

# Relevant considerations when making a determination for an award review

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## Introduction

This chapter sets out what information is necessary when carrying out reviews of existing Adult Disability Payment (ADP) awards. This applies to both scheduled and unscheduled reviews.

Case managers should read this chapter together with the:

- Principles of Decision-Making chapter which explains the principles and legal context of decision-making in the Scottish social security system
- Scheduled Reviews chapter
- the Unscheduled Reviews chapter
- the chapter on Choosing an Appropriate Review Period
- The chapter on Change of circumstances: change in mobility or care needs
- The chapter on Consultations
- Operational guidance.

[LINK TO BE ADDED TO EACH ONE OF THESE BULLET POINTS]

## What are light-touch reviews?

All award reviews carried out by Social Security Scotland are light-touch. This means that case managers should:

- consider existing information where still relevant, and use previous decisions to avoid asking unnecessary questions
- use the principles of decision-making that underpin our disability benefits system and all decisions, such as taking a trust-based approach [LINK TO PRINCIPLES OF DECISION-MAKING CHAPTER]
- make use of appropriate decision-making tools, where needed, to further reduce the need for intrusive questions
- in reviews that do require supporting information, take our usual approach to gathering that information, including taking a collaborative approach and establishing good cause, where appropriate [LINK TO GATHERING SUPPORTING INFORMATION CHAPTER]

Case managers must make their approach to carrying out reviews as light-touch as possible. How many steps a review will require depends on their complexity.

Award reviews might be more complex due to, for example:

- The individual reports something unexpected, such as an unexpected change in needs, or a lack of change where a change had been expected
- A new reported condition interacts with existing conditions, making it hard to establish the individual's new level of need
- The reported change in condition is relatively recent and the individual is still adapting to new treatment or their new level of need.

This list is not exhaustive.

Case managers should use both the

- General approach when carrying out award reviews [LINK TO SECTION BELOW]; and
- specific review scenarios [LINK TO SECTION ON SPECIFIC REVIEW SCENARIOS BELOW]

to determine what approach to take.

## **General approach when carrying out award reviews**

### **Confirmation from a professional**

Confirmation from a professional used to be called the one piece of supporting information from a professional. Its role is to broadly confirm the individual's conditions, disability, or needs.

Most award reviews will not require new confirmation from a professional. Case managers must only request confirmation from a professional as part of a review if both of the following apply:

- The change relates to a condition for which the individual has not previously provided confirmation from a professional or for which good cause has been established. This can be because the condition is new or because the individual's confirmation from a professional related to a different condition they have.
- The reported change in their condition is likely to lead to a change in their level of entitlement.

In all other scenarios, the case manager must accept the previously provided confirmation from a professional, or the fact that good cause has been established for the absence of confirmation from a professional, as sufficient.

See below for more details. [LINK TO SPECIFIC REVIEW SCENARIOS SECTION BELOW]

See the chapter on gathering supporting information for more detail on our policy regarding confirmation from a professional and supporting information [LINK].

### **Needing more detail to establish the new level of need**

When carrying out a review and a change is reported, case managers might need more detail to establish the individual's new level of entitlement. They should choose either of the options below:

- Contact the individual to ask follow-up questions. Here, case managers must ensure that this phone call does not become, or feel to the individual like, a de-facto consultation. For more details, see operational guidance on contacting individuals with follow-up questions [ADD LINK]
- Choose the decision-making tool that is most appropriate and most likely to provide the information they need.

There are a number of decision-making tools for case managers to use:

- Consulting guidance, such as the Decision-Making Guidance, Operational Guidance, Medical Guidance
- Case discussion
- Requesting supporting information.
- Consultation

For more detail on choosing the correct decision-making tool consult the Principles of Decision-Making chapter [LINK].

When establishing the individual's level of need, supporting information:

- is just one of several decision-making tools
- should not be the default step to take.

Rather, the case manager should choose the action based on what's most appropriate in the review at hand. As part of that consideration, they should consider what's best for the individual. For example, a quick phone call to ask a follow-up question might be better than the individual having to:

- collect supporting information from their wider support network
- wait a number of weeks until the case manager's request for supporting information has been answered by the contact the individual has provided.

If the case manager decides that gathering supporting information is the most appropriate decision-making tool, they need to decide which source would be best-placed to provide the information they need. This can be a professional or a member of the individual's wider support network. Crucially, requesting supporting information should be done with the goal to more fully understand the individual's new level of needs. The aim here is not to 'verify' what the individual has told us.

## Specific review scenarios

### No reported change

#### Scenario: No change, as expected.

An individual reports no change to their level of needs or conditions. This is in line with our expectations, as based on the information on their award, we were not expecting to see a change.

The case manager should aim to conclude the award review quickly.

If the case manager decides that it is unlikely that the individual's conditions or needs will change, they should set a long review period (between 5 and 10 years). [LINK TO CHAPTER ON SETTING APPROPRIATE REVIEW PERIODS, SECTION "LONGER REVIEW PERIODS (5 TO 10 YEARS)"]. [Review periods for Adult Disability Payment | Social Security Scotland](#)

If the case manager decides that it is highly unlikely that the individual's conditions or need will change, and the individual is entitled to the enhanced rate of the daily living and the mobility component, the case manager should consider giving an indefinite award [LINK TO CHAPTER ON SETTING APPROPRIATE REVIEW PERIODS, SECTION INDEFINITE AWARDS (AWARDS WITHOUT A REVIEW DATE)].

#### Scenario: No change, but a change was expected

An individual reports no change to their conditions or level of needs. This is not in line with our expectations, as based on the information on their award, we were expecting to see a change.

The case manager should both:

- treat this as an inconsistency
- proceed as usual when exploring inconsistencies in information to establish whether the inconsistency is relevant.

This could, for example, involve checking guidance or requesting a case discussion. If the inconsistency is indeed relevant, they should choose from the set of options below to explore and resolve it:

- Contact the individual to ask follow-up questions. Here, case managers must ensure that this phone call does not become, or feel to the individual like, a de-facto consultation. For more details, see operational guidance on contacting individuals with follow-up questions [ADD LINK]
- Choose the decision-making tool that is most appropriate/ most likely to provide the information they need.

There are a number of decision-making tools for case managers to use:

- Consulting guidance (DMG, Operational Guidance, Medical Guidance)
- Case discussion
- Requesting supporting information

- Consultation (for individuals in receipt of ADP only).

Supporting information:

- is just one of several decision-making tools
- should not be the default step to take

when establishing the individual's level of need.

Rather, the case manager should choose the action based on what's most appropriate in the review at hand. As part of that consideration, they should consider what's best for the individual. For example, a quick phone call to ask a follow-up question might be better than the individual having to:

- collect supporting information from their wider support network
- wait a number of weeks until the case manager's request for supporting information has been answered by the contact the individual has provided.

If the case manager decides that gathering supporting information is the most appropriate decision-making tool, they need to decide which source would be best-placed to provide the information they need. This can be a professional or a member of the individual's wider support network.

Crucially, requesting supporting information should be done with the goal to more fully understand the individual's new level of needs. The aim here is not to "verify" what the individual has told us.

### **Reported change (either as part of a scheduled or unscheduled review)**

#### Scenario: Reported change, as expected

An individual reports a change of circumstance to a condition we are aware of. Based on what we already know about the individual, this change was expected.

*Scenario a: The individual has previously provided confirmation from a professional on this condition* (i.e. one piece of supporting information from a professional to broadly confirm the individual's conditions, disability or needs) or good cause for not having confirmation from a professional (i.e. the 'one piece') has previously been established.

Here, we would not want to see confirmation from a professional (i.e. one piece of supporting information from a professional to broadly confirm the individual's conditions, disability or needs). The case manager can go on and establish the individual's new level of need and make a determination of entitlement.

Scenario: The individual has multiple conditions and the confirmation from a professional (i.e. one piece of supporting information from a professional to broadly confirm the individual's conditions, disability or needs) that had been previously provided does not relate to the condition the reported change relates to.

Here, there are two possible outcomes:

Firstly, if the reported change is not likely to lead to a change in their award level, we would not want to see confirmation from a professional (i.e. one piece of supporting information from a professional to broadly confirm the individual's conditions, disability or needs). The case manager can go on to make a determination of entitlement. If more detail on the individual's new level of need is required, the case manager should take the steps set out in the [LINK] 'Needing more detail to establish the new level of need' section.

Secondly, if the reported change is likely to lead to a change in their level of award, we would want to see confirmation from a professional (i.e. one piece of supporting information from a professional to broadly confirm the individual's conditions, disability or needs). For example, their level of award could change from the standard to the enhanced rate of the daily living component.

The change of circumstance reported by the individual could, for example, be a change that turns a previously minor condition with low to no impact on an individual's level of award into a condition that now significantly impacts their level of entitlement.

However, before reaching out for confirmation from a professional case managers should discuss with a practitioner. It is possible the 'new' condition is a complication / progression from the original condition. If this is the case, confirmation from a professional is not necessary. Practitioners input should be sought *before* reaching out for confirmation from a professional.

Once either:

- confirmation from a professional has been provided
- good cause for not having confirmation from a professional has been established or
- it has been established the new condition is linked or a likely progression given the previous condition

the case manager can go on and establish the individual's new level of need and make a determination of entitlement. If more detail on the individual's new level of need is required, the case manager should take the steps outlined above.

#### Scenario: Reported change, not as expected

An individual reports a change of circumstance to a condition we are aware of. Based on what we already know about the individual, this change was not expected, for example because:

- we expected the condition or their needs to not change, or
- we weren't expecting a change of this nature.

Previously, either:

- the individual has provided confirmation from a professional (i.e. one piece of supporting information from a professional to broadly confirm the individual's conditions, disability or needs) on this condition
- good cause for not having confirmation from a professional (i.e. the 'one piece') has been established.

Here, we would not want to see confirmation from a professional (i.e. one piece of supporting information from a professional to broadly confirm the individual's conditions, disability or needs).

The case manager should both:

- treat this as an inconsistency
- proceed as usual when exploring inconsistencies in information to establish whether the inconsistency is relevant.

This could, for example, involve checking guidance or requesting a case discussion. If the inconsistency is indeed relevant, they should choose from the set of options below to explore and resolve it:

- Contact the individual to ask follow-up questions. Contact the individual to ask follow-up questions. Here, case managers must ensure that this phone call does not become, or feel to the individual like, a de-facto consultation. For more details, see operational guidance on contacting individuals with follow-up questions. [ADD LINK]
- Choose the decision-making tool that is most appropriate/ most likely to provide the information they need.

There are a number of decision-making tools for case managers to use:

- Consulting guidance (DMG, Operational Guidance, Medical Guidance)
- Case discussion
- Requesting supporting information
- Consultation (for individuals in receipt of ADP only).

Supporting information:

- is just one of several decision-making tools
- should not be the default step to take

when establishing the individual's level of need.

Rather, the case manager should choose the action based on what's most appropriate in the review at hand. As part of that consideration, they should consider what's best for the individual.

For example, a quick phone call to ask a follow-up question might be better than the individual having to:

- collect supporting information from their wider support network
- wait a number of weeks until the case manager's request for supporting information has been answered by the contact the individual has provided.

If the case manager decides that gathering supporting information is the most appropriate decision-making tool, they need to decide which source would be best-placed to provide the information they need. This can be a professional or a member of the individual's wider support network.

Crucially, requesting supporting information should be done with the goal to more fully understand the individual's new level of needs. The aim here is not to 'verify' what the individual has told us.

#### Scenario: Change, new condition

An individual reports a change of circumstance. The change is a new condition that Agency wasn't previously aware of.

##### Scenario a: The new condition doesn't change the individual's entitlement.

Here, we would not want to see confirmation from a professional (i.e. one piece of supporting information from a professional to broadly confirm the individual's conditions, disability or needs) to confirm the individual's new condition. We can make a determination based on what we have available.

It is possible that a case manager:

- initially thinks that the reported change will not impact on the individual's level of entitlement
- further along the decision-making process understands that the individual's award will change after all

If this is the case, the case manager should move to Scenario 5b below and seek confirmation from a professional (i.e. one piece of supporting information from a professional to broadly confirm the individual's conditions, disability or needs) in relation to that condition.

##### Scenario b: the new condition is likely to impact on the individual's level of award

Here, case managers should seek confirmation from a professional (i.e. one piece of supporting information from a professional to broadly confirm the individual's conditions, disability or needs) in relation to that condition. If that's not possible, the case manager should see whether good cause can be established.

However before reaching out for confirmation from a professional, case managers should discuss with a practitioner. It is possible the 'new' condition is a complication/progression from the original condition. If this is the case, confirmation from a professional is not necessary. Practitioners input should be sought *before* reaching out for confirmation from a professional.

If more information is needed to understand the individual's new level of need, the case manager should take the appropriate steps outlined above.