



Appendix 2

Development Department

Your reference: Maximising Incomes and Outcomes

Our reference: #143184

Being dealt with by: David Purchase

Date: 29/1/13

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Dear Simon,

RE: Consultation: Maximising Incomes and Outcomes

Please find attached our provisional response to this consultation document. Please note that this is still subject to final ratification by full council.

Provisional Response

1.1. General comments

- 1.1.1. Thank you for asking us to comment on the draft plan. We look forward to seeing the final plan in due course.
- 1.1.2. The Council has a particular interest in this issue and would welcome further opportunities to support this initiative. We currently run several schemes to help people claim the benefits that they are entitled to. For example we run various schemes to support older people in the city and we fund generalist advice provision across the city. In the three years from 2008-11, our five Advice Consortiums dealt with 268,500 enquiries. It has been estimated that these helped people to access approximately £9 million per year in benefits.

1.2. Specific Questions.

1. Do you believe that the Department should continue to invest in proactive approaches to encouraging benefit uptake?

- 1.2.1. Yes, our feedback is that many people, especially older people are still losing out through a fear of form filling, a complicated claim system, a 'make do' attitude and in some cases fear that they will lose money rather than gain through a benefit check. Some of the proactive approaches such as the 'make the call' campaign have been quite successful and these campaigns should be repeated. It is, therefore, important that the Department continues to encourage benefit uptake and also to raise awareness about what is available in a way that makes the benefits system more accessible and removes the stigma that is sometimes attached to receiving benefits.



- 1.2.2. While we believe that all households should be made aware of the types of benefits that exist and how these can be accessed, some targeting may be useful. We consider the most vulnerable to be older people-carers, people with a disability, those who suffer from dementia and their families. Effort should be made to identify ways to access particular groups and increase knowledge of their needs.
- 1.2.3. The Department also needs to be exceptionally proactive to encourage benefit uptake with Black and Minority Ethnic (BME) communities and work to overcome particular barriers these group experience – literacy issues, need for interpreting services (in face to face work and information leaflets) and make use of existing structures/organisations which support these groups e.g. the migrant Centre in Belfast, the Regional Interpretation Service, libraries, appropriate community groups etc.

2. Do you [believe] that people in all circumstance (in and out of work) are in scope for improved awareness and information with higher investment and priority being given to those groups identified as needing more direct intervention in order to take up benefits they are entitled to?

- 1.2.4. Yes, anyone can get into circumstances where they need the safety net of the state welfare system and so a life-course approach should be adopted rather than waiting until people are at their most vulnerable. However, we recognise the importance of targeting those in acute situations e.g. older people, people with care needs and caring responsibilities.
- 1.2.5. There is a need for improved awareness-raising generally given the current economic climate and the changes being brought about by welfare reform. There are people now relying on benefits who may never have received them before and who may be unsure of what is available and the processes for claiming.
- 1.2.6. Carers from BME backgrounds are also a particularly vulnerable group, often unaware of their status as carers and seeing caring as part of their family responsibilities. We suggest that the Department hold information and awareness raising sessions on the process of carer's assessment and other benefits for social workers and other healthcare professionals so that they can help BME carers gain the benefits they are entitled to.
- 1.2.7. The Joseph Rowntree Foundation's annual study "Monitoring poverty and social exclusion in Northern Ireland 2012" reports that 120,000 children in Northern Ireland live in poverty, half of them in working households. Therefore, we have some concern that there is no mention of child poverty.
- 1.2.8. The report also stated that all of the increase in poverty over the previous 3 years came in working or retired households. Thought, therefore, needs to be given to targeting the "working poor" – a substantial and growing group perhaps through information being sent out with pay slips, using an organisation's intranet or holding information sessions.
- 1.2.9. There should also be recognition of people who are becoming vulnerable through the recession. The Simon Community has just highlighted an increase in homelessness in NI. These could be targeted through shelters and relevant organisations. Those with a mental health illness and substance misusers are particularly vulnerable as they may lack confidence and often need one-to-one assistance.

3. Do you agree that referral to a wider range of services and supports should be a key part of benefit uptake programmes?

- 1.2.10. Yes, a collective and co-ordinated approach to reducing the impact of poverty should be adopted. For example, the department should work with other departments and agencies in respect of advocating the availability of other support services such as mental health, free transport, dental services and the availability of local health and volunteering programmes. Adopting a holistic approach will ultimately impact on the level of poverty and associated issues such as reducing isolation and improving mental health & well being. However, those who are involved in the delivery of benefit uptake programmes need to be fully aware of what other services and supports are available and, therefore, all SSA staff need regular training. Forwarding a leaflet, telephone number or website to



someone may not always be appropriate. Sometimes a more personal and supportive approach is necessary.

1.2.11. In the current approach we feel that there needs to be more co-ordination. For example, the UMA project (MARA delivery model), BCC neighbour targeting project and some of the fuel poverty initiatives seem to be targeting similar groups of people. A combined approach would be cheaper and more effective.

4. Do you agree with the vision and aims of the strategy?

1.2.12. Yes, we agree with the vision that *every individual* and household have access to the benefits that they are entitled to. There may be some slight contradiction because of the emphasis on *targeting specific groupings* with a particular emphasis on older people. However, we understand the need for this as discussed in our response to previous questions.

1.2.13. In general we think the stated aims are clear and concise. However the document may be improved if:

- An additional aim was made to include the conversion of awareness into uptake;
- The second aim was expanded to ensures awareness of the full range of benefits 'and how to access them';
- The third aim regarding support could be strengthened. In particular it may benefit from support being described as 'timely support.'
- The principles included 'empathy' on the list, particularly to address the strategic priority 4 'responding at key life changes'.

5. Do you believe that the 6 strategic priorities are right? Are there others that you would have expected to see?

1.2.14. As detailed in the consultation document a lot of work is needed to reliably understand the problem therefore priority 1 'Improving the evidence base' and 2 'Better targeting' are sound.

1.2.15. Priority 3 would be more effective if it referred to simplifying access rather than improving access. Many people with direct information are not accessing and converting to uptake.

1.2.16. Priority 4 'Responding at key life changes' is key.

1.2.17. Priority 5: would have benefited from the evaluation of the current innovation fund projects.

1.2.18. Priority 6 Innovation: needs some caution to ensure that any innovation helps to simplify access rather than complicate the system any further.

1.2.19. There needs to be a strategic priority to raise awareness around the impact of welfare reform. Also there needs to be either an additional priority, or something specific, about better use of communication channels in one of the priorities. For example, a recent campaign between Age NI and Belfast Telegraph created over £140,000 in additional claims in two weeks.

1.2.20. Methods of communication: different methods will reach different people at different times; websites are one way of sharing information but not everyone has access to the internet or the IT skills to use it. Therefore, a range of communication methods need to be used

1.2.21. At the consultation sessions, attendees were told that benefit uptake is about "getting people more money, getting people the support they need and improving lives".

1.2.22. If the DSD want to deliver the vision of Maximising Incomes and Outcomes and to support people and improve their lives, they need to continue to offer one-to-one support and home visits. On the face of it, it may seem that these offer less value for money than telephony services but those who are most vulnerable often need an advocate to help



them through the claim process. The Social Security Agency may get less money back for every £1 invested compared with telephony services but if this support is not available, there will inevitably be a cost to another Government Department (probably Health).

1.2.23. It is, therefore, important that the DSD consider benefit uptake in a more holistic way and from the point of view of impact across Government Departments, bearing in mind the implications on life inequalities of not reaching people and not just from a value for money perspective.

1.2.24. The priorities seem quite separate and they would benefit from being cross linked. For example:

- Understanding need and addressing it with suitable delivery;
- Co-ordinated, flexible and simple approach from awareness to uptake especially at key life changes;
- Partnership development; revision of existing practice and innovative approaches for local delivery to compliment uptake

6. Do you agree that the main barriers to benefit uptake are listed? Are there other factors that may have a bearing on decisions about having an entitlement check or making a claim?

1.2.25. We agree with the issues listed but feel there are some additional ones (which may be subsets of some of your original list):

- Confusion, lack of awareness on how to get advice and assistance and the availability of information.
- Frailty, physical difficulties and feeling of vulnerability.
- Impact of medical conditions e.g. depression in actively seeking entitlements or support.
- Literacy levels and support requirements.
- Language used to communicate to target audiences.
- Ensuring the method suits the audience.
- The time needed to make an application rather than immediate sign up or resolution.

1.2.26. Making a claim easily and with support is vital for BME communities who need language support, literacy support and confidence building to understand our systems and the benefits available.

1.2.27. A mental health illness and use of substances impacts on a person's ability to function not only day to day but also hour by hour; it can also affect their ability to plan for the future. A system that only allows people to apply for benefits through telephony or the internet will exclude many people including those from BME communities, those with poor literary skills and those with a mental health illness and substance misuse issues. It is vitally important that the Department continues to support its home visiting service and/or funds advocates within community organisations, the advice sector or other groups to support those with mental health and/or substance misuse issues in relation to applying for benefits.

1.2.28. People are sometimes concerned about sharing information about their income and personal circumstances with someone working for a Government Department. Benefit uptake may be improved if benefit entitlement checks and benefit uptake campaigns are undertaken through advice centres and organisations that have an existing presence in an area and are trusted within a community.

1.2.29. A move to applying for benefits only through telephony and the internet will be a barrier for those who do not have I.T. skills or access to the internet.

7. In addition to those better targeting commitments set out are there others that you believe should be considered by the Department?

1.2.30. There appears to be a high level of information on the targeting of older people but only a brief mention of other groups. There does not appear to be a real commitment to



targeting 'families.' It would be helpful to be able to understand the priority of different target groups according to the level and type of benefit. It would also be useful if the targeting commitments reinforced an appropriate 'method' when targeting customers. For example, The "Make the Call" campaign is well-known and recognised; and could be extended to other groups.

- 1.2.31. More thought could be given as to how to target carers and to identify the types of carers who are most vulnerable. This might involve, for example, working with the Alzheimer's Society or charities working with children with a disability, various charities, schools, credit unions, groups dealing with specific issues (such as disability), GP surgeries, and Psychiatric nurses.
- 1.2.32. The "working poor" are a substantial and growing group and could be targeted through awareness-raising campaigns in workplaces.
- 1.2.33. There may be other useful sources of information to inform future targeting efforts. For example, the new census results and lessons learned from the innovation fund.

8. In addition to those access and delivery commitments set out are there other improvements that you believe should be explored by the Department?

- 1.2.34. Closer links could be developed with local government benefits. For example direct access/ referrals to the Council's 'BOOST' scheme and oil stamps. This is particularly relevant under the Council's commitment to targeting health inequalities. The Community outreach facility needs to adopt a more holistic approach as highlighted elsewhere in our response.
- 1.2.35. A more co-ordinated approach between the different initiatives that are operating such as the "Make the Call" campaign, MARA/UMA project and the area based fuel poverty project to ensure that the same groups of people are not always being targeted.

9. What additional steps do you believe the Department could take to ensure that, at critical points of change in people's lives, they are aware of their entitlements to benefits, services and supports?

- 1.2.36. Improved data sharing between Government Departments would help to identify people whose situation changes and who become entitled to benefits. Messages about entitlements need to be communicated in various forms, through TV, radio, posters, workplaces, etc.
- 1.2.37. Work with DHSS&PS to target people who have just taking on considerable caring responsibilities. Carers are now offered an assessment as a statutory requirement.
- 1.2.38. Increase the use of champions in media adverts (e.g. the older people's commissioner) as this adds credibility to the message.
- 1.2.39. Add the principle of 'empathy' referred to in question 4.
- 1.2.40. A comprehensive booklet outlining the points of change and all of the benefits to which people may be entitled would be a useful additional step, as would publication of this booklet as an online reference and distribution of a summary to raise awareness to all households. A settings approach may help also ie Doctors surgeries, hospitals, advice centres, schools and carers groups.
- 1.2.41. When people are facing critical points of change in their lives they are at their most vulnerable. The benefit system and associated services and supports need to be as accessible and user friendly as possible.
 - Firstly, in order to avail of something, people need to know what services and support is available. It would be helpful if there was clear information available in one accessible guide or reference point. This 'Overview' of entitlements and services should avoid being text heavy and make use of visual information such as diagrams eg. flow diagrams.



- It would also help if agencies themselves didn't treat a client's issue (eg. benefit entitlement) in isolation, but acted as a signpost / referral to other services that they think the client might benefit from (eg. blue badge; social services support; community group befriending scheme; counselling services; volunteering opportunities).
- When an individual makes contact with an organisation it would be helpful if they had a named member of staff who they could deal with in terms of follow-up telephone calls etc. instead of dealing with a different person everytime they make contact with the organisation.
- If a person is in a particularly vulnerable condition organisations should encourage them to volunteer a family member or trusted friend to assist them in dealing with the department.

10. How do you believe the Department could improve uptake of benefits through enhanced partnerships working with community level organisations?

- 1.2.42. If the Council implements additional computers, as per the Super Connected Broadband Project proposals, it could offer access to information on benefits via IT facilities at Community Centres. It may be possible to increase the integration of DSD's work and the Council's existing Advice services or our partners who are already working with vulnerable older people e.g. good morning schemes, older peoples networks/forums.
- 1.2.43. The Department could use and build on partnerships that already exist with community organisations and could also link with groups and organisations that are already working with people who are likely to be eligible for benefits and/or vulnerable to changes in welfare reforms, bearing in mind that adequate funding needs to be provided if organisations are expected to undertake additional work.
- 1.2.44. There may be scope for working more closely with local cross sectoral partnerships such as Health, Community Safety, Neighbourhood Renewal Partnerships. Additionally, working with networking agencies such as NICVA and the Community development for Health Network.
- 1.2.45. There are partners who could support this work in the advice sector and community organisations as long as they have the appropriate assistance and are properly funded to do so. Many of them are already offering some sort of advice/signposting service which could be built on but we understand that they are currently working to capacity and could only offer additional support with extra funding and investment.
- 1.2.46. The Department could target organisations that support people with mental health illness and/or substance misusers. It is, therefore, also vital that the Department continues to offer one-to-one support and home visits and that voluntary and community sector organisations are funded to support those who are most vulnerable.
- 1.2.47. According to the Joseph Rowntree Foundation ((Monitoring poverty and social exclusion in Northern Ireland 2012), 120,000 children in Northern Ireland live in poverty, half of them in working households. Families with children could be reached through antenatal and postnatal clinics, health visitors or schools. The "Make the Call" campaign could be extended to include families with the Northern Ireland Commissioner for Young People appearing in the advertisement.
- 1.2.48. Other suggestions include:
- The 'There and Now' service, which is a one visit/ call service for benefits based on the learning from existing approaches referred to in the consultation document;
 - Allowing 'advocates' for claimants, perhaps from partner organisations who can be the direct contact for follow up paperwork and this may link to the 'community outreach services.'
 - Work with the Regional Interpreting Service to promote benefits uptake with BME families



11. How do you believe the Department could improve uptake of benefits through innovation?

1.2.49. Possible solutions include:

- As per our answer to 10, the Council could offer access to information on benefits via IT facilities at Community Centres.
- Putting more investment into the Innovation Fund projects that were successful and role them out in an effective way.
- More work with faith-based groups who have contact with older people.
- Using older champions to encourage older people to 'make the call.'
- Text messaging service.
- Working with local community groups.
- One stop shops.
- Consider extending the community outreach service to work in conjunction with the advice sector. Perhaps staff could provide local benefit outreach clinics from local advice centres.

1.2.50. However, there needs to be a balance of business as usual and innovation. For example the changes arriving with the 'Universal credit system' may be perceived as creating more complication. Efforts are needed to ensure that any new system is embedded and advertised effectively, so that existing and potential claimants are not confused.

1.2.51. The Department could ask for comments and feedback from people already receiving benefits – what has been their experience of support on uptake within and outside of the Department, what was helpful and what was unhelpful, use of surveys, comment boxes, phone calls etc. – and respond as needed.

12. Are there additional targets that you would like to propose?

1.2.52. A more challenging target is required to measure the conversion from awareness to uptake. This appears to currently sit at 6% and so might need further investigation.

1.2.53. SMART targets are needed for all priority groups that have been identified in terms of under claiming; awareness; uptake etc. In particular, targets should be developed for carers or other groups/specific benefits.(attendance and carers allowance).

13. Any further comments, recommendations or suggestions you would like to make in relation to this plan.

Thank you for asking us to respond to the proposals.

Yours faithfully

David

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