

Relevant considerations when making a determination as part of an award review (determination without application)

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Introduction

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

You should read this chapter together with the following chapters:

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

What are light-touch reviews

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

- consider existing information where still relevant, and use previous decisions to avoid asking unnecessary questions
- use the principles of decision-making that underpin our disability benefits system and all decisions, such as taking a trust-based approach
- make use of appropriate decision-making tools, where needed, to further reduce the need for intrusive questions
- in reviews that do require supporting information, take our usual approach to supporting information, including establishing good cause, where appropriate. If you need to gather supporting information, this should be done in alignment with guidance in the Gathering Supporting Information chapter.

You must make your approach to carrying out reviews as light-touch as possible. How many steps a review will require depends on its complexity.

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

- The individual reports something unexpected, such as an unexpected change in needs, or a lack of change where a change had been expected
- The reported change in condition is relatively recent and the individual is still adapting to new treatment or their new level of need.

This list is not exhaustive.

General approach when carrying out award reviews

Confirmation from a professional

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

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

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

In all other scenarios you must accept the previously provided confirmation from a professional (either provided to DWP or Social Security Scotland), or the fact that good cause has been established for the absence of confirmation from a professional, as sufficient.

See section on specific review scenarios for more details

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

Because Scottish Adult DLA does not have an application process, we may not hold confirmation from a professional where this was not received from the DWP. It is not always necessary to seek confirmation from a professional in this circumstance.

Confirmation from a professional should only be sought where the reported change in needs varies drastically from what we would expect or includes a wholly new condition.

Needing more detail to establish the new level of need

When carrying out a review and a change is reported, you might need more detail to establish the individual's new level of entitlement.

You should choose either of the options below:

- Contact the individual or their client representative to ask follow-up questions. Here, you must ensure that this phone call does not become, or feel to the individual, like a consultation. There are no client consultations within Scottish Adult DLA. These only exist for ADP and are carried out by Health and Social Care Practitioners. For more details, see operational guidance on contacting individuals with follow-up questions. You should also consider that individuals in receipt of Scottish Adult DLA may struggle to see that their level of need has increased. If you suspect that this might be the case, you should use appropriate decision-making tools (such as requesting supporting information from the client's wider support network).
- Choose the decision-making tool that is most appropriate and most likely to provide the information you need.

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

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

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

Individuals might not be aware of their increased needs or might not feel that (some of) the changes they have experienced are relevant to their review. This can be because the changes might be attributed to frailty, rather than their existing conditions or disability.

Frailty is a medical condition. You should therefore consider any frailty-related needs when establishing the individual's new level of entitlement. You should remember that individuals do not require a formal diagnosis for their needs to be relevant for Scottish Adult DLA.

Frailty can be used to describe the individual's overall resilience in terms of how they recover from health conditions and illness or manage their disability. Individuals with

frailty may have long-term conditions or a disability of which frailty is a progression or consequence. Frailty can also be present as a new and unrelated health condition. The impact of frailty should be considered as to how this affects the individual's overall health and wellbeing and how this may increase the individual's care needs. Frailty is not an inevitable or sole consequence of age.

You should use decision-making tools, such as case discussion, if

- you think an individual might have underreported their needs.
- you are unsure how frailty might affect an individual's needs.

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

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

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

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

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

Specific review scenarios: No reported change

Scenario 1: No change, as expected.

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

You should aim to conclude the award review quickly.

If you decide that it is unlikely that the individual's conditions or needs will change, you should set a long review period (between 5 and 10 years).

If you decide that it is highly unlikely that the individual's conditions or need will change, you should consider giving an indefinite award.

Scenario 2: No change, but a change was expected

Scenario 2: No change, but a change was expected

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

You should both:

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

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

- Contact the individual or their client representative to ask follow-up questions. Here, you must ensure that this phone call does not become, or feel to the individual like, a de-facto consultation. Consultations only exist for Adult Disability Payment. For more details, see operational guidance on contacting individuals with follow-up questions
- Choose the decision-making tool that is most appropriate/most likely to provide the information you need.

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

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

Supporting information:

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

when establishing the individual's level of need.

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

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

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

Specific review scenarios: Reported change (either as part of a scheduled or unscheduled review)

Scenario 3: Reported change, as expected

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

Scenario 3a: The individual has previously provided confirmation from a professional on this condition (i.e. one piece of supporting information from a professional to broadly confirm the individual's conditions, disability or needs) or good cause for not having confirmation from a professional (i.e. the 'one piece') has previously been established.

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

Scenario 3b: The individual has multiple conditions and the confirmation from a professional (i.e. one piece of supporting information from a professional to broadly confirm the individual's conditions, disability or needs) that had been previously provided does not relate to the condition the reported change relates to.

Here, there are two possible outcomes:

Firstly, if the reported change is not likely to lead to a change in their award level, we would not want to see confirmation from a professional (i.e. one piece of supporting information from a professional to broadly confirm the individual's conditions, disability or needs). You can go on to make a determination of entitlement. If more

detail on the individual's new level of need is required, you should take the steps set out in the section 'Needing more detail to establish the new level of need' outlined above.

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

The change of circumstance reported by the individual could, for example, be a change that turns a previously minor condition with low to no impact on an individual's level of award into a condition that now significantly impacts their level of entitlement. However, before reaching out for confirmation from a professional you should discuss with a practitioner. It is possible the 'new' condition is a complication / progression from the original condition. If this is the case, confirmation from a professional is not necessary. Practitioners input should be sought *before* reaching out for confirmation from a professional.

Once:

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

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

Scenario 4: Reported change, not as expected

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

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

Previously, either:

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

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

You should both:

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

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

- Contact the individual or their client representative to ask follow-up questions. Here, you must ensure that this phone call does not become, or feel to the individual like, a de-facto consultation. Consultations exist for Adult Disability Payment only. For more details, see operational guidance on contacting individuals with follow-up questions.
- Choose the decision-making tool that is most appropriate/ most likely to provide the information you need.

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

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

Supporting information:

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

when establishing the individual's level of need.

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

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

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

Scenario 5: Change, new condition

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

Scenario 5a: The new condition doesn't change the individual's entitlement.

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

It is possible that you

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

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

Scenario 5b: the new condition is likely to impact on the individual's level of award

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

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

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