

**Social Security Committee Call for Views on the Social Security Bill – See Me Scotland response**



See Me is Scotland's national programme to end mental health stigma and discrimination. Our vision is to enable people who experience mental health problems to live fulfilled lives.

We are working to change negative behaviours towards mental health, by creating a movement for change, bringing people together all over Scotland who are all passionate about tackling stigma, to work as one. Currently we have nearly 10,000 people signed up, including supporters, volunteers and champions, who are leading the way in making real changes in communities across the country.

We want to change the culture around mental health so people feel confident enough to speak about how they are feeling and can ask for help if they need it, without the fear that they will be stigmatised and discriminated against. To do this we are targeting key settings where people face stigma and discrimination; in work, education, health and social care, and in their local communities.

See Me is funded by the Scottish Government and Comic Relief, and managed by the Scottish Association for Mental Health (SAMH) and the Mental Health Foundation.

The following sets out our position on the Social Security Bill, drawing on the experiences of our volunteers and those that are connected with See Me, as well as the evidence base, and this informs where we support the views of other organisations as set out in the response.

**Q1. The Scottish Government has chosen to put most of the rules about the new benefits in Regulations. Do you have any views on this approach?**

See Me, in line with the responses of other third sector organisations, including the Scottish Association for Mental Health (SAMH) and the Health and Social Care Alliance Scotland (the ALLIANCE), feel that too much of the detail has been left to Regulations. This is unfortunate, as these do not allow for as much scrutiny and collaboration compared to that which exists on the face of the Bill, and indeed, Parliament can only approve them or not. We would prefer for there to be the opportunity for amendments.

We share the concerns of SAMH and Advocard about rules of entitlement being left to regulations, and would direct you to their responses.

We welcome the ALLIANCE's submission and support their call for amendments to be made to the Bill, in collaboration with other third sector organisations, particularly those that seek to include the voices of people who use support and services and unpaid carers.

**Q2. The Bill proposes that the Scottish social security system will be based on seven principles. What are your views on these principles and this approach? Are there other principles you would like to see included?**

We welcome the Scottish Government's approach, but would like to see some adjustments to the principles as they stand in order to strengthen it further.

Social security is a safety net for people in the most vulnerable situations in our society. At its best, it is an exemplar of co-operation that benefits everyone, through enabling equality of opportunity, and establishing fairness. We would be keen to have a principle that acknowledges this, and puts tackling inequality at the heart of the social security system. In this way, it would strengthen the principle that acknowledges the Scottish Government has a role in ensuring uptake by all those entitled. It would also give recourse to people with lived experience of mental health issues who have had issues with accessing welfare in the past, and decrease the likelihood of continuing discrimination. This is essential as a recent study found that the Department for Work and Pensions' Work Capability Assessment had stigma and discrimination against those with mental health problems built into it<sup>1</sup>.

Similarly, we believe it's important – as there is the public and political appetite for the Scottish Government's widely publicised Social Security Experience Panels – that there is a greater emphasis on co-production than is currently apparent within principle (e). IRISS' Pilotlight project<sup>2</sup> – combining co-design with Self-directed Support implementation – demonstrated the potential of using co-design tools to involve people more meaningfully and to gain a greater understanding of implementation issues through the involvement of lived experience. The Scottish Government itself is aware of the importance of language, as evidenced by the fact that we are talking about social security and not welfare or benefits. Moreover, there is an acknowledged role for co-production in tackling inequalities<sup>3,4</sup>, reducing the stigma and discrimination faced by those with mental health issues<sup>5</sup>, and enabling the uptake of rights<sup>6</sup>. There is the opportunity to take a different approach to social security, and thus we believe it's important to grasp this and include the language of co-production within the principles and the Charter. It is imperative that the voices of the more than 2'000 people on the Panels are able to contribute meaningfully to the design, delivery and evaluation of the new system.

The ALLIANCE's response underlines the need to use both qualitative and quantitative evidence to inform the new social security system, and we would echo this viewpoint. Indeed, the study by Marks et al., (2017) used qualitative evidence from people with lived experience of mental health issues to unearth the discrimination built into the WCA tests.

We would also echo their submission and SAMH's, which propose including definitions of key terms – such as 'disability', 'dignity' and 'respect', on the face of the Bill, to ensure absolute clarity and a shared understanding. We feel this is important, as it then gives the terms a legislative standing that would not happen if these definitions were to be included in any guidance produced related to it.

Principle (f), that the system "should always be trying to improve", we believe needs strengthened. Within health and social care the Our Voice programme, based within Scottish Health Council, is an example of a programme that seeks to enable meaningful engagement and create new opportunities for people with lived experience to be involved in the design, delivery and evaluation.

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<sup>1</sup> Marks, A., Cowan, S. & Maclean, G. (2017), Mental Health and Unemployment in Scotland. Retrieved from: <http://www.advocard.org.uk/wp-content/uploads/2017/02/2017-02-Heriot-Watt-Mental-Health-Report-on-WCA.pdf>

<sup>2</sup> <http://pilotlight.iriss.org.uk/>

<sup>3</sup> NHS Health Scotland (2016), Place and communities. Retrieved from: <http://www.healthscotland.scot/media/1088/27414-place-and-communities-06-16.pdf>

<sup>4</sup> De Andrade, M (2016) [Tackling health inequalities through asset-based approaches, co-production and empowerment: ticking consultation boxes or meaningful engagement with diverse, disadvantaged communities?](#) *Journal of Poverty and Social Justice*, 24 (2),127-141

<sup>5</sup> Local Government Association (2013), Tackling mental health issues – Local government's new public health role. Retrieved from: [http://cdn.basw.co.uk/upload/basw\\_104409-4.pdf](http://cdn.basw.co.uk/upload/basw_104409-4.pdf)

<sup>6</sup> Abdulkadir, J., Azuddin, A., et al., (2016) What do you mean, I have a right to health? Retrieved from: [http://strathprints.strath.ac.uk/58209/1/Abdulkadir et al IPPI 2016 What do you mean I have a right to health.pdf](http://strathprints.strath.ac.uk/58209/1/Abdulkadir_et al IPPI 2016 What do you mean I have a right to health.pdf)

We believe there should be an adequately resourced programme, in relation to social security, that whilst retaining independence, has a remit to 'close the feedback loop', promote capacity building, facilitate cross-sectoral and public engagement exercises, particularly with those accessing or trying to access the social security system, and deliver opportunities for people to 'speak truth to power'.

**Q3. The Bill proposes that there will be a publicly available social security 'charter'. Do you agree with the idea of the charter? Please explain the reason for your answer. Is there anything specific you would like to see in this charter?**

We strongly welcome the idea of a charter. We would suggest that it sets out clear expectations of the experience that people using the social security system can expect. Furthermore, we believe individuals who use the social security system should be aware of the principles that are at the heart of the system.

We would also encourage a clear commitment within the Bill to the United Nations Convention on the Rights of Persons with Disabilities, which Scotland is already committed to through the Fairer Scotland for Disabled People Action Plan. Within this, the Scottish Government commit to using the social security system to support disabled people with dignity, fairness and respect, using the new socio-economic duty to "take steps to address the economic disadvantage experienced by particular groups", and using Social Security Experience Panels "to test the new system to ensure it works for them".

In light of this, we feel that the Charter should also clearly lay out the mechanisms for redress, if the system falls short of expectations.

Likewise, we feel that the annual report on the Charter is welcome, however, believe it is important that within this there is a measurement of progress against each Principle, and a clear indication of what further steps will be taken each year to ensure that they are being upheld.

**Q4. The Bill proposes rules for social security - Do you have any comments on these rules?**

We echo the ALLIANCE's comments that the Bill should include a requirement on an assessment of the implementation of the new system. We believe it is has been a failure of current policy-making by the Scottish Government to not include such time-limited clauses on pieces of legislation related to public service reform that are intended to be transformative – such as the Social Care (Self-directed Support) (Scotland) Act 2013, the Public Bodies (Joint Working) (Scotland) Act 2014, and the Community Empowerment (Scotland) Act 2015 – that we would not like to see repeated.

Particularly on legislation that will impact on the socio-economic opportunities of the people in the most vulnerable situations, we feel it's essential that there are clear accountability mechanisms, and opportunities to correct potentially unintended and detrimental consequences of the new social security system. Thus, we welcome and strongly endorse calls for an independent review within 3 years of the Act coming into force and every 5 years thereafter.

The rules as they stand are very much focused on the responsibilities of people using the new social security system, and we would like to see a better balance that highlights the responsibilities of the Scottish Government and those working within the new system.

SAMH's response illustrates significant problems with the current assessment process for Personal Independence Payments, and with WCAs, that became evidence in their research. We endorse their calls for assessments to be paper-based where possible, and if the assessment must be face-to-face, then it should take place in a location suitable to that person's needs (home visits where necessary).

In other research with individuals with mental health problems, carried out by the ALLIANCE<sup>7</sup>, what is apparent is that people strongly felt that only those suitably qualified and professionally experienced in mental health should be allowed to make assessments of people with mental health issues. Without this safeguard, the likelihood of the persistence of stigma and discrimination within the social security system becomes an unfortunate inevitability.

We also endorse the Scottish Independent Advocacy Alliance's submission that argues, that in addition to an independent review within 3 years, that the rules need to encompass a rights-based approach; highlight accountability of the State; provide clear timescales and time limits; be clear and easy to understand; and ensure fairness and transparency throughout the whole system.

Furthermore, these rule, as SAMH's submission highlights, should take full account of the particular challenges faced by people with mental health issues, and ensure we create a system that is built around the needs of the people using it and not the (administrative or otherwise) needs of the system.

We would also encourage further thinking around the repayments element, in order to ensure that if they are sought it is in a way that takes account of individual circumstances. However, in truth, if we consider the administrative burden of seeking repayments, coupled with the possible chain-reaction of negative consequences that seeking these may inadvertently trigger, the cost may outweigh the gain – hence we would suggest more collaborative conversations take place around this issue, particularly with organisations who work with those who would be directly affected, such as those involved in advocacy and welfare advice.

**Q6. The Bill proposes that a new type of short-term assistance will be introduced for someone who is challenging a decision to stop or reduce a Scottish benefit – What are your views on this proposal?**

We would support the adoption of this, whilst encouraging that there is no additional administrative burden on the person who is seeking the short-term assistance.

**Q8. The Bill proposes that carer's allowance should be increased as soon as possible to the level of jobseeker's allowance (from £62.10 to £73.10 a week) – What are your thoughts on this proposal?**

As highlighted by Audit Scotland, there are more than double the number of carers within Scotland than there are paid staff in the health and social care system<sup>8</sup>. Thus we agree with this proposal and also endorse the recommendations contained within the National Carer Organisations' briefing paper<sup>9</sup>, as they would promote equality and help support carers in a way that recognises not only their vital importance to the health and wellbeing of the population, but also takes account of their individual needs.

**Q10. Is there anything else you want to tell us about this Bill?**

We would urge the Committee to look at how the Bill can support volunteering within Scotland – a policy touchstone of the Scottish Government. We have heard many experiences of individuals, who have been encouraged to stop attending peer-support groups, or volunteering at community projects, under threat of sanction. Where the current benefits system is currently deficit-based, and thus utterly

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<sup>7</sup> The Health and Social Care Alliance Scotland (2017) A New Social Security Assessment Process for Scotland: the views of seldom heard people. Retrieved from: [http://www.alliance-scotland.org.uk/download/library/lib\\_5940f03778baa/](http://www.alliance-scotland.org.uk/download/library/lib_5940f03778baa/)

<sup>8</sup> Audit Scotland (2015) Health and social care integration. Retrieved from: [http://www.audit-scotland.gov.uk/uploads/docs/report/2015/nr\\_151203\\_health\\_socialcare.pdf](http://www.audit-scotland.gov.uk/uploads/docs/report/2015/nr_151203_health_socialcare.pdf)

<sup>9</sup> National Carer Organisations (2016) Briefing Paper: Carers Allowance. Retrieved from: <http://www.carerstogether.org/wp-content/uploads/2016/06/Carers-Allowance-position-paper-final.pdf>

opposed to the aspirational policy narratives of recovery, of building resilient communities, and of taking an asset-based approach; it feels like a missed opportunity to not ensure that where we can transform the lives of individuals and communities through reviewing this and considering how new powers can be used to mitigate detrimental decisions, we do so.

We also support the submissions of Scottish Independent Advocacy Alliance, the ALLIANCE, SAMH, Advocard, and the MS Society, that call for the Bill to enshrine a legal right to independent advocacy for all those accessing the social security system – the benefits, and thus necessity, of this are well-documented in those responses, so we won't revisit them here. However, we would argue that alongside this, there is a need for greater resource investment for advocacy services.

SIAA have recently highlighted to the Public Audit and Post-Legislative Scrutiny Committee, that whilst the Mental Health (Care and Treatment) (Scotland) Act 2003 included a legal right for people with mental health disorders to have access to independent advocacy, in practice this has not happened – for a variety of reasons, including, for example, advocacy services being diverted to specific disorders, people in crisis, or those who are attending a Mental Health Tribunal. Coupled with the increase in demand and decrease in available resources, we believe it's imperative that this is included on the face of the bill for those accessing social security. Due to intersectional factors, this is particularly important for people with experience of mental health issues, and will facilitate them realising their rights.

We also believe that it is important that the PANEL principles<sup>10</sup> are mentioned explicitly on the face of the Bill, to promote a real move towards rights-based policy making, and send a positive signal that the new social security system will respect principle (b) – not only in acknowledging the importance of social security as a right in itself, but also in ensuring that a rights-based approach is used in all matters relating to the social security system, and is taken by those working within it and towards those engaging with it.

This Bill provides Scotland with a unique chance to not only improve the social security system and better support those experiencing mental health problems, but to help change the narrative around social security. As highlighted in the principles of this bill, social security is an investment in people and dignity must be at the heart of it. This would represent a welcome alternative to much of the stigmatising public and media narrative around both mental health and social security: that people are lazy or scroungers; they choose to be on benefits or to have a mental health problem. When people are struggling with their mental health they need help and support and do not deserve to be subjected to stigmatising attitudes or discrimination. We would urge that in creating these new powers, messages of dignity, respect and investing in people to empower them are at the centre of discussions. People should never be made to feel ashamed or embarrassed to ask for help.

**If you have any questions or would like more information on this response, please get in touch:**

Benjamin McElwee, Health and Social Care Policy and Practice Officer

- Email: [benjamin.mcelwee@seemescotland.org](mailto:benjamin.mcelwee@seemescotland.org)
- Telephone: 0141 530 1128
- See Me Scotland  
51 Brunswick St  
Glasgow  
G1 1UZ

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<sup>10</sup> Scottish Human Rights Commission. A rights based approach: an introduction. Retrieved from: [http://www.scottishhumanrights.com/media/1409/shrc\\_hrba\\_leaflet.pdf](http://www.scottishhumanrights.com/media/1409/shrc_hrba_leaflet.pdf)