contact with a service (drug treatment, hospital, police or prison). The socioeconomic background suggests that their families may benefit from access to funeral payments. Around half (53%) lived in the 20% most deprived neighbourhoods in Scotland, similar to previous years, with 70% categorised as unemployed and nearly 1 in 5 categorised as 'long-term sick/disabled'.

Best Start Grant

What are your views on who should receive the Best Start Grant?

The proposed Best Start Grant is an important benefit for families with young children. Because of the added costs and loss of earnings at the time of a child's birth, and continuing costs thereafter, the Best Start Grant should be targeted not only at pregnant women and families who are already experiencing poverty, but also at those who are at risk of poverty. Learning from the Healthier, Wealthier Children (HWC) project⁶ showed that the inclusive criteria used for referrals to money advice services captured people who were at risk of falling into poverty due to their changed circumstances around the birth of a child.

Care also needs to be taken to ensure uptake and consideration of how the BSG will be delivered. Therefore, we suggest that it should be monitored. Evidence from the carefully monitored and evaluated HWC project revealed that pregnant women and families with young children were not aware of their maternity entitlements and there was differential knowledge among midwives and health visitors on how to help people claim the Healthy Start vouchers. The HWC referral pathway

between early years health staff and money advice services resulted in one in 20 (5%) of families helped by advice services receiving these benefits.

The BSG will pay low income families £250 to support them as their children begin early learning and childcare. We want to provide support when people need it, but the practicalities may be difficult as everyone's situation is different and plans for nursery and childcare can change right up until the last minute. We would like to understand the pressures that families face, when they face them and how the payment can add most value, without becoming too complicated.

Lone parents are particularly vulnerable and should be considered a priority group for support. Women who flee domestic violence (many single parents are also in this group) are also a priority group whose health and wellbeing suffer. Information on the challenges facing lone parents is available in a GCPH literature review, report and briefing paper^{9,10}.

Are there any particular issues related to the school payment that you think we should consider?

Recent work carried out by partners in Glasgow on the Costs of the School Day could provide a useful context for considering the needs of children and families in relation to poverty. Details are available on the GCPH website¹¹

⁹ Glasgow Centre for Population Health. *Briefing paper 46: The barriers and opportunities facing lone parents moving into paid work*. Glasgow: GCPH; 2014. Available at: http://www.gcph.co.uk/publications/535_bp_46_barriers_and_opportunities_facing_lone_parents_moving_into_paid_work

¹⁰ Graham H, McQuaid R. *The impacts of welfare reforms on lone parents moving into work: literature review*. Glasgow: GCPH; 2014. Available at: http://www.gcph.co.uk/publications/496_the_impacts_of_welfare_reforms_on_lone_parents_moving_into_work

Graham H, McQuaid R. *The impacts of welfare reforms on lone parents moving into work: full report*. Glasgow: GCPH; 2014. Available at: http://www.gcph.co.uk/publications/497_impacts_of_welfare_reforms_on_lone_parents_moving_into_work_report

¹¹ Glasgow Centre for Population Health. *The 'Cost of the School Day' project*. http://www.gcph.co.uk/work_themes/theme_3_poverty_disadvantage_and_the_economy/action_on_poverty/cost_of_the_school_day

Universal Credit flexibilities

Do you have any other comments about how the Scottish Government's powers over Universal Credit administrative flexibilities will be delivered?

We agree with the NHS Greater Glasgow and Clyde response: we have worked with the Scottish Government on the issue of household payments and the potential to put women experiencing domestic abuse in a precarious financial position. Financial abuse can be used as coercive control in domestic abuse situations. A household payment is likely to go to the abuser giving them financial control of their partner. Monthly payments could also increase the control women have over their finances. The Women's Aid/TUC report recommended that UC housing element is paid to the landlord, that the payment should be paid to the main carer, that there should be provision for women to disclose abuse, fast track assessment for women experiencing violence and an emergency fund and choice over frequency of payments¹².

Uprating

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

The GCPH is not best placed to take a particular view on current measures of inflation. We are aware of the ongoing wider debate (See 2015 review of measures by Paul Johnson) and aware of the arguments against switching current CPI linked benefit payments to RPI.

The Scottish Government could work towards adopting the Minimum Income Standard (MIS) that was developed in 2008 by the Joseph Rowntree Foundation (JRF)¹³. The MIS is a benchmark of minimum needs based on the goods and services members of the public think are required for an adequate standard of living. This is updated annually and could provide the foundations for developing social security arrangements that address the important longer term outcomes (e.g. tackling poverty, addressing inequality, improving wellbeing, enabling wellbeing and living healthier lives)

¹² Howard M, Skipp A. *Unequal, Trapped and Controlled. Women's experience of financial abuse and potential implications for Universal Credit*. London: TUC; 2015. Available at: <https://www.tuc.org.uk/sites/default/files/UnequalTrappedControlled.pdf>

¹³ Joseph Rowntree Foundation. *A Minimum Income Standard for the UK in 2016*. <https://www.jrf.org.uk/report/minimum-income-standard-uk-2016>

Evaluation

Please help us improve our consultations by answering the questions below. (Responses to the evaluation will not be published.)

	Very dissatisfied	Slightly dissatisfied	Neither satisfied nor dissatisfied	Slightly satisfied	Very satisfied
How satisfied were you with this consultation?	Very dissatisfied <input type="radio"/>	Slightly dissatisfied <input type="radio"/>	Neither satisfied nor dissatisfied <input type="radio"/>	Slightly satisfied <input type="radio"/>	Very satisfied <input type="radio"/>

Evaluation

Please help us improve our consultations by answering the questions below. (Responses to the evaluation will not be published.)

Matrix 1 - How satisfied were you with this consultation?:

[Very satisfied](#)

Matrix 1 - How would you rate your satisfaction with using this platform (Citizen Space) to respond to this consultation?:

[Slightly satisfied](#)