



## **Social Security Committee**

### **Benefit Take-up - Call for Views: SAMH Submission**

#### **Introduction**

Around since 1923, SAMH is Scotland's national mental health charity.

SAMH has represented the voice of people most affected by mental health problems in Scotland for more than 90 years.

Today, in over 60 communities we work with adults and young people providing mental health social care support, services in primary care, schools and further education, among others. These services together with our national programme work in See Me, respectme, suicide prevention and active living; inform our policy and campaign work to influence positive social change.

SAMH is dedicated to mental health and wellbeing for all: with a vision of a society where people are able to live their lives fully, regardless of present or past circumstances.

We welcome the opportunity to respond to the Social Security Committee's inquiry into benefit take-up. Our response focuses on disability benefits (income related and non-income related) as well as Universal Credit.

#### **1. What do we know about how much is unclaimed and why?**

The UK Government publishes estimated data on the take-up levels for income-related benefits. The most recent data (published November 2018) estimates that 8 out of 10 of those entitled to Housing Benefit across the UK claimed it; similarly 8 out of 10 people entitled to Income-related Employment and Support Allowance or Income Support claimed the benefit.<sup>1</sup> It is unacceptable that as many as 20% of people entitled to these benefits are not receiving them.

There is less information available for levels of unclaimed non-income related benefits such as Personal Independence Payment (PIP). Annual Fraud and Error in the Benefit System statistics published by the UK Government show that for Personal Independence Payment there was an underpayment rate of 3.8% - £400m- in 2018/19 across the UK, with claimant error making up £340m of the underpayment and official error £70m.<sup>2</sup> This data though does not show the number of people or value of potential payments that are not being received by people who have not made an application despite potentially meeting PIP eligibility criteria.

SAMH has concerns about disability benefits and mental health in regards to take-up. A DWP ad-hoc study in 2013 found that only 25.9% of people who fit the DWP's definition of disability described

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<sup>1</sup> DWP [Income-Related Benefits: Estimates of Take-up: Data for financial year 2016/17](#) November 2019

<sup>2</sup> DWP [Fraud and Error in the Benefit System 2018/19 Estimates](#) May 2019

themselves as 'disabled' with a further 11.4% describing themselves as 'sometimes disabled'.<sup>3</sup> In regards to mental health we know that not everyone with a mental health problem consider themselves disabled. Both the UK and Scottish Governments must act to ensure that people living with mental health problems are made aware of their entitlements to social security. During the recent Disability Assistance consultation we suggested that the inclusion of the word 'disability' in the name of the three Disability Assistance entitlements could be a disincentive to many people with mental health problems applying for the entitlements. We have called on the Scottish Government to ensure those potentially eligible who do not consider themselves disabled are targeted during future take up campaigns.<sup>4</sup>

Stigma and negative public attitudes about social security are also a barrier to benefit up-take.<sup>5</sup> Stigma around social security can take a variety of forms including: Institutional stigma (from the processes used to administer social security); Social stigma (social attitudes in respect of people in receipt of social security); and self-stigma (a person's own feeling that claiming benefits is negative or shameful).<sup>6</sup> Polling data from 2012 supported the conclusion that stigma impacts benefit take-up with one in four respondents to a MORI survey commissioned by Turn 2 Us giving at least one stigma-related reason for delaying or not claiming benefits.<sup>7</sup> We welcome the inclusion of anti-stigma activities as part of the recently announced Scottish Government fund to improve benefit take-up.<sup>8</sup>

## **2. What are the gaps in knowledge/research and how can they be improved?**

- NA

## **3. How can the administration of benefits be improved to maximise take-up? Specific examples would be welcomed.**

The current UK social security system is complex and difficult to navigate, particularly for people with mental health problems and other disabilities. Application forms for disability benefits including Personal Independence Payment (PIP) and Employment Support Allowance/Universal Credit (ESA/UC) are too complex while assessment processes, including the use of face to face assessments are too often inaccurate and stigmatising, causing distress and in some cases the worsening of the applicant's mental health.<sup>9</sup> This complexity acts as a serious barrier to take-up.

For example, while we welcome the premise behind the introduction of Universal Credit – to simplify the UK social security system and support people into work – for people with mental health problems Universal Credit has created new barriers and added to people's distress. These barriers include the digital by default approach to applications and the built in five week wait for initial payment.

To improve take-up it is crucial that application processes for reserved and forthcoming devolved benefits are simplified and made person-centred. The experience of Universal Credit and its reliance on an online - 'digital by default' approach to applications highlights the dangers of prioritising one

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<sup>3</sup> DWP [Ad Hoc Analysis \(table 10\)](#) 2013

<sup>4</sup> SAMH [Response to: Social Security: A Consultation on Disability Assistance in Scotland](#) 2019

<sup>5</sup> Turn 2 Us [Benefit Stigma in Britain](#) 2012

<sup>6</sup> Turn 2 Us [Benefit Stigma in Britain](#) 2012

<sup>7</sup> Turn 2 Us [Benefit Stigma in Britain](#) 2012

<sup>8</sup> Scottish Government [New fund to improve benefit take-up](#) 2019

<sup>9</sup> SAMH [Personal Independence Payment – What's the problem?](#) 2016

application method. Research from the DWP itself found that 24% of people with long term health conditions could not register a Universal Credit claim online, with 53% needing support to set up a claim and 38% requiring ongoing support to use the digital portal.<sup>10</sup>

As outlined in our submission to the Scottish Government Consultation on Disability Assistance in Scotland, we believe that to ensure people can fairly access the Scottish social security system a variety of application routes must be available alongside the proposed online application channel. These should include the ability to apply for Scottish entitlements by phone, in writing and in person, with no application channel having preference.<sup>11</sup> At the UK level we have called for the digital by default model to be scrapped by the UK Government with people permitted to use the most appropriate contact channel for them.<sup>12</sup> Application forms, for example the PIP2 form for Personal Independence Payment, should be simplified and be fully accessible to people with mental health problems to outline how their condition affects them. Future application forms for Disability Assistance in Scotland should be co-produced and tested by the Experience Panel to ensure they are accessible to people with a wide variety of disabilities including mental health problems.

Beyond the application routes for individual benefits, the availability of accurate information about entitlements (both at the UK and Scottish levels) and access to support, including welfare advice and advocacy is key to helping people claim what they are entitled to. Research exploring the experiences of people supported by SAMH community services found that there is a legacy of distrust with the UK social security system, both in regards to PIP and Universal Credit.<sup>13, 14</sup> This in part due to the complexity of the system, including the application and assessment processes, as well as the distress caused by previous engagement acting as a barrier to future interaction with the system through appeals or new claims.

To maximise take-up for reserved as well as devolved benefits, trust in the system of people with mental health problems needs to be rebuilt. We have been optimistic, while not complacent, that the approach taken to date in the development of the Scottish Social Security system has the potential to create a person centred system with dignity and respect at its heart. For example the Social Security Principles embedded within the 2018 Act and the Social Security Scotland Charter (Social Security Scotland: Our Charter<sup>15</sup>) provide the framework and clear articulation of expectations, including support, people can expect when engaging with the Scottish Social Security System.

We warmly welcome the Charter and in particular the commitment within it that Social Security Scotland will support people's wellbeing when engaging with the agency acting to make it as stress free as possible.<sup>16</sup> Despite this we are disappointed that the Social Security Charter: Measurement Framework, does not have a specific indicator measuring against this commitment to support people's wellbeing when engaging with the agency.<sup>17</sup>

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<sup>10</sup> DWP [Universal Credit Full Service Survey](#) 2018

<sup>11</sup> SAMH [Response to: Social Security: A Consultation on Disability Assistance in Scotland](#) 2019

<sup>12</sup> SAMH [‘It Was A Confusion’ Universal Credit and Mental Health](#) 2019

<sup>13</sup> SAMH [Personal Independence Payment – What’s the problem?](#) 2016

<sup>14</sup> SAMH [‘It Was A Confusion’ Universal Credit and Mental Health](#) 2019

<sup>15</sup> Scottish Government [Social Security Scotland: our charter](#) 2019

<sup>16</sup> Scottish Government [Social Security Scotland: our charter](#) 2019

<sup>17</sup> Scottish Government [Social Security Charter: measurement framework](#) 2019

One of the commitments within the Social Security (Scotland) 2018 Act and Charter is that independent advocacy will be available for people with a disability who need help with the application process.<sup>18</sup> We welcome this as an important tool, not only to support disabled people's engagement with the Scottish system, but also as a method to increase benefit take-up and maximise accurate decision making.

Evidence for the effectiveness of independent advocacy is clear. The Scottish Government funded the Welfare Advocacy Pilot Project between March 2015 and August 2016, which found that advocacy support throughout the assessment process of both ESA and PIP: Reduced the stress of applicants; increased applicants' confidence about communicating and their understanding of the process; and increased the accuracy of assessment outcomes.<sup>19</sup> Almost three quarters of people supported by the project had a mental health problem as their primary health condition. Nine out of ten of those participating received a positive result from their claim.<sup>20</sup> We believe that in the long term the right to independent advocacy should be extended to all people engaging with the Scottish social security system. A similar right should be introduced to support people engaging with the reserved social security system.

#### **4. How far is it possible for technology to create a more automated system, that uses information gathered for other reasons to award benefits automatically? What would the advantages/disadvantages be of greater automation?**

SAMH believes that automation where appropriate and with the informed consent of the person has positive potential to increase benefit take-up. An important area where automation could be of benefit is in the gathering of evidence to support a claim for disability benefits, both reserved income related disability benefits and Disability Assistance once it is devolved.

Currently for Employment Support Allowance, Universal Credit and Personal Independence Payment the responsibility of gathering additional evidence lies with the claimant rather than the state. Research from Citizen Advice Scotland found that clients had difficulty gathering additional evidence to support applications and mandatory reconsiderations.<sup>21</sup> For example 59% of advisors surveyed by Citizen Advice Scotland reported clients had difficulty obtaining supporting evidence from mental health service providers, and 18% had 'great difficulty'.<sup>22</sup>

SAMH welcomes the Scottish Government's commitment that where possible the Scottish Social Security Agency will assume responsibility for gathering additional evidence to support applications to Disability Assistance.<sup>23</sup> This represents a substantive improvement from the PIP system where the applicant is responsible, often at cost, for gathering additional evidence to support their claim. To ensure a person centred approach, we believe Social Security Scotland should gain consent from the person, ensuring full data protection compliance, before gathering additional evidence.

Forms of evidence that could be beneficial to support claims for Disability Assistance from people with mental health problems include social care assessment reports and medical reports from

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<sup>18</sup> Scottish Government [Social Security Scotland: our charter](#) 2019

<sup>19</sup> Alliance [Welfare Advocacy Support Project evaluation report](#) 2016

<sup>20</sup> Alliance [Welfare Advocacy Support Project evaluation report](#) 2016

<sup>21</sup> CAS [Burden of Proof: The role of medical evidence in the benefits system](#) 2017

<sup>22</sup> CAS [Burden of Proof: The role of medical evidence in the benefits system](#) 2017

<sup>23</sup> Scottish Government [Disability assistance in Scotland consultation](#) 2019

practitioners/services in contact with the applicant. These could include reports from the person's GP; Community Mental Health Team (CMHT); psychiatrist; psychological service; occupational health service report. Previous social security reports, such as Access to Work packages could also be beneficial in aiding decision makers.

Due to the lack of trust many people with mental health problems have with the DWP, and possible distressing previous DWP benefit assessment, any sharing of past DWP assessment reports should only be undertaken with the person's consent. Evidence from the Experience Panel found that two thirds wanted previous DWP evidence to be used by Social Security Scotland while 35 per cent did not.<sup>24</sup> Panel members raised concerns about the accuracy of previous DWP reports and the distress DWP assessments caused.<sup>25</sup>

Another area where automation would be beneficial is case transfer – both within reserved benefits (for example from legacy benefits to Universal Credit) and between reserved benefits to devolved benefits once they are devolved (for example from Personal Independence Payment to Disability Assistance). Automatic transfer would reduce the likelihood that people will lose entitlement, for example by not making a new claim.

In this regard SAMH strongly opposes the UK Government's plans for managed migration of legacy benefit recipients to Universal Credit.<sup>26</sup> The rules in place for the ongoing managed migration pilot place the onus on the person in receipt of legacy benefits (including those in receipt of Employment and Support Allowance due to disability) to make a new claim for Universal Credit within a 3 month migration window. If they do not, they risk losing their existing benefits completely.<sup>27</sup> This is completely unacceptable, putting at risk the financial security and mental health of people receiving support through the legacy system. We agree with the House of Commons Work and Pensions Committee that: "It is the Government's policy to transfer claimants to Universal Credit. It is only right that the Government, and not the individual, should shoulder the risk of that transfer."<sup>28</sup>

We welcome the position of the Scottish Government that case transfer from reserved to devolved benefits will be automatic with no re-applications, including no face to face re-assessments needed.<sup>29</sup>

**5. What can we learn from previous campaigns to increase take-up? Specific examples of projects or approaches that improved benefit take-up, particularly those that were evaluated, would be welcomed.**

- NA

**6. Are different approaches required for different benefits and different client groups?**

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<sup>24</sup> Scottish Government [Social Security Experience Panels: award duration and automatic entitlement](#) 2018

<sup>25</sup> Scottish Government [Social Security Experience Panels: award duration and automatic entitlement](#) 2018

<sup>26</sup> SAMH [Universal Credit \(UC\) Managed Migration Pilot – SAMH Briefing](#) February 2019

<sup>27</sup> UK Government [The Universal Credit \(Managed Migration\) Regulations 2018 – Draft statutory Instrument](#) November 2018

<sup>28</sup> Work and Pensions Committee [Universal Credit: managed migration](#) November 2018

<sup>29</sup> Scottish Government [Position Paper: Case Transfer](#) 2019

As outlined in previous answers people with mental health problems can face significant barriers to accessing social security. Both through structural barriers, such as the requirement to gather supporting evidence and the complexity of application processes. As well as due to a lack of trust with the current UK system.

Application and assessment processes for disability benefits, reserved and devolved, need to be designed to be person centred recognising the variety of challenges, including in communication, that people with disabilities, including mental health problems face. It is critical that the appropriate level of advice and independent advocacy is available to support people with disabilities access the entitlements that they are eligible for.

To help address barriers to take up, consideration for the local infrastructure of Social Security Scotland should include co-location locally with other places of support. This could include co-locating with medical practices; libraries; community centres etc.

Embedding local and national links with third sector organisations with expertise in particular disabilities and health conditions would also be helpful, both for Social Security Scotland and Jobcentre Plus. This would both upskill agency staff, including through provision of training and increase knowledge of local signposting opportunities for people engaging with the agency.

Learning should be taken from the recently discontinued Community Partners project. This project was funded by the UK Government and placed 200 community partners within jobcentres to assist Work Coaches in supporting disabled people, including people with mental health problems.<sup>30</sup> Community Partners were people with professional or personal experience of disability. Their role was to provide local knowledge to identify opportunities for tailored support to claimants and provide insight on the additional barriers disabled people face entering the workplace.<sup>31</sup> Community Partners have individual specialisms. For example, the programme includes Mental Health Community Partners, Young Person's Community Partners and partners specialising in drug and alcohol addictions. The programme was discontinued in April 2019. SAMH would like to see the Community Partner programme reinstated by the UK Government.

## **7. What kinds of eligibility criteria ensure better take-up?**

In regards to eligibility criteria clarity and the ability for people to easily and accurately evidence eligibility against any criteria is key. As outlined in response to question 3 the existing UK social security system is difficult to navigate with overly complex application forms and assessment processes. People supported by our community services have told us that it is not always clear what criteria is used to make decisions on eligibility and application forms, such as the PIP2 form for Personal Independence Payment, do not provide adequate opportunity to outline the impacts of someone's mental health on their functionality.<sup>32</sup> Application processes should be developed in partnership with people with disabilities (including through the Experience Panel in regards to devolved entitlements) to ensure that they provide clear information on eligibility criteria.

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<sup>30</sup> DWP & Department of Health. [Improving Lives: The Future of Work, Health and Disability \(green paper\)](#) 2017

<sup>31</sup> House of Commons Work and Pensions Committee. [Universal Credit: Support for Disabled People](#) 2018

<sup>32</sup> SAMH [Personal Independence Payment – What's the problem?](#) 2016

In regards to the structure of disability benefits themselves we believe that a points based system determining eligibility against a set of descriptors should be replaced in the medium to long term (both at the UK and Scottish levels). One of the biggest problems with PIP is the assessment's inaccurate application of the person's experience and evidence against the descriptors, resulting in incorrect scoring.<sup>33</sup> It is clear from the high number of successful appeals against PIP decisions (73% of PIP appeals October –December 2018<sup>34</sup>) that the system as currently constituted is not working effectively.

Other factors such as the use of informal observations during face to face assessments for Personal Independence Payment and Employment Support Allowance are not clear to people being assessed and too often have caused distress and been stigmatising, with an inappropriate focus on appearance punctuality and cleanliness.<sup>35</sup>

We believe that informal observations used as part of face to face assessments for devolved Disability Assistance and reserved benefits should only be used within a clear framework, recognising that assessors will make observations on a human level. Guidance should be produced (in partnership with people with lived experience of disabilities) regarding the use of observations in a face to face assessment. This should include the requirement that assessors verbalise (and so formalise) their observation to the person being assessed in order to allow the opportunity to comment on the observation. Observations should not be allowed regarding someone's journey to the assessment or their behaviour in the waiting room etc. People should be told in advance of any assessment what their rights and expectations, including regarding informal observations, to build trust in the social security systems. All information to people claiming benefits (both at UK and Scottish levels) should be accessible and in the form they prefer.

## **8. How might the development of Scottish social security impact on take-up of both reserved and devolved benefits?**

SAMH welcomes the creation of a Scottish Social Security system and believes it provides a unique opportunity to embed human rights based approach to social security. In particular we welcome the commitment to maximise take-up embedded within the Social Security Scotland Act 2018 . We believe this legal duty on the Scottish Government to take action to maximise take-up is the right approach, though it will require close working between the Government, Agency and wider civil society to ensure correct and assessable information is provided to the public.

We strongly believe that stigmatising attitudes to both social security and mental health need to be tackled as part of this legal commitment to maximise take-up. The Scottish Government and Social Security Scotland should work with See Me the national mental health anti stigma campaign to embed national and community level approaches to tackling stigma around mental health and social security.

Despite this, by the very fact that there are now two social security systems, there is the real danger of increased complexity for people navigating both systems simultaneously. This could be a particular problem for people with disabilities, including mental health problems who may be in receipt of (or

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<sup>33</sup> Mind and SAMH [submission to the Work and Pensions Committee inquiry on PIP and ESA assessments](#) 2017

<sup>34</sup> Ministry of Justice [Tribunals and Gender Recognition Statistics Quarterly, October to December 2018 \(Provisional\)](#) 2019

<sup>35</sup> Mind and SAMH [submission to the Work and Pensions Committee inquiry on PIP and ESA assessments](#) 2017

applying for) income-related disability benefits at the UK level and non income-related benefits through the Scottish system. It is essential that adequate levels of independent advice and advocacy are available to support often vulnerable people through both systems. In regards to Social Security Scotland we believe while it may not be appropriate for local advisors to be expected to be able to provide comprehensive advice on the reserved social security system, they should be trained to provide basic advice on possible entitlement and have comprehensive knowledge on signposting and sources of advice to direct people to who may also qualify for reserved benefits.

It will also be critical that both the UK Government and Scottish Government have a clear, ongoing and open processes of communicating to minimise any unintended consequences of changes to either social security system.

**9. Are there other questions you think the Committee should consider as part of this inquiry?**

- NA