

Choosing an appropriate review period - Scottish Adult DLA

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Introduction

1. This chapter covers the topic of setting review periods for Scottish Adult Disability Living Allowance (Scottish Adult DLA).
2. This chapter provides guidance on:
 - deciding whether or not an award of Scottish Adult Disability Living Allowance 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. You 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.
4. This chapter also relates to the Relevant considerations when making a determination for an award review, Scheduled Reviews and Unscheduled Reviews and Determinations 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. Many individuals receiving Scottish Adult DLA will receive an indefinite award.
6. Those awards that do have a set review period will be reviewed regularly to ensure that the individual continues to receive the right amount of assistance. You should schedule the review for a time where it is most likely that the individual's needs will have changed in a way that would impact their entitlement.
7. Individuals do not need a formal diagnosis of their condition or disability that causes their care needs, for those needs to be relevant. For example, one condition relevant for the Scottish Adult DLA cohort is frailty. Some individuals might not have a formal diagnosis of this condition, but their care needs caused by this condition would still be relevant.
8. You should consider the **likelihood** of whether an individual's condition or level of need will change. Factors which may contribute to the likelihood of change are set out below.
9. You should factor in time for recovery and adjustment. For example, an individual might have surgery planned for the near future which is likely to impact their level of need in a way that it would change their entitlement. Here, a review at a point following the anticipated recovery period after surgery might be appropriate. Depending on the condition and treatment or surgery, the length of the recovery period will differ. For more information refer to the guidance on planned treatment or surgery.
10. Some conditions or their impact on the individual are **likely** to change over time, so a review might be appropriate to see whether the individual is entitled to a different rate of Scottish Adult Disability Living Allowance in the future.
11. Small changes in the individual's needs might have an impact on their level of entitlement to Scottish Adult DLA. This should not prevent a case manager from setting a longer review period, as the individual is still responsible for reporting changes in their circumstances which would trigger an unscheduled review ahead of any scheduled review date.
12. Some individuals may be less likely to report where a change has occurred, depending on their personal circumstances. For example, where an individual lives alone and has a mental health condition which may impact on their ability to reliably engage with support services. You should consider whether in such circumstances a shorter review period may be appropriate.
13. Generally, review periods range between 2 and 10 years. For conditions **unlikely** to see significant changes in overall impact, this might suggest a longer period between reviews (i.e. 5 to 10 years). You should consider other factors that may impact on the individual's level of need.

14. Indefinite awards are common in Scottish Adult Disability Living Allowance, due to the age and nature of needs of the people receiving it. Indefinite awards should be considered for individuals on any rate or component of Scottish Adult Disability Living Allowance, if the level of need related to their conditions or disability is **highly unlikely** to change.

15. Individuals who have a terminal illness will not have a scheduled review of their entitlement.

16. In all other instances, when making a determination of entitlement for Scottish Adult Disability Living Allowance, you must choose to do one of the following:

- set a review date that is appropriate for the individual's circumstances
- 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'.

1 Scottish Adult DLA draft Regs, reg. 32

Relevant considerations for giving an indefinite award or setting a review period

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

- the 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 Health & Social Care practitioner (if applicable) information received from DWP when an individual's entitlement to Disability Living Allowance is transferred to Scottish Adult Disability Living Allowance. the factors outlined in this section

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

18. Although some conditions might suggest a longer review period (or none at all), you should make a decision based on the information available to you relating to the individual and the holistic picture you have established based on that information.

19. Where there is more than one condition, you 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.

20. If the information available on the individual does not provide you with this level of detail, it may be appropriate to seek a case discussion with a Health and Social Care practitioner. Read guidance on how to request a case discussion [here](#).

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

- the age of the individual
- whether the individual might 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

Determining the appropriate review period based on the interaction of various factors can be complex. If you are unsure, you should use decision-making tools, such as case discussion, for support in selecting the correct review period.

The following two examples illustrate how the interplay of these factors lead to vastly different review periods for two individuals with the same conditions.

Example: based on the factors relevant for setting a review period, a short review period is appropriate for an individual

John is 68 years old. He has had stage 2 COPD for 5 years and has been in receipt of the lowest rate of the Scottish Adult DLA care component and the higher rate of the mobility component for 4 years.

Due to his COPD, John experiences shortness of breath and wheezing, a persistent cough, and frequent chest infections. He has difficulty walking as a result, and needs supervision when walking outdoors. He takes COPD medication and his COPD is expected to progress gradually over time, possibly leading to increased symptoms and exacerbations in the future. John used to be a heavy smoker for 25 years.

John reports a change of circumstance as he has had a mild stroke 6 months ago. In his change of circumstances John explains that the stroke has left him with a mild weakness to his left side, which results in problems with coordination and balance at home. His wife has to aid with washing and dressing as he can get dizzy when in the shower and does not have full use of his left side. She also has to assist with dressing due to reduced strength in his left side. His wife will cut his dinner as he is unable to manage due to poor strength in his left hand. He remains on a soft diet at present, to reduce the chances of choking due to his stroke. His memory and concentration have not fully resolved at present and he can have difficulty with short term memory. He has difficulty communicating as his speech has not fully returned and he relies on his wife to communicate for him.

John also explains that he can experience extreme tiredness as he recovers and has difficulty sleeping as is unable to get comfortable. John also needs support to get to and from the toilet during the night because he is at risk of falling when getting up during the night due to problems with his coordination and balance. Due to ongoing problems with his memory, John has become distressed during the night when trying to reach the toilet himself. This has caused John to become disorientated and leading to him moving around the house at night and risking further falls. John's wife regularly comforts him to help John settle again after feeling distressed at night.

He is prescribed medications for stroke prevention.

John provides supporting information from his wife with his change of circumstances form. His wife explains that:

- She supports him in his everyday life, both during the day and when John needs support during the night, such as when getting to and from the toilet and settling from the distress that John encounters when he is awake during the night. She also mentions that John's left hand can get stuck when turning, requiring help from her through the night 2-3 times.
- She helps him stay on top of medical appointments and his treatment
- At present, John is still under review and monitoring from his stroke.

The case manager reviews John's award. Based on John's needs, they determine that he is now entitled to the highest rate of the care component of Scottish Adult DLA. This is because John requires repeated attention with his bodily functions during the day, and for another person to be awake at frequent intervals to avoid substantial danger at night.

Due to John's age, he is not eligible to increase the rate of the mobility component which he receives. The case manager considers that he still requires supervision when walking outdoors, due to both his COPD and the risk of falls associated with his stroke, and therefore maintains his award of the lower rate of the mobility component.

The case manager moves on to determine whether, and when, a scheduled review would be appropriate. From the information John has provided, as well as the statement of support, they gather that John will be receiving continued treatment. They also understand that John is planning to manage his conditions and is embracing the rehabilitation to regain his independence. They consult medical guidance to read up on the symptoms of John's conditions, as well as the treatment and prognosis. They request a case discussion with a Health and Social Care practitioner to better understand both

- the interplay of John's conditions
- how lifestyle changes he is making impact on his level of needs.

The case manager decides that a review after 2 years is appropriate, as John is likely to have experienced a reduction in his level of needs by the end of that period, as he continues to recover from his stroke, and has noted lifestyle changes that may assist with this, such as his retirement and giving up smoking. The case manager anticipates that John's entitlement might reduce to a lower-level Scottish Adult DLA award for his stage 2 COPD.

Example: based on the factors relevant for setting a review period, an indefinite award is appropriate for an individual

Viktor is 80. He has stage 3 COPD and is in receipt of the middle rate of the care component. He lives with his wife who helps him daily.

Due to his COPD, he experiences breathlessness when moving around his home which is worsened by the increased effort due to reduced coordination and balance. Viktor requires daily medication for COPD. Viktor sleeps in a recliner chair which is better for his breathing, as he gets increasingly breathless when lying flat.

Viktor reports a change of circumstance, as he has had a stroke.

Although he has a shower chair that was supplied by an Occupational Therapist before his stroke, his neighbour has to help with washing due to the right-side weakness following his stroke. His wife finds this too difficult to manage, and the aid does not allow Viktor to manage this task independently anymore.

Viktor is unable to dress as he cannot manage buttons or zips and wears loose clothing. His neighbour will make and bring meals that Viktor's wife has to cut up to make it easier to chew or swallow, as he can still have issues with eating and is at risk of choking. He has issues with incontinence, however this is due to the reduced pace and being unable to make the toilet on time.

In his change of circumstances form, Viktor explains how he relies on his wife and neighbours and which adjustments have been made in the recent past to accommodate his needs:

Viktor's wife used to help him out of the bed in the mornings, and into bed at night. The neighbour had arranged for Viktor to have urinal bottles at the side of his bed, as he was finding it difficult to get up for the toilet. Using the bottles was supposed to prevent his wife trying to help him get up and having falls. However, due to Viktor's right-side weakness, he would often spill these and be unable to get up to change the bedding, so his wife now helps him to get to and from the toilet at night, otherwise Viktor is likely to wet the bed. This takes a significant amount of time due to Viktor's reduced balance and coordination.

Viktor regularly tries to walk to the toilet during the night, which has resulted in multiple falls. He calls on his wife when he has to get up and to help get him comfortable when lying down again.

Viktor is prescribed medication for stroke prevention as well as physiotherapy for stroke rehabilitation.

The case manager reviews Viktor's award. They use their knowledge of his conditions as well as guidance on aids and appliances in the Definitions DMG chapter, as they do not consider those noted in Viktor's form to be reasonable or practicable for him to use following his stroke. The case manager also considers the potential impact of other relevant factors outlined in this chapter on his level of need to establish whether setting a review period would be appropriate.

From the information Viktor has provided they gather that Viktor faces a challenging prognosis with a mild stroke and a longer history of COPD. The case manager determines that, given Viktor's age, it is more likely than not that he will not fully recover from the stroke. Furthermore, given that COPD is a degenerative disease, Viktor's breathlessness and treatment needs are likely to increase over time.

The case manager therefore decides that an indefinite award for the highest rate of the care component of Scottish Adult DLA is appropriate. Due to the age at which the change of circumstances occurred, and the fact that Viktor was not in receipt of the mobility component prior to reaching the relevant age, the case manager is not able to award Viktor the mobility component.

Age

22. 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.
- The age at which an individual undergoes treatment, such as surgery. The likelihood of a full recovery depends, amongst other factors, on the person's age.

- Older adults, even if in good health prior to an acute illness and/or event can have less resilience to fully recover from, or adjust well to, new conditions or disabilities. This may be due to frailty, which is a loss of resilience resulting in individuals not promptly recovering, after experiencing a physical or mental illness, an accident or any other stressful event. Not every individual who has frailty will have a formal diagnosis of this condition. You should bear in mind that a formal diagnosis is not needed for an individual's care needs to be relevant.

This list is not exhaustive.

23. It is impossible to be prescriptive about the effects of age in all cases. You should be cautious about assuming that an older individual is likely to have longer-term needs than a younger individual. You should always take a holistic approach when making decisions.

24. If you are unsure about whether the individual's age is more likely to give rise to longer-term needs related to their condition or disability, you should request a case discussion with a Health & Social Care practitioner.

You should also consider the individual's age when determining whether it would be appropriate to set a review date. For example, if you have established that both

- the individual's needs are **unlikely** to change
- a long review period would mean that the individual will have reached an advanced age by their next scheduled review

you should consider whether an indefinite award might be more appropriate. There is no set age after which setting a future review date would not be appropriate. Rather, you should take a person-centred approach.

Level of award

25. For a number of individuals on Scottish Adult DLA, even setting a long review period will not be appropriate. Here, giving an indefinite award might be the best option. However, the considerations when deciding whether an indefinite award would be the right choice differ, depending on whether the individual is on the lower or higher rate of Scottish Adult DLA. These are set out in the indefinite awards section.

26. For example, an individual in receipt of the higher rate of Scottish Adult DLA whose needs are highly likely to remain the same or to increase further would benefit from an indefinite award.

27. An individual who is entitled to the care component only and whose care needs are **highly unlikely** to change, but who is likely to develop mobility needs in the medium or long term would not benefit from an indefinite award. This is because it is likely that their entitlement will increase in the future.

28. Similarly, an individual who is entitled to the mobility component only and whose mobility needs are **highly unlikely** to change, but who is likely to develop care needs in the medium or long term would not benefit from an indefinite award. This is because it is likely that their entitlement will increase in the future.

29. Apart from individuals who are terminally ill, there is no automatic process to make an indefinite award, for example, simply because the individual has a certain condition.

30. You must review the decision-making guidance on indefinite awards and must follow the process set out in the operational guidance.

31. You should consider all of the information available from

- the review form
- any supporting information if available

in deciding whether or not to set an award review period.

Single or multiple conditions

32. In the case of a single condition, it may be relatively easy for you to understand if the individual's condition or the needs stemming from it is **unlikely** to change. Refer to medical guidance to learn about conditions and likely needs resulting from them. [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](#)]

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

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

35. Indefinite awards are common in Scottish Adult Disability Living Allowance, due to the age and nature of needs of the people receiving it. Indefinite awards should be considered for individuals on any rate or component of Scottish Adult Disability Living Allowance, if the level of need related to their conditions or disability is **highly unlikely** to change.

36. Individuals do not need to have a formal diagnosis of their condition or disability.

For more information on indefinite awards, see the Indefinite awards (awards without a review date) section in this chapter.

37. You must consider the likelihood of changes to the individual's overall level of care needs, rather than the likelihood of one of their conditions changing.

If you are unsure about whether the individual has one or more conditions that are likely to change, request a case discussion.

Condition

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

39. It is important to remember that the typical features of a health condition might not apply to every individual. Some conditions will potentially involve a future change in the individual's level of care needs, but for some individuals with this condition, this may not be the case. The presence or absence of these features may still be relevant to the award review date, as you should set the review date when needs are likely to change in a way that would impact entitlement. If the individual's needs are **highly unlikely** to change in a way that would impact entitlement, you should consider giving an indefinite award.

40. 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, you 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](#)]

41. request a case discussion with a practitioner.

42. 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. You should bear in mind that the severity of some conditions may change over time.

43. Individuals may have a number of conditions that fall into different categories. You will have to consider how the individual's overall needs will develop over time. It is possible that an individual's level of need is **highly unlikely** to change in a way that would impact their entitlement, despite them having a number of conditions that change over time.

The individual's condition, and how that condition can be categorized, is only one factor when establishing whether an indefinite award or a review period would be appropriate. You should also consider the other factors set out in this chapter.

This means that, even if an individual has a condition that might change over time, you may become aware of additional factors, that when taken together, suggest a review would be inappropriate. In that case you 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 62 and has been struggling with Osteoarthritis for the past 20 years. His osteoarthritis mainly affects upper (hands and shoulders) and lower joints (hips and knees). Blair therefore finds bending, for example to wash his lower half and when getting dressed, to be difficult. He requires frequent attention when attempting to perform these tasks independently. Blair also needs assistance when getting in and out of bed and to get settled, as he is unable to lift his legs into bed.

Blair is prescribed high dose pain medications, including co-codamol 30/500mg (4x daily) and Naproxen 50mmg (2x daily). Despite this he continues to experience chronic pain and limitations to his ability to move around in his home making it challenging to manage daily life and activities.

He struggles with removing medications from their packets due to osteoarthritis in his fingers, and his family manage this using a Dossett box.

Before transferring to Scottish Adult DLA, he had been in receipt of an indefinite DLA award of the lowest rate of the care component.

Blair submits a change of circumstances, as he has recently been diagnosed with stage 3 Chronic Obstructive Pulmonary Disease (COPD) which has been worsening progressively over time. These comorbidities significantly impact his care needs and overall quality of life.

Blair explains that, during the day, he now experiences increased levels of pain, as well as breathlessness and fatigue, which cause difficulty with washing. When he has a bath, he requires assistance to get in and out of the tub. He has a raised toilet seat at home, and handrails in the bathroom to help with toileting, however it still takes Blair a lot of time to use the toilet, and he needs to take around 20 minutes to recover from breathlessness each time.

Blair is currently prescribed triple inhaler therapy (3 different inhalers) to help alleviate his breathlessness. Despite this Blair often experiences frequent exacerbations of COPD leading to hospitalisation (last admission 6 weeks ago for 5 days).

Blair has to sleep sitting up as he experiences increased breathlessness lying down. He also requires use of his inhaler 1-2 times per night.

Blair's pillow will slip during the night and his family have to get him comfortable in bed and fix his pillows to ensure he remains upright. Due to his Osteoarthritis he is unable to manage this himself.

Blair gets breathless walking around the home and outside and holds on to furniture when walking within the home. When walking outside, Blair holds on to fences or walls and has to sit down regularly to catch his breath. Due to the pain, he will shuffle when walking and has had instances of trips and falls. He generally cannot walk far and is relying on taxis, or lifts from family when he has check-up appointments with his doctor. Taking public transport is not possible for him as walking to the bus stop and getting on and off the bus is too exhausting for him.

The case manager determines that Blair is entitled to the highest rate of the care component and the higher rate of the mobility component.

From reading medical guidance to find out more about COPD and osteoarthritis, as well as from prior training run by practitioners, the case manager understands that the combination of osteoarthritis and stage 3 COPD is highly likely to significantly impact Blair's daily living. Despite receiving treatments and interventions, his

conditions are **highly unlikely** to substantially improve over time and may continue to deteriorate.

The case manager awards an indefinite award due to the long-term and challenging nature of his conditions.

44. Where it is unclear from the information available how the individual's condition and needs might develop over time, and how other factors might impact the likelihood of changes occurring, you should use medical guidance or request a case discussion.

Fluctuating conditions

45. If the individual has a fluctuating condition, they are likely to experience short-term periods of change in the level of need.

46. 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.

Progressive condition

47. A progressive condition is a disease or health condition that gets worse over time, resulting in a general decline in health or function. A progressive condition is different from a relapsing and remitting condition (see below). Depending on the condition, a progressive condition may progress quickly or very slowly. Examples of progressive conditions are dementia, frailty, and Parkinson's disease.

48. If the individual is entitled to the maximum level Scottish Adult DLA award (i.e. highest care rate, higher mobility rate) and they have a progressive condition, you should consider whether an indefinite award would be appropriate.

49. If the individual is entitled to any other level of Scottish Adult DLA award, a progressive condition can change their level of entitlement over time. For example, they might develop night-time care needs in addition to their existing daytime care needs, or develop mobility needs in addition to their existing care needs. Therefore, setting a review period to a point in time when their entitlement will have changed is likely to be appropriate.

Relapsing and remitting conditions

50. In a relapsing and remitting condition, there is often a period when the condition is stable for a while or is in remission. As an example, an individual with Multiple Sclerosis (MS) may experience symptoms, both existing or new, that arise or worsen for a period of time, followed by recovery.

51. In contrast, a progressive condition does not have these breaks. It is also possible for relapsing and remitting conditions to become progressive over time as symptoms may remain to some extent during the recovery period.

Permanent

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

If the needs resulting from a permanent condition are **highly unlikely** to change in the long term, an indefinite award is likely to be appropriate for the individual. You should also consider the other factors outlined in this chapter to determine whether that's the case.

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

Kellie has a diagnosis of Parkinson's disease (PD). This condition was first diagnosed age 63 and Kellie has been in receipt of the middle rate of the DLA care component since shortly after her diagnosis. She requires assistance with a number of bodily functions during the day, including preparing food and eating, dressing and undressing, and taking medication.

Kellie now is 75 years old and lives with her family who support her on a daily basis. As Parkinson's disease is a progressive neurological condition which affects movement, Kellie's award is undergoing a scheduled review to ensure she is still receiving the appropriate level of assistance.

On Kellie's review form, she notes that some of her needs have increased. Kellie now has a urinary catheter and on the majority of days she requires assistance to empty this.

Kellie also reports that she has started a new course of treatment and is hoping that this, together with her successful management of symptoms and her family's support, can reduce the impact on daily life.

Based on Kellie's review form, the case manager establishes that Kellie currently does not have night-time needs or mobility needs.

The case manager therefore determines that Kellie entitlement remains the same. This is because, despite her now requiring a catheter, she still requires frequent attention throughout the day in connection with her bodily functions.

They move on to considering whether a review period or an indefinite award would be appropriate for Kellie. The case manager knows that PD is a progressive disease and that Kellie's needs are **highly unlikely** to improve. An indefinite award might be appropriate. However, as she is entitled to the middle rate of the care component only, the case manager wants to understand whether her needs are also **unlikely** to increase in a way that would impact on her entitlement. This is to avoid Kellie missing out on payments she might be entitled to if she fails to report a change of circumstances after starting to have night-time needs.

The case manager seeks the input of a practitioner. The practitioner confirms that Parkinson's disease is a progressive condition. However, they advise that there is

indication of Kellie responding to treatment. Therefore, it is likely that the treatment will

- improve Kellie's ability to manage her condition within the medium term.
- slow the deterioration of Kellie's condition.

However, as Kellie's condition is progressive, it is more likely than not that the treatment will not reverse the overall effects PD has on her needs.

The case manager decides against awarding an indefinite award and sets a review period of 5 years. This is because: Kellie's needs will

- remain significant enough for her to continue to satisfy the daytime condition
- will increase slowly which makes it **likely** that she will meet the night-time condition of the care component and the higher rate of the mobility component in the future.

Length of time the individual has had the condition

53. 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 aids enabling them to manage their bodily functions. This might impact the likelihood of their needs changing in the future.

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

55. 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. An individual can receive an indefinite award at any point when a determination without application is made at the end of a scheduled or unscheduled review.

56. The length of time an individual has had a condition is not the same as the recency of a diagnosis of a condition or of starting treatment. 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 got diagnosed. The individual may be unaware that, and to what degree, they've adapted their way of doing things to their needs. 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.

Example: An individual is still adapting to a recently acquired condition

Minnie, aged 63, has bilateral cataracts, which significantly impacts her vision, and is in receipt of the lowest rate of the care component and the lower rate of the mobility component for Scottish Adult DLA. She has recently been diagnosed with Type 1

diabetes after being hospitalised for losing consciousness due to significantly low blood sugars. Minnie reports a change of circumstances.

In her change of circumstances form, Minnie explains that managing her blood sugar levels and administering insulin has become a crucial part of her daily routine, especially since she struggles to see well enough. She relies on her daughter for support, including checking blood sugars and administering insulin. She has been unable to learn how to use glucose monitors and understand the variability in her sugar levels, due to her reducing eye sight all while dealing with physical weakness, fatigue, and vulnerability following her recent hospital discharge. This leads to her daughter regularly monitoring Minnie to ensure her treatment can be delivered effectively.

Minnie has struggled to adapt to a regulated diet since her diagnosis and treatment started. Her daughter has to ensure Minnie eats a proper diet, at least 4 times per day.

Her ongoing struggles and regular hypoglycaemic events, cause dizziness and blackouts, in which she has had numerous falls due to the instability of her condition. This dizziness has caused Minnie to need support with washing and bathing, as she is at risk of falling when carrying out this task. She used to attend numerous social clubs with friends, however is currently unable to due to the ongoing support she is requiring within the home. Minnie requires consistent monitoring and intervention. She remains under the supervision of her diabetic consultant 3-monthly and is reviewed by the diabetic nurse monthly due to her instability.

Minnie does not require support during the night. Occasionally, Minnie's daughter will check in on her to make sure she is okay, but this is only on an ad-hoc basis, and unrelated to her condition.

The case manager establishes that Minnie has satisfied the backwards test, as her needs related to her diabetes have now been ongoing for more than 26 weeks. They determine that Minnie is entitled to the middle rate of the care component, and that her entitlement to the mobility component has not changed. The case manager makes this determination as Minnie has satisfied the daytime condition due to requiring frequent attention with her bodily functions in relation to eating, taking medication as well as washing and bathing.

Due to the new diagnosis and variability of the condition, they set a 2 year review period as Minnie may have learned to adapt to her condition by then, potentially leading to her Scottish Adult DLA entitlement to the care component reducing, with her entitlement to the mobility component remaining the same.

Six months after her determination, Minnie reports another change of circumstance. She informs Social Security Scotland that she will be undergoing surgery on her eyes to treat her cataracts. The first operation is scheduled for in two weeks. The case manager consults medical guidance and learns that the second operation will most likely be scheduled three months after the first. Minnie can be expected to recover from the second surgery after three months. Given that her difficulties with managing her diabetes as well as with her mobility are strongly linked to her eye sight, the case managers establishes that it is more likely than not that she will learn

to adapt to her diabetes within these three months and will become able to navigate routes independently and safely outside, given that her eye sight will have improved significantly. Given that Minnie will have had more time to adjust to her condition by then, her need for assistance regarding her diet might have decreased or ceased by then as well.

The case manager establishes that it is more likely than not that Minnie's needs will not change in a way that would impact her entitlement between now and her having fully recovered from the second operation. They therefore make a determination that Minnie remains entitled to the lower rate of the mobility component and the middle rate of the care component.

As Minnie might no longer satisfy neither the criteria for the mobility component nor the day-time condition once she has fully recovered from her surgery and adapted to her condition, the case manager sets the review date for Minnie's award for three months after her second surgery. They request Minnie to report a change of circumstances, should her care needs significantly reduce before her review, as it is the responsibility of the individual to report changes in their circumstances. This is to avoid Minnie incurring an overpayment.

57. 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. However, the individual must satisfy the backward test.

Example: An individual has a new progressive condition

Frank is 51 years old and has been in receipt of an indefinite award of the lowest rate of the DLA care component for 20 years. Shortly after transferring to Scottish Adult DLA, his family reports a change of circumstances on Frank's behalf.

Frank's family explain that Frank has been diagnosed with early-onset dementia after 2 years of significant changes in his life and personality, as well as challenges for his family.

Following a series of cognitive assessments and medical review, Frank got his diagnosis only 3 months ago, indicating a progressive decline in cognitive function.

Frank's family indicate he appears weaker and fatigued and shows a lot more vulnerability to stresses in life. He is unable to perform a number of activities independently, leading to an increased reliance on family. He has had a number of falls, and with his poor appetite he appears malnourished, which is worrying for the family. His change of circumstances form indicates that he now needs support during the day as well as the night.

It states that Frank requires assistance with washing. He has no understanding why someone would be present or why people would be trying to undress him which causes significant resistance. His family try to stick to as much of a routine around this as possible. However, Frank is not always compliant and to de-escalate the situation his family will let him go some days without washing at all.

He requires assistance with dressing, as due to his cognitive decline, he can choose inappropriate clothes for the weather. He can put clothes on in the wrong order and he requires assistance from his family daily to manage dressing.

Franks family deal with all his medications, as he will forget to take them at all, or forget he has already taken them leading to a higher dose of medication taken.

Bedtime can be challenging for the family as Frank only sleeps around 3 hours per night. He gets up and wanders and they have had to fit the doors with alarms, so they know when Frank is up and about, to usher him back to bed.

He attends an Adult Day centre 2 times per week, where he is cared for and the caregivers are trained in handling different aspects of the condition.

Frank now also requires guidance and supervision from his family or staff at the day centre when moving around outdoors. This is because he is unsteady on his feet, and at heightened risk of falling. Frank often gets confused when being outside. He often is unable to remember where he is, where he is going and why. Frank does not understand why he needs to be supervised, which can lead to him becoming scared, frustrated, or overwhelmed. Frank can lash out in these situations, shouting at his caregivers for following him and frequently refusing to walk at all. Frank can suddenly walk into traffic when he is feeling like this as he seems to lose awareness of the potential dangers around him.

The case manager establishes that Frank has satisfied the backwards test as his care and mobility needs relating to this condition have been ongoing for 2 years.

They conclude that Frank's diagnosis of dementia presents complex challenges that are also influenced by his age and frailty. They determine that Frank is entitled to the

- highest rate of the care component as he has satisfied both the daytime and night-time conditions.
- higher rate of the mobility component, as he is virtually unable to walk.

The case manager decides to give him an indefinite award. Not setting a review period is appropriate as dementia is a long term progressive condition and Frank is **highly unlikely** to experience a reduction in needs.

Ongoing, current or planned treatment or surgery

58. If the information available on the individual suggests that they are either
- currently undergoing
 - likely to soon undergo

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

59. 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 either

- a scheduled review would be necessary after
- an indefinite award might be appropriate despite

an upcoming course of treatment or a planned surgery, you should request a case discussion.

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

61. 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.

62. In the case of surgery, the review date should be a reasonable time after treatment, e.g. a surgery, is completed. This should include time for any recovery or adjustment to, e.g., new medication. 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.

63. Individuals' ability to fully recover from treatment will vary, e.g. due to their age or complications during the treatment. For example, there will be a significant difference between the recovery an individual will make after having a hip replacement when they are 66 and 86 years old. One might be expected to recover reasonably well, while the other is at higher risk of post-operative complications and might never fully recover.

64. If you need guidance on likely recovery times, you should use medical guidance or request a case discussion with a practitioner.

65. 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.

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

67. 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](#)

68. Similarly, it can take time and multiple trials for an individual to receive medication that is effective and manageable for them. For example, an older adult who is newly diagnosed with Rheumatoid Arthritis may have just begun their first trials of medication, and have yet to receive any support/aids to allow them to manage their symptoms. Based on their condition and information on the medication, it can be expected that they may require further Rheumatology reviews and medication changes to find a medication that works well for them, and to learn how best to manage their symptoms. This includes, for example, treatment for inflammation and Analgesia for pain management, such as Methotrexate, Co-codamol, and Ibuprofen, as well as establishing an appropriate dosage. Here, a shorter review period may be reasonable.

In contrast, an individual with Rheumatoid Arthritis who;

- has a well-established treatment plan (medication and pain management)
- has suitable aids and support (to manage if/when symptoms worsen)

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

69. 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 in a way that would impact on their entitlement.

70. 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 that an indefinite award is appropriate.

71. 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.

Choosing an appropriate review period between 2 and 10 years

72. Generally, review periods range between 2 and 10 years. There are exceptions to this rule. For many individuals, setting a review period is not appropriate. Refer to the indefinite awards section for more detail.

73. When setting a review period, you should schedule the review to take place at the point by which the individual's care needs that stem from their conditions or disability could be likely to have changed in a way that is likely to impact entitlement. 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.

74. When setting a review period, it is essential that you take 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.

75. 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

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

- lead to under or overpayments for the individual if they fail to report a change of circumstances (e.g. increase in needs, hospitalisation, going into a care home)
- make individuals feel like they're not treated in a person-centred and supportive way by Social Security Scotland.

77. 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 you need to take into consideration when setting a review period. However, knowledge of the condition and its typical development 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](#)]

78. You should consider all of the available and relevant information on the individual in reaching a decision.

79. Review dates should be set at the point where there is a reasonable expectation that the individual's condition may have changed in a way that their current award might not be right for them anymore.

80. Setting a review period can be a complex decision. If you are unclear as to how the individual's level of need is likely to develop over time, you must request a case discussion with a Health & Social Care practitioner.

Shorter review periods (2 to 5 years)

81. You should select a review period between 2 and 5 years if the individual is likely to experience change in their level of condition, but not in the immediate future. This might be due to, for example:

- the individual becoming able to manage their condition more independently
- the individual developing night-time care needs, in addition to their existing daytime care needs
- the individual becoming virtually unable to walk due to a progressive condition
- 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.

If it is more likely than not that the individual's needs will change before the 2-year mark, you should refer to the section on Review periods under 24 months for guidance.

Example: An individual is given a review period of 21 months

Nancy is 55 years old and has autism. She has been in receipt of a DLA indefinite award on the lowest rate of the DLA care component and the lower rate of the mobility component for 25 years.

A year after her award transferred to Scottish Adult DLA, Nancy experiences a significant impact to her health when she experiences a heart attack, resulting in severe complications, including infection following a stent, which further complicated her recovery process. Nancy reports a change of circumstances four months after her heart attack.

In her change of circumstances form, she states that she currently receives treatment of Intra-venous antibiotics, which will last for a total of 6 months. Once the infection has cleared she might be a candidate for valve replacement, as the infection damaged her heart valve. She has an appointment with a cardiologist specialist monthly.

Due to her cardiac issues Nancy experiences low blood pressure, which causes nausea and dizziness. She requires assistance when standing and to balance when she has to get up from the chair as this makes it worse. She is exhausted with the slightest tasks, and requires assistance with getting washed and dressed. She has to nap following this due to the exertion. She experiences insomnia, which adds to her severe fatigue, and cannot sleep at night as her bones ache. She has leg cramps every night and her husband has to massage her legs for at least 30 minutes before bed and then again through the night.

Her diet is restricted to prevent overloading on fluids and she has to follow a dietary fluid restriction, as she has developed kidney problems associated.

Due to her symptoms, is currently not able to move around outdoors beyond a few steps from her front door to the car, and only if she is supported by her husband.

Nancy explains that, according to her doctors, Nancy's recovery from the heart attack is expected to be longer than conventional recovery and requiring close monitoring.

The case manager determines that, once she has met the backwards test, Nancy will be entitled to the highest rate of the care component, as she satisfies the daytime and the night-time condition. She will also be entitled to the higher rate of the mobility component.

In order to set an appropriate review period, the case manager requests a case discussion to find out more about Nancy's likely recovery time. The Health & Social Care practitioner explains that it is expected that stabilisation of Nancy's heart is to be achieved by 6-9 months. Nancy will then require cardiac rehabilitation to regain strength and function with the hope of a successful recovery over the next 12-18 months.

The case manager decides that a review period of 21 months, starting when her new entitlement starts, is appropriate. If Nancy's needs decrease before her scheduled review, she would have to report another change of circumstance. The case manager expects Nancy's needs to ultimately reduce to a degree where she will once again be entitled to the lowest rate of the care component only.

Example: An individual might gradually accept professional support and medication, which might change their level of needs in the medium-term

Ted (79 years old) has been struggling with severe depression for the last 15 years. Despite his condition, he was able to manage with the support of his wife, who took care of all the household responsibilities and managed his healthcare needs. Ted has been in receipt of the lowest rate of the care component of DLA for just over 10 years before transferring to Scottish Adult DLA. He is on an indefinite award. His wife passed away 4 months ago, leaving Ted to cope on his own.

His family realised the severity of the situation after his wife passed, and have tried to seek professional input to address his depression. Ted has refused to engage with any services and refuses medications. His family have now convinced Ted to report a change of circumstances, as they believe that Ted's needs have increased significantly since first applying for DLA.

Ted's change of circumstances form explains that Ted's symptoms include persistent sadness, loss of interest in activities, feeling hopeless and worthless and often tearful, poor sleeping and poor concentration. He requires prompting with eating as he has no interest and often skips meals with no appetite. This has led to weight loss. Ted frequently expresses that he would be better not here, indicating a risk to self. The family has become reluctant to leave him unsupervised.

The case manager notices that the form is vague on whether this is during the day or also throughout the night. In order to establish Ted's new level of need, they reach out to Ted. Ted says that he doesn't feel able to answer follow-up questions over the

phone. However, he is able to pass on his family's contact details and the case manager reaches out for additional supporting information.

In their supporting information, Ted's family says that Ted also experiences insomnia and paces around at night. The family have created a rota to stay and supervise Ted throughout the night, especially regarding his thoughts of no longer wanting to be here. There have been instances of Ted attempting to lock himself in rooms unsupervised during the night due to these thoughts. He has lost all motivation and never leaves the home.

Ted also refuses medication or to engage with services that may offer support, as he sees no point. His family keep medication away from him to reduce risk. His family also express their hope that, with their increased support, Ted will make small improvements in the medium-term future, including re-engaging with services and treatment.

The case manager consults medical guidance to better understand Ted's condition and prognosis. They establish that, as Ted is refusing medications and specialist input and has recently lost his wife as his main care giver, it is likely that at present, the condition is **unlikely** to improve if Ted continues to refuse engaging. However, after a case discussion, they establish that it is more **likely** than not that, over time, Ted will slowly become more open to receiving professional support and take medication.

Due to his age, Ted would not be able to be considered for the mobility component as the change occurred after he reached the relevant age, however the case manager awards Ted the highest rate of the care component and sets a 5-year review period. This is because Ted requires continual supervision throughout the day and for another person to be awake for a prolonged period of time to watch over him to avoid substantial danger during the night. Should Ted's needs improve sooner, he is required to report a change of circumstances.

Example: An individual receives a review period of 3 years

Jack (58) has cerebral palsy and has been in receipt of an indefinite award of the lowest rate of the care component and the lower rate of the mobility component for 40 years.

He was involved in a serious accident 7 months ago that resulted in substantial skeletal injuries including multiple fractures to his legs, pelvis and ribs.

His appointee reports a change of circumstance, which describes that Jack requires assistance with washing, as he is now unable to bend to wash the bottom half of his body. He also requires assistance with dressing as he is unable to bend to dress due to his shattered pelvis. He has had a raised toilet seat and handrails installed in his bathroom, but still requires physical assistance to get on and off the toilet, due to all injuries and his level of pain.

Jack has difficulties moving around the home due to his level of injuries, and requires assistance when moving from room to room. He also requires assistance getting in and out of bed due to level of pain and restricted movement. During the night, he

requires assistance 2-3 times per night turning in bed to aid with pain and reduce bed sores. This takes around 30 minutes each time for his carer to support with. His medication is kept in a pill box and he can manage this independently. Jack currently also has difficulties moving around outdoors. He struggles with using aids and, due to pain levels and exhaustion, has to rest after only a few minutes. He tends to shuffle when walking, due to his pain levels and reduced range of motion. He therefore is prone to tripping and falling. In order to avoid further trauma to his still healing injuries, Jack therefore only walks outdoors when necessary and only for short distances, for example when walking to the car.

The discharge and referral letters Jack's legal representative sent with the change of circumstances form tell the case manager that Jack was reviewed by an Orthopaedics specialist and required immediate traction to stabilise his fractures and prevent further damage. He was placed in traction for around 8 weeks to allow for proper alignment of his bones. Following the traction period, Jack underwent surgery to repair his fractured bones and is scheduled for a further 4 surgeries over the next 18 months.

The case manager is unsure what these surgeries are and what Jack's recovery afterwards will be like. They consult medical guidance but are still unsure. They request a case discussion. The Health and Social Care practitioner tells them that the surgeries include procedures such as internal and external fixation to realign and stabilise the bones. Bone grafts may be necessary. Each surgery and recovery is estimated to be around 6 months, to ensure success, and no rejection of bone grafts. This means that it will be around 2 years for the surgeries to be completed. Following this, Jack will require an intensive rehabilitation programme aimed at restoring strength and function. Physiotherapy will be lengthy and play a crucial role in his recovery. Jack's recovery is expected to be long and challenging. The case manager decides to give Jack a highest rate of the care component and the highest rate of the mobility component. They set a review period of 3 years.

Example: An individual's award of Scottish Adult DLA will be reviewed in 4 years

Gertrud is 59 years old with a diagnosis of sciatica and has a number of care needs. She has been in receipt of the middle rate of the care component for 12 years.

She experiences pain from the sciatic nerve from her bottom to her toes in her left leg. The area is painful and Gertrud feels a burning sensation. Often, around 2-3 times per day, she loses feeling in her foot when the area becomes numb. This causes her leg to give way, resulting in multiple falls per week (around 2-3 times). She requires assistance in the shower, as standing for long periods causes the weakness and numbness increasing her risk of falls.

Sitting makes the pain worse and she will often lie on the couch as opposed to sit. She needs support when bending as any additional stress on her lower back increases the pain, which shoots down her leg. If this is aggravated she experiences muscle spasms in her lower back, which can debilitate her for 2-3 hours, and this occurs 3-4 times per week. This means that Gertrud also needs support with dressing and undressing, as the movements required to do this independently trigger muscle spasms.

She has to sleep with support from her pillows to keep her spine aligned, to reduce the pressure on the sciatic nerve. She sleeps with a cushion between her knees, which normally helps alleviate the symptoms. Moving around she can stumble, and she relies heavily on the furniture for support when moving around the home. She has had surgery but it was not completely successful. Gertrud attends the pain clinic every month and continues to be under review by the specialist consultant every six months.

Gertrud's scheduled review is coming up. In her review form, she indicates that her needs have not changed. However, she explains that she has been advised of further surgery she will need to have and that she 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 Gertrud 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 makes a determination that Gertrud remains entitled to the middle rate of the care component, as she satisfies the day time condition through requiring prolonged or repeated attention in connection with her bodily functions. She does not satisfy the night-time condition, as the aids she uses support her during the night. 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
- whilst she does not currently meet the criteria for the lower rate of the mobility component, Gertrud may develop mobility needs in the coming years.

Longer review periods (5 to 10 years)

82. If an individual's level of need is **unlikely** to change in a way that is likely to impact their entitlement, you should consider setting a review date between five and ten years.

83. You 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 either:

- after careful consideration of the information available (including practitioner advice, if needed), you have concluded that an indefinite award is unsuitable. This might be because, due to their condition, the individual is highly unlikely to report changes of circumstance.
- the individual has clearly expressed a preference for a future award review date over receiving an indefinite award.

84. When establishing whether a long review period or an indefinite award would be more appropriate for an individual, you should take the age the individual would be at the end of their review period into consideration. Refer to the section on Age for more detail.

Decisions on review periods can be complex. You should use decision-making tools (such as case discussions) if you are unsure. All decisions on review periods should

be based on the balance of probabilities and should be made using our key decision-making principles.

Example: An individual's award is reviewed in 5 years and 6 months to account for the time it will take to access treatment and recover afterwards

Pedro is 71 and has agoraphobia. He has been in receipt of an indefinite award for the lower rate of the mobility component, as he is unable to go outside without supervision or guidance from his husband.

Recently, Pedro has been diagnosed with kidney failure and placed on a transplant list. He has reported a change of circumstances.

His new condition requires ongoing kidney dialysis treatment to manage his symptoms and maintain his health while waiting on a suitable organ donor. Kidney dialysis occurs 4 times per week during the day. Pedro receives dialysis at home, as his husband has been trained in administering this.

Pedro has been informed the average wait time for a kidney is around 3-4 years. According to Pedro's doctors, on receiving a kidney, Pedro's recovery process will begin. However, in his form, Pedro is vague on the timeframes of this process, as well as on the overall prognosis of his health.

The case manager consults medical guidance and learns that

- the initial recovery period typically lasts 12-18 months
- the process involves close monitoring by the medical team to ensure the transplanted kidney functions properly and there are no complications such as infection or rejection.

Whilst this information is helpful, the case manager is still unclear as to what this will mean for Pedro's needs and any potential changes going forward. They have a case discussion with a Health and Social Care practitioner. The practitioner explains that, in addition to what the case manager has already understood about the recovery process, Pedro will require ongoing rehabilitation and follow-up care to optimise his recovery.

Following the rules for renal dialysis, the case manager awards Pedro the middle rate of the care component under special rules for renal dialysis. Pedro's entitlement to the lower rate of the mobility component remains unchanged. Following the case discussion and reviewing the waiting list for kidney transplants and length of recovery, they settle on a review period of 5 years and 6 months. Should Pedro's kidney become available earlier than expected and the recovery process conclude earlier than the scheduled review, Pedro would have to report a change of circumstances once his needs have changed.

Example: An individual's award will be reviewed in 5 years

Margot is 69 years old and has been in receipt of the lowest rate of the care component for 15 years. Recently, Margot was diagnosed with breast cancer following a routine screening. Upon further evaluation it was determined that she required a double mastectomy (removal of both breasts) to remove cancerous tissue

and minimise the risk. Margot underwent the surgery 3 months ago, which followed a 3 week stay and recovery in hospital.

A relative helps her to complete a Scottish Adult DLA application. In her application form, Margot explains that she is now undergoing 3 rounds of chemotherapy treatment, potentially followed by radiation. The chemotherapy causes her severe tiredness and fatigue. Margot tires very easily doing the simplest of tasks. Getting out of bed is an effort and she has recently been diagnosed with anaemia, which is a common side effect. This is impacting on her breathlessness and moving from room to room can exhaust her.

She is assisted with self-care such as washing, and most times she will limit this to the sink, as getting into and out of the shower or bath, and maintaining her balance causes her to sleep for hours after.

She has to have a soft diet as she has developed mucositis (irritation of the lining of the mouth) which has caused her to lose weight. She is prescribed build-up drinks from her consultant to try and aid with this.

She has severe nausea and sickness associated and is prescribed medications. She is unable to keep the medication down long enough to help and this is now prescribed Intra venously (IV) and is administered at each chemotherapy session. She receives this 4 times per week.

She has developed diarrhoea with the treatment, and this has impacted on her continence as she has no warning signs.

She has developed insomnia, which is linked to her treatment for breast cancer. She is unable to sleep at all at night and has regular cramping. She is up 2-3 times per night to try and ease this. This adds to her fatigue and exhaustion.

In the statement of support, the relative explains Margot's current situation and provides additional details about her support needs: Margot's memory and concentration is affected with the treatment and she has a short attention span. She relies on family to remind her of appointments and to deal with her correspondence as she feels she is unable to deal with things she used to.

A short letter from the hospital, which has been submitted as confirmation from a professional with the application, states that she will be prescribed hormone therapy depending on the results of initial treatment.

The case manager requests a case discussion where it is discussed that the recovery process from a double mastectomy and breast cancer journey is a gradual and ongoing process due to the complicated and timely treatments.

The practitioner explains that recovery from a double mastectomy can take several years, as she needs time to heal, both physically and emotionally.

Due to the fact that the change in circumstances occurred after she reached the relevant age, Margot cannot be considered for the mobility component of Scottish Adult DLA. However, the case manager determines that Margot is entitled to the

highest rate of the care component of Scottish Adult DLA, starting from the date she meets the backwards test, and decides to review Margot's case in 5 years post-surgery and cancer treatments.

Example: An individual's award of Scottish Adult DLA will be reviewed in 10 years.

Dan experienced a stroke when he was 58 years old. He applied DLA shortly after and was awarded the middle rate of the care component. Since his last review eleven years ago, he has been in receipt of an indefinite award for the lower rate of the care component. This is because, after an extended recovery period, he was left with difficulties washing and dressing, as he lacks the fine motor skills and balance to complete tasks like buttoning, pulling a zip or dressing his bottom half. He requires attention from another person for a significant portion of the day. His award transferred to Scottish Adult DLA when he was 70.

Now aged 76, he has experienced another stroke, which has resulted in him experiencing dense right sided weakness.

Dan now requires assistance with:

- mobilising around the home due to poor balance
- transferring to bed as he lacks depth perception and has poor balance increasing his risk of falls.
- verbal communication due to aphasia.

Additionally, Dan has to be supervised with diet due to ongoing swallowing issues and risk of choking. He is on a soft diet. He also requires assistance and supervision with medication due to a risk of choking.

Dan still struggles with walking independently outdoors and relies on a carer pushing him in a wheelchair most of the time.

Dan spent a number of months in an acute rehabilitation facility following his most recent stroke, where he received intensive specialist physiotherapy and occupational therapy and input from speech and language therapists. Dan made slow progress in this environment as it was far from home and visits from family were more difficult, affecting Dan's motivation and engagement with therapy and a new diagnosis of depression.

Dan has left this acute facility and now lives in a supported residential establishment due to the difficulties he would have living alone. Dan and his adult children are paying for his stay in this private facility.

Dan now also has physiotherapy and language therapy sessions once per week, although he still sometimes lacks motivation to attend these appointments due to his low mood.

Dan expresses that he has found his new situation to be very difficult and finds it hard to engage with his support network and the other residents that he lives with. He says he may be able to function differently if his depression was better managed and he was able to participate in rehabilitation sessions. Dan is making slow

progress regarding this goal. Dan has been told by his support worker 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 Dan is entitled to the middle rate of the care component, as he fulfils the day-time condition. Dan also meets the criteria for the higher rate of the mobility component, but because he first met the criteria after he reached the relevant age, he cannot be entitled to it.

They establish that, given the nature of Dan's condition and the slow progress being made, his condition and level of needs are unlikely to change. They are considering an indefinite award but are unsure whether this would be the right decision for Dan. They request a case discussion to discuss the impact of Dan's depression on his overall process and to understand the potential for his depression to improve over time. The Health and Social Care practitioner confirms that Dan's depression:

- is responsible for his stagnating recovery process
- more likely than not to decrease in severity over time, leading to significant improvements in his overall recovery and health.

The practitioner is unable to say how significant these improvements would likely be.

The case manager establishes that they are unable to determine whether or not, on the balance of probabilities, Dan will be more likely than not to continue to meet the eligibility criteria for Scottish Adult DLA at his current level. The case manager decides that a review date in 10 years is more appropriate than an indefinite award, particularly given the complexity and potential long-term changes of Dan's circumstances and on-going levels of specialist input.

Exception: Review periods under 2 years

85. In exceptional circumstances, you can set review periods of less than 2 years. 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 2-year mark.

86. You should consider the available information to:

- understand the individual's prognosis
- decide if a review period under 2 years is appropriate.

87. Setting a review period under 2 years 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 within the next 24 months. 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 has a significant life event upcoming which is likely to have a significant impact on their needs, for example moving into adapted accommodation or a care home.

This list is not exhaustive.

88. 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 Health and Social Care practitioner, the individual or the professional who provided the supporting information in question
- a lack of general confidence and experience regarding setting review periods.

If any of these bullet points apply, you must request a case discussion with a Health and Social Care practitioner to discuss what an appropriate review period would be.

Example: an individual's award of Scottish Adult DLA will be reviewed in 18 months

Anna is 71 years old and were diagnosed with Osteoarthritis in their right hip when they were aged 58. Shortly after their diagnosis, they applied for DLA and have been in receipt of the middle rate of the care component from the point in time when they met the backwards test. They are currently on an indefinite award, which was honoured when their award transferred to Scottish Adult DLA.

Anna has reported a change of circumstance, as they received a right total hip replacement three weeks ago. Anna explains that they have started physiotherapy and will be starting occupational therapy soon. Anna states that they are already making some progress. They explain that they are expecting to note improvements in hip pain and range of motion, but that they will continue to require assistance when preparing food, with personal hygiene, dressing and undressing for about six months.

Given that Anna has not reported any night-time needs, their care needs have not changed since the surgery. Due to their recent surgery, they have mobility needs, but are highly unlikely to meet the backwards and forwards test for these, due to the anticipated recovery time. The case manager establishes that Anna's care needs are highly likely to change in the near future, once she has recovered from the operation. Setting a longer review period therefore would not be appropriate.

To establish the point in time when Anna's needs are likely to have changed, the case manager reviews the information provided by Anna again. Their description of the impact physiotherapy has had on their pain and mobility levels indicates that Anna is making good progress and will likely be discharged from the service in the next twelve months. The case manager expects that it will take some time afterwards for Anna'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 Anna'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 Anna's award in 18 months, as it is important to see if Anna can manage these activities without assistance.

Example: An individual has their award reviewed after 16 months:

Grzegorz (69 years old) has inflammatory Bowel Disease (IBD) which is well controlled and is in receipt of the middle rate of the care component of Scottish Adult Disability Living Allowance due to his daytime needs.

He recently reported a change of circumstance after he was admitted to hospital with a twisted bowel, a condition that required emergency surgery. As a result of the severity of his condition, Grzegorz underwent surgery to have a Stoma bag inserted. Due to his level of care needs related to his new condition, Grzegorz now also has night-time needs.

When his unscheduled review is carried out, he is two months into his recovery process. In his change of circumstances form, Grzegorz did not provide a lot of detail on his new level of needs. The case manager decides to request supporting information from a member of the multidisciplinary team consisting of surgeons, dietitians and stoma care nurses that are closely working with Grzegorz in his local hospital to understand

- whether he meets the criteria for night-time needs
- what, if any, review period would be appropriate.

The Stoma care nurse providing supporting information explains that they and the team provide support to Grzegorz in adjusting to life with his Stoma, including both physical and emotional support. The nurse explains that Grzegorz has started to experience incontinence during the night. The statement further says that the recovery process has been challenging for Grzegorz and is expected to last around 6 months overall, during which he is going to require extensive support and medical input.

The nurse further explains that Grzegorz and his healthcare team have been discussing arranging reversal of the stoma, to be carried out around the 12-months mark after surgery. Reversal surgery would involve reconnecting his intestine and restoring normal bowel function. Due to Grzegorz's resilience and determination, he appears to be a suitable candidate.

The case manager consults medical guidance and learns that recovery for this type of surgery is normally around 6 months.

They think that Grzegorz is likely to not have night-time needs anymore after this period. Therefore, they decide to set a review date for after the recovery of the second surgery, which is a review period of 16 months. They consult the Change of Circumstances: Change in Care Needs DMG chapter to establish when Grzegorz will have met the backwards test for his night-time needs and make a determination.

Example: An individual's award of Scottish Adult DLA will be reviewed in 18 months

David is 74 years old and has been in receipt of an indefinite award of first DLA and now Scottish Adult DLA since the age of 50, when he lost his left arm in an accident. He has been on the lowest rate of the care component, as he is unable to prepare a cooked meal for himself and needs attention from another person in relation to his bodily functions, such as washing, toileting, as well as dressing and undressing, for a significant portion of the day.

David reports a change of circumstance, explaining that 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.

He currently is unable to walk for more than a short distance and is using a zimmer frame. When he moves around outdoors, he requires supervision from another person, as he struggles to safely navigate curbs and uneven grounds. He is concerned that he will trip and fall if left to move around on his own. This is because his right side weakness makes it very difficult for him to use the zimmer frame effectively to stabilise his balance and prevent falls.

David has been attending physiotherapy and has been making progress with strengthening and moving his right arm and mobilising. 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
- his physiotherapist is expecting there to be significant improvement in the next 12 to 18 months.

The case manager considers all of the information supplied and determines that David is entitled to the middle rate of the care component. He also meets the criteria for the lower rate of the mobility component, but because he first met the criteria after he reached the relevant age, he cannot be entitled to it. The case manager determines that due to the expected improvement in David's condition, a review in 18 months would be appropriate.

Indefinite awards (awards without a review date)

89. Indefinite awards are awards without a review date.

90. Indefinite awards should be given where setting a review date would not be appropriate. This is the case where the available information suggests the individual's level of need related to their conditions or disability is **highly unlikely** to change in the long-term.

91. Whether the needs of an individual with a lifelong condition are **highly unlikely** to change depends on a range of factors, rather than just on the individual's condition. These factors are outlined in this chapter Relevant considerations for setting a review period section. The nature of the individual's condition is only one of many indications.

92. It is essential that you consider all relevant factors to build up a holistic picture of the individual's circumstances and the likelihood of their needs changing over time. This should include accounting for how likely the individual is to report a change of circumstances related to their condition, disability, or needs.

You should also consider the age an individual would be at their next review. If an individual will be of an advanced age, it might be more appropriate to give them an indefinite award. See the Age section for more information.

93. Generally, individuals do not have to have severe conditions to be eligible for an indefinite award. Rather than focusing on the severity of their conditions, when deciding whether an indefinite award is appropriate, you must consider whether or not an indefinite award would be appropriate, based on the likelihood of the individual's needs changing as detailed above. For example, if it is unlikely that an individual who is not on a maximum Scottish Adult DLA award would report if their needs had increased due to their circumstances or condition, an indefinite award might not be right for them.

94. It is important that before deciding not to set a review date, you have enough information to make this decision. If you incorrectly choose not to set a review date, this may mean an individual continues to be paid the wrong rate of assistance after their needs have changed, if they do not report the change in circumstances.

95. 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.

Example: An individual's significant needs are highly unlikely to change

Wilson (73) has a history of alcohol addiction spanning several decades. His excessive alcohol consumption has led to the development of severe peripheral neuropathy causing numbness, tingling and weakness in feet and hands. Additionally, Wilson has been experiencing symptoms of confusion for a long time. This is suggestive of Korsakoff's syndrome, a neurological disorder often associated with chronic alcohol abuse.

His peripheral neuropathy causes difficulty walking, loss of balance and chronic pain in his limbs. Wilson also demonstrates signs of cognitive impairment such as disorientation and memory loss. His alcohol addiction is identified as a significant contributor to his current medical and neurological issues.

Wilson's support worker reports a change of circumstances on Wilson's behalf. In the form, they state that Wilson now requires another person to be awake at frequent intervals for the purpose of watching over him at night. This is because Wilson has tends to try and get up multiple times during the night and needs another person in order to avoid substantial danger to himself. This is to use the bathroom or because he experiences pain or confusion when waking up during the night. Wilson tends to lose balance and fall when trying to make his way into the bathroom. In the past he has slipped on the bathroom floor and hit his head and knees. Wilson can also get lost on his way to the bathroom or his way back to his bedroom. If this happens, he can feel overwhelmed and worried, resulting in him needing another person to help him go to the bathroom and settle back into bed. The support worker also explains that, due to

- the complex nature of his condition
- the length of time he has had an issue with alcohol; and
- Wilson's age,

the damage is irreversible and Wilson is being considered for supported accommodation to offer assistance with daily living, medication and access to healthcare services.

After case familiarisation, the case manager requests a case discussion because they are unsure what review period might be appropriate for Wilson. They are wondering whether Wilson could potentially experience a decrease in needs after a phase of adapting to his supported accommodation and whether therefore a short review period might be best.

However, the practitioner explains that, although Wilson may abstain from alcohol, the damage is irreversible and his needs are highly likely to increase over time due to his degenerative condition, even if he moves into supported accommodation. The case manager decides to award Wilson an indefinite award.

Indefinite awards for individuals on maximum rate Scottish Adult DLA awards

Due to being in the later stages of their lives, a large number of individuals entitled to the maximum rate of Scottish Adult DLA will have needs that are either

- **highly unlikely** to decrease
- **highly unlikely** to change
- only going to increase.

If this is a case for an individual, you should consider giving an indefinite award.

In order to determine whether or not an indefinite award is appropriate, you must consider the factors outlined in this chapter Relevant considerations for setting a review period section.

Example: an individual receives an indefinite award because the changes expected to occur won't amount to a change in entitlement

Tommy is 60 and has been in receipt of the lowest rate of the care component of DLA and then Scottish Adult DLA for almost 40 years, as he requires attention from another person for a significant portion of the day. This is because Tommy has severe dyslexia and dyspraxia. He struggles to read or write and, due to difficulties with fine motor skills, he needs help with dressing, undressing, some aspects of personal hygiene (such as shaving), and preparing food.

14 months ago, Tommy sustained a serious spinal injury resulting from a fall. The injury led to significant paralysis in his lower body, affecting his mobility and care needs. Tommy reported a change of circumstance and was awarded Scottish Adult DLA at the higher rate of the mobility component and the highest rate of the care component and was given a 2-year review period. The case manager specified in their justification that this was because Tommy was still getting used to a new disability.

Following the fall, Tommy has now reported another change of circumstance as he underwent emergency medical care to stabilise his condition and prevent further damage to his spine. He states that he received surgical intervention to repair the injury and has been instructed to remain on bed rest for at least 12 months due to the ongoing instability. This has caused dramatic muscle wastage, which has further complicated the recovery process and will require intensive rehabilitation to rebuild muscle strength and function.

In his change of circumstances form, he explains further that his rehabilitation is going to consist of physiotherapy, occupational therapy, and adaptive equipment training to help him relearn basic activities, which his healthcare support team are hopeful can be achieved.

The case manager familiarises themselves with Tommy's file and his change of circumstances form.

They learn that Tommy has daytime needs, as he requires

- assistance with washing and getting in and out of the bath.
- assistance with dressing, as his lack of feeling in lower limbs prevents the ability to lift easily.
- bowel and bladder care due to probable incontinence associated with lack of feeling below the waist.
- assistance with transferring from chair and mobilisation around the home.

They also learn that Tommy has night-time needs, as he requires

- 2 hourly positional changes to prevent bed sores and breakdown of skin
- Changes of bedding due to incontinence issues.

They also understand that Tommy has mobility needs, as he is unable to walk.

They determine that Tommy's entitlement is still correct: As he has already had both day-time and night-time care needs, both of which are still present, and he is still unable to walk, Tommy continues to be entitled to the higher rate of the mobility component and the highest rate of the care component.

However, the case manager establishes that Tommy's short review period of two years, part of which has already passed, is not appropriate.

The case manager speaks to a Health and Social Care practitioner. During the case discussion, the case manager learns that, given the severity of his spinal injury, his recovery will be a gradual process over an extended timeframe to achieve functional improvements and maximise his quality of life. The practitioner states that it is **highly unlikely** that Tommy will recover to an extent that would impact on his entitlement: Even though his needs will decrease overall, he will continue to have day-time and night-time care needs, as well as mobility needs.

The practitioner also advises that Tommy's original review period of 2 years was not appropriate and should have been longer. They agree that Tommy's needs would have most likely reduced slightly after two years. However, even without his change of circumstances, Tommy would have needed at least 5 years to recover from his accident and adapt to his disability for his needs to reduce enough for his entitlement to potentially reduce. As review periods should be set for a time where it is likely that the individual's needs will have changed to an extent that will impact on their entitlement, 2 years was too short a review period. The case manager determines that an indefinite award is appropriate.

Indefinite awards for individuals on Scottish Adult DLA awards that are lower than the maximum rate

Indefinite awards for individuals on Scottish Adult DLA awards may be appropriate if the individual's needs related to their conditions or disability are **highly unlikely** to change.

If the individual's needs are **highly unlikely** to decrease, but you cannot establish that the needs are **highly unlikely** to increase, an indefinite award will not be appropriate. Instead, you should consider setting a long review period. This is to avoid the individual missing out on support if they experience an increase in needs but fails to notify Social Security Scotland.

Determining whether an indefinite award is appropriate for an individual entitled to a Scottish Adult DLA award that is lower than the maximum rate can be complex. You should use decision-making tools if unsure. Whether or not a case discussion is required to support you in your decision depends on the level of experience you have. If you are familiar with the scenario at hand, you will be likely to have the experience to make a determination independently.

A case discussion will allow you to both:

- make a decision on the case at hand
- build understanding of similar scenarios.

For more information on the process involved in making an indefinite award, you should refer to operational guidance.

The views of the individual

96. You should have regard to the views of the individual (as far as they can be established from review form or any supporting information) in deciding whether or not to make an indefinite award.

97. 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.

98. Individuals may express this, for example:

- In their review form
- When speaking to you or your colleagues on the phone

You should avoid proactively raising the topic of indefinite awards when speaking with individuals. You should not reach out to individuals simply to ask whether they would be comfortable with an indefinite award.

99. Whilst the views of the individual are a consideration, the final decision rests with you.

100. If the individual does express a view on not making an indefinite award, you 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 change or improve.

Justifying a decision to set a review date or choose an Indefinite Award

101. If you choose to set a review date, you should justify your reasoning in the decision report. For example:

You experienced a left-sided partial anterior circulation stroke three months ago. You 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 your level of need. Therefore, an award with a review period of two years is appropriate.

102. Similarly, if you choose to make an indefinite award, you should justify your reasoning. For example:

You have dementia and require round-the-clock assistance from your paid carer and a family member with a number of bodily functions. It is **likely** that your condition will progress over time and your needs will be **highly unlikely** to reduce. You are already in receipt of the highest rate of the care component and the higher rate of the mobility component. This means that an increase in needs would not result in an increase of award. Therefore, an indefinite award is appropriate.

103. You should justify the length of the review period with reference to any and all relevant facts that you have taken into consideration. For more information on how to justify a determination in the decision report, please refer to operational guidance.

Individual's responsibility to report changes

104. If you do make an indefinite award, the individual is still under a duty to report a change in their circumstances. This includes situations where the individual:

- experiences a change to their level of needs or condition that would impact on their entitlement
- 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.

105. If the individual fails to notify a change of circumstances that would affect the level of Scottish Adult DLA that they are entitled to, the individual may:

- be under or overpaid Scottish Adult DLA
- be committing a criminal offence.

106. The individual is committing a criminal offence 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.

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

Example section for Indefinite Awards

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

Lorna is 68 years old and has had a severe head injury that has significantly impacted their personality 25 years ago. They live on their own in a rented flat and have input from mental health services, who have been providing input. They also suggested Lorna should apply for Scottish Adult DLA.

Lorna is supported by twice weekly support sessions from a mental health support worker and daily home care visits.

Their brain injury and the changes in personality they have experienced are permanent with low probability of full remission, with symptoms remaining stable and enduring. Lorna takes significant levels of medication to manage these.

Lorna has learned to live with their condition and their main restrictions are self-care and when they come into contact with other people. Lorna

- needs encouragement or motivation to get out of bed in the morning;
- needs frequent and repeated prompting to eat;
- needs assistance to manage their medication;
- will not wash unless prompted;
- will not wipe after using the toilet without prompting;
- will not change their clothing unless prompted;
- is unable to engage and communicate with people independently without overwhelming anxiety.

Lorna therefore satisfies the daytime condition and has been in receipt of the middle rate of the care component since meeting the backwards test just over 24 years ago.

8 months Lorna was diagnosed with depression. Mental health staff who support Lorna on a regular basis convince them to report a change of circumstances. Lorna reports that they struggle even more with getting out of bed. They regularly lack appetite and need prompting to eat. It's become more difficult for Lorna's carers to successfully prompt them to engage with personal hygiene and Lorna often feels very low and hopeless. Lorna explains that they have been trialling different medications, but so far have not found a treatment that significantly alleviates the symptoms of their depression.

Lorna does not report any night-time care needs or any mobility needs.

The case manager reviews Lorna's case. They establish that Lorna's entitlement should remain the same, as they already satisfy the criteria for the day-time condition of the care component.

Even though Lorna's depression is relatively new and the symptoms linked to this condition are likely to change if Lorna finds treatment that works for them, their needs in relation to their severe head injury are **highly unlikely** to change. The case manager establishes that, therefore, there are likely to be small changes in need over time, but it is **highly unlikely** that their overall needs will either improve or worsen to a degree that would impact entitlement.

This is due to the nature of the condition.

They check the decision-making guidance on review periods. They then review other relevant factors outlined in this chapter to understand the likelihood of Lorna's needs changing.

The case manager decides it would be reasonable to award an indefinite award based on the likely longevity and complexity of their conditions and needs. They make the determination and submit the case for internal quality assurance.