

**Disability and Carers Benefit Expert Advisory Group  
Meeting 13: Thursday 27<sup>th</sup> February 2020, 11 a.m. – 4 p.m.  
Glasgow Royal Concert Hall, 2 Sauchiehall St, Glasgow G2 3NY**

**Note of meeting**

**Present:** Jim McCormick (Chair)(JMcC); Tressa Burke (Deputy Chair)(TB); Fiona Collie(FC); Lucinda Godfrey(LG); Andrew Strong(AS); Etienne d'Aboville(Ed'A); Carol Tannahill(CT); Alan McDevitt(AMcD); Ed Pybus(EP); Carolyn Lochhead(CL); Ewan MacDonald(EMacD)

**Apologies:** Sarah Hammond (SH); Shaben Begum (SB); Jatin Haria (JH); Angela O'Hagan (AO'H); Frank Reilly (FR); Bill Scott (BS)

**In Attendance:** Jane Sterry(JS); Alasdair Macleod(AM); Helen Tomison(HT); Nathan Gale(NG); Heather Mole(HM); Martin Moodie(MM); Carolyn Armstrong(CA)

**Secretariat:** David Hilber (DH); Kirsty Milligan (KM)

**Welcome and Introductions**

JMcC welcomed everyone to the group and reflected on the busy start to the year. He thanked all that have been involved in the working groups that have already taken place.

He continued by informing the group that himself and DH had met with former member Sally Witcher who is now the chair of the Scottish Commission on Social Security (SCoSS), and the secretary of SCoSS. They discussed where the boundary was between DACBEAG and SCoSS and how to keep in touch so that the two groups are not duplicating work. They agreed it was ok for the groups' work to cross over slightly at the very early stages of regulations development. They also suggested that members of one group could visit the other to maintain relationships and feed into each group's work. Finally, they agreed to develop a written document to more formally set out how the groups will work together.

AS explained he also met with SCoSS and was informed that it is difficult for them to meet with public stakeholders due to time restrictions so they would be keen for DACBEAG to share stakeholder feedback with them.

**DACBEAG13/270220/Action 1**

**Share information from past stakeholder engagement with SCoSS Secretary.**

**Action for: Secretariat**

**Action by: March 2020**

DH, JMcC and AO'H also met with the Scottish Government (SG) equality unit. AO'H wanted to confirm what the Equality Budget Advisory Group (EBAG) do and continue the discussion on how equalities analysis is feeding into SG policy. The unit has a small resource, two co-heads and a team leader, therefore they need each area of government to grow their own competence on tasks such as how to evaluate

equalities data. JMcC informed the group that the equality unit are keen to present to them and asked when through the year.

Members indicated that they would like continue the discussion regarding equalities and it would be best to do so sooner rather than later. **It was agreed to have them present at the next meeting and JMcC agreed to produce a note and have further discussion about how to progress the equalities conversation.**

**DACBEAG13/270220/Action 2**

**Invite representatives from the SG equalities unit to next quarterly meeting.**

**Action for: Secretariat**

**Action by: March 2020**

DH walked the group through this year's calendar and pointed out important dates including inviting the Cabinet Secretary to attend the November group meeting.

The Group was keen to discuss how to use the first quarter of 2021. Early ideas include a self-evaluation of how the group's advice was used to create policy and how to imbed a process of continuous improvement based on robust evaluation and analysis.

**JMcC expressed that diary requests should go out soon for anchor points.**

**DACBEAG13/270220/Action 3**

**Send out diary invites for important dates.**

**Action for: Secretariat**

**Action by: ASAP**

**Carer's Additional Child Payment (CACP)**

JMcC introduced SG officials: JS, AM and HT. The group were encouraged to ask questions on the note provided of the DACBEAG/CBAG CACP working group meeting. Although there were some members of the group that attended that working group, for most this was the first opportunity to talk through this.

JS talked through what was laid out in the policy paper that had previously been distributed to the group which included specific points that would be useful for the group to discuss. She then opened the floor to questions and views which included:

- One of the fundamental challenges is the age cut-off; the benefit doesn't cover caring for more than one adult.
  - This could be devaluing certain people's care, and alienate some groups of carers, so it needs to be made clear why this approach was taken.
- Carers organisations will have difficulties explaining to someone why they are not eligible for this benefit.
- Kinship carers and grandparents won't qualify for Carer's Allowance if they are in receipt of a full State Pension and therefore won't qualify for this in this situation. They will lose out significantly.

- How will this payment affect local authority care charging assessments and affect means-tested benefits?
- Are conversations happening with social care?
- A lot of carers are in employment and their life would spiral downwards if they were to lose their jobs.
- Is the reason this benefit is only given for children that it's all that can be afforded? The same issues come up for all carers.
  - Why give extra help for caring for children but not adults?
- Would it be possible to give it to people who are entitled but not in receipt of Carer's Allowance due to the overlapping benefit rules? Department for Work and Pensions (DWP) already knows who fits that criteria.
- What additional evidence will be required?

JS explained that SG officials are working with DWP and SG colleagues to prevent the payment affecting means-tested benefits and council tax reduction. She clarified that the benefit is targeting carers of children due to evidence of hardship in this client group and the impact of caring for multiple children on the wellbeing of carers. HT informed the group that the application for the payment would require carers to confirm the caring relationship between them and the relevant child as there is nothing information available through DWP or elsewhere to confirm this link. JS made it clear that the aim of the benefit is to help improve the wellbeing of carers, in recognition of the impacts on them of caring for multiple disabled children. AM clarified that colleagues in social care and wider carer policy would be involved as much as possible.

### **Break Out Groups**

The group split into two subgroups to further discuss their advice. Points these subgroups raised include:

- Is there a fraud issue? Is there a statement that needs to be written explaining the relationship with the child and is that liable to fraud?
- What is the application process? This can be challenging for a lot of people with mental health conditions.
- What will happen if there is a change in circumstances throughout the year e.g. a family breakdown? If care of the child is transferred to the other parent for example, does the new carer have to wait the rest of the year to make a claim or can a new claim be started when care changes hands?
- This process is not very flexible given family dynamics. Have you looked at mirroring Carer's Allowance Supplement (CAS) to make it 2 payments a year?
  - Having one application but 2 payments and making a check in point midway through the year to raise any change in circumstance.
- Could families with split care receive 2 payments? A change like this is much harder to make once the benefit is implemented.
- Out of the projected 1900 applications, is it known how many are families?
- It is much easier to prove being a live in carer than caring for someone out with your own household.
- There is a lot of caring happening in many relationships that people might not define as care.

- There could be an increase of applicants for Carer's Allowance after this launch and the awareness around it.
- One change that could be made at this stage is to focus on the impact on life rather than the number of hours spent caring.
- Could CACP be claimed pending the outcome of a second child's claim for a disability benefit?
- Kinship carers keep missing out. There are always boundaries when it comes to their claims. Could there be flexibility for kinship carers?
- Parents see no difference in their caring role when a child turns 18, but suddenly the help and services they have received disappear. Often the role gets harder as the person they are caring for gets bigger and heavier.
- If someone is in full time care, the process of moving on can be very expensive. That is perhaps something to look at.
- In terms of equality, is capping at 18 considered ageist?
- The benefit only catering for children will not go down well. Is there any way we can make it available for everyone?
- Would it be possible to not have an end date? After the cared for person turns 18, have another determination to see if there is still a requirement after that and continue payment. Would be good to trial this and then roll it out.
- It is still not understood why this isn't for everyone and only children.
- Would it be a risk to commit to delivering the benefit next spring if the eligibility is expanded to adults?
- If this benefit is about providing a small "quality of life" payment, it is important communications are clear about this. This should also be used for evaluating the efficacy of the benefit.
- The amount is definitely not enough to make up for the extra work of caring for more than one disabled child.
- Could this be connected to a discretionary fund of some kind for people who "age out" of entitlement, like the ILF's transition fund? The SG could consider making its own similar fund.
- What about staged payments for transitioning?
- Could SG provide support at point of transition to help apply for other benefits, etc.?

SG officials acknowledged that all questions and comments have been gratefully received and taken on board.

## **Decision Making**

JMcC then introduced HM, NG, MM and CA to talk about the decision making process for disability benefits. HM talked through a diagram explaining the process of decision making and briefly discussed the current draft of the decision making matrix, a tool to help case managers make decisions using all relevant information.

NG then discussed the new thinking regarding assessments - that they would no longer include physical examinations and will be called "consultations". The people conducting these consultations will now be called "practitioners".

Officials then took questions and comments from the group which included:

- The new assessment process is a noticeable change from previous iterations we've learned about. Will there still be suitably qualified assessors?
  - Those with mental health problems especially will benefit from people who understand their condition.
  - Practitioners and case managers must know when to ask for assistance from a specialist adviser/practitioner.
- Will some case managers and practitioners be disabled people?
- Will the decision making matrix require case managers to note every time they request specialist advice?
  - Do they have to say why?
- How are you going to evaluate and validate the decision making process? There was a pilot of Personal Independence Payment. Will this be piloted?
- Would be useful to know the process for gathering information.
- If assessments no longer require physical examinations, witness accounts will be much more important. Most people will go to their GP to request this evidence. This will put a lot of pressure on GPs and GPs cannot give letters to everyone as there is not enough capacity to do that.
  - Factual Information could be automated, is this being looked at?
  - There are ways of reducing workload. For example, there is a template used for DWP that could be modified for use with DAWAP.
- There are welfare rights workers in GPs in Dundee. How has this been considered as part of the information gathering process?
- The decision making matrix must include a path that leads to a negative determination. Currently it seems like case managers are prompted to continuously ask for further information if they can't make an award.
- Saying "yes" to a claim is easy. How you say "no" is much harder and must be carefully considered.

NG assured that SG are still committed to practitioners that are suitably qualified. They explained that some practitioners will be specialised, and case managers and other practitioners will know who among them to ask for specialist advice. While practitioner roles will be open to people with direct experience of certain conditions, it will not be used as a recruitment criteria. Their background in the field is what will make them suitably qualified.

In terms of piloting, NG informed the group that there is a model office running in the agency for testing. This enables a simulated environment based on data provided and although it is not live, will provide useful information.

HM explained that SG will be contacting GPs as well as other professionals to gather only sufficient information to determine, on the balance of probabilities, that the individual's condition is consistent with the general care and mobility needs detailed on their application. Programme colleagues are developing a form for GPs to complete and testing it with them.

It was pointed out that there is a drop down box in the matrix to check when case managers use a practitioner so decisions can be audited.

## **Break Out Groups**

As before, the group split into two subgroups to ask questions and share opinions on this process. The groups raised the following points:

- If a patient wants a letter from their GP they need to pay for it. If the agency ask for one they receive it for free.
- Does this drive people to collect evidence from an alternative source or will the process still be just one piece of evidence with no hierarchy?
- GP's are not impartial as they are a patient's advocate. They will be reluctant to provide information they think will be detrimental to their patients.
- Are there other ways of assessing need? Latest reports conclude that it's the number of medical conditions and not the severity that affects who returns to work.
- People learn that they have to behave a certain way to get what they need.
  - Carers are so important because they see this behaviour every day.
- If we are effectively removing face to face assessments how can informal observations be used fairly and well? What are the risks of incorrect decisions as a result?
- How will clients access support on a telephone conversation?
- Where there are questions about how much supporting information is required, case managers should ask clients to explain what further information would be helpful and where this information is held.
- "Information", seems to be used to describe both evidence corroborating a client's account of their condition and simple information about their condition. This is confusing and will be confusing to clients.
- Could checks for entitlement to other benefits be integrated into this application?
- There are risks to lack of physical examination as some people overestimate or overstate their abilities. This might be especially problematic for individuals with learning difficulties.
- There will be more bureaucracy as there is increased reliance on paper evidence.
- Changing culture is incredibly important. Moving away from physical examinations makes this even more important.

The SG officials thanks the Group for their insights and explained that their input is highly valued. NG explained that there will be some decisions on this topic soon after the Group provides its formal advice, but assured the Group it's on going advice and work with policy officials has greatly shaped those decisions.

### **Caselaw Work stream**

JMcC asked EP to discuss the workstream looking at how PIP caselaw might be integrated into the DAWAP regulations. EP explained that the workstream met three times and are producing a paper discussing this issue.

JMcC praised the workstream for their enthusiastic involvement and stated that although DACBEAG was not established for technical abilities, EP will need other experts people with him if this sort of work is something DACBEAG wants to

continue. He suggested a more technical subgroup is set up to help answer questions like these.

He also suggested there needs to be a bridge between the technical subgroup and DACBEAG with support for EP so he doesn't have to do all the work. He therefore suggested formally inviting two members of the technical subgroup to join DACBEAG. **The group agreed with setting up a technical subgroup and inviting two members to formally join DACBEAG.**

**DACBEAG13/270220/Action 4**

**Set up technical subgroup to work alongside DACBEAG and invite two members to formally join DACBEAG.**

**Action for: Secretariat**

**Action by: May 2020**

JMcC then asked DH to give the Group an update on recent FOI and website activity. DH explained that the Group had recently been the subject of an FOI request, in part because the website has not been updated recently. DH had already intended on updating the website and was in the process of doing so.

JMcC pointed out that the update of the website might be a useful time to consider how else the Group could engage publicly and raise the visibility of the Group. He suggested members could potentially draft blogs which could be updated on the webpage and asked about a twitter handle which could be used to promote DACBEAG's work.

**DACBEAG13/270220/Action 5**

**Update the Group's webpage and find out about twitter handle.**

**Action for: Secretariat**

**Action by: May 2020**

**AOB**

None

Next Group meeting will take place in May in Edinburgh (time and date tbc).

Thanks and close.

**Action Log:**

<b>Details</b>	<b>Action for</b>	<b>Action by</b>
Share information from past stakeholder engagement with SCoSS Secretary.	Secretariat	March 2020

DACBEAG13/270220/Note of Meeting

Invite representatives from the SG equalities unit to next quarterly meeting.	Secretariat	March 2020
Send out diary invites for important dates.	Secretariat	ASAP
Set up technical subgroup to work alongside DACBEAG and invite two members to formally join DACBEAG.	Secretariat	May 2020
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