

# Qualitative research into how supporting information is used in the context of disability benefits in Scotland



**EQUALITY AND WELFARE**

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Responsibility for this report lies with the research team alone. The views expressed do not necessarily represent the views of the Scottish Government or Scottish Ministers.

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This work was carried out in accordance with the requirements of the international quality standard for Market Research, ISO 20252

# Executive summary

## Background

In July 2022, the Scottish Government commissioned Ipsos Scotland to undertake qualitative research into individuals' experiences, perceptions, and the associated impacts of supporting information in the application of disability benefits. Specifically, the research focussed on two devolved disability benefits administered by Social Security Scotland:

- Child Disability Payment (CDP), which replaces Disability Living Allowance for children administered by the UK Department for Work and Pensions (DWP), and was rolled out across Scotland in November 2021 following a pilot.
- Adult Disability Payment (ADP), which replaces Personal Independence Payments (PIP) and Working Age Disability Living Allowance administered by DWP, and was rolled out across Scotland in August 2022 following a pilot.

This research is part of the [Devolution of disability benefits evaluation strategy](#) evaluating the policy impact of the devolution of disability benefits, with the overarching aims of understanding how a benefit is being implemented and what effects it has had, for whom and why.

## The role of supporting information in disability benefits decision-making

People applying for CDP or ADP complete an application form in which they provide details of their conditions or disabilities and the impact these have on them day-to-day. They are also asked if they will provide at least one piece of supporting information from a professional. This is someone who, in their professional capacity, is familiar with the individual and their needs. This could include people who work in health or social care, education, or any other professional who is involved in the individual's treatment or care. The main role of this supporting information is to broadly confirm the applicant's condition(s), disability, or level of need.

Applicants can also provide supporting information from their wider support network. This can give insight into the impact the condition or disability has on the individual on a daily basis. The wider support network can include, amongst others, family members, partners, friends, and unpaid carers.

Supporting information plays an essential part in the decision-making process: it provides additional detail on an applicant's level of need and allows Case Managers to build a holistic picture of the applicant's circumstances. Following from that it enables Case Managers to make a robust entitlement decision.

The following policy commitments have been made in relation to supporting information:

- Clear and accessible guidance on what supporting information is most useful. This includes internal guidance for Social Security Scotland staff and external guidance for applicants and other individuals providing supporting information.
- Case Managers (Social Security Scotland staff) work collaboratively with individuals to identify the most useful supporting information.
- Case Managers can gather supporting information on the individual's behalf.
- Supporting information only needs to broadly support, rather than confirm every detail, in the application or review form.
- Case Managers have discretion to make an award in the absence of supporting information.
- Generally, only one piece of supporting information is sought from a professional per application.
- Supporting information both from professionals and the individual's wider support network is accepted.
- Different types of supporting information are given equal consideration.

## Aims of the research

The project sought to answer the following research questions:

1. Do applicants understand what supporting information they should or could be providing to support the decision-making process as much as possible?
2. Do applicants feel that their supporting information has been considered fairly?
3. What impact does supporting information have on Case Managers' decision-making process?
4. Is the process of requesting and obtaining supporting information done in line with policy commitments?

## Methods

The research took a qualitative approach. Semi-structured interviews were used to explore the perspectives and experiences of:

- **Applicants:** 22 CDP applicants (i.e., parents/carers applying on their children's behalf) and 20 ADP applicants were interviewed by phone or video call or face-to-face.
- **Social Security Scotland staff** who use supporting information to help make decisions about awards as well as senior staff who manage them and have oversight of the processes: 31 members of staff were included in face-to-face focus groups or depth interviews.

To provide further insight into the experiences of some of the most vulnerable applicants who need more support, we also interviewed:

- **Client Support Advisors** who work for Social Security Scotland in local delivery teams across Scotland and provide face-to-face, video and phone support to applicants. Four Client Support Advisors were interviewed by video call.
- **Third Sector staff from advice and advocacy charities** who provide support to people in relation to the overall application process including supporting information. Two members of staff from different charities were interviewed by video call.

All fieldwork took place between September 2022 and January 2023.

## **Main findings on the research questions**

### **Question 1: Do applicants understand what supporting information they should or could be providing to support the decision-making process as much as possible?**

It is clear that many applicants do not fully understand what supporting information they should or could be providing. It is a common assumption that some sort of medical information will be required and so there are applicants who do provide that. Some applicants might not have access to medical information. Due to the assumption that some sort of medical information is required, this can lead them to being unsure about how to proceed and, in turn, not submitting supporting information from other professionals that might be equally or more helpful.

For those who are unsure what to do, phone calls with Case Managers are very helpful in clarifying what is required. (Case Managers are the Social Security Scotland staff who are responsible for reviewing application and review forms, supporting information, and making entitlement decisions on cases). This reinforces the importance of Case Managers having a good understanding of supporting information and therefore being clear on exactly what is required.

There is scope to communicate more clearly to applicants that supporting information is needed, what form it can take, and that it may speed up the decision if it is provided with the application.

Only those who had submitted an application were included in the research. It is worth noting that many of the barriers to supplying supporting information, and misunderstandings about what could be submitted, may have deterred others from making an application at all.

### **Question 2: Do applicants feel that their supporting information has been considered fairly?**

Successful applicants did feel that their supporting information had been considered fairly. They explained that this was because they received an award which they felt they deserved and/or because the letter detailing the reasons for the decision showed that all their information had been considered thoroughly.

Some unsuccessful applicants did not think their information had been considered fairly, for example, they suggested that they may have been unfairly disadvantaged by not being able to provide supporting information from a health professional and having to provide it from their wider support network instead. They felt this was not given the same consideration that a letter from a health professional would have been.

### **Question 3: What impact does supporting information have on Case Managers' decision-making process?**

Case Managers generally see supporting information as important to decision-making, although the impact varies depending on the application being considered. It has more of an impact if the application form lacks detail or if the individual has a less common condition or a complex condition with which staff are less familiar.

Fluctuating conditions (particularly fluctuating mental health conditions) were also mentioned as the impact on an individual can vary day by day: this can make decision-making more difficult as it can be harder to know how often something happens, or whether someone's condition may be generally improving/deteriorating which may make a difference to the award decision. In addition to establishing entitlement, supporting information can also be important in helping decide on the appropriate level of award and review period.

However, where the applicant has supplied detailed information in the application form, supporting information seems to play less of a role in decision-making. This was because Case Managers felt that the application form contained sufficient information about the impacts of an individual's condition in order to allow them to make an informed decision. This is in keeping with Case Managers approaching applications from a position of trust (see further details in the Logic Model in Appendix 2).

The quality of supporting information was seen as more important than the quantity. CDP Case Managers mentioned that education plans and Autism Spectrum Disorder (ASD) diagnostic reports were particularly useful in decision-making.

Supporting information from an individual's wider support network was seen as especially helpful when there was scant information on the application form.

### **Question 4: Is the process of requesting and obtaining supporting information done in line with policy principles?**

From the way staff described their approach and their interactions with applicants, it was apparent that they are acting in a way that reflects the Social Security Scotland core principles of dignity, fairness, and respect. They clearly saw their role as supporting disabled people who met the eligibility criteria, rather than being a 'gatekeeper' to an award or an 'investigator' of someone's eligibility. Staff referred to individuals in a respectful way that demonstrated they were starting from a position of trust. They sensitively worded conversations with applicants about supporting information to gauge whether they were happy and able to provide any



themselves, and to avoid any undue stress. Staff were very clear that they did not need to obtain supporting information to support everything in the application form.

However, there was also the perception of supporting information being utilised as 'evidence' or 'proof', and confusion about whether 'equal weight' was still applicable (i.e. whether staff should be giving equal weight to different types of supporting information). While these are important policy commitments, staff who held these views did not appear to be handling cases in a markedly different way to their colleagues and they still appeared to be taking a person-centred and supportive approach.

Applicants were generally extremely positive about their interactions with staff. They felt they had been treated with dignity, fairness, and respect. Their experience had a positive impact on their perceptions of Social Security Scotland, their likelihood to contact them and their likelihood to apply for other benefits in the future.

The main issue affecting applicants' satisfaction are the delays that Social Security Scotland encounter in obtaining supporting information from professionals on their behalf. This creates a bottleneck in the whole system.

### **Additional insights on enablers and barriers to supplying supporting information**

The main factors which made it easier for applicants were:

- Having experience of similar administrative tasks.
- Being confident online and technologically literate.
- Having supporting information to hand.
- Receiving support from Case Managers over the phone.

The main factors which made it more difficult for applicants were:

- Not realising that they had been asked to provide any supporting information.
- Not having a clear understanding of the different types of supporting information that can be submitted.
- Not realising that it would likely speed up their application if they provided supporting information at the start.
- Not being able to access a GP or not having seen a health professional (due to difficulties getting an appointment or accessibility issues relating to the disability or health condition).
- The perception that not having a diagnosis would mean they would not be able to supply supporting information.

Staff also highlighted other groups who were more likely to struggle with providing supporting information and/or understanding what is required: people with severe mental health difficulties; people with addictions; those who experience difficulties

completing tasks because of poor physical or mental health; the Gypsy/Traveller community; some religious communities (particularly where women might be less likely to access a GP); homeless people; prison leavers; people with little or no English; and people with low levels of literacy.

## **Key recommendations and areas for consideration for the Scottish Government and Social Security Scotland**

The following key recommendations and areas for consideration come predominantly from applicants and Social Security Scotland staff themselves. They are, broadly speaking, presented in order of importance. This is based on what we judge will have the biggest impact on the applicant experience.

### **Reduce delays in obtaining supporting information from professionals**

The delays experienced by Social Security Scotland staff in obtaining supporting information from professionals, and GPs in particular, was the main issue affecting applicant satisfaction with the process. It was also one of the biggest frustrations for staff because it creates a bottleneck in the system and increases processing times. We recommend that the Scottish Government and Social Security Scotland work with GPs, the NHS, and Local Authorities to find ways to ensure that supporting information requests are responded to more quickly. We recognise that these organisations face considerable pressures and making progress on this will not be straightforward.

### **Clarify the guidance on supporting information for applicants**

Many applicants do not fully understand what supporting information they should or could be providing. We recommend reviewing the guidance included in the application form and elsewhere with the aim of clarifying:

- What supporting information to include, who it can come from, and what is 'required' – possibly in a separate guidance document.
- That help is available if someone is unsure what supporting information to provide.
- That, ideally, supporting information should be provided with the application and that this will likely speed up the process.
- That, ideally, one piece of supporting information from a professional should be provided.
- That supporting information can also be provided from the individual's wider support network.
- That Social Security Scotland can obtain supporting information on behalf of individuals.
- That an award can be made in the absence of a diagnosis (whether or not a formal diagnosis is available, is irrelevant to the decision-making process).

In relation to the point about Social Security Scotland being able to obtain supporting information on an individual's behalf, there is a tricky balance to be

struck. It is important to encourage those who are able to obtain and provide supporting information themselves to do so, while making it clear to those who would have difficulty, that Social Security Scotland can contact professionals and request it for them. The best approach may be to emphasise that, if individuals can provide supporting information themselves, this will significantly speed up the processing of their application.

### **More training and guidance for Case Managers on what to do if there is no supporting information with an application**

There should be more of a focus in initial training on what to do if there is no supporting information with an application and how to go about obtaining it. Staff reported that the example cases they were given in their initial training all had supporting information provided whereas, in practice, most applications arrive with no supporting information. They also suggested that the decision-making guidance on this could be made clearer.

### **Clarification of some key issues for Case Managers**

There were a few key issues where at least some Case Managers had misunderstandings or were unclear what the position was. We recommend:

- Clarifying that the decision-making guidance on giving equal consideration to supporting information from different sources is not superseded by the requirement to have one piece of supporting information from a professional.
- Addressing the bias towards supporting information from professionals, and medical professionals in particular, that was evident among some Case Managers. This should be addressed in initial training, on-going training and in the decision-making guidance.
- Addressing questions around the tension between a position of trust and the need to seek more clarification and additional information in some cases.

### **Improvements to Social Security Scotland internal systems**

There were a number of suggestions for improving systems so they do more to help Case Managers obtain supporting information. Suggestions included:

- Developing a system that would allow more direct contact with professionals in the way that email does.
- Adding a free text box for CDP staff to ask bespoke questions of professionals (ADP staff can already do this).

### **More training for Client Support Advisors and Third Sector staff**

Client Support Advisors in local delivery said the training they had received on 'a day in the life of a Case Manager' was very useful in helping them to understand the importance of supporting information. This session involved being told about supporting information from a Case Manager's point of view, among other aspects of their job. It was suggested that this course should be a requirement for new joiners.

More guidance and training should be provided to Third Sector organisations who might support individuals with their applications. Third Sector staff wanted to better understand the role that supporting information plays in decision-making. Raising awareness of the 'day in the life of a Case Manager' training would help in this regard. The guidance/training could also address some of the areas on which Third Sector staff appeared to be less clear:

- that Social Security Scotland is asking for one piece of supporting information from a professional.
- that an additional written statement produced by an individual themselves is not considered supporting information.
- that it is not standard for GPs to be contacted.

### **Further recommendations**

Further recommendations relate to:

- Improvements to Social Security Scotland's decision-making guidance for staff.
- Ensuring consistency between decision-making teams.
- Sharing information on re-determinations and appeals with Case Managers to enable learning.
- Supporting Decision Team Managers to implement policy changes.
- Immediate checks on whether an application includes supporting information.
- An online tracker to show individuals what stage their application is at.
- Reviewing the wording of decision letters to unsuccessful applicants.
- Highlighting that Emergency Care Records are useful supporting information.
- Improving the system that applicants use to upload documents so that it is even clearer for those that are less "tech savvy" and to avoid electronic documents getting lost (which happened in a small number of cases).
- Improving local delivery Client Support Advisors' devices to allow them to effectively upload supporting information.

# 1. Introduction and methods

## Introduction and background

The Scotland Act (2016) devolved some social security powers to the Scottish Government for the first time. Most of these relate to disability benefits and carers' benefits. Social Security Scotland, the organisation responsible for the delivery of these benefits, was set up in 2018 and the programme of devolution is expected to be completed by 2025/26.

In July 2022, the Scottish Government commissioned Ipsos Scotland to undertake qualitative research into the role of supporting information in the delivery of two devolved disability benefits:

- Child Disability Payment (CDP), which replaces Disability Living Allowance for children administered by the UK Department for Work and Pensions (DWP), and was rolled out across Scotland in November 2021, following a pilot that started on 26 July 2021.
- Adult Disability Payment (ADP), which replaces Personal Independence Payment (PIP) and Working Age Disability Living Allowance administered by DWP, and was rolled out across Scotland in August 2022, following a pilot that started on 21 March 2022.

The qualitative research focused on the role of supporting information in the application process rather than at the award review stage. This was because the fieldwork took place shortly after the benefits had launched and very few, if any, people would have experienced a review. However, the same supporting information policy applies to reviews so the learnings in this report will also apply to reviews.

This research is part of a wider programme of work evaluating the policy impact of the devolution of disability benefits, with the overarching aim to understand how a benefit is being implemented and what effects it has had, for whom and why. This wider work will provide insight into how benefits contribute to the delivery of wider Social Security principles and government objectives. More detail can be found in the [Devolution of disability benefits: evaluation strategy](#).

## The role of supporting information

In order to ensure a safe and secure transition from DWP delivering disability benefits to the launch of disability assistance in Scotland, the eligibility criteria for each form of disability assistance have initially remained largely the same as the benefits they replace. However, other important aspects of disability benefits have been changed significantly to allow the Scottish Government to take a human rights, person-centred, and trust-based approach to disability assistance. This is to ensure that the decisions are in line with the values of devolved social security: dignity, fairness, and respect. Policy commitments on these changes are outlined below.

Case Managers (see Glossary of job roles in Appendix 1) start by assuming that the applicant has provided an accurate account of how their disability or condition impacts them or their child. Following this trust-based approach, Social Security Scotland will not seek to gather an exhaustive list of supporting information to confirm every detail the applicant mentioned in their application form.

In line with the trust-based approach, supporting information is used to support staff in building up a holistic picture of the individual's circumstances and to enable them to make an appropriate decision. Supporting information is not used as 'evidence' or 'proof', which is reflected in the language and terminology used by Social Security Scotland when referring to supporting information.

There are two types of supporting information:

- Supporting information from a professional. This is supporting information from someone who, in their professional capacity, is familiar with the impact of the individual's condition and/or their treatment, care, or needs. This could include people who work in health or social care, education, or any other professional who is involved in the individual's treatment or care.
- Supporting information from an individual's wider support network. This can give insight into the impact the condition or disability has on the individual on a daily basis. This can include, amongst others, family members, partners, friends and unpaid carers ([the mygov.scot website contains a more detailed list of examples of supporting information](#)).

Note that statements drafted by the applicant themselves are not considered supporting information.

The role of supporting information from a professional and supporting information from the individual's wider support network are different.

Every applicant is asked to provide one piece of supporting information from a professional, where possible. The main role of this type of supporting information is to broadly confirm the individual's condition(s), disability, or level of need. This type of supporting information might also provide additional details on the impact the condition or disability has on the individual's day-to-day life.

Supporting information from the wider support network is likely to supplement the application by describing the individual's needs. It is not always required for a decision but can be critical in helping the Case Manager make a decision, especially where the application form does not provide enough information.

Case Managers should make decisions based on the balance of probabilities if they do not have all the information needed to establish the facts of a case. This means that a factual circumstance must be accepted as true if the information provided shows that it is more likely than not that it occurred.

Applicants can ask Social Security Scotland to obtain supporting information from professionals on their behalf. This is done by ticking the relevant box on the application form.

Applications can be made online, by post, or in person with the help of a Client Support Advisors who work for Social Security Scotland in local delivery teams across Scotland. Supporting information can be posted or uploaded online to the relevant space on the Social Security Scotland site.

### **Where supporting information is not available**

An individual might be unable to provide the supporting information needed to make a decision because it does not exist or is unavailable. In these cases, where the individual has good reason not to be able to supply supporting information, the Case Manager has the discretion to make a decision without supporting information. Good reasons might include, for example, not being able to access a healthcare professional due to their condition or due to current waiting times. In those cases, the individual must not be treated less favourably for not having supporting information from a professional, and Case Managers should ensure every effort has been made to gather supporting information from a professional on the individual's behalf before making a decision.

### **Continuous improvement**

Social Security Scotland is committed to continuous improvement and development (see the [Social Security Scotland principles](#)), so while the definitions and decision-making guidance etc. referred to in this report are accurate at the time of writing, these may change as improvements and developments continue.

### **Policy commitments**

The following policy commitments have been made in relation to supporting information:

- Clear and accessible guidance on what supporting information is most useful. This includes internal guidance for Social Security Scotland staff and external guidance for applicants and other individuals providing supporting information.
- Case Managers (Social Security Scotland staff) work collaboratively with individuals to identify the most useful supporting information.
- Case Managers can gather supporting information on the individual's behalf.
- Supporting information only needs to broadly support application or review, rather than confirm every detail the individual has given in their application or review form.
- Case managers have discretion to make an award in the absence of supporting information.
- Generally, only one piece of supporting information is sought from a professional per application.

- Supporting information both from professionals and the individual's wider support network is accepted.
- The different types of supporting information are given equal consideration.

A logic model setting out how the approach is intended to contribute to positive outcomes for individuals is shown at Appendix 2. It should be noted that, while almost all the elements in the logic model have been covered by the research, the research was not structured around the model.

## Aims of the research

The project sought to answer the following research questions:

1. Do applicants understand what supporting information they should or could be providing to support the decision-making process as much as possible?
2. Do applicants feel that their supporting information has been considered fairly?
3. What impact does supporting information have on Case Managers' decision-making process?
4. Is the process of requesting and obtaining supporting information done in line with policy commitments?

## Methods

The research took a qualitative approach using semi-structured interviews. Information sheets, participant invitations, and discussion guides were drafted by Ipsos and sent to the Scottish Government for comment before being finalised. The perspectives and experiences of the following groups were explored:

- **Applicants who had applied for CDP or ADP.** Applicants were asked about their overall experience of the supporting information process as well as details of different elements including: their understanding of what was required; their interactions with Case Managers; any barriers they faced; what they thought worked well; and what they thought could be improved. They were also asked how they felt they had been treated by Social Security Scotland, the impact their experiences had on their perceptions of Social Security Scotland, and their likelihood of applying for other benefits in the future.
- **Social Security Scotland staff involved in decision-making.** These staff were asked for their perspectives on the applicant experience as well as the staff experience. They were asked about their role in the supporting information process; how supporting information was used in decision-making; what aspects of the process worked well; what challenges they encountered; and what they thought could be improved. They were also asked about the training, support, and decision-making guidance they have access to.



- **Client Support Advisors who are employed by Social Security Scotland and work in local delivery hubs across Scotland.** They support people to make applications.
- **Third Sector staff in advice/support agencies who help people with applications.**

These last two groups were asked about their experiences of helping applicants to provide supporting information, which aspects people had difficulty with, and which groups of applicants were most likely to need support. They were also asked what might improve the experience for applicants and what might help them to help applicants.

The full discussion guides are provided at Appendix 3.

### **Applicant interviews and quotas**

We interviewed 42 applicants: 22 who had applied for CDP on behalf of their child, and 20 who had applied for ADP for themselves. All but five were successful in their applications. Further demographic details are shown in the table below. A total of 41 interviews were undertaken remotely by telephone or video call, depending on the participant's preference. In addition, by preference of the participant, one interview was undertaken face-to-face at their home. Interviews lasted around 45 minutes on average and, with the participants' permission, were recorded for analysis.

Fieldwork with applicants was conducted between 6 September and 17 November 2022. Their applications for disability benefits were submitted between 2 January and 1 March 2022 (for CDP) and between 21 March and 15 April 2022 (for ADP).

The aim of sampling in qualitative research is not to obtain a representative sample of the population of interest, but to obtain a mix of people with a range of different characteristics. This maximises the chance of identifying different issues. In this case, minimum quotas were set on age (for ADP applicants only); area deprivation; rurality; the nature of the condition (complex or multiple conditions, physical conditions, mental health conditions, learning/cognitive disability); ethnicity; and whether the application had been successful or not. All of the minimum quotas were met except that we were unable to recruit ADP applicants from the youngest group (aged 16-22) and we were only able to recruit one unsuccessful CDP applicant (against a target of three).

## Profile of applicants interviewed

	CDP applicants interviewed	ADP applicants interviewed
Total interviews	22	20
<b>Gender</b>	[1]	
Man		9
Woman		11
<b>Age</b>	[1]	
23-35		3
36-50		8
51-state pension age		9
<b>Rurality</b>		
Urban	17	15
Rural	4	4
Unknown	1	1
<b>Deprivation</b>		
SIMD 1 or 2 (living in a more deprived area)	10	13
SIMD 3, 4 or 5 (living in a less deprived area)	11	6
Unknown	1	1
<b>Health condition/disability (more than one may apply)</b>		
Physical health	10	16
Mental health	8	9
Learning disability/ cognitive impairment	17	6
Multiple or complex conditions	21	18

Ethnicity		
Ethnic minority	2	2
Not from an ethnic minority	20	18
Application outcome		
Successful	21	16
Unsuccessful	1	4

[1] Note that we did not set quotas on the gender and age of the children. This is because parents, guardians, or carers tend to apply on behalf of disabled children. The supporting information process is therefore more likely to be experienced by them.

### Recruitment of applicants

Recruitment was undertaken through Social Security Scotland who emailed invitations and participant information sheets to those who had heard the outcome of their benefit application. Participants were offered £30 as a ‘thank you’ for their time. Those who were interested in taking part opted in by emailing or phoning Ipsos. Ipsos then responded via email or phone. Potential participants were asked a small number of questions to check that they were eligible to take part and whether they fitted the quotas. The questions included:

- A check that they had heard the outcome of their application.
- Whether the application was successful or unsuccessful.
- Their postcode (to enable us to check against area deprivation and rurality quotas).
- Age (for ADP applicants only).
- Their ethnicity.
- Broad information about the condition/disability such as whether it was a physical or mental health condition.

### Staff focus groups/interviews

Thirty-one members of staff were included in the research. Fieldwork was conducted face-to-face in Social Security Scotland offices in Dundee and Glasgow in early November 2022.

Case Managers are responsible for processing applications, requesting and obtaining supporting information where necessary, and making decisions on entitlement. Overall, 18 Case Managers took part in mini focus groups with their peers. Nine worked on CDP cases and nine worked on ADP cases. Two groups

were held with staff working in CDP cases and two groups were held with staff working on ADP cases. The discussions lasted around 90 minutes on average.

Decision Team Managers manage the Case Managers and are responsible, among other things, for Quality Assuring their work and keeping them up to date with any changes to policy or processes. Eight took part in individual depth interviews. Four looked after CDP Case Managers and four looked after ADP Case Managers. The interviews lasted around an hour on average.

Five Operations Managers were interviewed. Operations Managers oversee the work of Decision Team Managers. There were two individual depth interviews with ADP Operations Managers, one with a CDP Operations Manager, and one paired depth with two CDP Operations Managers. The interviews lasted around an hour on average.

Two video interviews were conducted with staff from advice and advocacy charities who provide support to applicants in relation to the overall application process, including supporting information. These interviews were carried out in December 2022 and January 2023.

The original plan had been to interview six representatives from advice and advocacy charities. However, despite contacting over twenty organisations multiple times, only two opted in to the research. We do not know the reason for the lack of response. To obtain more data from those advising individuals during the application process, we agreed with Scottish Government officials that we would instead interview four Client Support Advisors employed by Social Security Scotland. They work within local delivery teams and provide face-to-face, video and phone support to applicants. These interviews were conducted by video call in December 2022 and January 2023.

## **Analysis of the data**

The analysis of the qualitative data took a systematic, thematic approach that was intended to produce findings that are transparent, methodologically robust, and are clearly grounded in participants' accounts. Our analysis included the following stages:

- After fieldwork was complete, the research team held an analysis meeting, during which we discussed the key themes that had emerged.
- We summarised each interview, using notes and transcripts, into a thematic 'framework matrix' produced in Excel. This framework showed individual participants along the rows and themes/discussion guide topics down the columns.
- Each theme/topic was then analysed. Researchers looked at the range of issues that had emerged and at any clear differences between participant groups e.g., between successful and unsuccessful applicants or between ADP and CDP applicants.

## **Limitations of the research**

Firstly, only people who had completed an application were included in the research. We therefore cannot say anything about people who might be eligible but did not apply, and whether their reasons for not doing so relate to supporting information.

Secondly, the opt-in approach to recruitment is likely to have biased the sample to those more willing to take part in research and those more able to deal with administrative tasks (including people with higher levels of literacy; those less severely affected by their own or their child's condition, whether physical or mental; and those with less chaotic lives and with more resource or means to take part). Consequently, this also means the sample is likely to be biased towards those more able to supply supporting information. Indeed, most of the applicants we interviewed had supplied supporting information with their initial applications. We have no data on the exact proportion of all applications which arrive without supporting information, however, staff we interviewed indicated that the majority of applications that they deal with arrive without it.

Thirdly, our sample contains only five applicants who were unsuccessful. While this is not hugely out of line with the proportion of all applicants who are unsuccessful (based on [ADP](#) and [CDP High Level Statistics](#)), it is a small number from which to draw conclusions. This should be borne in mind when reading findings related to unsuccessful applicants.

## **A note on the reporting of qualitative data**

The findings are based on qualitative data so the report avoids the use of quantifying language (including terms such as 'most' or 'a few') as far as possible, since the purpose of qualitative data is to identify the range of views and experiences on an issue, rather than to estimate prevalence.

## 2. Applicants' understanding of supporting information and experiences of providing it

This chapter covers applicants' perceptions of the purpose of supporting information, where it should come from and what it should contain. It describes their experiences of, as well as enablers and barriers to, obtaining and submitting supporting information.

### Perceptions of supporting information

#### Views on the purpose of supporting information and where it should come from

Applicants did not have any objections to being asked to provide supporting information as part of an application and they expected to have to provide something. When asked what supporting information is for, applicants used language which Social Security Scotland aims to avoid. Their explanations very much centred on the idea that supporting information is “proof” or “evidence” to corroborate the information given in their application form, but they thought this was perfectly reasonable. This was the predominant view for both ADP and CDP applicants. Related to the idea of supporting information as “evidence”, was the view that it is necessary to prevent fraud because there will always be some dishonest people. Further points made on the purpose of supporting information were that it allows staff to build a fuller picture of an individual's needs and come to a fair decision.

“Essentially I was saying that [son's name] has ASD [Autistic Spectrum Disorder] and therefore has extra needs – so it [supporting information] was backing that up, justifying it, proving that I wasn't lying.”

(Successful CDP applicant)

There was a tendency, among both ADP and CDP applicants, to focus on information from medical professionals. This is in contrast to the guidance to individuals about the different types of supporting information that can be provided. The predominant view was that this was the most valuable type of supporting information as it best “backs up” what they had said in their application form. That said, the emphasis placed on this varied from individual to individual, depending on how much value they placed on supporting information from their wider support network. This was the value both from their perspective and what they thought Social Security Scotland would want. GPs and consultants were seen as important sources of supporting information from medical professionals, although other professionals such as occupational therapists and community psychiatric nurses were also mentioned as providing very helpful supporting information. CDP applicants tended to talk about a broader range of professionals such as educational psychologists, early years practitioners, teachers, and health visitors. This reflects the number of professionals involved in supporting disabled children

and, possibly, the high proportion of CDP applicants in our sample whose children were neurodiverse, for example, they had Autism Spectrum Disorder (ASD) and/or Attention Deficit Hyperactivity Disorder (ADHD). Nonetheless, “proof” that their child has a condition from a medical professional was still seen as the most valuable type of supporting information.

Some clients felt that supporting information should come from a professional because they can be trusted and are held to certain ethical standards. This group saw statements from an individual’s wider support network as less valuable because it could come from a biased perspective and therefore pose a risk of people saying what they think is needed to make a successful application. Other applicants felt such statements were very useful in providing a fuller picture of the person’s day-to-day needs. As mentioned above, this group placed slightly less emphasis on the importance of supporting information from professionals (medical or otherwise) but generally saw value in both types of supporting information. One participant felt strongly that no supporting information from a professional should be required if wider support network supporting information is submitted. That view came from an unsuccessful applicant who was unable to provide supporting information from a professional, but did submit a statement from her mother (this case will be discussed in more detail later in this section).

Third Sector staff and local delivery Client Support Advisors commented that awareness of the different types of supporting information is generally low among the applicants they support, especially awareness that it can come from their wider support network. According to both Third Sector and Client Support Advisors, lack of awareness or understanding is greater among those who could be considered the most vulnerable (discussed further below under Barriers to providing supporting information).

“I have to explain things maybe slightly differently to how it’s written on the form, to help clients understand... when you mention [supporting information] their minds seem to just go blank. They don’t know what we want, they don’t know what they have in the house... so I list plenty of examples to help them think of things.”

(Client Support Advisor)

Staff perspectives on the purpose of supporting information and where it should come from are covered in Chapter 4 under Staff perceptions of supporting information.

### **What useful supporting information should contain**

Views were mixed on what ‘useful’ supporting information would look like, in line with the different views discussed above on the value of supporting information from professionals and from an individual’s wider support network. There were those who focussed on only medical documents (such as doctor’s letters and reports, diagnosis letters and prescription lists) and others who felt supporting information should provide a more rounded picture of a person’s daily routine and

needs. This type of information was seen as something that could come from an individual's wider support network, or from professionals who have regular contact with individuals, such as community psychiatric nurses. On the other hand, GPs were generally viewed as not being able to provide this broader picture:

“The doctor sees you, if he is lucky, once a year, or once every couple of years, whereas your wife sees how you cope with things on a daily basis.”

(Successful ADP applicant)

Still others emphasised that both types of supporting information content could be useful (medical/diagnosis related and day-to-day life related). Parents applying for CDP on behalf of their child tended to talk slightly more about supporting information building a broader picture of the impact the child's condition has on the different aspects of family life. This includes the impact on the child, the impact on parents and, sometimes, the impact on siblings. Parents of autistic children emphasised this point because their child may “mask” their condition and act very differently in different settings. It was therefore useful to be able to provide supporting information from a range of sources including both their wider support network and professionals. A further view was that supporting information could provide detail on the “level of disability”.

### **Unsuccessful applicants and supporting information**

Five unsuccessful applicants were included in the research. One of these applicants believed that supporting information was a main reason for her application not being successful. She was not able to be seen by her GP and so was not able to obtain the supporting information she wanted for the application. For a second applicant, it was unclear whether she thought that lack of supporting information was a reason but she did have an issue with not being able to access her GP. We do not know what reasons were provided to these individuals in the decision letters for the denial of their applications. We therefore cannot say for certain whether a lack of supporting information was the reason or whether they did not meet the eligibility criteria for an award. In the other three cases, issues with supporting information were not seen by the individuals to be the reason for the unsuccessful decision.

Like successful applicants, the unsuccessful applicants' views on the purpose and role of supporting information reflected their individual situations. For example, an applicant with long Covid felt that the purpose of supporting information should be to explain more about the impact the condition has on someone's life, rather than to confirm a condition. This applicant submitted supporting information from her mother but had not seen a professional because her GP surgery was so busy that she could rarely get through on the phone. She had not managed to secure an appointment by the time she sent in her application. Another unsuccessful applicant provided a prescription list and a letter from a Chronic Obstructive Pulmonary Disease (COPD) clinic, and felt this should have been enough to “prove” her eligibility for ADP:



"I... just thought with giving them the prescriptions and the COPD stuff that that would be enough... the tablets I take for the migraines they knock me out, I just sleep. They are so strong, they just knock you to sleep, but I can't prove it to them, I wish I could [...] I don't even know if I could get to the doctor to say look, can you please give me this information, because you don't get past the lassie that answers the phone."

(Unsuccessful ADP applicant)

## **Applicants' experience of the supporting information process**

Overall satisfaction with the supporting information process was very high among successful applicants. It was described as straightforward and not stressful.

Satisfaction with the process was highest among those who were able to submit supporting information at the start of their application, or after a phone call with a Case Manager to clarify what to upload. Those who had more contact with Social Security Scotland, for example, because they wanted them to obtain supporting information for them, felt things could have happened more quickly or efficiently. However, they were still satisfied overall, not least because they found staff very helpful on the phone. Unsuccessful applicants who had submitted supporting information were critical of the process because they felt that what they had provided should have been enough to "prove" they are entitled to the benefit.

Applicants with previous experience of applying for DWP benefits tended to be the most positive about the supporting information process. Even those who had not applied to the DWP before had a general expectation that applying for any disability benefit would be difficult and stressful. However, they were pleasantly surprised when this was not the case.

## **Understanding what to provide**

Levels of understanding of exactly what to provide as supporting information were very mixed. Misconceptions and a lack of awareness of what they could provide were apparent among both successful and unsuccessful applicants. They were also apparent among those who felt confident about what they should provide and those who were not sure what was needed. These misconceptions and lack of awareness align with the findings above, and the mixed perceptions of what useful supporting information should look like and where it should come from. Specifically, these misconceptions included:

- Thinking supporting information should only be from medical professionals.
- Not knowing that supporting information could be from their own, or their child's, wider support network.
- Not knowing that Social Security Scotland can contact professionals on their behalf (discussed in more detail below).
- Not understanding that one piece from a professional may be all that is required, or that they do not necessarily need to provide a large amount of documentation.

- Not knowing that Social Security Scotland cannot (currently) directly contact their wider support network even when their contact details are provided. One applicant, in particular, was expecting his wife to receive a call and wondered why that did not happen. (See Asking Social Security Scotland to obtain supporting information on their behalf for more details on this issue).
- Being unsure whether having no diagnosis would work against them.
- Expecting that staff would probably give more weight to supporting information from professionals versus supporting information from an individual's wider support network.

On the last point, there were mixed views on the concept of equal consideration: there were those who felt it would support fair decision-making and those who felt strongly that supporting information from family and friends should be given less weight because they have a “vested interest” in the outcome. Note that we used the term ‘equal weight’ when asking participants about this. However, the Scottish Government’s decision-making guidance for staff now uses ‘equal consideration’ because, even though all supporting information should be considered equally, if one piece of supporting information provides a more detailed account of the individual’s situation or condition, then more weight will be given to that piece of supporting information when it comes to making a decision.

Those who had a better understanding of supporting information tended to have previous experience of applying for other benefits or support. Applicants who worked in areas such as health, education, or government, or had family members who did, also had a better sense of what to provide. Those with family members who had this kind of experience asked for their thoughts or advice on how to approach the application but usually went on to complete their application and decide what supporting information to provide themselves.

There were some mentions of searching online for information and reading about supporting information on the Scottish Government or Social Security Scotland websites prior to starting the application. However, guidance included in the application itself was the main source of information for applicants.

“It [the online form] was saying ‘could you provide information about your conditions, how it affects your life, it can be anyone, someone that you know or a professional.’ So that side of things was good for me because I knew what to send.”

(Successful ADP applicant)

Views on the usefulness of the supporting information guidance in the application form were mixed. Some said the instructions were ‘clear’ and the examples were ‘helpful’, but others thought the requirements were not well communicated. Despite not being completely confident about what was required, the latter group usually went on to submit their application anyway, sometimes without any supporting information. They then went on to have phone conversations with Case Managers who explained how to provide supporting information and helped them work out

what would be most useful in supporting their application. These phone calls were either initiated by Case Managers who had received the application with no or insufficient supporting information, or by the applicant calling for an update on their application or asking about supporting information. Feedback on these interactions was very positive from successful applicants: staff were described as “really helpful”, “understanding”, “approachable”, “patient”, and “compassionate”. Overall, these phone conversations were seen as very valuable for understanding what supporting information to provide. Applicants also gave examples of staff clarifying aspects of policy, such as the fact that applications can progress with no supporting information and that Social Security Scotland can obtain supporting information on behalf of applicants.

Unsuccessful applicants were less positive about their interactions with staff. Some felt neutral or quite positive about staff because they were respectful and polite. Ultimately, however, they felt that staff were not helpful because their application was unsuccessful and they felt frustrated by the whole process.

## **What shaped when, and how, applicants provided supporting information**

Throughout the interviews, participants raised issues that enabled us to identify factors which appeared to enable them to provide supporting information, and factors which appeared to be barriers. The applicants we interviewed tended to have provided at least some supporting information with their application. It should be noted that this sample of applicants is not representative of the wider population. Indeed, staff stated that most applications arrive with no supporting information.

### **Enablers to providing supporting information**

The following factors were “enablers”:

- Having experience of similar administrative tasks, often through work, or having someone in their household who had this experience.
- Being confident online and technologically literate or having someone in their household who was.
- Having supporting information to hand. Sometimes this was because they had previously applied for other support. Parents, in particular, described having folders in which to keep everything relating to their child’s health.
- Receiving support from Case Managers over the phone.
- Receiving support from Client Support Advisors working in local delivery.
- Receiving support from a charity. One applicant had attended a seminar about how to apply for ADP and another had received support from a Citizens Advice Bureau and had been advised what supporting information to upload.
- Believing that providing supporting information themselves may speed up their application.

- Having previously applied for disability benefits or other support. These applicants thought they might as well send everything they had to cover all potential questions. Some of those with previous experience of applying to the DWP assumed they would need a similar amount of documentation.

On this last point, it should be noted that Social Security Scotland do not require every detail of the application to be backed up by supporting information, in line with the Policy commitments. These applicants were therefore quite possibly sending more than was required.

### **Barriers to providing supporting information**

As noted above, most of the applicants we spoke to had provided supporting information with their initial application. Among those who did not, the reasons were:

- Not having documents at the time they submitted the application and assuming they would be asked for them later.
- Not realising that it would likely speed up their application if they provided supporting information at the start, and assuming that Social Security Scotland would contact the professionals they had named if the information on the application form was insufficient.
- Not realising that they had been asked to provide any supporting information.
- Thinking they did not have anything that would be useful.

These applicants either provided supporting information later, with guidance and advice from Case Managers, or Social Security Scotland obtained the supporting information on their behalf.

The following factors hindered other applicants in providing supporting information (whether at the start of their application, or later on, after speaking to a Case Manager):

- Not having a clear understanding of the different types of supporting information that can be submitted.
- Not being able to access a GP or not having seen a health professional. This was more common for those applying for ADP. This could be due to difficulties getting an appointment or because of accessibility issues relating to the disability or health condition.
- Not having family nearby or not having much of a support network who could provide statements.
- Not being comfortable online or not having internet access at home.
- Not keeping medical letters or documents.
- Worrying about not yet having a diagnosis.

- Experiencing difficulties in completing tasks because of poor physical or mental health. This sometimes led to difficulties in understanding/retaining the supporting information instructions on the online form.

Interviews with Third Sector staff and local delivery Client Support Advisors highlighted the scale of barriers faced by those with particularly severe mental health difficulties:

“He had such a small [social] circle. He had extreme paranoia and was so anxious, he doesn’t like leaving the house at all. Doesn’t go and see a GP because he has distrust in them... The only person he’s got is his mother but he doesn’t tell her the true extent of his mental health problems... He really did have nothing to provide in terms of supporting information.”

(Client Support Advisor)

These staff also highlighted other groups who were more likely to struggle with providing supporting information and/or understanding what is required:

- People with addictions.
- The Gypsy/Traveller community.
- Some religious communities (particularly where women might be less likely to access a GP).
- Homeless people.
- Prison leavers.
- People with little or no English.
- People with low levels of literacy.

Linked to the second point made in the ‘barriers’ section above about lack of contact with health professionals, Third Sector staff and Client Support Advisors in local delivery indicated that it could be because the applicant has not used NHS services recently or has never used them. They said this was sometimes due to mental health issues or due to cultural barriers among those relatively new to Scotland. It should be noted that these individuals may have good reason for not being able to supply supporting information, and Social Security Scotland have discretion to make an award in these cases, in line with the policy commitment (see Where supporting information is not available).

### **Asking Social Security Scotland to obtain supporting information on their behalf**

Applicants’ awareness of the policy commitment that they could ask Social Security Scotland to obtain supporting information on their behalf was very mixed. Some applicants were aware because they had noticed it on the application form, some were aware after talking to their Case Manager, while others did not know about it at all.

A number of applicants who had provided supporting information had also given contact details for their GP and, sometimes, other professionals and family members. This was in the section of the form designed for those asking Social Security Scotland to obtain supporting information. However, applicants explained that they were filling in contact details where asked, and were not aware that, by doing so, they were effectively asking Social Security Scotland to obtain supporting information on their behalf.

One father, who felt he had no suitable supporting information, was very relieved when the Case Manager explained that Social Security Scotland could obtain it:

"Once I had the phone call [with Case Manager who reassured him he could just give consultants' names], the pressure was taken off me [...] but it would have been nicer to know from the beginning that that was enough."

(Successful CDP applicant)

Those who had asked Social Security Scotland to obtain supporting information gave a range of reasons for doing so:

- They did not have any supporting information at home already and felt it would be easier.
- They thought the professional would be more likely to provide the supporting information to Social Security Scotland.
- They thought that they would get a response but Social Security Scotland might get a quicker response.

Although speeding the process up was one of the reasons given for asking Social Security Scotland to obtain supporting information on their behalf, applicants did report that Social Security Scotland experienced delays in obtaining the supporting information, from GPs in particular.

Applicants who did not ask Social Security Scotland to obtain supporting information for them also gave a number of reasons for this:

- They thought it would be quicker to provide the supporting information they already had at home.
- They preferred to have more control over supplying supporting information by doing it themselves.
- They felt that, because they were able to obtain the supporting information themselves, they should do so. They thought this would free up Social Security Scotland staff time to help those who were less able to obtain it.

At the moment, Social Security Scotland can only request supporting information from professionals. However, some applicants had provided contact details for their (or their child's) wider support network and therefore expected that Social Security Scotland would reach out to these contacts. In the future, Social Security Scotland may be able to obtain supporting information from wider support networks and we

asked applicants for their views on this. In general, they felt it was a good idea. However, there was some concern about fraud from people who did not realise that applicants could currently provide supporting information from their wider support network. There was also a concern about family members being called 'out of the blue'.

### **Applicants who requested supporting information for themselves**

Overall, applicants who requested supporting information on their own behalf indicated that doing so did not cause them any extra stress or anxiety, and that doing so suited them better than asking Social Security Scotland to do it for them. Those who requested supporting information from professionals did not have any concerns about doing so. However, those who said it took many weeks to get a written response from their GP found the wait frustrating. Applicants who asked family members or others in their wider support network for a statement had no concerns or problems with this either. Moreover, reasons for not providing supporting information were not to do with any awkwardness or lack of confidence in approaching people (see [Barriers to providing supporting information](#)). Applicants did not generally find it emotionally difficult to collect their supporting information. However, one parent did say it was hard to re-read the report and diagnosis letter about her autistic child.

### **Uploading supporting information**

Satisfaction with the online system for uploading supporting information documents was high. It was seen as convenient and easy to use, in line with the outcome that the supporting information process is simple and straightforward. However, it was mentioned that those individuals who are not as "tech savvy" may have more of an issue with the online system. Applicants who were less familiar with IT, or were unsure how to upload documents, said that Social Security Scotland staff were helpful in talking them through how to do that.

Applicants who completed paper applications sometimes did so because they were not aware they could complete the form online. One of these applicants then uploaded their supporting information online after a Case Manager talked them through how to do it.

For three applicants, there was an issue with some supporting information documents going missing (both electronic copies and paper copies). However, these applicants were satisfied with how these issues were handled and resolved by Case Managers.

### **3. Applicant perceptions of how supporting information is used**

This chapter looks at applicants' views on whether their supporting information was considered fairly by Social Security Scotland, whether they felt trusted by Social Security Scotland, and the impact of their experiences on their likelihood to contact Social Security Scotland and apply for other benefits in the future. It also discusses comparisons with the DWP made by those with experience of both systems.

#### **Whether applicants feel their supporting information has been considered fairly**

The dominant view among successful applicants was that Social Security Scotland had considered their supporting information fairly. (Note that we did not define 'fairly' when asking applicants about this.) One of the main reasons given was that they had been successful in their application and, since they felt they deserved the award, this indicated that their supporting information had been considered in a fair manner. Others mentioned the detailed reasons for the decision provided in the award letter and saw this as evidence that their application, including their supporting information, had been thoroughly looked at.

"Well, obviously since they gave me the money, I'm going to say I think they're great. No, on the whole obviously I got the award letter which says in detail what they have considered for each point in awarding points I think and I thought that it was professionally done and I think they did a good job and I think, yes, I mean thumbs up to them. [...] Had I been unsuccessful for the award my opinion might have been different."

(Successful ADP applicant)

Unsuccessful applicants had more mixed views on whether their supporting information had been considered fairly. One applicant with long Covid had submitted supporting information from her mother, having been unable to get a GP appointment, and felt it had 'possibly not' been considered fairly. Researchers were unable to confirm the actual reasons for her application being unsuccessful.

#### **Whether applicants feel trusted by Social Security Scotland**

Successful applicants tended to feel that Social Security Scotland trusted them and the supporting information they provided, in line with the outcome of a trust-based approach being applied to the collection and use of supporting information. Reasons given for this included the fact that Social Security Scotland did not question any aspects of the application and did not ask for any more information. A couple of applicants indicated that staff were sympathetic and understanding. For example, one successful applicant explained: "the Case Manager said 'you've had a hard time'". This applicant clarified that they saw this as evidence of trust.



The feeling of being trusted was contrasted favourably with the DWP experience:

“I think that is the fundamental difference between the system here and the system in the rest of the UK as I understand it. Up here fundamentally their policy is ‘we believe you’. We still need corroboration, but we are not going to set out and disprove, you know, if you say you can walk 20 metres, we’re not going to go ha-ha, you walked 21, you know”.

(Successful ADP applicant)

“They are not these big bad [people] sitting in ivory towers. They trust both ways – they look at your info and they are agreeing with you”.

(Successful CDP applicant)

However, another successful applicant felt that staff needed to be objective and that they ‘have to be sceptical’. This applicant did not have experience of the DWP system.

Unsuccessful applicants were more likely to indicate that they did not know if they or their supporting information had been trusted.

## **Impact of the experience on likelihood to contact Social Security Scotland**

As discussed in Chapter 2 Understanding what to provide, applicants tended to be extremely positive about their interactions with Social Security Scotland staff. They were described as ‘friendly’, ‘approachable’, ‘helpful’, and ‘reassuring’. This led some applicants to say they would be more likely to contact Social Security Scotland in future. Others indicated that they were already happy to make contact and their experience of applying for disability benefits had made no difference.

One of the unsuccessful applicants said he was now less likely to contact Social Security Scotland as he said they: “were the same as DWP”. The negative outcome of their application made no difference to the other unsuccessful applicants’ likelihood of making contact.

## **Impact of the experience on likelihood to apply for benefits in the future**

This section is based on applicants’ overall experience rather than the supporting information process specifically.

Overall, successful applicants tended to say they were now more likely to apply for benefits in the future. A range of reasons were provided, including:

- They now have more awareness that they might be entitled to benefits and were therefore more likely to look into it.
- The process is easier than they expected.

- Having successfully applied once, they now have more confidence.
- They now know they can get help to apply.

This response comes from an applicant who had applied for a Blue Badge following their successful CDP application:

“I feel so much more confident in applying for things. I feel like Social Security Scotland have got my back. I feel like they agree with me and they support me. You can feel like you’re not deserving of these things. We just got through a Blue Badge today – I just think he [son] needs it.”

(Successful CDP applicant)

One applicant, with experience of DWP, suggested they would only apply if the benefit was being administered by Social Security Scotland:

“If it’s Social Security Scotland I would apply – whereas previously DLA – I wasn’t prepared to put myself through it [again].”

(Successful CDP applicant)

Unsuccessful applicants tended to focus on whether they would reapply for the particular benefit they had just been turned down for. They were less positive, and more likely to see the process as difficult and onerous, than were successful applicants.

“The process was difficult – it would put me off [reapplying]. At some point I will try again but it feels like a big task.”

(Unsuccessful ADP applicant)

## Comparisons with the DWP processes

The comparisons discussed in this section are based on the experiences of the 12 applicants who had previously applied for disability benefits administered by DWP. Overall, these applicants were overwhelmingly more positive about their experience with Social Security Scotland than with DWP. Aspects of the supporting information process that were considered better with Social Security Scotland were:

- It was clearer what supporting information was required (although there were still some misunderstandings about this, see Understanding what to provide).
- That they looked at a broader range of information and had more of an understanding of mental health issues than DWP. There was a perception that DWP were geared up for physical assessment and not interested in supporting information. This was seen as particularly problematic for people with long term mental health conditions.
- CDP applicants believed that the Social Security Scotland Case Managers were more interested in their children than DWP staff had been, and that they

made an effort to understand their conditions. In one case, involving a Practitioner (see glossary in Appendix 1) to explain the very rare condition was seen as evidence of this.

- Being able to upload photos of documents to the Social Security Scotland system. This was felt to be easier than posting copies of them – which was what required at the time these people had applied to DWP.

The following applicant appreciated that supporting information was used to avoid the need for a physical consultation:

“Well, I thought it was great. I mean the fact that it kind of replaces the idea of going for a physical assessment which, you know, I would have done if you wanted me to, I mean I'm not saying that I wouldn't have passed it, of course I would, but just the lack of hassle the fact that you can just take your time and get together information that you think supports your case and send it off to them and hopefully they agree it supports your case, so I thought it was a very good”

(Successful ADP applicant)

Aside from the supporting information element specifically, the Social Security Scotland application process as a whole was also seen in a much more positive light than the DWP process. The following two applicants expressed similar sentiments about the perceived attitude of DWP compared with Social Security Scotland:

"Nothing is easier with DWP, you get the feeling they don't want you to apply, don't want you to get it. It's the complete opposite with Social Security Scotland, it's like we have this [benefit], and we will help you to get it."

(Successful ADP applicant)

“I felt that they [DWP] took my supporting information and turned it against me – I found it really traumatic. When I read the decision letter, the reason they gave, I found it so baffling. They hadn't listened to me. I'd had an hour long [phone] interview – having to explain how these things affect my life – getting quite upset on the call... [compared with ADP] ...Amazing. I literally can't believe how much better it is. The fact that I didn't have to do the hour-long traumatic phone call – the answers I gave [on the application form] were almost identical.”

(Successful ADP applicant)

Many of those who had not had personal experience of DWP had negative perceptions of it. These were based on word of mouth from family and friends who had applied, from media reports, or from having looked at the DWP application form and been put off. A couple of applicants mentioned that they might have applied/reapplied to DWP but held off when they heard that the benefits were going

to be devolved as they assumed, or at least hoped, it would be a better experience. One applicant was glad she had waited and commented:

“...they weren’t horrible in any way at all.”

(Successful CDP applicant)

## 4. Staff understanding of supporting information and approaches to obtaining it

This chapter examines how Social Security Scotland and Third Sector staff understand supporting information, how they approach requesting and obtaining supporting information, and the challenges they faced in doing so. Social Security Scotland staff involved in this part of the research were Operations Managers, Decision Team Managers, Case Managers and local delivery Client Support Advisors. The Third Sector staff interviewed were Advisors working in advocacy and advice organisations.

### Staff perceptions of supporting information

Staff at all levels understood supporting information to be information to support an application, and that it can come from professionals and/or from an individual's wider support network. Case Managers were asked how they would explain supporting information and its purpose to a member of the public. Responses demonstrated a consensus that supporting information can be information from any source that provides a fuller picture of the individual's needs, disability, or condition. The purpose of supporting information was seen as to support decision-making by confirming or clarifying what was provided in the application form.

While staff at all levels were aware that supporting information should not be described as "evidence", some Case Managers did use the term intermittently (but still used the term 'supporting information' in the main). In line with applicants' perceptions (see Perceptions of supporting information) these Case Managers held the view that it is, ultimately, "evidence" to corroborate at least part of what is provided in an application form. One Case Manager suggested that "evidence" was a more straightforward way to think about it and potentially an easier term for applicants to understand.

"Supporting information is used to support and evidence the impact your conditions have on your daily living and mobility needs. I know I have used "evidence" there, but it is, that is what it is for."

(ADP Case Manager)

Nevertheless, staff who felt "evidence" could be a useful term, still demonstrated they understood the policy intent behind using different language to DWP and generally appeared to be working in alignment with the policy principles, including starting from a position of trust and only seeking enough supporting information to broadly support the application.

ADP and CDP staff demonstrated a clear understanding of the different types of supporting information and roles that they have, including the value of supporting

information from an individual's wider support network. The way these different types of supporting information are used in decision-making is covered in more detail in Chapter 5 Value of different types of supporting information and 'equal consideration'. Like ADP applicants, ADP Case Managers spoke slightly more often about supporting information coming from medical professionals throughout the discussions. CDP Case Managers were more likely to talk spontaneously about supporting information helping them to understand the child's needs. This could reflect a difference in the frequency of applications made for or by people with different conditions or disabilities under ADP and CDP.

The Third Sector staff we spoke to had a good basic understanding of the purpose of supporting information. They also said that, as part of the support they provide, they advise applicants to provide supporting information with their initial application so the process is not prolonged. They described supporting information as being used to help Case Managers reach decisions. However, one member of staff said that they were unclear on its "official purpose" as they had not accessed any Social Security Scotland guidelines or had any "practical advice". It was also not clear to some staff that Social Security Scotland is asking for one piece of supporting information from a professional or that an additional written statement produced by an individual themselves is not considered supporting information. There was also a comment that there is "no consistency in whose doctors are contacted [for supporting information] and whose aren't". This may be related to confusion about the purpose of providing GP contact details and an assumption that it is standard for GPs to be contacted. Third Sector staff suggested further training on supporting information to help them stay up-to-date on policy and to better understand the role supporting information plays in decision-making.

## **Staff understanding of the processes for obtaining supporting information**

Case Managers and Decision Team Managers felt confident in their understanding of the processes involved in obtaining supporting information. Case Managers indicated that obtaining supporting information took up a large proportion of their time. They said that this is because the majority of applications they receive have no, or insufficient, supporting information to allow them to make a decision straight away. Note that the applicants who took part in this study tended to say that they did provide supporting information with their application. As noted in the Limitations of the research section in Chapter 1, the applicant sample is unlikely to be representative of the wider population of people applying.

In line with decision-making guidance, ADP and CDP staff took a similar approach to obtaining supporting information. This typically involved Case Managers taking the following steps:

1. Reviewing the application form and any supporting information.
2. Deciding whether more supporting information is needed and how to obtain it.

3. Calling the applicant to ask about possible supporting information (where appropriate) or using systems to request supporting information from GPs, NHS or local authority staff (this is done only with consent from individuals which is usually provided when contact details are included in the application form).
4. Following up with professionals for supporting information which has not yet been received, at 28 and then 56 days after a request is submitted, and updating the individual on the progress of their decision.

Case Managers emphasised that they would only phone an applicant about supporting information if it was clear from their application form that they were happy to be called. Staff said applicants were usually happy to receive a call, particularly if the result helped them realise that they already had suitable supporting information at home. The way that staff spoke about the contact they had with applicants conveyed a real sense that they were taking a sensitive and collaborative approach. This was very much in keeping with applicant's views and in line with the policy commitment of Case Managers helping individuals identify the most useful supporting information.

“It is a collaborative approach between ourselves and the client and [we are] making sure that they are involved in the decision that we are making in terms of who we are going to reach out to, and working with them to find what they think would be the best supporting information to support their case.”

(CDP Decision Team Manager)

ADP Case Managers were more likely than CDP Case Managers to contact GPs for supporting information. This was because of the nature of the conditions, care and treatment that ADP applicants typically had compared to CDP applicants who often had contact with a broader range of professionals. However, there was also a view held by ADP Decision Team Managers that ADP Case Managers may do this more because of an unconscious bias towards medical professionals, rather than other professionals. This is in contrast with the policy commitment of one source of supporting information being sought from a professional more generally, rather than a 'medical' professional specifically. In addition, ADP managers said that Case Managers were less familiar with the systems used to contact other types of professionals, whereas they frequently use the system for GP requests and so are more familiar with this. This was also suggested as a reason why they may put in a request to a GP before considering other NHS or local authority staff.

Almost all Case Managers who took part in a focus group had been in their roles since just before, or shortly after, the benefits were launched. They therefore felt confident about knowing when more supporting information may be required, or when they had enough supporting information to be able to make a decision.

“The guys needed to learn the job in terms of what is eligible and what is not, what are all the different criteria, we have got our decision-making guidance they

are constantly referring to. You know, what are the thresholds for all the different things.”

(ADP Decision Team Manager)

ADP and CDP Decision Team Managers said they had received more questions initially on who to contact for supporting information or whether there is enough information to make a decision. However, they indicated that they were asked these things less frequently now their teams were more experienced.

One Case Manager was still unclear on the systems and processes around obtaining supporting information because she had just completed the initial training and started working on her own cases. She agreed with the more experienced Case Managers that learning about supporting information processes tends to happen ‘on the job’ via peers and Decision Team Managers.

### **Staff training on obtaining supporting information**

While experienced Case Managers were familiar with the main processes for obtaining supporting information, they agreed that more training on the systems used for requesting supporting information would be useful to keep all teams up to date on the latest changes. Decision Team Managers echoed this view. One Decision Team Manager felt that more hands-on training, including interactive practice exercises, would benefit some staff.

There was a consensus among Case Managers that their initial training did not sufficiently prepare them for obtaining supporting information. They said that this was because it focused on how they would make decisions once supporting information was provided. They suggested that this training should include more detail on the systems used to request supporting information, tips on how to use the pre-written questions for professionals, and what to do when they receive an application with little or no supporting information.

### **Challenges around obtaining supporting information**

Staff believed that the main challenge for them was delays in obtaining supporting information. They said that this is hugely frustrating because it creates a bottleneck in the processing of cases. These frustrations were also shared by applicants (see Asking Social Security Scotland to obtain supporting information on their behalf). Case Managers explained that these delays mean it takes more time to reach a decision which negatively impacts the applicant experience.

“I think that if everything goes the best-case scenario and they submit supporting information with their application, they have...fully gone over the things that we wonder about, like night needs and mobility needs, I can pull a case and make a decision within two hours that’s the whole thing, but that very rarely happens.

(CDP Case Manager)



Staff understood why there was an option for Social Security Scotland to obtain supporting information on an individual's behalf. However, there was clear agreement – across all levels of staff – that placing more emphasis on individuals providing supporting information themselves (where possible) would help speed up decision-making and improve the experience for all applicants. They also thought it would increase job satisfaction among staff. It was clear that staff were very keen to help and support those who face barriers in providing supporting information, but they also want those who are more able to provide it to be encouraged to do so at the start. More senior members of staff saw the merits of the policy intent in this regard, but added they would like to see public facing information on supporting information repositioned to encourage more people to provide it upfront:

“There was obviously this policy intent that we wanted to make it as easy as possible to apply... remove the barriers and make sure that everyone that might be entitled to apply does apply... which I understand and fully support...there are a lot of communication issues. Aye, I think we just got the positioning of the whole benefit a tiny bit wrong.”

(ADP Decision Team Manager)

Staff, including Client Support Advisors working in local delivery, saw the lack of a strong enough message encouraging applicants to provide supporting information with their application as the root cause of the low proportion doing so. These staff felt that the message that providing supporting information when submitting an application is not mandatory leads some applicants to think it is not important. There was also a view that applicants did not understand the supporting information guidance and that this also contributed to them not submitting any.

“I think they just don't know what it means... and you've called them to say... I'm just looking to know what support it is that you need [around supporting information]. “I just didn't know what to send” ...and then they are like, right, okay, I can get that, I just wasn't sure what was actually meant by it. I feel as if they don't have a proper understanding of what is actually meant by supporting information and I think this is why we get so many cases that don't have any on it”.

(CDP Case Manager)

This point is in keeping with the finding that applicants had very mixed levels of understanding of what supporting information to submit (see Chapter 2, Views on the purpose of supporting information and where it should come from).

### **Challenges with the supporting information provided by applicants**

Case Managers were asked what the main challenges were relating to the supporting information that applicants provide. Contradictory information was one issue mentioned, as it requires some further checking, for example if the supporting information and application form say different things about a person's mobility needs. A further challenge was the lack of detail given around specific points such

as how long someone can walk for, or how much help and attention a child needs in the night. This was an issue in supporting information from both professionals and individuals' wider support networks. Case Managers said they were not aiming to gather supporting information on every aspect of an individual's life, however, specific details were sometimes required to decide what level of benefit to award.

Further problems with supporting information sent by applicants included:

- Only part of a document being uploaded.
- Blurry images of documents.
- Documents not being on headed paper when from a professional (which they would then follow up by calling the professional).
- Photographs of the applicant or child to show their condition (which at the time of the interviews could not be used).

Staff were familiar with the barriers some applicants face in providing supporting information. CDP Case Managers said it can be particularly hard to obtain supporting information for Care Experienced children, especially if they have moved home several times. ADP Case Managers said they face the most challenges obtaining supporting information on an individual's behalf when someone has disengaged from health services and/or has severe mental health problems. It was mentioned by Decision Team Managers that not being able to contact individuals' wider support networks directly in this scenario is problematic: it may not be appropriate to phone the applicant or they may not have the mental capacity to understand why Social Security Scotland is asking permission to contact someone in their wider support network.

As mentioned in the section in Chapter 2 on [Enablers to providing supporting information](#), some applicants received valuable support from charities when applying. However, ADP managers said that in one case, misinformation was being given out by an advocacy charity, advising applicants not to provide any supporting information with their applications as it was all to be obtained by Social Security Scotland, which indicates a misunderstanding of the policy commitment stating that Case Managers can gather supporting information on individuals' behalf, not that they must do in every case.

### **Issues with requesting supporting information from professionals**

Requesting and obtaining supporting information from professionals was cited by staff as the main cause of delays in processing applications. Obtaining supporting information from GPs was described as especially difficult for a range of reasons:

- Not all GP surgeries use the 'inbox' part of the SCI Gateway system (a secure email system used to communicate with surgeries).
- Not all surgery staff know how to use SCI Gateway to respond to requests.
- Some surgeries refuse to respond to requests altogether.
- Others reply to say they do not hold the information needed.

These challenges were experienced most by ADP staff as they contact GPs more often. Operations Managers said they wanted to forge better relationships with GPs and the NHS in order to address the SCI Gateway issues and subsequent delays. CDP colleagues described similar delays when contacting NHS staff and delays in getting supporting information from local authorities. Reasons given for these delays were similar to those mentioned above in relation to GPs. CDP teams also noted that responses from schools could take a long time if they coincided with school holidays. While staff were aware of the pressures that those in the NHS and other parts of the public sector were under, they also called for a review of the way requests were dealt with because of the delays caused for individuals in need.

Case Managers agreed that the speed of response varies by geographical location, saying that some GP surgeries, local authorities, and health boards are quicker to reply than others. Some teams kept track of which GP surgeries had been repeatedly unable or unwilling to reply to requests within the agreed timescales. This is to help Case Managers decide the best route for obtaining supporting information i.e., not relying on replies from these surgeries.

“It’s not like an official thing, it **is** where you send out a request to the GP and they just refuse to give information basically, so then you note that that particular GP [is] not as cooperative... you should still send out the request, but the likelihood of you getting the answer back is pretty minimal. Which shouldn’t really happen to be honest, because they do have a...or so it has been said that they do have an obligation to actually answer it, because it is in the client’s best interest.”

(ADP Case Manager)

Staff explained that there was considerable variation in the level of detail in supporting information received from professionals. One Decision Team Manager said some health boards would send a five-page report enabling a decision straight away, whereas others would provide nothing that adds to what they already know. This may be related to the point above about being able to ask the most pertinent questions for each case.

### **Systems and processes within Social Security Scotland**

Operations Managers spoke positively about what has been achieved overall in terms of processes and systems in a short space of time since ADP and CDP were launched, particularly given the scale of the task. The high levels of applicant satisfaction with the supporting information process (discussed in Chapter 2) bears this out.

However, Operations Managers also conceded that there was still much to do to improve processes and that there are still a lot of ‘workarounds’ because the systems do not currently do everything they need.

“I think we have done a huge amount of work in a short space of time, landing a benefit which is the biggest benefit the Social Security have ever undertaken. We’re replacing an existing benefit from an organisation that is one of the biggest

national employers in the country, but we are managing to do that and we are on a constant learning curve, but we are striving to get better and more efficient...one of the key phrases was 'we don't know what we don't know', and we're finding out things, but the overall mentality within the agency is [to do] the best we can."

(Operations Manager)

The specifics of the 'workarounds' were not explored in detail, but the main system-related issues raised by staff are covered below.

CDP Case Managers explained that they are limited in the questions they can ask when requesting supporting information from professionals. They are required to choose questions from a drop-down menu. Being unable to write their own questions means they often do not receive the exact information back from professionals that would aid their decision making. ADP Case Managers said they do not use many of the pre-written questions, but there is a free text box that allows them to fully articulate what information they require. CDP Case Managers were frustrated with this part of the process of obtaining supporting information because it hinders them finding out precisely what they would like to know. This could then cause further delays to the decision-making process, something which applicants have indicated is their main source of dissatisfaction.

A further issue raised was that, due to a limited number of licences being available, most Case Managers were unable to access the software used for requesting information from health boards' 'front door teams' who manage requests for information from outside the NHS and from local authorities. CDP Case Managers said this made obtaining supporting information more arduous because, to use this system, they need to put an internal request in to a colleague and they cannot check the status of a request themselves. This caused further delays in the decision-making process.

Client Support Advisors working in local delivery were very clear that the main process issue for them was struggling to photograph supporting information using their work laptops. While they do have work phones and tablets, they currently do not allow for photos to be taken and uploaded securely from them. They suggested that better tablets or phones would save time and make the process easier for them and for applicants, and avoid blurry or partial documents accidentally being uploaded.

Case Managers viewed the input of Practitioners through the case discussion process as very valuable – often because their medical opinion could enable a decision to be made when little or no supporting information had been obtained. However, they added that the general lack of supporting information had driven up demand for Practitioners' time, and it could be a three-week wait before they were available to help with a decision.

## **Impact of Covid-19 on obtaining supporting information**

The Covid-19 pandemic was thought to have had some indirect impacts on the gathering of supporting information. Staff perceived the NHS and other frontline services to be overstretched, having not fully recovered from the pressures they faced during the pandemic, and they thought this exacerbated delays in responding to requests. CDP staff mentioned the large numbers of children that are yet to be diagnosed as they are on waiting lists for Child and Adolescent Mental Health Services (CAMHS). They explained that these are already long waiting lists which have lengthened further because of the pandemic. This had the impact of more CDP applications being made prior to being seen by CAMHS, increasing the need to gather supporting information from teachers or other professionals who have been supporting the child.

From an applicant perspective, difficulties in obtaining a GP appointment, again exacerbated by the pandemic, caused some challenges. This was the case for two of the unsuccessful applicants in particular – see Chapter 2 Unsuccessful applicants and supporting information.

One of the successful CDP applicants, who initially had difficulty obtaining supporting information, pointed out that his young son had not been seen by family or friends while Covid restrictions were in place, so supporting information from his wider support network was not an option.

## 5. How supporting information is used to make decisions

This chapter discusses how staff use supporting information to help make a decision and their views on the support available to them in the decision-making process.

### The importance of supporting information

Firstly, staff understood that supporting information is necessary to be able to make a decision. However, they also acknowledged that Case Managers could make a decision in the absence of supporting information from a professional. Staff saw supporting information from individuals' wider support networks as playing a role here, but also knew that if all avenues to obtain any supporting information had been exhausted, it is still possible to make a decision. This is in line with the policy commitment that Case Managers have discretion to make an award in the absence of supporting information. However, none of the staff who participated gave examples of when they had done this. While they were clear it was possible, they tended to feel a decision without supporting information would not be ideal because it would not be as informed as it could be.

When no supporting information is available, there might be a case discussion between a Case Manager and a Practitioner before a decision is made. Case Managers also made the point that, if an application form is sufficiently detailed, then less supporting information is needed. However, their overall understanding of the decision-making guidance is that one piece of supporting information from a professional is needed. This aligns with the policy commitment. Staff were clear that this does not mean it is necessary for an individual to have a medical diagnosis to be eligible for the payment.

There was also some discussion about supporting information being important to mitigate against fraudulent applications and so staff can make a 'water-tight' decision in line with decision-making guidance. This highlights a tension that staff can experience when it comes to making a decision in practice. Though these staff did not talk about applicants in a less respectful or sympathetic way than any of their colleagues, they were less clear on how policy commitments such as the position of trust could be applied in decision-making (this is discussed further below). Although these staff were concerned about whether there may be fraudulent applications, they also demonstrated clear understanding of the policy commitments about approaching applications from a position of trust.

It was clear that supporting information was viewed by Case Managers as often very helpful for reaching a decision. The relative roles of the information in the application form and the supporting information differed from case to case, depending on how much detail was provided on the form, and what supporting information was available. In some cases, supporting information was described as crucial to the final outcome.

“...sometimes that supporting information is all the difference in either a nil award, an award, or a standard, and then enhanced.”

(ADP Case Manager)

“I have even had a couple of cases where the application pretty much had nothing in it but the supporting information had everything in it that you needed to make a decision.”

(ADP Case Manager)

Supporting information was felt to be particularly important in situations where an individual has not provided enough detail on their application form. This was more common where mental health conditions are concerned, where an individual is not explicit about additional support that they or their child require (particularly parents applying for CDP), or where they are reluctant to admit, or unable to understand their own situation and the extent to which they require support.

“...the medical evidence, or even just other supporting information that is from a family member, can give more clarification on the number of times they need help with something, or the amount they struggle with something that the client maybe didn't want to tell us.”

(ADP Case Manager)

There was another view that, where an application has enough detail, some decisions could be based solely on the information provided in the application form. In these cases, supporting information from a professional was felt to be a formality to be able to write a justification for the applicant and for staff to demonstrate that they have followed decision-making guidance.

There were some comparisons made with the DWP process in relation to decision-making. Case Managers with experience of both DWP and Social Security Scotland application forms felt it was easier and quicker to make a decision with the DWP form.

“I know personally when I pull some of these like legacy applications in DWP, they have been a lot more detailed, I have been able to make that decision up much, much, quicker than I have with the Social Security Scotland applications.”

(CDP Case Manager)

The DWP application forms were described as more “prescriptive”, meaning applicants provide more detail about their condition and needs. This includes space within the application form itself to provide the equivalent of supporting information. There is therefore more information available upfront for Case Managers to help them make a decision. It was nevertheless recognised that there is a balance to be struck between the amount of information requested and the ease and accessibility of applying.

## Value of different types of supporting information and 'equal consideration'

Supporting information from a professional, irrespective of length or level of detail, is accepted for the purpose of broadly confirming an individual's condition or level of need. However, where supporting information was used to provide additional detail on the individual's level of needs to allow Case Managers to make an informed decision on their entitlement, some groups of professionals were seen as providing better supporting information than others.

CDP staff mentioned individual education plans and ASD diagnostic reports as being particularly useful. A Third Sector staff member also suggested that reports from occupational therapy are particularly valuable because of their focus on day-to-day needs. This staff member hoped that supporting information from an individual's wider support network would be given more consideration than it would under DWP. When advising applicants, they encourage those who do not have supporting information from a professional, to provide supporting information from a friend or family member.

It was generally felt that supporting information from a GP is less useful than supporting information from other professionals or, indeed, an individual's wider support network. The main reasons given by staff for this are that GPs are less likely to know about an individual's day-to-day needs and are too busy to provide detailed information. Staff said that they recognised the pressures on GPs and there are now efforts, by both CDP and ADP staff, to contact GPs only when necessary.

That said, staff explained that it was still common for them to contact GPs. Reasons for doing so include:

- GPs being the only contact details provided by the individual and/or there being no involvement from other professionals relating to their condition.
- A perception that supporting information from a medical professional is required.
- A bias towards information from GPs (discussed further below).
- Staff being more familiar with the system used to contact GPs than that used for other professionals, such as local authority staff (as mentioned in Chapter 4).

The second and third bullet points above highlight existing misconceptions among staff about supporting information needing to be from a medical professional, and putting more weight onto this type of supporting information. This illustrates that these misunderstandings are held by both applicants and Case Managers, and reinforces a need for increased awareness and education about the different types of professional supporting information that are accepted. The following quote captures the misconceptions faced by Case Managers with regard to this:



“If the supporting information isn’t medical based that you do have, you still need to get a medical based one, so it usually goes to the GP.”

(ADP Case Manager)

While staff indicated that supporting information from different professional sources would generally be treated equally, there were mixed views on whether supporting information from professionals and an individual’s wider support network would be given equal weight (see [Understanding what to provide](#) for an explanation of ‘equal weight’ and ‘equal consideration’). Note that here staff were talking about the consideration of supporting information when it comes to making a decision as opposed to when they first review supporting information. While some staff felt all supporting information would be considered equally, others said they gave supporting information from a professional more weight in their decisions. It was also felt that some staff might have an ‘unconscious bias’ in favour of supporting information from a professional when it comes to making a decision. Furthermore, some ADP staff thought that ‘equal weight’ no longer applies when it comes to making a decision because of what was described as an increased emphasis on the importance of supporting information from a professional since their initial training. However, this is contrary to existing guidelines on equal consideration which have not changed. (See paragraph 23 in the [ADP Decision Making Guide](#) for staff and paragraph 30 in the [CDP Decision Making Guide](#) for staff.)

“Given that you can submit a case with one piece of professional supporting information and it will go through...you won’t get a case through on one piece of supporting information from the client’s mother. So, it can’t be equal weight, in my eyes anyway.”

(ADP Case Manager)

“I don’t know whether it is like an unconscious bias, but people maybe think that the information provided by professionals is more likely to be accurate or that there is not going to have been any influence [from the applicant] on what has been written.”

(CDP Decision Team Manager)

“...it was very much at the start of [training], it was the whole all supporting information is equally regarded, but it did change, it pretty much changed from when I was in training to going into live cases, pretty much there was a U-turn on that immediately to everything needs medical supporting evidence to make a decision...it seems to go up and down over time whether or not like how important getting that medical information is.”

(ADP Case Manager)

When it comes to supporting information from an individual's wider support network, there were different views on how useful this tends to be. For example, one Decision Team Manager commented that information from a family member or neighbour can sometimes just repeat the information provided on the application form.

"Although obviously it does add value to what has been said on the claim form, they [statements from a person's wider network] are very unlikely to ever contradict or add any additional information."

(CDP Decision Team Manager)

However, in other cases it was described as adding to the overall picture needed to make an accurate decision, and as potentially being more informative than supporting information from a professional. This highlights that the usefulness of different types of supporting information can vary on a case-by-case basis. It was noted that wider network supporting information can be particularly helpful to build a picture of support needs where an applicant is less forthcoming with this information. This might be because they are struggling to come to terms with their condition.

"...medical information pretty much is only useful to a point to just confirm that those conditions are there so you can make your decision and all other supporting information like family letters of what the client has said, is what actually makes the decisions."

(ADP Case Manager)

"I have that quite a lot [in cases] where a client said they can do it, then there is maybe a letter from a carer or a sibling or someone that has specifically said 'they don't like to admit that they are losing their independence, but here is all the things that I do for them.'"

(ADP Case Manager)

If there are inconsistencies in different pieces of supporting information, some staff indicated that they would consider who has provided the supporting information and whether that person would have an in-depth understanding of the individual's situation. For example, in CDP applications, an inconsistency could arise where children with ASD have different behaviours in school and at home. Staff might also discuss the situation with their line manager and ask for supporting information from another contact of the applicant.

Overall, it was evident that quality of supporting information is preferable to quantity and each piece of supporting information is considered on its own merits.

## Position of trust

The way in which Case Managers spoke about their approach to decision-making demonstrated they were starting from a position of trust. However, they highlighted difficulties they faced in trying to achieve a balance between starting from a position of trust, considering all the information provided (including the application form), and identifying any areas where they need clarification in order to make a decision.

“I think [staff] are aware of [position of trust] and always try and adopt that sort of attitude when they are dealing with the clients, but sometimes something just doesn't look right and it might need a bit of further investigation.”

(Operations Manager)

Case Managers were clear that they are not looking for everything in an application to be supported by supporting information, just enough to be able to justify a decision to their Decision Team Manager or other staff who quality assured the decision. This was contrasted with the approach under DWP, where staff said that they used to require all the information in the application to have some sort of corroboration, whether from the supporting information or a physical assessment. Staff commented that, where supporting information supports one thing in the application form, then other information is usually supported too.

“Most of the time the application can help support itself, you just need that supporting information to confirm at least one thing or to support one thing and then you can go to everything else.”

(ADP Case Manager)

Senior staff have played a role in reminding Case Managers of this trust-based approach. There was a suggestion that it is not always easy, in practice, for staff to take a position of trust. This is because there is a tension between requiring supporting information to support the decision-making process, and trusting the individual where information has not been 'confirmed' by another party.

“...whilst we do try and, you know, to trust everything that the client is saying, I think sometimes there is such an urge to make sure that we get that supporting information, I don't know if that is a bit of a disconnect between fully trusting the client if you are then saying we need all this information from a professional before we can even progress things.”

(CDP Decision Team Manager)

When staff felt unsure about decisions in this regard, they would have a discussion with senior colleagues and refer to decision-making guidance. Decision Team Managers explained that, as Case Managers gained experience, they felt more confident in their decision-making.

In general, staff spoke positively about starting from a position of trust and felt it was in keeping with the overall approach of Social Security Scotland. That said, discussions around trust raised concerns among some staff over what amount of supporting information they do need in order to award, particularly when it comes to supporting information from an individual's wider support network.

"...sometimes I would feel uncomfortable about giving someone points for something that has not been confirmed, like giving out money that they could potentially just be lying about, I think you need to be careful about that as well."

(ADP Case Manager)

This concern was mentioned by staff at all levels, more so among those working on ADP applications. Again, staff were aware that words such as 'proof' and 'evidence' were not the preferred language, but these words were still used by some:

"...it is taxpayers' money that we are awarding people, there needs to be some...it's like folk are afraid to say words like 'proof'. You know, 'where is the proof?'"

(ADP Decision Team Manager)

The staff that made these points felt there is a contrast, or even a contradiction, between trusting applicants while also requiring supporting information from them, again highlighting the difficulties staff face when having to make a real decision in practice about someone's level of need and therefore entitlement to award. This tension is perhaps something which could be addressed directly in staff training on supporting information.

## **How staff are supported in decision-making**

When asked about different aspects of their role and approach to their work, it was clear that staff generally work in line with the policy principles and that senior staff play a key role in supporting Case Managers in this.

"I think as an agency [the policy principles are] really encouraged internally and that feeds onto the work that we do. I think we are all really encouraged to believe the client, as much as we possibly can, to try and take responsibility away from them so they don't have to do things."

(CDP Case Manager)

Again, the high levels of applicant satisfaction (discussed in Chapter 2 Applicants' experience of the supporting information process) indicate that this approach is having a positive impact for applicants.

Senior staff generally felt that the majority of Case Managers understand how to use supporting information and are making the right decisions in line with the decision-making guidance. However, it was suggested by one Decision Team

Manager that there could be better information sharing when it comes to re-determinations and appeals. This would help staff understand where and why there are queries about decisions:

“...my guys are getting pretty close to making quality decisions most of the time. I’m not pulling them up for major stuff, I’m not seeing things that are just completely wrong, if you will.”

(ADP Decision Team Manager)

Nevertheless there were some comments – particularly from CDP staff – that there is a lack of consistency in the interpretation of supporting information because of gaps in decision-making guidance. These gaps suggest that the decision-making guidance can be interpreted in a number of ways, thus leading to inconsistencies.

“... the interpretation of supporting information is very varied across Case Managers... Calibration would be good, just the opportunity for people to calibrate on how they are interpreting the supporting information that’s coming in and how they apply that to guidance then and how that brings the outcome of decision. They don’t really get a chance to do that.”

(CDP Decision Team Manager)

“...a lot of the ways in which my new team interpret some of the legislation and the guidance is very different to how my previous team interpreted a lot of the guidance and legislation.”

(CDP Case Manager)

These differences in interpretation could indeed reflect the need for supporting information to be considered on a case-by-case basis, where similar supporting information may have different implications across different cases. However, this also does highlight the difficulty Case Managers face in applying the same decision-making guidance to a variety of cases.

In relation to the second quote above, it should be noted that the decision-making guidance explains and interprets relevant legislation. Case Managers are trained to refer to the decision-making guidance rather than to the legislation during the decision-making process.

These staff felt that the following would help to improve consistency across teams:

- Further development of decision-making guidance (see section on Guidance).
- The introduction of a quality assurance framework for decision-making.
- The introduction of a separate quality assurance team.
- More opportunities for staff to learn from each other.

A further issue, raised by staff in one focus group, was that most Case Managers had been trained remotely and then started working in the office while Covid-19 restrictions were still in place. This meant that teams did not mix and talk to each other about cases in the way that they might normally have done. It was agreed by this group that this has resulted in a somewhat siloed culture, where it is not common for Case Managers to ask questions of colleagues in different teams. It was suggested that more networking across teams would be beneficial for staff development. This did not seem to be an issue for senior staff members who mentioned reaching out to colleagues in different teams for support (discussed further below under Support).

There are some types of cases that are more difficult for Case Managers to deal with, from a decision-making point of view. Both CDP and ADP staff mentioned less common conditions or complex conditions with which they are less familiar. They also mentioned applications covering anxiety and other mental health conditions. This is because of the difficulty gathering supporting information and because the impact on an individual can vary considerably day by day. One Decision Team Manager explained how fluctuating conditions, whether that be mental health conditions or physical conditions, can make decisions more complex:

“I think with fluctuating conditions it is how often it happens, and I think in some cases we are saying, well, is this person actually on a recovery trail? How are they going to be in maybe three months’ time? They might not have any disability at all. So, you have to try and weigh, factor, those things into it as well.”

(ADP Decision Team Manager)

CDP staff were fairly confident with neurodevelopmental and cognitive conditions because they come across them relatively often. However, deciding between the higher and lower rate of the mobility component for these conditions was mentioned as a particular challenge. CDP staff also described challenges with applications for young children where it can be tricky to know what is over and above the expected care needs for a child that age. This is in line with applicant interviews: some parents, who did not have older children they could compare experiences with, said that it can be difficult to know what is a typical level of support need.

## **Support**

For more difficult cases, Case Managers felt that there was support available to help them make a decision – whether that be from peers, Decision Team Managers or Practitioners.

As mentioned above, senior staff members said that questions from Case Managers had decreased as staff gained experience. However, common questions or issues where staff still needed advice included:

- Whether certain pieces of supporting information were acceptable – such as documents that are not on headed paper or photographs of medication.
- Whether they have enough supporting information to make a decision.

- What they should do if a GP does not respond to a supporting information request.
- If there is no supporting information, at what point have they tried everything reasonable to get it.
- Where a Practitioner is involved, who is responsible for making a decision.

Where senior staff were unable to answer questions, it was clear that they knew they could contact colleagues in different teams for advice. This seemed to contrast slightly with the experience of Case Managers described above. However, Social Security Scotland was described by all staff participants as having a supportive environment.

“I think as Decision Team Managers we are all really good at supporting each other and if I got a case I have never come across before, or a scenario, it is likely someone else has, so I speak to them, and then if I don’t get an answer from that can use the decision support team or the Case Practitioners.”

(CDP Decision Team Manager)

## Guidance

It can be difficult for staff to find relevant sections of the decision-making guidance through keyword searches and to keep track of updates to the guidance. It was suggested that changes could be communicated more clearly on the front page of the intranet. One Decision Team Manager described how they take time to share updates and go through changes with Case Managers:

“...we have morning meetings anyway so I kind of speak through any updates or if there is anything that I think is important, that we go through or do a demo, I will just make the meeting longer and we will just talk through it in a team and then if they come round to doing something for the first time I just say, well give me a call and we will work through it together.”

(CDP Decision Team Manager)

In terms of improvements to decision-making guidance, staff explained that they would find it helpful if there was more detail on what is acceptable as supporting information, including on what is needed as a minimum. For example, there was some discussion of the pros and cons of accepting prescription lists and photos of medication. It was also felt that decision-making guidance could be clearer on what staff should do if there is no supporting information. This may be related to the initial training where the example cases all had provided supporting information – discussed in the next section on Training.

“I think the bit where we are probably not that comfortable yet, or me, personally, is if we don’t get anything, what do we do?... I just don’t think anybody is that clear on exactly what we should and shouldn’t do. I’ve got no doubt there will be some awards out there that are highly questionable.”

(ADP Decision Team Manager)

Client Support Advisors working in local delivery made similar suggestions for additional or expanded guidance that would help them support applicants. This included a separate document for applicants explaining what is acceptable as supporting information and what is most useful to Case Managers. Client Support Advisors said that some individuals they support in local delivery find the application form and guidance daunting and therefore may not have read existing materials on supporting information. Some Client Support Advisors felt unsure of what applicants should upload because they are not medically qualified. They also thought it would be helpful to have clarity on how old a piece of supporting information can be before it is considered irrelevant. Expanded decision-making guidance on this point is forthcoming but was not live at the time of the interviews.

## Training

It was clear that there is continuous improvement of the Learning and Development (L&D) provision based on staff feedback, and that improvements were made between the pilot and the full launch of both benefits. Training in relation to eligibility criteria was generally felt to be good.

“I think training is good for understanding like marking the framework that we work within, so the different awards and the eligibility criteria and those kinds of things.”

(CDP Case Manager)

However, Case Managers commented that the initial training had focused on “ideal situations” where training cases had accompanying supporting information. They were surprised once the benefits launched because very few cases they received looked like the example given in the training. This led to some confusion about what supporting information is needed, and required Case Managers to learn much of what they know about obtaining supporting information on the job.

“All the cases that we were given in training were like cookie cutter, had everything you needed, like we didn’t have a case where maybe you would need supporting information, so we weren’t kind of trained to identify when supporting information was required.”

(ADP Case Manager)

Case Managers commented that there are so many different types of cases that it feels appropriate learn on the job and from peers and managers, however, they indicated that more ongoing training would be welcome. (Chapter 6 suggests potential areas for future staff training).

Decision Team Managers felt they would benefit from additional specific training on decision-making, quality assurance and implementing policy changes. Decision Team Managers explained that they have the same training as Case Managers but



with a further focus on management. Some Decision Team Managers felt they did not have enough additional knowledge to advise CMs on decision-making or time to keep up with policy changes.

“The L&D for my job role was exactly the same as the L&D for the Case Managers really, so that probably wasn’t ideal that we weren’t getting oversight of the part we were going to play in kind of quality assuring the process.”

(ADP Decision Team Manager)

“I think when changes do occur, we don’t really get the chance to sit and think about the impact of that and to go into training and actually get taught what the impact of that is...I think all of us as Decision Team Managers need upskilled.”

(CDP Decision Team Manager)

Client Support Advisors in local delivery said the training they had received on ‘a day in the life of a Case Manager’ was very useful in helping them to understand the importance of supporting information. This session involved Client Support Advisors being told about supporting information from a Case Manager’s point of view, among other aspects of their job. One Client Support Advisor commented that, before taking part in that course, they had submitted applications without supporting information because they did not realise how important it is. It was suggested that this course should be a requirement for new joiners and also that Client Support Advisors should have the chance to practice uploading documents before meeting applicants for the first time.

## 6. Conclusions

In this concluding chapter, we set out the findings in relation to each of the research questions before providing areas for consideration and a list of recommendations.

### Findings on the research questions

#### **Question 1: Do applicants understand what supporting information they should or could be providing to support the decision-making process as much as possible?**

It is clear that many applicants do not fully understand what supporting information they should or could be providing. It is a common assumption that some sort of medical “evidence” will be required and so there are applicants who do provide that. Some applicants might not have access to medical information. Due to the assumption that some sort of medical information is required, this can lead them to being unsure about how to proceed and, in turn, not submitting supporting information from other professionals that might be equally or more helpful.

For those who are unsure what to do, phone calls with Case Managers are very helpful in clarifying what is required. This reinforces the importance of Case Managers having a good understanding of supporting information and therefore being clear on exactly what is required.

There is scope to communicate more clearly to applicants and potential applicants that supporting information is needed, what form it can take, and that it may speed up the decision if it is provided with the application.

Only those who had submitted an application were included in the research. It is worth noting that many of the barriers to supplying supporting information, and misunderstandings about what could be submitted, may have deterred others from making an application at all.

#### **Question 2: Do applicants feel that their supporting information has been considered fairly?**

Successful applicants did feel that their supporting information had been considered fairly. They explained that this was because they received an award which they felt they deserved and/or because the letter detailing the reasons for the decision showed that all their information had been considered thoroughly.

Some unsuccessful applicants did not think their information had been considered fairly, for example, they suggested that they may have been unfairly disadvantaged by not being able to provide supporting information from a health professional and having to provide it from their wider support network instead. They felt this was not given the same consideration that a letter from a health professional would have been.

### **Question 3: What impact does supporting information have on Case Managers' decision-making process?**

Case Managers generally see supporting information as important to decision-making, although the impact varies depending on the application being considered. It has more of an impact if the application form lacks detail or if the individual has a less common condition or a complex condition with which staff are less familiar.

Fluctuating conditions (particularly fluctuating mental health conditions) were also mentioned as the impact on an individual can vary day by day: this can make decision-making more difficult as it can be harder to know how often something happens, or whether someone's condition may be generally improving/deteriorating which may make a difference to the award decision. In addition to establishing entitlement, supporting information can also be important in helping decide on the appropriate level of award and on the review period.

However, where the individual has supplied detailed information in the application form, supporting information seems to play less of a role in decision-making. This was because Case Managers felt that the application form contained sufficient information about the impacts of an individual's condition in order to allow them to make an informed decision. This is in keeping with Case Managers approaching applications from a position of trust (see further details in the Logic Model in Appendix 2).

The quality of supporting information was seen as more important than the quantity. CDP Case Managers mentioned that education plans and ASD diagnostic reports were particularly useful in decision-making.

Supporting information from an individual's wider support network was seen as especially helpful when there was scant information on the application form.

### **Question 4: Is the process of requesting and obtaining supporting information done in line with policy principles?**

From the way staff described their approach and their interactions with applicants, it was apparent that they are acting in a way that reflects the Social Security Scotland core principles of dignity, fairness, and respect. They clearly saw their role as supporting disabled people who met the eligibility criteria, rather than being a 'gatekeeper' to an award or an 'investigator' of someone's eligibility. Staff referred to applicants in a respectful way that demonstrated they were starting from a position of trust. They sensitively worded conversations with applicants about supporting information to gauge whether they were happy and able to provide any themselves, and to avoid any undue stress. Staff were very clear that they did not need to obtain supporting information to support everything in the application form.

As highlighted in Chapters 4 and 5, there were areas where some staff behaviours and views were not fully in keeping with the policy commitments. This included when they referred to supporting information as 'evidence' or 'proof', and confusion about whether 'equal weight' was still applicable (i.e. whether staff should be giving equal weight to different types of supporting information). Though for the former

point, it should be noted that staff did acknowledge that the language concerning supporting information as 'evidence' and 'proof' is not in line with the policy commitment. There was also a suggestion that it is not always easy, in practice, for staff to take a position of trust. This is because there is a tension between requiring supporting information to support the decision-making process, and trusting the applicant where information has not been 'confirmed' by another party. While these are important policy commitments, staff who held these views did not appear to be handling cases in a markedly different way to their colleagues, and they still appeared to be taking a person-centred and supportive approach.

Applicants were generally extremely positive about their interactions with staff. They felt they had been treated with dignity, fairness, and respect. Their experience had a positive impact on their perceptions of Social Security Scotland, their likelihood to contact them and their likelihood to apply for other benefits in the future. Successful applicants with experience of applying for disability benefits administered by DWP were overwhelmingly positive about their experience of interacting with Social Security Scotland.

The main issue affecting applicants' satisfaction are the delays that Social Security Scotland encounter in obtaining supporting information from professionals on their behalf. This creates a bottleneck in the whole system.

## **Additional insights on enablers and barriers to supplying supporting information**

The interviews with applicants, Social Security Scotland staff and Third Sector staff shed light on a number of factors which appeared to enable applicants to provide supporting information, and factors which appeared to be barriers.

The main factors which made it easier for applicants were:

- Having experience of similar administrative tasks, often through work, or having someone in their household who had this experience.
- Being confident online and technologically literate or having someone in their household who was.
- Having supporting information to hand.
- Receiving support from Case Managers over the phone.

The main factors which made it more difficult for applicants were:

- Not realising that they had been asked to provide any supporting information.
- Not having a clear understanding of the different types of supporting information that can be submitted.
- Not realising that it would likely speed up their application if they provided supporting information at the start.

- Not being able to access a GP or not having seen a health professional. This could be due to difficulties getting an appointment or because of accessibility issues relating to the disability or health condition.
- The perception that not having a diagnosis would mean they would not be able to supply supporting information.

Staff also highlighted other groups who were more likely to struggle with providing supporting information and/or understanding what is required: people with severe mental health difficulties; people with addictions; those who experience difficulties completing tasks because of poor physical or mental health; the Gypsy/Traveller community; some religious communities (particularly where women might be less likely to access a GP); homeless people; prison leavers; people with little or no English; and people with low levels of literacy.

## **Recommendations and areas for consideration for the Scottish Government and Social Security Scotland**

The following recommendations and areas for consideration come predominantly from applicants and Social Security Scotland staff themselves. Suggestions from the research team are reflections on what applicants and staff told us (and are identified as such). They are, broadly speaking, presented in order of importance. This is based on what we judge will have the biggest impact on the applicant experience.

### **Reduce delays in obtaining supporting information from professionals**

The delays experienced by Social Security Scotland staff in obtaining supporting information from professionals, and GPs in particular, was the main issue affecting applicant satisfaction with the process. It was also one of the biggest frustrations for staff because it creates a bottleneck in the system and increases processing times. We recommend that the Scottish Government and Social Security Scotland work with GPs, the NHS and Local Authorities to find ways to ensure that supporting information requests are responded to more quickly. We recognise that these organisations face considerable pressures and making progress on this will not be straightforward.

On a practical level, providing GP and NHS staff with training on the SCI Gateway system will help. This is the secure email system used to communicate with GPs and the NHS. However, not all relevant staff know how to use the system.

### **Clarify the guidance on supporting information for applicants**

Many applicants do not fully understand what supporting information they should or could be providing. We recommend reviewing the guidance included in the application form and elsewhere with the aim of clarifying:

- What supporting information to include, who it can come from, and what is 'required' – possibly in a separate guidance document.
- That help is available if someone is unsure what supporting information to provide, for example, from Client Support Advisors working in local delivery,

Case Managers, and Third Sector organisations – all important enablers to providing supporting information.

- That, ideally, supporting information should be provided with the application and that this will likely speed up the process.
- That, ideally, one piece of supporting information from a professional should be provided.
- That supporting information can also be provided from the individual's wider support network.
- That Social Security Scotland can obtain supporting information on behalf of applicants, however, if individuals are able to provide this themselves then this will likely speed up their application.
- That photos of the applicant or child to show their condition should not be submitted (at the time of interviews, these could not be used).
- That an award can be made in the absence of a diagnosis (whether or not a formal diagnosis is available is irrelevant to the decision-making process).
- That, if there is good reason why an individual cannot provide supporting information, Social Security Scotland have discretion to make an award. Good reasons might include, for example, not being able to access a healthcare professional due to their condition or due to current waiting times.

It should be noted that most of these points are already covered in the guidance within the application form. However, some applicants were unclear about, or had misunderstandings about, these points which suggests there is a need to make the guidance clearer.

In relation to the point about Social Security Scotland being able to obtain supporting information on an individual's behalf, there is a tricky balance to be struck. It is important to encourage those who are able to obtain and provide supporting information themselves to do so, while making it clear to those who would have difficulty, that Social Security Scotland can contact professionals and request it for them. The best approach may be to emphasise that, if individuals can provide supporting information themselves, this will significantly speed up the processing of their application.

There is an even trickier balance to be struck in relation to the point about Social Security Scotland having discretion to make an award if there is good reason why no supporting information can be provided. The best approach here may be to advise potential applicants to contact Social Security Scotland for advice.

We also recommend revising the application form questions, taking into account the common 'gaps' that Case Managers are seeking supporting information to fill, such as specific details around mobility or night-time needs. This might involve changing existing questions and/or adding new ones. (Research team suggestion.)

## **More training and guidance for Case Managers on what to do if there is no supporting information with an application**

There should be more of a focus in initial training on what to do if there is no supporting information with an application and how to go about obtaining it. Staff reported that the example cases they were given in their initial training all had supporting information provided whereas, in practice, most applications arrive with no supporting information. They also suggested that the decision-making guidance on this could be made clearer.

There should also be more guidance on what supporting information is sufficient. Senior staff said that even experienced Case Managers still tended to ask about this. Clearly, what is 'sufficient' will vary depending on the case, and staff have the discretion to make an award with no supporting information, but examples of what would be sufficient in different situations would be helpful.

## **Clarification of some key issues for Case Managers**

There were a few key issues where at least some Case Managers had misunderstandings or were unclear what the position was. We recommend:

- Clarifying that the decision-making guidance on giving equal consideration to supporting information from different sources is not superseded by the requirement to have one piece of supporting information from a professional. Some ADP Case Managers thought that this was the case.
- Addressing the bias towards supporting information from professionals, and medical professionals in particular, that was evident among some Case Managers. Decision Team Managers talked about this sometimes being an 'unconscious bias'. This should be addressed in initial training, on-going training and in the decision-making guidance. CDP Case Managers talked about the long waiting lists for CAMHS appointments. This has led to them contacting a wider range of professionals (often from education) who can supply valuable supporting information. This could be used as an example. (Research team suggestion.)
- Addressing questions around the tension between a position of trust and the need to seek more clarification and additional information in some cases.

## **Improvements to Social Security Scotland internal systems**

There were a number of suggestions for improving systems so they do more to help Case Managers obtain supporting information and track the progress of requests. Suggestions included:

- Developing a system that would allow more direct contact with professionals in the way that email does. This, in part, stems from the issues mentioned above with SCI Gateway.
- Adding a free text box for CDP staff to ask bespoke questions of professionals. CDP Case Managers are required to choose questions from a drop-down menu. Being unable to write their own questions means they often do not receive the exact information back from professionals that would aid

their decision-making. ADP Case Managers said they do not use many of the pre-written questions, but they have a free text box that allows them to fully articulate what information they require.

- Improving the visibility of the status of supporting information requests for Case Managers (given some requests are done in systems they cannot access themselves).

### **More training for Client Support Advisors and Third Sector staff**

Client Support Advisors in local delivery said the training they had received on ‘a day in the life of a Case Manager’ was very useful in helping them to understand the importance of supporting information. This session involved being told about supporting information from a Case Manager’s point of view, among other aspects of their job. It was suggested that this course should be a requirement for new joiners. A further suggestion was that Client Support Advisors in local delivery should have the chance to practice uploading documents before meeting applicants for the first time.

More guidance and training should be provided to Third Sector organisations who might support applicants with their applications. This was something that the Third Sector staff we spoke to requested. They specifically wanted to better understand the role that supporting information plays in decision-making. Raising awareness of the ‘day in the life of a Case Manager’ training would help in this regard. The guidance/training could also address some of the areas that Third Sector staff appeared to be less clear about: that Social Security Scotland is asking for one piece of supporting information from a professional; that an additional written statement produced by an applicant themselves is not considered supporting information; and that GPs do not need to be contacted in all cases.

### **Improvements to the decision-making guidance**

The decision-making guidance is regularly updated to address gaps that have been identified, to improve clarity, and to reflect changes in policy or processes. Case Managers frequently mentioned referring to the guidance. They also pointed out areas where they thought the guidance was not clear enough or where there were gaps in it. However, none mentioned using the feedback function that exists for staff to suggest improvements/point out gaps. Raising awareness of this function, and ensuring that staff feel empowered to use it, should help improve the guidance further.

### **Ensuring consistency between teams**

Consider carrying out regular calibration exercises to identify the extent of any inconsistencies between teams. This recommendation came directly from a Decision Team Manager. Other staff who had moved teams also talked about inconsistencies. Staff felt that the following would help to improve consistency across teams:

- The introduction of a quality assurance framework for decision-making.
- The introduction of a separate quality assurance team.



Decision Team Managers, who are responsible for quality assurance, felt they would benefit from more training on this aspect of their role.

Case Managers also suggested that more opportunities for staff to learn from each other would help improve consistency. This links to another finding: that Case Managers are somewhat siloed in their individual teams and there is little interaction between teams at that level. They speculated that this was because most Case Managers had been trained remotely and then started working in the office while Covid-19 restrictions were still in place. This meant that teams did not mix and talk to each other about cases in the way that they might normally have done. We recommend encouraging more interaction between teams at Case Manager level.

### **Sharing information on re-determinations and appeals with Case Managers**

Senior staff generally felt that the majority of Case Managers understand how to use supporting information and are making the right decisions in line with the decision-making guidance. Nonetheless, to increase the number of 'right first time' decisions, there was a suggestion that information on re-determinations and appeals should be shared internally, including the reasons for decisions. This would help staff understand where and why there are queries about decisions.

### **Supporting Decision Team Managers to implement policy changes**

Decision Team Managers felt they would benefit from more time to keep up with policy changes themselves, as well as training on how best to keep Case Managers up-to-date with changes and how to implement them.

### **Immediate checks on whether an application includes supporting information**

Case Managers reported that most applications arrive without any supporting information. They suggested 'triaging' cases for supporting information as they come in and confirmed that this was already being piloted. The pilot involves cases being assessed by a Case Manager before being passed to the decision-making Case Manager so that, by the time they are reviewing the case, they may have received the supporting information or are, at least, partway through the waiting time.

### **An online tracker to show applicants what stage their application is at**

Some applicants indicated that they were quite anxious while they waited to hear the outcome of their application and a tracker should provide reassurance in most cases. It could detail various stages, including whether supporting information had been received by Case Managers.

### **Review the wording of decision letters to unsuccessful applicants**

Consider whether the wording of letters to unsuccessful applicants could set out the reasons for the decision more clearly (research team suggestion). While we did not probe on the content of the decision letters in our interviews with applicants, the unsuccessful applicants we spoke to appeared unclear on the reasons why an

award had not been made. Being clear about the reasons may help unsuccessful applicants feel that their case had, at least, been thoroughly considered.

### **Using Emergency Care Records as supporting information**

Using a document like a 'Summary Care Record' or 'Emergency Care Record' could be very beneficial as supporting information because they could be accessed quickly and easily. The former is used in England and the latter in Scotland. Both are short reports that summarise a person's current conditions and medications. They can be accessed by staff other than doctors as they are designed so paramedics can easily access this information. A Case Manager who previously worked for DWP spoke of how useful Summary Care Records were when processing PIP applications. Staff who were aware of Emergency Care Records in Scotland said there is work being done to get a data sharing agreement in place so that these can be used as supporting information.

### **Improving the system for uploading documents**

Applicants were generally very happy with the online system for uploading supporting information documents. They said it was convenient and easy to use. However, they suggested a couple of improvements:

- Being able to upload several documents at once in a zipped folder.
- It being clear that they can upload additional supporting information that arrives after the original supporting information has been submitted (those that raised this were not aware this is possible).

### **Improving Client Support Advisors' devices**

Local delivery Client Support Advisors were very clear that the main process issue for them was struggling to photograph supporting information using their work laptops. While they do have work phones and tablets, they currently do not allow for photos to be taken and uploaded securely from them. They suggested that better tablets or phones would save time and make the process easier for them and for applicants, and avoid blurry or partial documents accidentally being uploaded.

To support applicants to upload information, Client Support Advisors said it would be helpful if they were able to share a direct link to the Social Security Scotland portal. This would overcome the current difficulty of having to read out the address and be sure applicants have accessed it successfully.



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