

Disability and Carers Benefits Expert Advisory Group

To: Shirley-Anne Somerville, Cabinet Secretary for Social Security and Older People
By e-mail

26th November 2019

Dear Shirley-Anne,

Disability Assistance for Working Age People: Service Design and Home Visits

I am writing in relation to your letter of 31 July requesting the Disability and Expert Advisory Group (DACBEAG) feed into the development of Disability Assistance for Working Age People (DAWAP) service design and the use of home visits for assessments.

Six members of the Group attended a meeting with Scottish Government officials on 23 October. The reason for the meeting was to discuss the current state of policy and service design of the face-to-face assessment process for those DAWAP applicants who require one, including how home visits or other alternatives to attending an assessment centre should be utilised as part of this design. I have enclosed the list of attendees in the annex.

We welcome the commitment by the Scottish Government to ensure safe and secure delivery of the newly-devolved benefits, and to improve the claiming process for all recipients. It is clear that the current service design is looking at how disability benefit entitlement is assessed in the legacy system and making significant effort to improve the client journey to better promote dignity and respect.

Service Development Policy

We first discussed the current policy thinking that was leading some of the service design. While it is obvious the intentions of the service design are good, there are several points we want to raise regarding its current iteration.

Supporting Information Thresholds

The Group is pleased the Cabinet Secretary has largely accepted our recommendations regarding sources of supporting information provided on 11 April 2019 and in previous correspondence, as detailed in her letter received on the 28 October 2019, and in our discussion with SG officials.

We heard that there will be no hierarchy of supporting information so that all information, including information provided by family members and carers, will be given due weight. We also heard that case managers will always seek one source of information from a formal source, like a confirmation of diagnosis from a medical professional, that supports the client's description of their needs set out in the

application form, but that they can still make a decision where formal sources are not available. We welcome these proposals.

However, we believe the current thinking on supporting information thresholds (i.e. when a case manager has enough supporting information to make a decision on entitlement) needs further development.

We learned that a case manager is able to make a decision on entitlement when they believe, on the balance of probabilities, that the supporting information is consistent with the information in the application. Where this threshold has not been met, the case manager can request further information from the client.

We believe this approach as it stands relies too heavily on the discretion of the case manager. We understand that the Scottish Government is keen to make decisions as person-centred as possible, indeed we welcome this approach, so setting hard lines of sufficient information for decision making will be difficult. However, a lack of clarity carries several dangers.

It will inevitably result in inconsistent decision making which, in addition to being fundamentally unfair, has the potential to undermine the credibility of the process itself in the eyes of the public. Additionally, a lack of clarity for clients and their advisers regarding what and how much information must be provided is likely to cause undue anxiety and stress.

We are also concerned with how this lack of clarity might interact with Section 54(2) of The Social Security Act (Scotland) 2018. This section gives Scottish Ministers the power to make a negative determination on an application for assistance if an individual fails to provide requested information (including the results of an assessment) in a timely manner.

We are worried that this power, if implemented as part of disability benefit regulations, will have a detrimental impact on clients who may not be able to provide further information, including attending an assessment, for whatever reason. Instead, case managers should make a determination using the available information, as Best Start Grant guidance requires. This will ensure clients' substantive appeal rights are maintained.

Recommendation 1: The Scottish Government should create clear, publically available guidance detailing what and how much supporting information a case manager needs to make a positive determination.

Recommendation 2: Regulations should make it clear that, where this threshold is not met, case managers should still make a substantive determination using the information available.

Case Manager Training and Support

In a similar vein to the above, we are concerned that placing too much discretion in the hands of case managers may also have a negative impact on their ability to make good quality decisions and their personal wellbeing. The emotional toll of

needing to make decisions with profound consequences for people's quality of life can be significant. This could result in a drift away from the values the Scottish Government is attempting to embed in its delivery of social security and lead case managers to look to protocol to distance themselves from personal responsibility.

As such, in addition to clear guidance, case managers will need to be given significant training. This should incorporate people with lived experience providing insights into how their disabilities affect them. While this would require building capacity and offering support to the people with lived experience, the impacts on the quality of decisions could be significant.

Case managers must also be provided with a means of self and peer support. We were glad to hear that the Scottish Government is moving away from the practice of penalising case managers for incorrect decisions as a means of quality of assurance, which we heard is practiced in the legacy system. Case managers must also be given opportunities to ensure continuous improvement. To facilitate this, reflective practice should be embedded in the training and support packages provided to case managers.

When developing these programmes, the Scottish Government should look outwith the current legacy (i.e HMRC and DWP) systems and structures when recruiting and developing training for those who will deliver the Scottish system and be sure to incorporate learning from other organisations working in complex areas, for example Barnardos and Children 1st who are working towards becoming trauma informed organisations for staff as well as the people they support.

We believe these changes will help promote the significant culture shift from the legacy system, for both staff and clients, that the Scottish Government's approach to social security requires.

Recommendation 3: Case managers should be provided with significant training and a means of self and peer support, which embed reflective learning as a core tenant. Training should include people with lived experience providing insights into how their disabilities affect them.

Service Design

We then discussed when an applicant may be offered a home visit, how user research is being conducted to inform service design, and how the assessments might actually be delivered.

Home Visits

We were pleased to hear the Scottish Government is considering how to make face-to-face assessments as accessible as possible when they are deemed necessary. We understand the economic realities of offering multiple ways of conducting assessments and the resulting limitations. It was also interesting to learn that home visits present a challenge for recruitment of assessors. And we appreciate the difficulty obtaining robust client demographic data has been. Nevertheless, the group believes personalisation must be the key driver of this policy.

In regards to home visits specifically, we agree offering everyone a choice of a home visit could be problematic depending on the number of people who require an assessment. Therefore, at least until more information on the number of face-to-face assessments that will need to be conducted is available, there must be a clear process for delineating between those who require a specific method of delivery and those who merely prefer it. However, any such process should take into account:

1. It is the difficulty of the journey, not the distance, that should be considered.

For example, one person may have only a ten mile journey but would need to take several public busses that are unreliable or are infrequent while someone else may have a 20 mile journey but only need to take one bus that leaves a stop near their home every 15 minutes. Decisions must focus on how difficult the journey is for the individual.

2. The decision making process cannot be overly complex.

A complex process will lead to more costs and bureaucracy by requiring, for example, appeal processes and create delays in the client receiving an assessment.

3. When home visits are deemed appropriate, clients must be given a reasonable amount of notice and should be able to negotiate an appointment date and time that suits their needs without fear of being penalised.

Clients must be treated as equals in the appointment setting process and should not feel disadvantaged if they assert their needs over what is easiest for the agency.

4. Whatever is put in place at the start must be flexible to change.

Because there is limited data on client demographics and how many people will actually need to utilise the different assessment delivery methods is unknown, a “test and learn” approach must be taken.

Recommendation 4: How assessments are delivered should be tailored to the needs of the individual via a simple, transparent process that is flexible to change.

User Research

The next phase of the meeting focused on how the user research was being conducted. We were interested to see how this research is progressing but were mindful of the unforeseen barriers that have thus far limited the pool of research participants, **[Redacted]**

It was also apparent that the research would benefit from input from people from varying groups including: members of the minority ethnic community, people experiencing domestic violence, parents of disabled children, children transitioning to adult services, parents who are themselves disabled, those living in truly rural areas,

people living in temporary accommodation, refugees, EEA nationals, and welfare rights workers, among others.

Several members of the group offered ideas for sourcing further research participants and have passed these details to the researcher.

Design Blue Print for face-to-face assessments

The final part of the meeting detailed the current service design blue print for face-to-face assessments, which set out the client journey after being asked to attend an assessment. The group raised several points that should be considered when finalising this process:

1. Expenses informal carers incur when helping clients to assessments should be considered and reimbursed.
2. Who owns and has access to the audio recordings of assessments must be made clear to clients and those supporting them before they are recorded. Any transcription costs and who must pay them should also be made clear.
3. Specialist advisors must be distributed appropriately to ensure case managers are supported to make consistent decisions for less well understood conditions.
4. Requiring clients to record their daily activities over a period of time (for example a diary) should **not** be part of the assessment process. This will negatively impact certain groups of people, especially those with literacy, mental health, or memory issues. Even piloting or giving people the option to keep a diary as part of the process will likely make people think they will be detrimentally impacted if they do not, thereby causing unnecessary stress and anxiety. However, suggesting clients may keep a diary to aid filling in an application, but making it clear it should not be submitted as part of the process, may be appropriate. This is the approach currently described in the DLA claim form.¹
5. How the physical assessment spaces are designed is important to improving the client journey and it is clear the Scottish Government is putting significant thought and resources into this. However, how clients are treated (i.e. kindness) during the process is equally important and should be equally emphasised.
6. We welcome the Scottish Government's commitment to be transparent about informal observations and to give client's a chance to respond to them. However, further thinking must be done to ensure the process leaves the client with no surprises when they receive their copy of the assessment report. While we understand a wholly iterative process (i.e. giving the client the chance to see and comment on the report before it is finalised) may not be possible, steps must be taken to ensure clients receive an assessment report that feels fair and transparently produced. We welcome contributing to further discussions on this point.
7. The more the third sector is relied upon to deliver support for clients to use the service, the more resources they will require.

¹ Pg. 20, DLA claim form:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/788243/dla1a-child-print.pdf

We are pleased to have had this opportunity to view the service design blue print development and to engage with officials on related aspects of building the new system of disability assistance.

I look forward to your response and we would be pleased to discuss this further with your officials.

Yours sincerely,

Jim McCormick
Chair

DAWAP service design and home visits meeting
4 Atlantic Quay, Glasgow
23rd October, 10.00 until 14.00

Attendees:

Dr Jim McCormick: Chair of DACBEAG, Associate Director for Scotland, Joseph Rowntree Foundation

Ed Pybus: Welfare Rights Worker -Disabled Children and Families, Child Poverty Action Group, Carers Scotland

Carolyn Lochhead: Public Affairs Manager, Scottish Association for Mental Health (SAMH)

Dr Alan McDevitt: GP in Clydebank

Frank Reilly: Director, Scottish Recovery Network

Bill Scott: Senior Policy Advisor, Inclusion Scotland and Chair of the Poverty & Inequality Commission for Scotland

Nathan Gale: Senior Policy Officer, Social Security Policy, Scottish Government

Gregg Dean: Project Lead, Social Security Programme Management and Delivery, Scottish Government

Lucy Barrett: Service Design User Researcher, Social Security Programme Management and Delivery, Scottish Government (Deloitte)

Dean Thomson: Service Design, Social Security Programme Management and Delivery, Scottish Government (Deloitte)

Martin Moodie, Professional Adviser, Social Security Programme Management and Delivery, Scottish Government