

Devolving social policy: is Scotland a beacon for fairness?

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Background

Scotland has claimed always to be 'different' in social policy terms. Both in 1999, upon the first wave of devolution of policy making powers to the Scottish Parliament, and in 2012, when he was making a claim for Scottish independence, the respective First Ministers laid claim to 'social justice' and 'fairness' as the 'hallmark of Scottish Society' and proclaiming that 'an independent Scotland could be a beacon of progressive opinion – addressing policy challenges in ways which reflect the universal values of fairness'.

Scotland's 'difference' in social policy in some respects pre-dates devolution, due to different history, culture, legal and education systems, and some of the most marked policy divergence from the rest of the UK can be seen in areas where there was a different policy context prior to 1999, such as: a commitment to social housing and ending homelessness; free university education; and a resistance to marketisation in health care. However, health and social care, devolved in 1999, has not differed radically from the rest of the UK, apart from some key policies (such as free personal care, mental health legislation, and a different approach to children's criminal justice). Key writers argue that these differences are not that substantive in practice and are based on similar theoretical approaches as the rest of the UK. There has been no policy divergence at all in the area of social security policy which, until the Smith Commission's¹ recommendation to devolve some disability-related benefits is implemented, remains reserved.

Scotland's social policy distinctiveness: the example of social care

As in other areas of social policy, Scotland presents its social services as 'distinctive', as promoting social justice and the core values of social work in a way that differs from the rest of the UK, particularly in the post-devolution era.

This is manifest in a rhetorical resistance to marketisation, and an assertion that the foundation of social services in Scotland under the 1968 Social Work (Scotland) Act created a framework and a set of principles to drive social work to tackle disadvantage and inequality.

However, this has arguably been a difference more rhetorical than substantive. The 1968 Act gave local authorities the power to make cash payments to tackle material deprivation, in a way that English local authorities were prohibited from doing. Nevertheless, the development of direct payments (whereby disabled people were given cash to manage their own support in lieu of directly provided care services) was a policy development that was instigated in England (where it was technically illegal), not Scotland (where it would technically have been legal). Despite a rhetoric of 'coproduction', user empowerment and social justice, social work in Scotland has resisted the development of user-directed services until relatively recently.

Scottish social services have not developed a more universal or fairer system of allocating resources and services to people who need support than the rest of the UK. Local authorities have the responsibility for providing social care services, which means that, just as in the rest of the UK, there are different service levels, eligibility and access arrangements. Moreover, council tax freezes have placed constraints on local authorities' ability to meet the growing demand for social care services from an ageing population. User-controlled services have been developed in the form of self-directed support, and there is substantial third sector and not-for-profit sector involvement in the provision of social care services; they follow patterns established in the rest of the UK and adopted (albeit in a refined way) by Scotland, rather than policy innovations developed in a uniquely 'Scottish' way.

Future fairness for disabled people in Scotland? The option of combining social care and benefits

Following the 'No' vote on independence, the Smith Commission recommended that social care remain devolved to Scotland, and that disability-related benefits also be devolved. The draft settlement on devolution which should be enacted after the 2015 general election specifically recommended that Scotland be given control over the likes of the Disability Living Allowance, the Attendance Allowance, the Carer's Allowance, Personal Independence Payments and Industrial Injuries Disablement Benefit. These represent the group of benefits that are related to personal care. Also devolved will be a significant amount of the work currently done by the Department of Work and Pensions to support disabled jobseekers – such as the Work Programme, which outsources the task of getting long-term unemployed people into work to various agencies and charities.

The ability to vary the operation of Universal Credit (currently being rolled out to replace out-of-work benefits such as Employment and Support Allowance) will also be devolved. But over two-thirds of disabled people are over working age, so the failure to devolve pensions leaves significant gaps in Scotland's ability to create universal joined-up benefits. This partial devolution of welfare reflects the fact that no overarching principles underpinned either the Smith Commission proposals or the draft settlement. Instead, powers have been devolved piecemeal based on the existing system. However, this could potentially offer significant scope for new policy developments.

Most working age disabled people want to work, but often face significant barriers in terms of accessing training and support, along with the poverty caused by the additional costs associated with their impairments. The lack of flexibility and joined-up policy in the work environment, the benefits system, transport, care costs, the inflexibility of health and social care systems, education, housing, leisure, and lack of formal and informal social networks to provide

support all contribute to barriers faced by disabled people.²

There are over 650,000 unpaid carers in Scotland and over 100,000 young carers. Providing a significant amount of care for a disabled or older person increases the carers' risk of poverty and ill health, and if carers are providing more support than they (and the person they are caring for) are comfortable with due to lack of affordable alternatives, it can be harmful to the well-being and independence of both the carer and the cared-for.³

Giving disabled and older people the choice and control over their care and support services frees up unpaid carers to provide the additional support at a level they are comfortable with. This improves relationships, reduces the risk of poverty and ill health for carers (because carers are freed to engage in paid work if there are reliable services supporting the person they care for) and for those needing services and support (because they can 'purchase' the elements of care that they are comfortable with, which enables them to be parents, carers, workers, grandparents and spouses themselves) (Rummery and Fine, 2012).⁴

The following policy options could, theoretically, be possible in Scotland:

- The creation of a system of self-directed support that is universal and needs-led, and is not devolved to local authorities (i.e. disabled people would be able to access a system of self-directed support payments that was 'national', with the same criteria and levels of benefit);
- The removal of most of the funding for social care from local authorities and manage it at a central (Scotland-wide) level to enable this system to function;
- The retention of the role of social workers as support workers, service brokers, advocates and advisors for disabled and older people (i.e. maintain current levels of staffing in professional social work and allied professions);

- The removal of funding from the direct provision of services to enable a market for social care to develop where the 'disabled person' is the purchaser/commissioner of services;
- The diversion of funding to user-led organisations at a local authority level to provide advocacy, peer support and advice on commissioning and purchasing social care support;
- The integration of health, social care and other budgets to provide the full range of self-directed support.
- These policy options may offer improved efficiency and effectiveness and better outcomes than the present (complex) system of disability-and-caring related welfare benefits. However, the failure to devolve 'all' welfare benefits to Scotland misses a significant opportunity to develop a truly innovative and 'fair' system of welfare.

Scotland could have established a Citizens Basic Income (CBI)⁵ (a policy option favoured by the Green party and currently being investigated by the SNP): a subsistence level non means-tested benefit that is universally available as a social right. CBI creates social cohesion, fairness, addresses poverty and inequality, and research indicates it would cost the same, or less, than the current benefits system to run, whilst being fairer. CBI removes the need for punitive 'welfare to work' programmes, and instead enables citizens to engage in paid work to supplement their income on the basis of their skills. This enables both disabled people and carers (and parents and other groups of society who would like to work but find engaging in full-time paid work difficult because of access, training, the costs of childcare and transport, skills and balancing caring and other commitments). CBI could also remove the need for the minimum wage, and enable the development of more creative enterprise activity, particularly in areas that would address youth unemployment, such as the creative industries, information technology and the provision of childcare and long-term care services. Because there would not be the need to make a 'living wage' entrepreneurs could take risks, pro-

vide more effective and targeted services (e.g. enabling disabled people to co-produce and run their own social care enterprises). CBI could also partially address carer's poverty and, given that the majority of carers who are unable to work due to caring commitments are women, would also help to address gender inequality.

Conclusions

It remains to be seen how innovative and fair Scotland opts to be: how much of its increased policy making capacity it chooses to use, and how. Certainly in political rhetoric both the Greens and the SNP are the only parties currently offering a credible alternative to 'austerity-driven' welfare cuts, pointing to the SNP's record in the Scottish Government since 2007 as balancing the books whilst continuing to invest in universal services such as free nursing care, free university education and free prescriptions. Scotland certainly has a different policy making style, due to its different governance systems and scale. However, when policy outcomes are examined (such as health, income and gender inequalities) much of the distinctiveness appears to be rhetorical rather than substantive. It needs to be bolder to be truly fairer.

Notes

- ¹ <https://www.smith-commission.scot/smith-commission-report/> accessed 29/11/2014
- ² <http://www.disability.co.uk/sites/default/files/resources/Barriers%20to%20Employment.pdf>
- ³ <http://www.york.ac.uk/inst/spru/pubs/pdf/HeartsandMinds.pdf>
- ⁴ <http://www.scotland.gov.uk/Resource/0038/00388624.pdf>
- ⁵ <http://www.citizensincome.org/resources/Newsletter20123.htm>

References

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