

Choosing an appropriate review period

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Introduction

1. This chapter covers the topic of setting review periods for Adult Disability Payment (ADP).
2. This chapter provides guidance on:
 - deciding whether or not an award of Adult Disability Payment should have a review date
 - setting the award review period (if any)
 - under what circumstances an indefinite award (award without review period) would be appropriate.
3. Case managers should read this chapter together with the Principles of Decision-Making chapter. It sets out the principles and the legal context that underpin decision making in the Scottish social security system.
[LINK TO PRINCIPLES OF DECISION MAKING CHAPTER]
4. This chapter also relates to the Relevant Considerations, Scheduled Reviews and Unscheduled Reviews and Determinations without Applications chapters.

[LINK TO LIGHT TOUCH REVIEWS, SCHEDULED REVIEW, UNSCHEDULED REVIEWS AND DETERMINATION WITHOUT APPLICATIONS CHAPTERS]

Principles of choosing a review period

5. Awards of disability assistance do not have a fixed end date after which clients have to re-apply for disability assistance. As all our awards are ongoing, most awards will be reviewed regularly to ensure that the individual continues to receive the right amount of assistance. The review should be scheduled for a time where it is most likely that the individual's needs will have changed.

6. For example, if the individual has surgery planned for the near future which would be expected to significantly impact their level of need, a review at a point following the anticipated recovery period after surgery might be appropriate. For more information refer to the guidance on planned treatment or surgery. [\[LINK TO PLANNED TREATMENT OR SURGERY SECTION\]](#)

7. Some conditions or their impact on the individual are likely to change over time, so a review may be appropriate to see whether the individual might be entitled to a different rate of Adult Disability Payment in the future.

8. For conditions unlikely to see significant changes in overall impact, this might suggest a longer period between reviews. The case manager should consider other factors that may impact on the individual's level of need. [\[LINK TO RELEVANT CONSIDERATIONS SECTION IN THIS CHAPTER\]](#)

9. Small changes in the individual's condition might make a significant difference to their overall level of entitlement for Adult Disability Payment, depending on the score for each activity awarded by the case manager for the daily living and mobility components. This should not prevent a case manager from setting a longer review period, as the individual can still ask for an unscheduled review [\[LINK TO GUIDANCE ON UNSCHEDULED REVIEWS\]](#) if their circumstances change.

10. Individuals who have a terminal illness will not have a scheduled review of their entitlement. [\[LINK TO SRTI CHAPTER\]](#)

11. In all other instances, when making a determination of entitlement for Adult Disability Payment, a case manager must choose to do one of the following:

- set a review date
- not set a review date, as it is highly unlikely that the individual's circumstances will change¹. Awards without a review date are called 'indefinite awards'.

Relevant considerations for setting a review period

12. A review date should be set based on when the individual's circumstances are likely to have changed. The case manager should take a holistic, person-centred approach to determine when this is the case for the individual in question. This means that they should not set a review period based only on when, generally, individuals with a certain condition may experience changes. Rather, the case manager should also consider:

- the application form or review form completed by the individual or on their behalf
- (if applicable) additional information gathered by contacting the individual with follow-up questions
- confirmation from a professional, if available
- (if applicable) any supporting information provided by the individual, or collected by Social Security Scotland
- (if applicable) advice from a Social Security Scotland practitioner
- (if applicable) the consultation report supplied by a practitioner
- (if applicable) information received from DWP when an individual's entitlement to Personal Independence Payment or Disability Living Allowance is transferred to Adult Disability Payment
- the factors outlined in this section

to determine when the individual's needs will likely change in the future.

13. Although some conditions might suggest a longer review period (or none at all), case managers should make a decision based on the information available to them relating to the individual and the holistic picture they've established based on that information.

14. Where there is more than one condition, the case manager should take into account the effects of all of the conditions. This should also involve considering how those conditions interact with each other and what their overall impact on the individual is.

15. If the information available on the individual does not provide a case manager with this level of detail, it may be appropriate to consider one of the following:

- seeking a case discussion with a practitioner
- where a consultation with the individual has already been identified as necessary to establish the level of need case managers could request that the consultation also provides the information needed for setting a review period by adding relevant questions to the consultation request.

This should only be done when a consultation is needed to establish the individual's level of need. Case managers should never request a consultation solely to understand what review period to set.

16. The following factors are all relevant in setting an award review date:

- the age of the individual
- whether the individual is entitled to the enhanced rate of both Adult Disability Payment components and might therefore be eligible for an indefinite award
- whether the individual has a single condition or multiple conditions
- how long the individual has had their condition
- whether there is any ongoing, current or future treatment or surgery and how this might be expected to impact the individual's level of needs
- the type and anticipated progress of the underlying condition
- relevant life events

17. Establishing how these factors interact with one another and, based on them, what review period (if any) will be appropriate, can be complex. Case managers should request a case discussion if they need support to select an appropriate review period.

Age

18. The individual's age can impact on the likelihood of their needs changing over time. For example:

- The age at which an individual first develops or experiences their condition may impact their ability to adapt to that condition.
- Depending on their age, individuals might have different support available: a younger person may have parental support to manage a condition and an older person may have a family to help, both may impact how they deal with their condition.
- Age influences the likelihood of the individual being in good health. If an individual is in good health, it is more likely that they will adapt quickly to a new condition or disability or will recover more fully.

This list is not exhaustive.

19. It is impossible to be prescriptive about the effects of age in all cases. Case managers should be cautious about assuming that an older individual is likely to have longer-term needs than a younger individual.

20. It might be reasonable to expect that a 25-year-old in good health, who loses their left leg in an accident, might adapt to this and live independently. They may be able to adapt quickly to using a prosthetic leg and benefit from intensive physiotherapy.

21. However, a 60-year-old individual who is:

- overweight
- has diabetes
- has a number of respiratory conditions

and who loses their leg because of complications from diabetes is more likely to face longer-term needs. Their existing conditions are likely to impact

- wound healing
- muscle strength
- the new muscle and joint movements required with prosthetic limb use.

22. If a case manager is unsure about whether the individual's age is more likely to give rise to longer-term needs, they should request a case discussion with a practitioner. [LINK TO CASE DISCUSSION GUIDANCE]

Level of award (enhanced rate of both components)

23. If an individual is entitled to the enhanced rate of both components of ADP the case manager should consider whether they meet the eligibility criteria for indefinite awards (awards without review).

24. Indefinite awards are only appropriate for a small group of individuals in receipt of the enhanced rate of both ADP components whose needs are highly unlikely to change or only likely to increase.

25. Apart from individuals who are terminally ill [LINK TO SRTI GUIDANCE], there is no automatic process to make an indefinite award, simply because the individual is entitled to the enhanced rate of the daily living and mobility components.

26. Case managers must review the decision-making guidance on indefinite awards [LINK TO THE INDEFINITE AWARDS GUIDANCE FURTHER DOWN IN THIS CHAPTER] and must follow the process set out in the operational guidance [LINK TO THE RELEVANT OPS GUIDANCE CHAPTER].

27. Case managers should consider all of the information available from the application or review form and supporting information in deciding whether or not to set an award review period.

Single or multiple conditions

28. In the case of a single condition, it may be relatively easy to understand if the individual's condition is unlikely to change.

29. Where the individual has multiple conditions, it may be much more challenging to assess the likelihood of a change in their level of need.

30. Where the individual has multiple conditions, it is likely that planned treatment or surgery may not improve their overall level of need. Case managers should therefore consider carefully the extent to which any treatment or surgery will likely change the individual's overall level of need.

31. Even if one or several conditions an individual with multiple conditions has are likely to change over time, they might still be eligible for an indefinite award if both:

- They are entitled to the highest rate of both components of ADP

- Their overall level of need is highly unlikely to improve over time.

If the case manager is unsure about whether the individual has one or more conditions that are likely to change, they should request a case discussion [[LINK TO CASE DISCUSSION GUIDANCE](#)].

Length of time individual has had the condition

32. Individuals who only recently acquired a new condition might still be adjusting to their disability. For example, they might still be learning how to use aides enabling them to walk. This might impact the likelihood of their needs changing in the future.

33. Case managers must not set a review period solely based on the duration the individual has had their condition. Case managers should consider all other factors discussed in this section and how they apply to the individual in question when setting a review period.

The length of time an individual has had a condition is not the same as the recency of a diagnosis of a condition. An individual may have had their condition for a long period of time and may have learned to adapt (e.g. by self-medicating, avoiding certain environments or movements, relying on support from others, or using aids) before they get diagnosed.

However, a recent diagnosis can lead to new and potentially more appropriate treatment or support becoming available, which the individual then will need time to adapt to. This is likely to impact on their level of needs.

Ongoing, current or planned treatment or surgery

34. If the supporting information suggests that the individual is either

- currently undergoing
- likely to undergo soon

a planned course of treatment or surgery that is expected to improve their overall condition or level of need, case managers should schedule a review after this, taking into consideration the recovery period and possible rehabilitation.

35. Not all treatment or surgery will lead to a change in needs. Individuals might also receive treatment or undergo surgery to maintain their current level of needs. This could be the case, for example, if they have a degenerative condition. If unsure whether a scheduled review would be necessary after an upcoming course of treatment or a planned surgery, case managers should request a case discussion.

36. Where the individual has multiple conditions, it is likely that planned treatment or surgery may not improve their overall level of need. Case managers should therefore consider carefully the extent to which any treatment or surgery will likely change the individual's overall level of need.

37. In the case of planned treatment, this may take place over a period of days, weeks or months. The review date should be a reasonable time after the planned treatment ends.

38. In the case of surgery, the review date should be a reasonable time after the surgery is due to take place. This should include time for any recovery.

39. What is reasonable will vary in every case, depending on the complexity of the treatment or surgery. It will also depend on whether the individual has any other health conditions, as well as whether any complications are common for a time after either.

40. If the case manager needs guidance on likely recovery times, they should request a case discussion with a practitioner. [LINK TO CASE DISCUSSIONS GUIDANCE].

Many individuals will be receiving ongoing or regular treatment, or take medication, to manage their conditions or disability. Medication can have side effects that can impact on an individual's overall level of need.

The likelihood of the individual's needs changing might also be impacted by the amount of time they have been taking their medication.

For example, due to drug resistance and increased tolerance over time, it is possible that the impact of an individual's medication on their level of need will change over the course of their prescription. For more information on medications refer to [Drugs A to Z | BNF | NICE](#)

Similarly, it can take time and multiple trials for an individual to receive medication that is effective and manageable for them.

For example, an individual who is newly diagnosed with ADHD may just have begun their first trial of medication, and have yet to receive any support to allow them to self-manage their condition. Based on their condition and information on the medication, it can be expected that they may require a couple of ADHD reviews and medication changes to find a medication that works well for them, and to learn how best to manage their condition. Here, a shorter review period may be reasonable.

In contrast, an individual with ADHD who

- has tried numerous medications over the past 10 years
- is aware of self-management techniques

may have more stable needs. Here, a longer review period may be appropriate.

Condition

41. Case managers should take into account the prognosis of the individual's condition.

42. It is important to remember that the typical features of a health condition might not apply to every individual. The presence or absence of these features may still be relevant to the award review date, as a case manager should set the review date when needs are likely to change.

43. If it is unclear what the natural progress of a health condition may be, and how the typical progression of a condition applies to the individual in question, case managers should

- consider medical guidance [LINKS TO [A to Z list of common illnesses and conditions | NHS inform](#) ; [Health A to Z - NHS \(www.nhs.uk\)](#) ; [Scottish health information you can trust | NHS inform](#)]
- request a case discussion with a practitioner. [LINK TO CASE DISCUSSION GUIDANCE].

Relevant life events

The level of needs an individual has might change due to upcoming life events. If, based on the information the case manager has on the individual, a future life event is expected to change the individual's level of needs, the case manager should set a review for after that event. If it can be expected that the individual will require time to adjust to their new circumstances, following that event, the case manager should take this adjustment period into consideration.

For example, an 18-year old individual who has a learning disability or Autism may be looking to move into supported accommodation in the near future. Alternatively, they might be planning to live independently, which could change their level of needs.

Similarly, an individual who is receiving ongoing support for their learning disability or mental health will be moving from child services to adult services around their 18th birthday. This may change the level of care, support, or treatment they receive and therefore could change their ability to manage their condition.

Choosing an appropriate review period between 2 and 10 years

44. Generally, review periods should be set between 2 and 10 years. There are exceptions to this rule [LINK TO EXCEPTIONS SUBSECTION BELOW].

45. When setting a review date, the review should be scheduled to take place at the point by which the individual's needs could be likely to have changed. The relevant factors to consider when determining when that would be are set out in the Relevant considerations for setting a review period section in this chapter [LINK TO RELEVANT CONSIDERATIONS FOR SETTING A REVIEW PERIOD SECTION]

46. When setting a review period, it is essential that the case manager takes a person-centred approach. The review period must be appropriate for the individual. It must be set at a point where the individual's award might not be at the right level for them anymore. By reviewing their award at that point in time, we make sure that they continue to receive the support they need and are entitled to.

47. It is not appropriate to set shorter review periods as a default, as this method:

- does not take a person-centred approach
- will lead to the individual having to engage with the review process sooner and more often, potentially leading to a negative experience
- causes unnecessary work for Social Security Scotland.

48. Setting shorter review periods as a default might happen, for example, because the case manager

- generally lacks confidence in making determinations
- mistrusts the account of the individual or their wider support network
- is uncomfortable with small inconsistencies and gaps in the information available on the individual
- was unable or unwilling to further explore existing inconsistencies or gaps in the information in favour of making a speedy determination.

This list is not exhaustive.

49. Similarly, it is not appropriate to set longer review periods as a default, as this could:

- lead to overpayments for the individual if they fail to report a change of circumstances
- lead to an increase in unscheduled reviews when individuals do report a change of circumstances
- make individuals feel unsupported by Social Security Scotland.

50. There is no specific guidance on review periods for individual conditions. This is because an individual's condition is just one of many factors that the case manager needs to take into consideration when setting a review period. However knowledge of the condition and development typical for it can be helpful. Medical guidance should be consulted as needed for this. [LINKS TO [A to Z list of common illnesses and conditions | NHS inform](#) ; [Health A to Z - NHS \(www.nhs.uk\)](#) ; [Scottish health information you can trust | NHS inform](#)]

51. Case managers should consider all of the available and relevant information on the individual in reaching a decision.

52. Review dates should be set at the point where there is a reasonable expectation that the individual's condition may have changed, such that a review of their entitlement may be appropriate.

53. Setting a review period can be a complex decision. If a case manager is unclear as to how the individual's level of need is likely to develop over time, they must request a case discussion with a practitioner.

Shorter review periods (24 months)

54. A review period of 24 months should be chosen when it is likely that the individual's condition will change in the near future. Also see section on [LINK Exception: Review periods under 24 months]

This might be due to, for example:

- the individual becoming able to manage their condition more independently
- the individual's condition being expected to improve
- treatment being expected to reduce the impact of the individual's condition(s).

This list is not exhaustive.

Example: an individual's award of ADP will be reviewed in 24 months

John is 43 years old and 6 months ago was involved in a car accident. He sustained a spiral fracture of his left leg, which has affected his movement. Due to the severity of the injury he underwent surgery and had to have his leg supported in a surgical cage.

John has started physiotherapy and manages his pain with the use of strong pain medication. The case manager determines that due to the expected improvement with spiral fractures (18-24 months) and the likely improvements in his overall condition, a 24-month review period would be appropriate.

Medium-length review periods (25 months to 4 years)

55. The case manager should select a review period between 24 months and five years if the individual is likely to experience change in their level of condition.

Example: An individual's award of ADP will be reviewed in 4 years

Sarah is 36 years old with a diagnosis of sciatica and has a number of daily living and mobility needs. She has had surgery but it was not completely successful. Sarah attends the pain clinic every month and continues to be under review by the specialist consultant every six months.

Sarah has been advised of further surgery she will need to have and has been placed on the surgery waiting list. The consultant specialist is hoping she can have the surgery in 1-2 years as this is the current waiting time. After the surgery Sarah will need time to rehabilitate for 6-9 months. She will need to have intensive physiotherapy for a further 6-9 months where there should be improvement in her condition.

The case manager determines that a review in 4 years would be appropriate after taking into account:

- the waiting time for surgery
- the recovery period
- the treatment post-surgery.

Longer review periods (5 to 10 years)

56. If an individual's level of need is unlikely to change, the case manager should consider setting a review date between five and ten years.

57. The case manager should also consider setting a review date between five and ten years, where the individual's level of need is highly unlikely to change, but the individual either:

- does not meet the criteria for an indefinite award as they are not entitled to the enhanced rate of both the daily living and the mobility component
- the individual has clearly expressed a preference for a future award review date over receiving an indefinite award.

58. Case managers should consider choosing a review period closer to ten years, particularly where it is highly unlikely that the individual's condition is likely to change.

Example: An individual's award of ADP will be reviewed in 10 years.

Daniel is 19 years old and has a diagnosis of autism and anxiety. He attended a specialist school and had support in all lessons due to his sensory overload and anxiety symptoms. Daniel had difficulties and made slow progress in a classroom environment due to noise and other students around him.

Daniel has left school and now lives in a residential supported living establishment due to the difficulties he would have living alone. He has found this to be very difficult and finds it hard to engage with his support network and the other residents he lives with. Daniel is under the care of the Community Mental Health Team due to his anxiety. He has therapy sessions once every 3 months although he will sometimes not attend these appointments. The Community Mental Health Team state that Daniel may be able to function differently if his anxiety is better controlled, and

sensory overload is managed better. Daniel is making very slow progress regarding these two goals.

Daniel is also under the care of a consultant psychiatrist who has explained that due to the slow progress being made, he would need ongoing long-term support in order to live independently

The case manager determines that given the nature of Daniel's condition and the slow progress being made, his condition and level of needs are unlikely to change. As a result a review in 10 years would be appropriate, particularly given the complexity of Daniel's circumstances and on-going levels of specialist input.

Exception: Review periods under 24 months

59. In exceptional circumstances, case managers can set review periods of less than 24 months. This should only be done when it is clear from the information available on the individual's circumstances that their condition is likely to change significantly before the 24-months mark.

Case managers must make sure that the individual is likely to meet the forwards test [LINK TO BACKWARDS AND FORWARDS TEST CHAPTER].

60. Case managers should consider the available information on the individual to:

- understand the individual's prognosis
- decide if a review period under 24 months is appropriate.

61. Setting a review period under 24 months could be appropriate due to one of the following having a significant impact on the individual's needs:

- scheduled surgery planned beyond the longest possible time period for delaying a review
- scheduled, staged corrective surgery
- the individual recently starting new treatment likely to have a significant impact on their needs
- the individual soon completing treatment likely to have a significant impact on their needs once recovered
- it being difficult or impossible to anticipate how the individual's needs will develop between 26 weeks and 24 months from now. This could be due to a degenerative condition where the individual's needs are expected to increase but the pace of change is unclear.
- the individual soon beginning a new phase in their life likely to have a significant impact on their needs, for example moving into adapted accommodation.

This list is not exhaustive.

62. Setting a review period of under 24 months may be appropriate if it is impossible to anticipate how the individual's needs will develop beyond that time.

63. Case managers must make sure that this lack of clarity is not simply due to any of the following:

- their lack of knowledge of the individual's condition
- gaps in the application, review form or in supporting information that they have not yet explored with a practitioner or the individual
- their lack of general confidence regarding setting review periods.

In this case, case managers must request a case discussion with a practitioner to discuss what an appropriate review period would be.

Example: an individual's award of ADP will be reviewed in 12 months

Oakley is 21 years old. In their application, they explain that they were diagnosed with anorexia nervosa at age 17 and have been under the care of specialist psychology and dietetics services. Oakley states that they are making positive progress and has been slowly gaining weight, but that they continue to require prompting with preparing food and taking nutrition. The impact of Oakley's condition means that they are experiencing fatigue and lack of energy because of limited nutrition.

Both the application form and the supporting information suggest that input from physiotherapy and occupational therapy has been focused on helping Oakley to pace themselves and manage their fatigue.

Based on the information available, the case manager establishes that Oakley's needs are highly likely to change in the near future. Setting a longer review period therefore would not be appropriate.

To establish the point in time when Oakley's needs are likely to have changed, the case manager reviews the information provided by Oakley again. The supporting information obtained from dietetics indicates Oakley is making good progress and will likely be discharged from the service in the next six months. The case manager expects that it will take some time afterwards for Oakley's needs to stabilise. They request a case discussion to get advice on how long this period is expected to be. The practitioner explains that, based on Oakley's current progress it would be reasonable to expect their situation will have stabilised 6 months after they are discharged. [Based on the case discussion, the case manager determines that it would be appropriate to review Oakley's award in 12 months, as it is important to see if Oakley can maintain a stable weight and begin to manage these activities without prompting.

Example: An individual's award of ADP will be reviewed in 18 months

David is 54 years old and 8 months ago he had a stroke. He was admitted to hospital for 10 days where he received clot-busting medication. David has been left with right side weakness to his arm and leg.

David has been attending physiotherapy and has been making progress with strengthening and moving his right arm and mobilising. In his application for ADP, he explains that,

- after discharge from hospital, he has been continuing to see the physiotherapist once weekly for strengthening exercises to the right arm and leg
- there has been an improvement.

In a letter submitted by David as confirmation from a professional, the consultant has advised that with the progress David is making in physiotherapy, there should be significant improvement in the next 12 to 18 months. The case manager determines that due to the expected improvement in David's condition, a review in 18 months would be appropriate.

Exception: Indefinite awards (awards without a review date)

64. Indefinite awards are awards without a review date.

65. Indefinite awards should be given in the rare case where setting a review date would not be appropriate. This is the case where the available information suggests the individual is entitled to both

- the enhanced rate of the daily living component of ADP
- the enhanced rate of the mobility of ADP

and their significant level of need is either:

- highly unlikely to change in the long term;
- only likely to increase.

66. Case managers should base their decision to give an indefinite award on the holistic picture of the individual's circumstances, rather than on the individual's condition alone. The condition is only one of many aspects that need to be considered. These aspects are set out below [LINK TO RELEVANT CONSIDERATIONS WHEN CONSIDERING GIVING AN INDEFINITE AWARD SECTION BELOW].

Setting indefinite awards

67. Case managers must request a case discussion in all cases before making an indefinite award. [LINK TO CASE DISCUSSION GUIDANCE]. This is because decisions on indefinite awards can be highly complex.

68. The case discussion must focus on whether not setting a review date is appropriate. This is a mandatory step. For more information on the process involved in making an indefinite award, case managers should refer to operational guidance [LINK TO RELEVANT OPS GUIDANCE CHAPTER].

69. It is important that before deciding not to set a review date, the case manager must gather enough information to make this decision. If the case manager incorrectly chooses not to set a review date, this may mean an individual continues to be paid the wrong rate of assistance.

70. If an individual has expressed a clear view that they would not be comfortable with an indefinite award, the case manager should respect this and set a review period that is appropriate for this individual. This is because for some people, not having any future reviews of their award can be anxiety inducing.

71. Individuals may express this, for example:

- In their application or review form
- When speaking to a case manager on the phone
During a consultation with a practitioner.

At the moment, case managers should avoid proactively raising the topic of indefinite awards when speaking with individuals and should not reach out to individuals simply to ask whether they would be comfortable with an indefinite award. A process for this will be developed shortly.

Relevant factors when considering giving an indefinite award

72. Whether the needs of an individual with a lifelong condition are highly unlikely to change depends on a range of factors, including:

- the rate of both ADP components the individual is entitled to [LINK TO SECTION BELOW]
- Their age [LINK TO SECTION BELOW]
- Single or multiple conditions [LINK TO SECTION BELOW]
- The duration of their condition [LINK TO SECTION BELOW]
- Natural progress of the underlying condition
- The conditions the individual might have, and whether there is likely to be an improvement or deterioration in the individual's condition or the impact it has on the individual [LINK TO SECTIONS BELOW]
- Any planned or likely treatment or surgery that is likely to lead to an improvement in the condition [LINK TO SECTION BELOW]

This list isn't exhaustive.

73. It is essential that case managers consider all relevant factors to build up a holistic picture of the individual's circumstances and the likelihood of their needs changing over time.

The rate of both ADP components the individual is entitled to

74. Only individuals who are on the enhanced rate of both

- The daily living component
- The mobility component

Can be considered for an indefinite award.

75. Individuals whose needs are highly unlikely to change but who do not meet this criterion because they are entitled to either the:

- enhanced rate of the daily living component and the standard rate of the mobility component;
- standard rate of the daily living component and the enhanced rate of the mobility component
- standard rate of the daily living component and the standard rate of the mobility component
- enhanced rate of the daily living component and not the mobility component
- the standard rate of the daily living component and not the mobility component
- enhanced rate of the mobility component and not the daily living component
- standard rate of the mobility component and not the daily living component

should be given a long review period (5 - 10 years) [LINK TO SECTION LONGER REVIEW PERIODS (5 TO 10 YEARS) ABOVE]

Age

JANA TO ENGAGE WITH PRACTITIONERS ON MORE DETAIL

Single or multiple conditions

76. An indefinite award may not be appropriate if one or more of the individual's conditions is likely to change.

77. However, a case manager should consider the likelihood of changes to the individual's overall level of need, rather than the likelihood of one of their conditions changing.

Duration of condition

78. There is no requirement that an individual must have had a condition for a certain period of time before they may be eligible for an indefinite award. However, the individual must satisfy the backward and forward tests [LINK TO CHAPTER].

79. In some cases, the condition itself is likely to be so severe and enduring that it is appropriate to make an indefinite award shortly after the onset of the individual's condition or disability.

80. Alternatively, it may be that the individual has tried a number of treatments which have not lessened the impact of their condition. This would again suggest an indefinite award is appropriate. [LINK TO AWARDS WITHOUT A REVIEW PERIOD SECTION]

81. In other cases, the condition may be affected by a planned course of treatment or surgery, or may change in impact as the individual adapts to it. In this case it is less clear that the individual will not experience any changes.

Planned treatment or surgery

82. If an individual with multiple conditions has a surgery scheduled or treatment planned which addresses one or several of their conditions, an indefinite award may still be appropriate if their overall level of need will not be affected by this treatment.

Natural progress of the underlying conditions

83. Considering an individual's conditions and understanding how they are likely going to be impacting the individual over time is one of the important factors to consider during this decision-making process.

84. Conditions can be categorised according to their likely progression over time. Considering this is important when making a decision on whether or not setting a review period might be appropriate.

Fluctuating conditions

85. Case managers should allow for short-term periods of change in the level of need, if the individual has a fluctuating condition. If the individual's needs are highly unlikely to fluctuate beyond what can be expected based on their condition the case manager should consider giving an indefinite award.

Example: an individual has a lifelong condition that is unlikely to change

Esther is 56 years old and was first diagnosed with schizophrenia at age 26. They live on their own in a rented flat and have current input from mental health services, who have been providing input for thirty years and takes significant levels of mental health medication.

Esther is supported by twice weekly support sessions from a mental health support worker and daily home care visits. Schizophrenia is a lifelong condition with low probability of full remission, with symptoms remaining stable and enduring.

Esther reports that they have learned to live with their condition and their main restrictions are self-care and when they come into contact with other people. Care staff report that they

- need supervision or assistance to either prepare or cook a simple meal;
- will not wash unless prompted;
- will not change their clothing unless prompted;
- are unable to engage with people at all without overwhelming anxiety
- struggle to deal with financial matters due to this.

The case manager awards the following points for the daily living component:

1(e): 4 points
4(c): 2 points
6(c): 2 points
9(d): 8 points
10(b): 2 points

Care staff report that they can go out on the majority of days, however require to be accompanied due to the symptoms of their condition. The case manager awards the following points for the mobility component:

1(f): 12 points

The case manager checks the decision-making guidance on review periods and notes that Esther's condition is on the list with conditions that suggest a review may be inappropriate (Pathway 2). The case manager seeks input from a practitioner on Esther's condition and whether setting a review date would be appropriate. Based on the practitioner's advice, the case manager identifies that Esther has a lifelong

condition, which they have had for over thirty years. Although there are likely to be small changes in need, it is highly unlikely due to the length and nature of condition that their condition will change. The case manager decides it would be reasonable to award an indefinite award based on the likely longevity and complexity of their condition. They make the determination and submit the case for internal quality assurance.

Progressive condition

86. A progressive condition is a disease or health condition that gets worse over time, resulting in a general decline in health or function. The term 'progressive condition' is often used to distinguish a condition from a relapsing and remitting condition. Depending on the condition, a progressive condition may progress quickly or very slowly.

Relapsing and remitting conditions

87. In a relapsing and remitting condition, there is often a period when the condition is stable for a while or is in remission. In contrast, a progressive condition does not have these breaks.

Permanent

88. A permanent condition is a condition that will not change and for which there is no treatment or cure. Examples are blindness, spinal injury, or brain injury.

Example: a permanent condition that is unexpected to change

Mohammed has quadriplegic cerebral palsy, a condition caused by a shortage of oxygen to the brain before or during birth. This leads to him being unable to co-ordinate movement in his arms and legs. This is a lifelong condition. Mohammed states in his application that he requires full-time care.

He has indicated difficulties under activities 1, 2, 4, 5, 6, and 7 and the case manager awards the following points for the daily living component:

- 1(f): 12 points
- 2(f): 10 points
- 4(g): 8 points
- 5(c): 2 points
- 6(f): 8 points
- 7(c): 4 points

For the mobility activities Mohammed reports that he is able to plan the places where he needs to go, but uses a wheelchair for moving around. The following points were awarded:

- 2(f): 12 points.

After familiarising themselves with Mohammed's case, the case manager requests a case discussion to discuss whether an indefinite award might be appropriate. After

seeking input from a practitioner, the case manager knows that it is highly unlikely that Mohammed's condition will change, therefore it is reasonable that an indefinite award would be appropriate in this case. The case manager determines that Mohammed should receive an indefinite award and submits their determination for mandatory quality assurance.

89. There is no requirement for the individual to have a terminal illness in choosing not to set a review date. Individuals who have a terminal illness will not have a scheduled review of their entitlement. Special rules for terminal illness awards are ongoing without review. There will be no review period and an individual remains eligible unless they have informed Social Security Scotland that their circumstances have changed. For more information on making a determination on a terminal illness case please refer to the SRTI chapter [LINK].

Specific conditions and indefinite awards

90. In all cases, an individual must be entitled to the enhanced rates of the daily living and mobility component of Adult Disability Payment, before the case manager can consider setting an indefinite award.

91. Case managers should consider whether the individual has a condition on either of the following lists:

- conditions that suggest a review is inappropriate (called Pathway 1) [LINK TO GREEN LIST OF CONDITIONS]
- conditions that suggest a review may be inappropriate (called Pathway 2) [LINK TO AMBER LIST OF CONDITIONS].

92. The first list refers to a number of conditions that are likely to mean the individual has a stable level of needs and it is highly unlikely that the individual's condition will improve. Please see the accompanying guidance on this list [LINK TO SECTION BELOW: Conditions that suggest a review is inappropriate].

93. The second list refers to a number of conditions that potentially mean the individual has a stable level of needs but it is possible that the individual's condition may improve. Please see the accompanying guidance on this list [LINK TO SECTION BELOW: Conditions that suggest a review may be inappropriate].

94. If the individual has a condition or multiple conditions that do not appear on the list, the case manager should nevertheless go on to consider whether the individual's overall condition is highly unlikely to improve [LINK TO SECTION BELOW: Conditions that might indicate a review is appropriate but additional factors suggest it might not]. This is called Pathway 3.

Conditions that suggest a review is inappropriate (Pathway 1)

95. Some conditions will generally not involve a change in the individual's level of need. These conditions will usually be permanent or progressive.

96. If the individual has one of the following conditions, case managers should consider whether setting a review date is inappropriate:

Asbestosis
Ataxia - Friedrich's
Cerebral palsy - Ataxic
Cerebral palsy - Athetoid
Cerebral palsy - Diplegic
Cerebral palsy - Hemiplegic
Cerebral palsy - Other / type not known
Cerebral palsy - Quadriplegic
Charcot Marie Tooth disease
Cortical blindness
Cystic fibrosis
Deafness - congenital
Dementia
Down's syndrome
Fragile X syndrome
Hemianopia
Paraplegia (traumatic)
Parkinson's disease
Parkinson's syndrome / Parkinsonism
Pneumoconiosis - coalworkers
Renal failure - acute
Renal failure - chronic
Retts disorder
Spina bifida
Tetraplegia (traumatic)

97. Whilst the individual may have a condition that is listed, the supporting information may indicate that they are undergoing treatment or therapy that may change their level of need. In these circumstances, the case manager should still consider the likelihood of a change based on the available supporting information before deciding whether or not to set a review period.

Example: a lifelong condition that may have changing levels of need

Kellie has a diagnosis of schizophrenia. This condition was first diagnosed age 22. Kellie is 24 years old and lives with her family who support her on a daily basis.

Schizophrenia is a mental health condition that can lead to lifelong impacts for many people, however successful treatment and support can reduce the impact on daily life.

On Kellie's application form, she notes she requires prompting, support and assistance for activities 1, 2, 3, 4, 6, 9, and 10. The following points were awarded:

1(e): 4 points
2(d): 4 points
3(b): 1 point
4(c): 2 points
6(c): 2 points
9(c): 4 points
10(b): 2 points

For the mobility activities Kellie reports that she is able to go out on her own. The supporting information indicates that on the majority of days she needs to be accompanied as she would not be able to safely undertake journey's alone due to acting out on pervasive thoughts that attract hostile attention. She reported no difficulty with walking. The following points were awarded

1(f): 12 points

The case manager seeks the input of a practitioner. The practitioner advises that schizophrenia is a lifelong condition with low probability of full remission. However there is indication of Kellie responding to treatment, so there is a possibility that she will experience a change in her overall level of need.

As Kellie has been undergoing treatment for only two years and is responding well to treatment, the case manager decides that an indefinite award is not appropriate. The case manager decides that a five year review is appropriate, as treatment may improve Kellie's condition within the medium term.

Conditions that suggest a review may be inappropriate (Pathway 2)

98. Some conditions will potentially not involve a change in the individual's level of need, but for some individuals this may not be the case.

99. If the individual has one or more of the following conditions, a case manager should consider whether the supporting information indicates the individual's needs will not change.

Anaemia - Aplastic
Achondroplasia
Adrenal diseases - Other / type not known
Amputation - Lower limb(s)
Amputation - Upper limb(s)
Amputations - Upper & Lower limb/s
Anaemia - Sickle cell
Anaemias - Other / type not known
Aneurysm - cerebral
Aneurysms - Other / type not known
Angiosarcoma
Ankylosing spondylitis
Arthritis - Psoriatic
Arthritis - Reactive
Asperger syndrome
Asthma
Ataxias - Other / type not known
Atherosclerosis (PVD / Claudication)
Autism
Autoimmune disease - Other / type not known
Autoimmune hepatitis
Back pain – Non-specific (mechanical)
Back pain - Specific - Other / type not known
Bacterial diseases - Other / type not known
Bladder - cancer of
Blood disorders - Type not known
Blood vessels/lymphatics - Other diseases of / type not known
Bone - Other cancers of / type not known
Bowel (colon, rectum, anus) - cancer of
Bradycardia
Breast - cancer of
Bronchiectasis
Bronchus - cancer of
Buerger's disease
Bullous disease - Other / type not known
Burns
Cancers - Other / type not known

Cardiac arrhythmia - Pacemaker/implantable defibrillator fitted
Cardiac arrhythmias - Other / type not known
Cardiomyopathy
Cardiovascular disease - Other / type not known
Cataract
Cerebrovascular accident (stroke)
Cerebrovascular disease - Other / type not known
Cervical disc lesion
Cervical spondylosis
Cervix - cancer of
Chondrosarcoma
chromosomal syndrome - other type / not known
Chronic fatigue syndrome (CFS)
Chronic obstructive pulmonary disease (COPD) chronic bronchitis/emphysema
Clotting disorders - Other / type not known
Club foot (talipes)
Cognitive disorder due to stroke
Cognitive disorders - Other / type not known
Compartment syndrome (Volkmann's ischaemia)
complications of prematurity
Conductive hearing loss - Other causes of / type not known
Conductive hearing loss due to Trauma
Crohns disease
Degenerative neuronal diseases - Other / type not known
Diabetic neuropathy
Diabetic retinopathy
Disease affecting hearing & balance - Other/ type not known
Dislocation of the hip - congenital
Disturbances of consciousness - Non-epileptic - Other / type not known
Diverticular disease / diverticulitis
Dystrophia myotonica
Ehlers Danlos syndrome
Empyema
Endocrine diseases - Other / type not known
Endometrium (uterus / womb) - cancer of
Epidemolysis bullosa
Epiphyseal dysplasia - multiple
Extrinsic allergic alveolitis
Eye movement - Other disorders of / type not known
Eyes - Injuries to
Facioscapulohumeral dystrophy
Fibromyalgia
Fibrosarcoma
Fibrosing alveolitis
Fore foot pain (Metatarsalgia)
Gallbladder and biliary tract - Other diseases of / type not known

Gastrointestinal tract - Other cancers of / type not known
Gastrointestinal tract - Other diseases of / type not known
Generalised musculoskeletal disease - Other / type not known
Genetic disorders, dysplasias and malformations - Other / type not known
Genitourinary tract - Other cancers of / type not known
Giant cell tumour - malignant
Glaucoma
Glomerulonephritis
Granulomatous lung disease and pulmonary infiltration - Other / type not known
Haematological system - Other cancers of / type not known
Haemochromatosis
Haemolytic disorders - Other / type not known
Head injury - Cognitive and sensorimotor impairment
Head injury - Cognitive impairment
Head injury - Sensorimotor impairment
Hearing loss - mixed
Heart and lung transplantation
Heart disease - Congenital - Other / type not known
Heart transplantation
Hepatic encephalopathy
Hepatitis - Chronic - Other / type not known
Hepatitis B and D infection
Hepatitis C infection
Hereditary multiple exostosis (diaphyseal aclasis)
Hip disorders - Other / type not known
Hodgkins lymphoma
Hypermobility syndrome
Hypersensitivity diseases - Other / type not known
Immune system - Other diseases of / type not known
Inborn errors of metabolism - Other / type not known
Infections - Other
Infections - Other / type not known
Infectious diseases - Other / type not known
Inflammatory arthritis - Other / type not known
Juvenile chronic arthritis (Still's disease)
Kidney - cancer of
Kidney disease - Other / type not known
Knee disorders - Other / type not known
Larynx - cancer of
Learning disability - Other / type not known
Leukaemia - lymphoblastic - acute
Leukaemia - lymphocytic - chronic
Leukaemia - myelogenous (myeloid) acute
Leukaemia - myeloid - chronic
Leukaemias - Other / type not known
Liver - cancer of

Liver transplantation
Lumbar disc lesion
Lumbar spondylosis (OA spine)
Lung transplantation
Macular degeneration
Malformations of the heart - Congenital - Other / type not known
Marfan's syndrome
Melanoma
Metabolic diseases - Other / type not known
Metabolic red cell disorders - Other / type not known
Mouth/tongue - cancer of
Movement disorders - Other / type not known
Multiple sclerosis
Muscle - Other diseases of / type not known
Muscular dystrophy - Becker type
Muscular dystrophy - Duchenne
Muscular dystrophy - limb girdle
Muscular dystrophy - Other / type not known
Musculoskeletal disease - Regional / Localised - Other / type not known
Myasthenia gravis
Myeloma
Myocardial infarction
Neck disorders - Other / type not known
Nephrotic syndrome
Neurological disorders - Other / type not known
Neuropathies - Other / type not known including peripheral
Non-Hodgkins lymphoma
Oesophageal varices
Oesophagus - cancer of
Oesophagus, stomach and duodenum - Other diseases of / type not known
Optic atrophy
Osteogenesis imperfecta
Osteosarcoma
Other metabolic and endocrine disorders of musculoskeletal system
Ovary - cancer of
Paget's disease
Pain syndromes - Chronic - Other / type not known
Pancreas - Other diseases of / type not known
Parathyroid diseases - Other / type not known
Patellar dislocation - Recurrent
Pemphigoid
Pemphigus vulgaris
Peripheral nerve injury - Other / type not known
Platelet disorders - Other / type not known
Pneumoconiosis - Other / type not known
Poliomyelitis and post-polio syndrome

Polycythaemia
Primary Biliary cirrhosis (PBC)
Primary cancer - site not known
Prion diseases - Other / type not known
Prostate - cancer of
Protozoal diseases - Other / type not known
Psychotic disorders - Other / type not known
Pulmonary fibrosis - Other / type not known
Renal transplantation
Respiratory tract - Other cancers of / type not known
Retinitis Pigmentosa
Rheumatoid arthritis
Rickets
Rotator cuff disorder
Sarcoidosis
Sarcomas - Other / type not known
Schizoaffective disorder
Schizophrenia
Scoliosis
Sensorineural hearing loss - Other causes of / type not known
Sensorineural hearing loss due to Trauma
Shoulder disorders - Other / type not known
Silicosis
Skin cancers - Other / type not known
specific learning disorder - other / type not known
speech or language disorder
Spinal cord compression - Other causes of / cause not known
Spinal stenosis
Stomach - cancer of
Sudek's atrophy
Syringomyelia / Syringobulbia
Systemic lupus erythematosus (SLE)
Systemic sclerosis (scleroderma)
Testicle - Cancer of
Thalassaemia
Thyroid diseases - Other / type not known
Transient ischaemic attacks (TIAs)
Transplant rejection - renal
Tuberculosis
Tunnel vision
Ulcerative colitis
Upper respiratory tract - Other diseases of / type not known
Viral diseases excluding hepatitis and poliomyelitis -Other / type not known
Vision - Other diseases affecting / type not known
Visual field defects - Other / type not known
Wilms Tumour

Wilson's disease

Wrist and hand disorders - Other / type not known

Conditions that might indicate a review is appropriate but additional factors suggest it might not (Pathway 3)

100. Some conditions might ordinarily suggest that a review of the individual's entitlement to Adult Disability Payment is appropriate. These conditions will not normally be identified as part of Pathway 1 or Pathway 2.

101. However, sometimes the case manager will become aware of additional factors, that when taken together, suggest a review would be inappropriate. In that case they should consider making an indefinite award.

Example: an individual is eligible for an indefinite award due to the combined impact of their conditions on their life

Blair is 48 and works part-time as a volunteer for a charity but mostly from home. Blair completed an application where they report a primary generalised osteoarthritis condition, that they have had for the last 20 years.

This has been complicated by a diagnosis of obesity. They have been in receipt of surgical interventions, physiotherapy, occupational therapy, take multiple pain relieving medication, all of which has had minimal effect. In their application form Blair reports restrictions in activities 1, 2, 3, 4, 5 and 6 of the daily living component.

The case manager awards the following points for the daily living component:

- 1(e): 4 points
- 2(b): 2 points
- 3(b): 1 point
- 4(d): 2 points
- 5(b): 2 points
- 6(d): 2 points

Blair also has a diagnosis of anxiety disorder that does not significantly impact upon their level of need. For activity 12 they report that due to pain and breathlessness, caused by osteoarthritis and obesity they are unable to walk more than 20 meters.

The case manager awards the following points for the mobility component:

- 2(e): 12 points

The case manager thinks that an indefinite award might be right for Blair. They request a case discussion to discuss not setting a review period. During the case discussion, the practitioner confirms that Blair is experiencing a number of severe conditions that affect their ability to complete activities. It is clear that there is not likely to be a significant improvement in their condition. The complex effect of all of their conditions limits their ability to either lose weight or improve mobility, whilst symptom management is likely but there is limited chance of a substantial improvement.

The case manager decides that it is reasonable to make an indefinite award and passes on their determination to a senior staff member for QA.

The views of the individual

102. Case managers should have regard to the views of the individual (as far as they can be established from the application form or any supporting information) in deciding whether or not to make an indefinite award. This is particularly important if the individual makes it clear that they do not want an indefinite award. Some individuals may feel that, by being given an indefinite award, Social Security Scotland has given up hope that they will get better in the future. Others may prefer regular reviews for peace of mind as an indefinite award would put the responsibility to notice, and report, any changes solely on them which can cause increased stress and anxiety.

103. Case managers do not need to contact the individual if the information cannot be identified from the application (as the question is not specifically asked). Whilst the views of the individual are a consideration, the final decision rests with the case manager.

104. If the individual does express a view on not making an indefinite award, the case manager should still consider whether reviewing an individual in these circumstances will be in the individual's best interests. This is particularly important if the individual's overall condition is highly unlikely to ever improve.

Other necessary considerations before selecting an indefinite award

105. If the individual has one of the conditions on either list, they must still meet all of the eligibility criteria for Adult Disability Payment. Case managers should consider each activity for the daily living and mobility components, scoring each appropriately.

106. Individuals need to be entitled to the enhanced rate of both the daily living and the mobility component of Adult Disability Payment to be considered for an indefinite award. This is to ensure that, should their level of needs increase in the future, they will not miss out on the level of disability assistance they are entitled to because a review date will not be set due to an indefinite award being given.

107. Case managers must consider all aspects outlined in section “Relevant considerations” [ADD LINK TO SECTION FURTHER UP IN THIS CHAPTER] when considering an indefinite award.

108. Where it is unclear from the information available whether the individual has a condition on this list, the case manager should request a case discussion [LINK TO CASE DISCUSSION] with a practitioner to better understand

- the individual’s needs
- their suitability for an indefinite award.

Justifying a decision to (not) set a review date

109. If the case manager chooses to set a review date, they should justify their reasoning. For example:

The client experienced a left-sided partial anterior circulation stroke three months ago. They are undergoing an intensive period of rehabilitation involving a multi-disciplinary team including physiotherapy, occupational therapy and speech and language therapy. It is likely that this will impact upon their level of need and I have therefore decided to set an award with a review period.

110. Similarly, if the case manager chooses not to set a review date, they should justify their reasoning. For example:

The client has motor neurone disease and requires round-the-clock assistance from their carer with a number of daily living and mobility component activities. The client is also supported by a number of specialists and allied health professionals. It is likely that their condition will change over time but their needs will be unlikely to reduce. I have therefore decided that an indefinite award is appropriate.

111. Case managers should justify the length of the review period with reference to any and all relevant facts that they have taken into consideration. For more information on how to justify a determination in the decision report, please refer to operational guidance [[LINK TO APPROPRIATE CHAPTER](#)].

Individual's responsibility to report changes

112. If the case manager does make an indefinite award, the individual is still under a duty to report a change in their circumstances [[LINK TO CHAPTER ON CHANGE OF CIRCUMSTANCES](#)]. This includes situations where the individual:

- has an unexpected improvement in their condition
- moves away permanently from Scotland
- stays temporarily outside of Scotland
- goes into hospital
- moves in to residential accommodation, such as a care home
- is placed in legal detention.

113. If the individual fails to notify a change of circumstances that would affect the level of Adult Disability Payment that they are entitled to, the individual may:

- be overpaid Adult Disability Payment
- be committing a criminal offence.

114. This is the case if the individual both

- does not have a reasonable excuse for not doing so
- knew or ought to have known that a change might result in them not being entitled to assistance or becoming entitled to less assistance.

[[LINK TO CHAPTER ON OVERPAYMENTS/FRAUD](#)].

115. The individual will also continue to receive communications from Social Security Scotland, including a yearly letter with the new benefit rates. This will remind the individual to report a change of circumstances.