| **Existing UK Government Approach** | **Scottish Government Approach** |
| --- | --- |
| **Thinking about claiming** | |
| * Limited advice is available from Jobcentre Plus staff and online about disability payments on gov.uk, and there is no take-up strategy. * There is no pre-claims advice service, and limited local presence through DWP visiting officers. | * We will have telephone and online services to advise on what payments are available, and explain clearly how people can go about claiming those. * Local delivery staff will provide pre-claims advice across the country and support and encourage people to take up the payments that they are entitled to. * We will provide this support in places where clients currently go. This could be from permanent co-located delivery sites, outreach offices or home, prison or hospital visits. |
| **Making the claim** | |
| * All claims for PIP must be started by phone; DLA/AA must also be if client wants to take advantage of backdating. There is no electronic service and no face-to-face application. * The PIP descriptors are not immediately obviously found on gov.uk, and feedback from disabled people is that the guidance does not make it easy to understand what is required. * Clients with a terminal illness must meet a strict test – death must reasonably be expected within six months in consequence of a terminal illness. | * We recognise that our clients will require options and choices for how they interact with Social Security Scotland and offer a multi-channel approach, including telephone, paper-based and face-to-face applications, to ensure that those who cannot or choose not to adopt digital methods will not become isolated through technology. * We will design the application process in collaboration with disabled people, so that it is as simple and accessible as possible * We will explain the eligibility criteria for each form of Disability Assistance clearly and transparently, so that clients know how we will make decisions about their cases. * Clients will be asked who best can tell us about their health condition; this could be a family member, healthcare professional, social worker or support worker. * We will fast-track applications for clients with a terminal illness, and will ensure medical professionals can use their clinical judgement on a case-by-case basis to ensure that those individuals who need support receive it quickly, in accordance with guidance from the Chief Medical Officer. |
| **Supporting information** | |
| * There is limited information on what supporting information is useful, and for PIP, the majority of claims go direct to face-to-face assessment as a matter of routine. * Case Managers don’t routinely seek supporting evidence, and the onus is firmly on the client to do this. * The lack of supporting information can significantly affect the outcome of a claim. * Case Managers don’t routinely speak to clients about their decision –A small number of Attendance Allowance cases require a face-to-face assessment. | * Case Managers will help clients identify what types of supporting information are most useful to us, and where necessary, we will help clients to gather that information. This will help us make more decisions without the need for a face-to-face assessment. * We will use Specialist Advisers who can bring their knowledge and experience of work in health and social care to provide additional advice to Case Managers, further reducing the need for face-to-face assessments by resolving common questions about the impact of conditions, medication, treatment and symptoms. * Case Managers will also have access to Decision Making Guidance and Agency Medical Guidance that we will develop further with our stakeholders. This Guidance will fully capture the impact of living with mental health conditions, other fluctuating conditions, and learning disabilities. * Our Case Managers will be empowered to speak to clients to gain further information or to clarify details, and we will start from a position of trust in listening to what clients tell us. * Case Managers will seek one source of supporting information from a formal source, such as confirmation of a diagnosis or letter from a support worker. This will be used to determine, on the balance of probabilities, that the individual’s condition is consistent with the general care and mobility needs detailed on their application. * No one will be disadvantaged by a lack of supporting information; our position is that face-to-face assessments will only be used when there is no other reasonable way to gather information about functional ability. Case Managers will have the discretion to make an award in the absence of supporting information. * We have also said that children, young people and old people will not require a face-to-face assessment. |
| **Advocacy** | |
| * DWP do not offer an advocacy service. | * The Scottish Government will ensure that there is an advocacy service in place - Advocacy workers will only speak for their clients if the client asks them to or is unable to do so. * Advocacy workers will not tell their clients what to do but will support their clients to obtain the outcomes they identify. |
| **Attending a face to face assessment (PIP/DAWAP)** | |
| * There is limited choice and control over when and where a face to face assessment takes place, and it can be difficult to obtain a home visit There is limited flexibility around cancelling and re-arranging appointments. * Assessment reports are only routinely provided as part of the appeals process, and audio recording is not standard. * DWP does not need to explain to clients why a face-to-face assessment is necessary. * DWP uses short awards and will often call disabled people on PIP for a reassessment up to a year in advance of their award ending. Feedback from disabled people tells us that this can cause a cycle of stress and ‘fear of the brown envelope’. * DWP assessments are contracted out to private contractors. | * We will significantly reduce the number of face to face assessments and will only ask someone to undertake a face-to-face assessment when it is the only practicable way to make a decision. * No one will undergo an assessment carried out by a private sector provider. * , People will be given greater choice and control over their assessment, including the time and location of the assessment, and we will provide home based assessments where required. * We will seek to be flexible about cancellations, as we understand circumstances outside of the client’s control may affect their ability to attend. * Our assessors will have professional experience in the provision of health and social care, which may include experience gained within the third sector, and be able to evidence time working within a relevant role. * A proportion of assessors will be trained specifically in the impact of mental health conditions and learning disabilities, to ensure individuals with such conditions are assessed by someone qualified to do so. * This will include training on the impact of common health conditions. Wherever possible, that training will be developed in consultation with and delivered in conjunction with people with lived experience of health conditions and disabilities. * Individuals will routinely be given a copy of their assessment report. As part of our commitment to trust and transparency, assessments will be audio recorded as standard and, should a case go to tribunal, the tribunal will be given a copy of that recording. * Social Security Scotland will explain why the individual is required to attend a face to face assessment and will set out what consideration has been given to their preferences and impact on them. * We will tell all clients during the assessment if any observations about them have been made, including any inferences the assessor has drawn from them. * We will avoid the unnecessary stress and anxiety caused by repeated reassessments – for clients whose disability is unlikely to change, this will be between five and ten years from the date of decision. * We will also do more with stakeholders to consider the feasibility of making indefinite awards for clients with the most severe and enduring health conditions and disabilities, |
| **Reviewing Awards** | |
| * DWP can review an award early. * The process tends to involve filling out further assessment questionnaires, and attending a further assessment. * There is no equivalent to Short Term Assistance – if an award stops, it can have significant financial repercussions. * There is no time limit on DWP reconsidering an award, * Clients have a strict time limit of one month to request a redetermination, which may not be enough to engage with support services and get an appointment. * Clients cannot appeal to a tribunal until DWP have considered their decision. | * If Social Security Scotland do decide to review a client’s award early, we will provide reasons why, and a client’s award will continue during a review period to avoid any cliff-edges. * Our reviews will be light-touch and designed in such a way as to reduce stress and anxiety, which is why we’ll continue to work with Experience Panels and stakeholders to understand what this will look like. * In the event that we make a decision to reduce or stop an award, clients will have longer to ask us to make a redetermination (42 calendar days), and during the redetermination period will have the option of accessing short-term assistance. * Social Security Scotland will have 56 calendar days to make a redetermination; this balances the need to make decisions on vital support quickly, with the need to collect supporting information, where required. * If we fail to make a redetermination within this time, clients have the right to appeal to the First-Tier Tribunal for Scotland directly. Short Term Assistance will ensure there is no disincentive to challenge decisions. It will not be repayable. This is something entirely new and will help to strengthen Disability Assistance as a safety net for disabled people. |