

Understanding and interpreting information – including Supporting Information

This guidance is for case managers working for Social Security Scotland. In this chapter, the case manager will be referred to as “you”. Social Security Scotland will be referred to as “us” or “we”.

In this chapter, the term ‘individual’ can refer to both the individual who is the recipient of the benefit and the individual who is acting on behalf of the recipient i.e. their third-party representative or appointee. Where the guidance refers to contacting the individual, this could be their third-party representative or appointee. You should use the information provided on the application or review form to decide who would be the appropriate contact on a case-by-case basis

In this chapter

- Considering the value of information
- Inconsistencies and gaps in information
- Equal consideration
- Accepting or rejecting one source of information as ‘fact’
- Establishing an individual’s care needs and impact of their condition

Related reading:

- Supporting Information Chapter
 - Can I make a robust determination with the information available?
 - Confirmation from a professional
 - Additional supporting information
 - Lack of confirmation from a profession and good cause
 - Gathering supporting information
- Principles of decision making
 - Making robust decisions
 - Other decision-making tools

What is meant by ‘information’

This guidance should be used to help you understand and interpret any information provided throughout the application or review process. This includes, but is not limited to:

- Any supporting information, including the statement of support, provided at application stage or gathered after the application has been submitted
- The application forms
- Information gathered in follow up phone calls with the individual

For more information on how to interpret information in the PADP application form, including how to apply the information to PADP criteria, you should refer to the decision making guidance on ‘The PADP application form and how to interpret it’, ‘PADP rates & criteria’ and ‘PADP determinations and awards’.

Supporting information

Although this chapter should be used to understand and interpret all information you will use to make a decision, it makes frequent reference to supporting information. You should ensure you are familiar with supporting information by referring to the Supporting Information decision making guidance.

Supporting information is information from:

- professionals
- the individual’s wider support network

It’s added to the information provided by the individual in their application or review form. It is used to support an individual’s application or review. It also helps:

- build a picture of how an individual’s disability or condition impacts their life

Confirmation from a professional can only come from a professional. Where needed, the key role of this type of supporting information is to broadly confirm the individual’s conditions, disabilities or needs.

Additional supporting information is used to establish an individual’s entitlement and care needs. It can come from the client’s wider support network or a professional. Its purpose is to add detail to the application or review form by describing the individual’s care needs on a day-to-day basis.

Supporting information, including confirmation from a professional, should be used to support an individual’s application or review. It should not be used to “evidence” or “prove” every detail of what the individual has described.

Considering the value of information

Although you need to consider all information provided to support an application or review, you must identify what information will help you understand an individual's care needs so you can make a determination about their entitlement to assistance.

This includes whether the supporting information provided is helpful. However, you should not expect:

- to need supporting information for every application
- that the value of that information will be the same in every case.

The last bullet is also applicable to all information provided in support of an application or review. Where in one instance, a statement of support acts as an important piece of information in determining an individual's care needs, in another instance, the application may be more valuable than the statement of support.

This is because:

- the value and detail of the information available will differ from client to client
- what information is useful is dependent on the individual's condition, needs and circumstances.

Therefore, you should not expect the same pieces of information from every individual, even where they share the same or similar condition/s.

Additionally, it is not possible to be prescriptive about the minimum requirements for a piece of information to be considered valuable, because it will depend on the specific circumstances.

You should consider the factors outlined in this section when deciding:

- how valuable a piece of information is
- whether more information is needed to make a robust decision i.e. if the information you have is not valuable or it doesn't provide the necessary information needed to make a decision

Factors to consider

When deciding whether information is valuable you should consider:

- who it's from (for information provided by someone who is not the client)
- the period of time it relates to
- the content

When considering the information, you should:

- Consider all the information you have within context
- Use other decision-making tools if you are unsure how to interpret it, e.g. a case discussion

Who the information is from

For supporting information, including the statement of support, you should consider if the source:

- knows the individual and understands the impact their condition or disability has on their life.
- offers insight into the individual's condition or disability as a result of their role in the individual's life
- is involved in the individual's treatment or care regularly

You should be satisfied that the provider of information can be reasonably expected to have an insight into the individual's life. There is no definitive list of the nature of the way in which someone providing supporting information should know the individual.

For example, it is reasonable to assume that an applicant's employer has a good level of understanding about how the individual's conditions impact them at work. But if you know that the individual has been retired for 18 months, you're likely to view the information as less valuable. This is because the individual's care needs may have changed from when the employer last saw the individual 18 months ago.

This is because how regularly someone sees the individual may impact how valuable all the information is. This does not mean that the source has to see the individual or the impacts of their condition at a given regularity to be considered valuable. Rather that you should consider whether it is more likely than not that the source of information will be able to offer insights into the individual's condition or disability based on how often they see, or when they last saw, the individual.

This will differ from case to case. It should also be considered in regard to whether the individual's care needs are likely to have changed in the time since the source saw them, or if their condition remains fairly consistent.

You should request a case discussion if you are unsure about the individual's current care needs in comparison to the date of the information.

There may alternatively be details in the information itself which de-value the perspective of the person providing it. For example, it may be clear that the person has simply observed from afar, rather than being directly involved in the individual's life.

For supporting information from a professional, where provided, you should ensure that the source meets the requirements of a professional. You should use the Operational Guidance and the Supporting Information Chapter to help you identify a professional.

For information provided in the application form by the individual or person acting on their behalf, not including the statement of support, you should continue to take a trust-based approach to what they tell us about their condition. This is because the individual will know themselves and their condition best. For more guidance on taking a trust-based approach see the Supporting Information chapter and Principles of Decision Making chapter.

The period of time the information relates to

How up to date a piece of supporting information needs to be in order to be considered valuable will differ from case to case.

This applies to all information provided in support of an application or review, all supporting information including the statement of support, and any information gathered throughout the process i.e. follow up calls.

Identifying the date the information relates to can be done by:

- checking the date on any documentation submitted (i.e. the date printed on a prescription)
- noting where information mentions dates or time periods (i.e. a statement of support from the individual's daughter may explain that they went to the GP with them 2 months ago where they were discussing their condition)

This list is not exhaustive.

The key consideration is whether or not the information is relevant to the period the application relates to. That does not necessarily mean the information needs to be recent. However, you must be able to make a reasonable assumption that it is relevant to the circumstances existing at the time the application relates to.

The main factors influencing how close in time the information needs to be to the application is the nature of the individual's disability or health condition.

Individuals who have a disability or condition which is likely to remain consistent in the way it impacts them may have supporting information which is still relevant after many years.

Only if an individual's condition is likely to have changed in a way that may have a significant impact on their care needs since the date of the information, might there be a reason to consider obtaining more recent information. This may be especially the case for individuals who have become newly disabled following a significant illness or injury, such as having had a stroke or having a limb amputated following a major trauma. In these instances, it's probable that the individual's care needs in the

year immediately after the event might change to a greater or lesser extent after that point.

To support your understanding of the individual's needs between the differing dates, you may require the help of other decision-making tools such as case discussions and reviewing other decision-making guidance such as the Rates and Criteria Chapter.

Additionally, by significant changes in needs, we mean care needs that would prevent or allow an individual to meet either or both the daytime and night-time condition.

You do not need to take any further action where the difference in care needs expected between the date of the supporting information and the date of application does not change an individual's level of entitlement.

This is because the criteria for PADP require you to take a broad view regarding an individual's eligibility to either or both of these conditions, and they either meet the criteria or they do not. This means that an individual's needs can change to require more or less support and still meet the same criteria.

For older individuals, it's a reasonable assumption that once an individual has reached around retirement age, it's unlikely that the impact certain conditions have on their care needs will become any less. For example, while you might require more recent supporting information for a 27 year old individual who had a serious pelvis fracture at 20, it's likely that the needs of an individual who had the same injury at 57 will be at least the same at 70.

When deciding whether dated information is still relevant, you should consider the individual's current needs and decide whether it is more likely than not that their needs have changed in a way that might impact their entitlement since the date of the information.

It is the identified date of the information that is the factor to be considered here, not the content in regards to the information on their care needs.

You may conclude that the information was dated from a time relevant to the application or review but the information it provides is inconsistent with other information you have gathered, In this case, the information is relevant but there is an inconsistency.

If you're unsure if the information is current enough to help you, you should use other decision making tools, such as medical guidance or requesting a case discussion.

Where you determine that a piece of information is not relevant, or is less relevant, to the period the application relates to, you are not automatically required to get a 'replacement' piece of information. This includes gathering an alternative

confirmation from a professional. To help you determine if you need an alternative source of supporting information, you should refer to the decision tree in the Supporting Information chapter.

As always with PADP applications, you should be mindful of the individual's personal circumstances and whether this has any impact on their ability to provide up-to-date supporting information.

You should refer to the guidance in the Supporting Information Decision-Making Guidance to determine your next steps where both apply:

- you decide a piece of supporting information is not valuable
- you think this will impact your ability to make a decision

Example when confirmation from a professional is dated more than a few years old but may still be valuable:

An individual with a diagnosis of a long-term chronic disability or condition, such as osteoporosis, may have supporting information from ten years ago that acts as a confirmation from a professional, and can also be used to establish care needs.

The case manager should use this supporting information to support them in making a determination if it is clear that there is likely to be no change in that individual's care needs in the period since the supporting information was produced.

Example when supporting information more than a few years old may not still be valuable:

A case manager may receive additional supporting information from a professional about an individual who has a diagnosis of a physical health condition, such as relapsing remitting multiple sclerosis, from five years ago.

However, as the particular condition can have a fluctuating impact, this piece of supporting information may not be useful in coming to a decision on an individual's level of entitlement to PADP.

This is because the supporting information may no longer reflect the individual's current care needs. In this case, further information about the individual's current care needs might be sought.

The information could however be used as confirmation from a professional because although the specific way in which the client is impacted may have changed, the fact that they have a diagnosis at all will not have changed.

The content of the information

When thinking about the value of information provided by the individual, consider if the information:

- relates to the individual's experience of their condition rather than general information about that condition
- provides the information needed in order to understand the individual's care needs
- is broadly consistent with what you would expect for an individual with their condition/s
- is broadly consistent with any other information provided in support of their application or review i.e. supporting information, or if there is a reasonable explanation for any inconsistencies

When thinking about value of supporting information, consider if the information:

- includes additional detail not provided on the application or review form
- relates to the individual's experience of their condition rather than general information about that condition
- is broadly consistent with the information in the application or review form, or there is a reasonable explanation for any inconsistencies.

Make sure you fully understand any specialist language or terminology used. This is so you can correctly interpret the information.

If you need to check what something means, use other decision-making tools such as medical guidance or a case discussion.

Do not treat supporting information from abroad any differently. If you need to request translations, see accessibility guidance.

The supporting information provides additional information

You may conclude that a piece of supporting information is valuable if it contains additional details not provided in the application or review form.

You should not automatically disregard additional information that is relevant if it is inconsistent with other information. You should consider whether there is a reasonable explanation for the inconsistency. If there is no reasonable explanation, you should follow the guidance on inconsistencies in this chapter.

The information relates to the individual's experience of their condition

Information is valuable where it is an account of how the condition impacts the individual on a day-to-day basis or provides details on their care needs.

Information provided with an application may offer lots of additional detail about the condition in general. For example, information from a factsheet, a leaflet or a medical

website. However, this is not necessarily valuable as it does not necessarily give you any insight into how that condition impacts the individual or their care needs.

For supporting information, the same piece of information is valuable whether the source has seen what they are reporting for themselves, or it is something they have been told.

Where supporting information indicates that what they are reporting is not something they have seen themselves but is something the individual has told them, you should not treat this information any differently.

This could result in individuals who do not have supporting information contacts who regularly see their day-to-day needs being disadvantaged.

Medical professionals are unlikely to see the individual at any great length when they do see the individual. There are also some aspects of an individual's care that it is unreasonable to expect certain professionals to see for themselves, such as nighttime toilet needs.

As a result, their insights on certain care needs may only come from what the individual has told them.

Example: Considering different pieces of supporting information based on their value

Lisa is 66 and applies for PADP with diagnosis of fibromyalgia. Lisa's application does not provide a lot of detail on the impacts of her condition on her life. However, alongside her application, she asks Social Security Scotland to collect supporting information from her GP and from her sister. As the case manager does not have enough information from Lisa's application to make a decision, and the application contained significant inconsistencies, they progress to contacting Lisa's GP and sister.

The GP returns the Supporting Information Request Form confirming her diagnosis and medications and provides a summary of her symptoms. However, they also advise that they did not consider her to have significant fatigue because Lisa was able to attend the surgery recently.

The case manager also collects supporting information from Lisa's sister. Lisa's sister submits a letter detailing the effects of activity on Lisa. She explains that although Lisa is able to do small amounts of activity, she would not be able to leave her bed for the next couple of days as a result. She advises that Lisa has also had a recent assessment by a local authority Occupational Therapist for aids and adaptations to the house. She was assessed as needing a shower chair, grab rails at various points in the house, a perch stool, and a walking frame with inbuilt seat because of variability in her ability to walk.

The case manager notices that the needs described by Lisa's sister are significantly higher than what is suggested by the symptoms in the GP's supporting information. The case manager decides these are inconsistencies between supporting information and that they must assess their value. Therefore, the case manager establishes that:

- although the GP is likely to have had a lot of experience with Lisa, they should not automatically assume that this piece of supporting information is more accurate or valuable than the other letter
- the letter from the GP confirms Lisa's conditions and provides information on her symptoms at the time of the appointment
- the appointment was 8 months ago and was Lisa's first time at the GP surgery in several months
- Lisa's sister looks after her 3 times a week and has done so for 2.5 years. In the letter she describes how Lisa's symptoms have worsened over the last 6 months. She describes how Lisa is impacted by her conditions every day, and that she needs increased support when dressing, washing and moving around indoors.

The case manager concludes that the supporting information from a professional does indeed confirm Lisa's conditions. However, they conclude that on the balance of probabilities the care needs stated in Lisa's application form and by Lisa's sister are more likely to be true than not true because:

- Lisa knows her condition best and her sister is more familiar with Lisa's day-to-day needs than the GP.

However, as the case manager is unfamiliar with Lisa's condition and due to the inconsistency, they request a case discussion with a Practitioner. They do this so they can further understand the expected symptoms and care needs associated with fibromyalgia. The case discussion confirms that:

- The care needs described are reasonable and consistent with her diagnosed condition and treatment

The case manager proceeds to make a determination based on:

- the information provided on the application form
- the confirmation of Lisa's conditions by the GP
- the sister's letter describing Lisa's every-day needs
- the case discussion with a Practitioner providing additional insight into the condition

Related reading

- What is supporting information
- Principles of decision-making
- Our approach to supporting information
- Supporting information operational guidance

Differences in describing levels of need

Some sources of supporting information will have a point of reference that impacts how they describe an individual's care needs.

Their perspective will be impacted by:

- the way in which people they regularly come into contact with are impacted by their condition
- the nature of the conditions the people they see often have
- the prognoses they are used to discussing

You should consider the source and the context when reviewing supporting information.

For example, a GP might describe an individual's condition as 'well-controlled'. They might choose that term because they know their condition has the potential to be very difficult to treat with medication and could routinely become very severe.

A condition being well-controlled does not necessarily mean that the individual will not have any daytime or night-time needs. It may simply mean that the way they are impacted by their condition is consistent. The GP may use 'well-controlled' to indicate a range of circumstances, including that the individual:

- is prescribed treatment for their condition and consistently takes it as directed
- has a condition which does not impact on them currently
- has a condition which is stable and consistently impacts them in the same way

It is important to remember that all subjective terms, such as mild, stable, well behaved, easily managed etc require a judgement to be made by the person using them. They should not be seen as definitive and the wider context in which they are made must be considered.

Inconsistencies and gaps in information

When you look at the information provided with an application or review form, there may be gaps or inconsistencies between them. Not all gaps and inconsistencies need to be explored.

In this chapter, we use the term 'relevant inconsistency' to refer to inconsistencies that are identified after you have established good cause or gathered a confirmation from a professional. You should only be identifying relevant inconsistencies when you are the point in your decision making of determining an individual's needs and entitlement.

A relevant gap or inconsistency is one that:

- needs to be resolved in order for you to determine the individual's level of needs and entitlement
- does not affect whether you need a confirmation from a professional
- will impact the individual's level of award if it's not resolved

By an 'inconsistency' in this chapter, we are referring to information that is not consistent with each other. This could be information that is directly contradictory but can also be information that is inconsistent in regard to severity of needs or impacts.

This is not the same as a 'significant inconsistency' as is explained in the Supporting Information chapter, where an inconsistency refers to information regarding an individual's needs that is not expected i.e. the needs reported are more or less than would be expected for that individual with that condition and their circumstances

The purpose of this chapter is not to help you identify where a confirmation from a professional may be required but rather to help you resolve inconsistencies through other decision-making tools, such as additional supporting information.

A gap or inconsistency is not relevant if the missing information would be helpful to have but is not necessary for making an accurate decision and establishing the facts of the case.

If you cannot make a decision without resolving the relevant gap or inconsistency, you should use decision making tools.

For example, an individual may explain on their application that they require help from their partner to get dressed on some days. Their partner provides additional supporting information and explains they help them get dressed every day. The two pieces of information are inconsistent with each other but are not direct conflicts. The partner confirms they help them get dressed, but there is an inconsistency in regard to how often they help them.

Inconsistencies can occur:

- within a piece of information
- between pieces of supporting information
- between supporting information and the application or review form

By a gap, we are referring to missing information specifically relating to an individual's care needs and the impact of their condition. Gaps do not refer to a lack of a confirmation from a professional. You should refer to Supporting Information for guidance on what to do where there is no confirmation from a professional. The size and significance of a gap will vary, and gaps should be expected. This is because conditions can be life-long and complex and it can be difficult for any one source to include all of the details on these, including the application form.

Whether a gap needs to be filled is dependent on its significance. The significance of a gap is dependent on your ability to determine entitlement. If you are unable to make an entitlement decision without filling the gap, you should use decision-making tools to help fill the gap. This includes gathering additional supporting information to establish entitlement only where other decision-making tools have not helped, or you are able to determine that they will not provide the information you need.

Before attempting to fill a gap or explore an inconsistency, you should consider whether:

- it can be resolved or accepted without taking any action
- it is significant enough to need exploring
- the piece of information containing the gap or inconsistency is valuable and would merit having the inconsistency explored

When deciding whether a gap or inconsistency can be resolved or accepted without taking any action, consider all of the following:

- individuals may under-report their needs, especially if they have more than one condition or where they are sharing sensitive information such as toilet needs
- conditions can be life-long and complex making describing them difficult for some clients
- whether an individual's condition could impact their ability to describe their condition (i.e. if they were recently hospitalised, whether their condition impacts cognitive function)
- unanswered questions, or answers that don't offer helpful insights, may not mean that the individual has no care needs in that area. Individuals and sources of supporting information may leave out useful information because they're not used to the questions on our forms.

- the view of a professional may be conclusive of their opinion but is not automatically conclusive in establishing an individual's condition or care needs. Context and point of reference are vital
- the source of the supporting information may be from someone who doesn't know the full extent of the individual's needs, and this can explain an inconsistency
- supporting information does not need to support every declared need, especially if the individual has complex needs and/or several conditions

If you do decide to explore a gap or inconsistency, you must:

- remain aware of your unconscious bias and ensure you approach the gap or inconsistency from a neutral position. You should not assume the outcome of the gap or inconsistency until you have explored it
- make decisions based on the balance of probabilities, as always, making use of other decision-making tools where needed.

Exploring inconsistencies

You should consider the following points when you explore an inconsistency between pieces of information. You should continue to remember that all information must be given equal consideration.

If the individual's own information has conflicting details, clarify this directly with the individual where possible.

The value of the information

At what point in the process you choose to explore an inconsistency will differ from case-to-case and depend on:

- whether there is a reasonable explanation for the inconsistency
- if the information containing the inconsistency is valuable
- the complexity of the inconsistency

Whether you establish the value of a piece of information before exploring an inconsistency is at your discretion.

In some cases, you will need to have considered the value of a piece of information before deciding if an inconsistency needs exploring. This will likely be in scenarios where the inconsistency is complex or not easily resolved.

This can help ensure that you are exploring an inconsistency for information you have concluded is valuable.

Where the information containing the inconsistency is of little value, you should consider if there are any benefits to exploring the inconsistency.

However, for other inconsistencies, you may decide that the process for resolving it would be quick. In these circumstances, it is reasonable to explore the inconsistency before you have robustly considered the value of the information.

Other decision-making tools

You should consider what decision-making tools would best help you resolve an inconsistency. This includes continuing to use the balance of probabilities throughout the decision-making process to establish whether the care needs are likely to exist, given the information you have.

By best, we mean the outcome of an inconsistency being resolved robustly in a time efficient manner. This means you will need to balance how well a decision-making tool would help you to resolve an inconsistency with how long that same tool would take to help you resolve the same inconsistency.

For example, an inconsistency may exist between what a GP has submitted and what the individual's wider support network describes the individual's needs as. You may decide that the best way to resolve this definitively would be to request further supporting information from the GP. However, you also know that the GP took a long time to respond to initial supporting information request and so you are unlikely to get a quick response on your new request. You should consider if other decision-making tools, such as a case discussion, would provide similar results in regard to helping you resolve the inconsistency. This approach balances the quality of information with the time it takes to establish that information.

Gathering supporting information should not be your default decision-making tool. Supporting information is one of a suite of decision-making tools you can use to help you make decision. It is also often the decision-making tool that will take the longest time to provide you with the information you need.

Before gathering further supporting information, you should always consider whether the inconsistency can be resolved through a follow-up call to the individual, where appropriate, or a case discussion. You should also ensure you have read the guidance:

- in this chapter on supporting information after an application
- in the Supporting Information Decision Making chapter

Supporting information after an application

Where needed, supporting information can be submitted or collected after an application. This supporting information:

- should be considered in the same way as information given with the application
- does not have to support every detail in the application or review form

To help you determine if supporting information is needed, you should refer to the decision tree in the Supporting Information chapter in the first instance.

Only request additional supporting information after an application if all of these apply:

- it's essential to your decision-making i.e., you are unable to make a decision on whether an individual is more likely than not to meet the criteria for PADP
- the individual has given their consent for you to do so
- no other decision making tools have provided the information you need
- you do not have a reason to believe the information does not exist. For example, if you have established good cause because the individual has told you they do not have supporting information and they do not know of anyone who could provide it
- you have followed the guidance the Supporting Information chapter decision tree and the outcome is that you need to gather supporting information.

Involving a practitioner

Involving a practitioner is recommended when:

- you have identified inconsistencies and need the expertise of a practitioner to help you explore them
- you do not have enough information, including supporting information, to make a decision

Example: Inconsistent information in the application

Ian is 72 and has submitted a PADP application. He states that he has had depression and anxiety for the past five years which already indicates to the case manager that he has significant care needs in the day. Alongside his application he provides a prescription list dated from the previous month as supporting information. It details which medication he is prescribed and at what dosage. These are:

- 200 mg of Sertraline per day
- 15 mg of Mirtazapine per day
- Propranolol up to three times a day when necessary.

As the case manager does not have the medical training needed to interpret what these prescriptions mean in relation to Ian's needs, they request a case discussion with a practitioner. The practitioner confirms that:

- these medications are consistent with someone diagnosed with depression and anxiety
- an individual prescribed these medications at the stated doses is likely to have a higher level of care needs. They would also expect the applicant to have the support of other professionals, such as psychiatry.

The case manager considers this information alongside Ian's application and notices there are inconsistencies in the care needs stated by Ian in his application. Ian reports that he can manage the majority of activities independently. However, he later explains that he is reviewed regularly by psychiatry for suicidal thoughts and is supported by a community psychiatric nurse.

Ian's descriptions of his needs are inconsistent with the level of medication he is prescribed and the support he received. The case manager, after considering the information provided by Ian and the practitioner, that they should explore these inconsistencies. This is because they are unable to determine his level of care needs. The case manager:

- phones Ian to clarify how much support he needs and how they support him.

After the call, the case manager is satisfied that:

- Ian had underreported his needs and that he had described his 'better days', of which he only has one or two a week
- Ian requires more support than he stated on his application for the majority of his time. He sees both the psychiatric nurse and the community psychiatric nurse regularly.

Although Ian did not directly explain his care needs on his application, through:

- their conversation with Ian
- the knowledge of the input he has from a psychiatric and community psychiatric nurse
- the medication he takes and at what doses

the case manager is able to determine that it is reasonable to expect Ian to have care needs that would make him eligible for PADP. This includes needing support to manage his condition and medications – support he receives from the input of the community psychiatric nurse.

The case manager is now able to make a robust determination based on this clarification.

Related reading

- balance of probabilities
- calling the client for additional information
- Our approach to gathering supporting information
- Other ways to get information
- Equal consideration
- How to select the right decision-making tool

Equal consideration

Consider each piece of information on its own merits, whether it was provided by a professional or another source, including the individual themselves.

Equal consideration doesn't just apply to supporting information, it also applies to the individual's application or review form. This should always be the primary source for you to make your decision.

Equal consideration means you:

- determine the importance of the information you have based on its value
- do not prejudge the importance of information based on the source or other factors

Medical information

Treat medical information in the same way as other information from:

- non-medical professionals
- the individual's wider support network
- the individual themselves

Treating medical supporting information preferentially can create mistakes in decision-making. Assuming that the source of the information, as a medical professional, makes the information inherently valuable means that you are not considering what the information actually says or whether the medical professional was the best source of information.

For example, an individual may see their GP once every few months for a limited time. However, their family member supports them with their condition daily. The family member would be better placed to provide details on the impact of the individual's condition and their care needs. Therefore, whilst information provided by the GP could still be valuable, it should not be seen as automatically more valuable purely because of their profession. In this instance, it is more likely than not that the family member will provide more valuable information than the GP.

Personal photos or videos supplied by an individual

Some individuals may supply personal photos or videos as supporting information. This could be photos of their condition or photos of specialist equipment, such as a wheelchair or chair lift.

We do not ask individuals to submit this type of information and individuals are discouraged from submitting photos or videos.

Some professionals may submit clinical photographs, such as x-rays. These are not discouraged.

Where possible, you should consider photos and videos in your decision-making when establishing an individual's level of care needs. Consider if what's shown is useful in describing needs or impact. By submitting the photos or videos, the individual felt it was important we see them.

You should ensure you approach this format of supporting information the same way as other formats. Photos or videos and all other formats of supporting information should be treated with equal consideration. The format does not make it more important.

This is because not all conditions or needs can be photographed and individuals who have these conditions should not be disadvantaged because of this.

An image of a condition can appear more compelling than a written description of the same condition. You should not consider this information more important because you are able to see what would otherwise be described.

Photos or videos are not a replacement for a confirmation from a professional.

Some photos or videos may:

- contain distressing content
- raise adult protection concerns

Where either of the above apply, you should speak to your line manager.

Related reading

- Equal consideration
- The role of supporting information
- Good cause and reasonable explanations

Accepting or rejecting one source of information as ‘fact’

In some cases, it may be reasonable for you to accept the facts in one piece of information over another.

You can accept the facts of one piece of information over another regardless of the source of the information.

This can be:

- accepting the facts in one piece of supporting information from a professional over another piece of supporting information from a professional
- accepting the facts in a piece of supporting information from the client’s wider support network over supporting information from a professional
- accepting the facts in an application form over a piece of supporting information, regardless of the source.

You could accept the fact of one piece of supporting information over another because:

- one piece of supporting information directly supports the account of the individual’s disability given in the application or review form
- the other piece of supporting information is inconsistent with the diagnosis and/or details supplied in the form
- the information in one piece of supporting information is more up to date than another

You could accept the facts from information provided by the individual over a piece of supporting information because:

- you have determined, on the balance of probabilities, that it is more likely than not that what the individual has told us is best reflects their care needs in comparison to what is reported in the supporting information
- you have used the guidance in this chapter to make that decision, including establishing value, using other decision-making tools, taking a trust-based approach and exploring the inconsistency or gap.

You must provide clear and logical reasoning for accepting or rejecting as ‘fact’ one source of supporting information over another.

This applies to information from:

- the individual
- a professional
- from the individual’s wider support network

Counterfeit or forged documents

You may suspect that supporting information has been forged, counterfeited, or someone you've spoken to is impersonating another person. In this event, you should speak to your line manager.

Read the guidance on how to identify counterfeit and forged documents.

Related reading

- Making a determination and supporting information
- Special Rules for Terminal Illness operational guidance
- How to establish facts
- Types of supporting information

Establishing an individual's care needs and impact of their condition

When reviewing information, consider the impact of the disability or condition:

- on the individual
- on their care needs

Information which directly mentions their functional ability and symptoms:

- may be helpful in understanding their condition
- should be considered within the context of how it will impact them
- is not essential information when establishing their care needs

Information may not directly reference functional ability or symptoms. Instead, it may describe general themes. You can still use these to understand the severity of a disability or condition and the resulting needs.

For more information on how to interpret information in the application form to establish the individual's care needs in relation to the PADP criteria, see the decision-making guidance on the PADP application form and how to interpret it.

Existing support and provisions

Some information may not directly tell you what the individual's care needs are. However, you may interpret the information to understand their needs. This includes where information provides details on existing support and provisions. This information may not explain the individual's care needs but the need for such support and provisions can indicate the needs the individual is more likely than not to have.

If you're unsure about how to interpret information that does not directly describe an individual's symptoms and/or care needs, read the advice and guidance on choosing the right decision-making tool. This might include a case discussion. That could help you determine if the care needs stated are consistent with the individual's disability or condition.

Example: an occupational therapist says an individual uses specialist equipment

You know:

- they have osteoporosis
- they use a standing frame and a chair full time
- they write in their application that they have trouble standing and walking

You can use this information to understand their functional ability.

Example: an individual who receives short breaks

Someone from an individual's wider support network tells us the individual gets short breaks every few months. Short breaks used to be known as respite.

This information can help you understand an application which says an individual has trouble looking after themselves without help.

Related reading

- Principles of Decision Making
- Determinations and awards
- Justifications
- Gathering Supporting Information – Confirmation from a professional, supporting information to establish entitlement
- The Pension Age Disability Payment application form and how to interpret it