



Social Security Scotland
Tèarainteachd Shòisealta Alba

Appointee Referral: Incapacity

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Appointee Referral form: Incapacity

The Appointee Referral process will help Social Security Scotland determine if a client who is 16 or over cannot manage their benefits and may require an appointee.

It can also be used for clients who are approaching 16, who may not be able to act for themselves when they reach 16 and there is no other person with the legal authority to act on the client's behalf.

Part 1: Initial information gathering

Referral Type

New appointment

Scheduled review

Unscheduled review

Client's personal details

First name(s)

Last name

Date of birth

D₁D₂ M₁M₂ Y₁Y₂Y₃Y₄

National Insurance number (if you know it)

Main residential address

Postcode

Telephone

Is there anyone with the power to manage the client's benefits?

Does the client already have someone with the legal authority to act on their behalf, who is willing to do so for their Social Security Scotland benefits?

By this we mean someone with Power of Attorney, Guardianship or another type of court order.

It does not include DWP appointees.

Yes, and they are willing to manage the client's Social Security Scotland benefits.

Do not proceed with this referral

Yes, but authorised person confirmed they are unwilling to act in relation to Social Security Scotland benefits

Waiting for information/cannot confirm

Application for legal powers in progress: a client can have an interim appointee if this may take some time

No

Other assistance

The client has someone appointed to act for their DWP benefits. Social Security Scotland may still need to appoint someone, even if it is the same person.

Has the client used any of the following services to manage their benefits, now or in the past?

an advocate

third party representative

DWP appointee (in the past)

Client's main mental and/or physical disabling conditions

List any Social Security Scotland benefits the client is applying for or is receiving

Tick if any current applications are under Special Rules for Terminal Illness (SRTI)

Background to referral

New appointment: Describe why you think the client may be incapable of managing their benefits, even if they had support.

Unscheduled review/request for termination: Set out in as much detail as possible the circumstances of the request and the background to the situation.

Approximate date of onset of difficulties/date of change of circumstances

D₁D₂ M₁M₂ Y₁Y₂Y₃Y₄

Arranging a visit

Communication support needs: Describe any difficulties with communication and any aids or support the client may need to communicate during an appointee visit.

Daytime location: Find out the best place to visit the client. Include contact details if away from their home address.

What is the best time of day to visit?

This must be within normal office hours

Morning

Afternoon

Specific time

About the potential appointee

Complete either the 'individual' or 'organisation' section

Complete this section if the appointee is acting as an individual

First name(s)

| | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | |

Last name

| | | | | | | | | | | | | | | | | | | | | |

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Date of birth

D₁D₂ M₁M₂ Y₁Y₂Y₃Y₄

National Insurance number (if you know it)

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Main residential address

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Postcode

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Telephone

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Email

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Contact 2

Grid of 20 columns and 2 rows for Contact 2 details.

Relationship
to client

Grid of 20 columns and 1 row for Relationship to client.

Address

Grid of 20 columns and 3 rows for Address.

Phone number

Grid of 20 columns and 1 row for Phone number.

Contact 3

Grid of 20 columns and 2 rows for Contact 3 details.

Relationship
to client

Grid of 20 columns and 1 row for Relationship to client.

Address

Grid of 20 columns and 3 rows for Address.

Phone number

Grid of 20 columns and 1 row for Phone number.

If there are more than 3 people please continue in the 'Further information' box on page 10.

Part 2a: Assessment – the client

The following fields are mandatory. Where it is not possible to answer the question you should always explain why.

Client's personal details

First name(s)

Last name

Date of birth

National Insurance number

Main residential address

Postcode

List any Social Security Scotland benefits the client is applying for or is receiving.

Client interview

In-person interviews strongly preferred

Did the client pass Identification and Verification (ID&V) checks?

Yes

No: do not continue with the visit

Date D D M M Y Y Y Y

Start time End time

Location

(e.g. client's home, day care centre, residential care home)

Was the client interviewed alone?

Yes. This is the preferred method as it is essential that the client is not unduly influenced by the potential appointee. However, this may not be appropriate if it would be stressful for the client.

No, the appointee was present during interview. Why was this was better for the client?

Steps taken to engage with the client

Describe any special arrangements, services, aids or one-to-one support used to communicate with the client. If it was still not possible to communicate with the client, explain why.

Client's capacity

Try to build a picture of the client's understanding of finances, their recall and decision making ability. You do not need to record specific details, although it may be useful to write down examples of how they make decisions.

Personal needs conversation

Managing finances conversation

Is the client learning new skills and building their capacity?

This may help you decide when the appointment should be reviewed in Part 3. If you decide the client is currently incapable, but they may become capable soon, then you should set the review date earlier than the maximum of 5 years.

Client's thoughts and feelings about the proposed appointment

Explain social security benefits and the role of the appointee. This is to receive, manage and spend assistance money on behalf of the client. This is key to allowing the client to express an informed opinion about the appointment.

Does the client have a general understanding of social security benefits and what an appointee can and cannot do? Do they understand an appointee would receive and manage their assistance money, in particular?

Yes No

Give details below

**Does the client think they need an appointee?
Do they want one?**

How does the client describe their relationship to the potential appointee? (e.g. friend, uncle, support worker)?

What does the client think and feel about the potential appointee?

Who else does the client see regularly and trust?

Do not prompt the client initially. If they do not mention anyone, you can ask about the people recommended by the appointee and see what they think.

Notes of client interview

In this section record anything else that may help you make a decision. You may wish to refer to the Guidelines for appointee assessment – incapacity



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Part 2b: Assessment – the potential appointee

Potential appointee’s details

First name(s) _____

Last name _____

National Insurance number (if acting as an individual)

Name of organisation (if applicable)

Main residential address/Head office address

Postcode _____

Potential appointee interview

Did the potential appointee pass Identification and Verification (ID&V) checks?

Yes

No: do not continue with the visit

Date D₁D₂ M₁M₂ Y₁Y₂Y₃Y₄

Start time _____

End time _____

Location _____

Relationship with client

What is their relationship to the client?

Include any relevant history and background to appointment request

Who has been managing the client's finances until now?

What other support does the client need in their daily life?

How frequently is the potential appointee in contact with the client? Is the contact face to face or by other methods?

Ability to act as appointee

Does the potential appointee understand the role of an appointee and will they be able to carry this out effectively?

Explore how they will do this.

What are the potential appointee's circumstances?

Does the potential appointee or any of their family draw any benefit from anything belonging to the client?

e.g. live in a house owned by them or use a car owned by the client, joint financial or other commitments.

Yes No N/A: Corporate

Has the nominated appointee ever been declared bankrupt, or been subject to another type of formal debt arrangement such as a Trust Deed or the Debt Arrangement Scheme within the last 5 years?

Yes No N/A: Corporate

Is the appointee aware of any reason that other people may be concerned about them acting for the client?

Yes No

If the answer to any of the 3 questions above is 'Yes' give details below

Is the client vulnerable to financial or other exploitation or coercion?

If so why? Have there been any instances of this in the past?

Does anything the appointee said contradict other information gathered? If so, double check the information with them and record their responses.

Do not challenge them directly unless you are somewhere safe. If it is crucial to the decision you can phone them later.



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Part 2c: Assessment – the views of others

When contacting others:

- ask open questions so you do not influence their answers
- minimise the amount of personal information you share about the client and potential appointee
- do not share any sensitive information you've gathered
- only record information required to justify the decision
- remember this form may be shared as part of a Subject Access Request.



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Part 3 : Appointment decision

Answer the questions below, using supporting information from Parts 1 and 2 to justify your decision. Where the information is conflicting or absent explain how you reached your conclusion. You must give details below each question.

Client's capacity

Does the client have a mental disorder or are they unable to communicate because of a physical disability?

If you are unsure, seek further advice

Yes

No. You cannot appoint someone. Skip to the 'Outcome of assessment' section on page 27.

Details

Elements of capacity

Would the client be able to understand the information relevant to managing their benefits, if it was provided in a way tailored to their needs?

Yes

No

Details

Is the client able to retain/remember the information for long enough to use it in order to make a choice or an effective decision?

Yes No

Details

Is the client able to use or weigh information about the decision as part of the process of making the decision?

Yes No

Details

Do you consider the client able to communicate their decisions?

Yes No

Details

Do you consider the client able to act?

Yes

No

Details

The client meets the definition of 'incapable', if you have answered 'no' to any of the questions in the section 'Elements of capacity'. Double check your reasoning if you feel the client may be capable of managing their benefits.

Client's support needs

Overall, do you consider on the balance of probability the client meets the definition of 'incapable' in the Adults with Incapacity (Scotland) Act 2000?

Yes

No: skip to 'Outcome of assessment' section on page 27.

If yes, how would an appointment be of benefit to the client?

Could this benefit be achieved through any other form of help or support?

This must be a less restrictive option, so does not include financial guardianship.

Yes: explain what help or support would achieve the benefit

No: give details

Potential appointee

Is the appointee suitable to act for the client?

Yes

No. Do not appoint. Give reasons for unsuitability below.

Keep this concise and limited to information required to justify the decision.

I have sought and taken into account the wishes and feelings of the client

Yes: explain how this influenced your decision

No: explain why this was not reasonable or practicable in the box below.

Is there any evidence the client is under, or has experienced, undue pressure to agree to the appointment?

Yes

No

Details

I have sought and taken into account the views of others

Yes: explain how this influenced your decision in the box below

No: explain why this was not reasonable or practicable in the box below

Outcome of Assessment

Appointment confirmed/continued: ensure the appointee declaration is completed

Recommended review period

18 months

3 years

5 years

Aligned with award end date D₁D₂ / M₁M₂ / Y₁Y₂Y₃Y₄

If less than 5 years give reasons. Identify what you think is likely to change for the client or the appointee.

Appointee not/no longer suitable, alternative appointee required

Client is capable, appointee not/no longer required

Assessment cannot be completed: give details below

Print Name: Client support adviser

Signature: Client support adviser

Date D₁D₂ / M₁M₂ / Y₁Y₂Y₃Y₄

You can use this space for any other information you may want to record.



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