

ADP review recommendations and SPICe analysis of Scottish Government response.

Table 1 ‘A people’s service’

Recommendation	Summary of Scottish Government response	
The client voice		
Recommendation 1: The reinstatement of an expert by experience group to guide the next stage of the evolution of Adult Disability Payment following the publication of this report.	<u>Para 12.</u> <u>Implement within 3 months</u>	“client panels team will ensure that lived experience remains central to the future of ADP”
Recommendation 2: To further develop strategies to effectively engage with seldom-heard voices and individuals who may be eligible but do not apply due to stigma, to address the societal and sometimes cultural stigma associated with disability benefits to ensure broader and fairer access	<u>Para 12, 13.</u> <u>Implement within three months.</u>	Research with seldom heard groups will feed into benefits take-up strategy.
Recommendation 3: Social Security Scotland should consider how effective its understanding is of take-up amongst seldom-heard groups and consider ways to maximise its reach.	Para 14. Implement within three months	Estimating ADP eligibility is not straightforward. Update on progress by mid-2026
Trauma informed approach		
Recommendation 4: In addition to the pilot underway within Social Security Scotland, ensure a trauma-informed approach is embedded in all aspects of its work, by producing a framework where trauma-informed principles are reflected in the practice of Social Security Scotland	<u>Para 16.</u> <u>Implement within three months.</u>	“work is ongoing to ensure this approach is consistently embedded across the organisation.”
Recommendation 5: For Social Security Scotland to strengthen its Local Delivery service partnerships to ensure that appropriate links are made to signpost or refer clients seeking assistance in connection with Adult Disability Payment to local services (with the client’s consent) so they can ensure they get access to the help and support they may need. This should include identifying areas of best practice in partnership working to continue to enhance the service for Adult Disability Payment clients.	<u>Para 15.</u> <u>Implement within three months</u>	“work is on-going to ensure explore safe and secure sharing of client data with relevant organisations.”
Accessing pre-application advice and support		

Recommendation	Summary of Scottish Government response	
Recommendation 6: Social Security Scotland should ensure that it actively promotes and gives due prominence to independent advice services to both potential and current clients, including in materials that clients receive from Social Security Scotland.	<u>Para 18.</u> <u>Consider further</u>	“simplicity is paramount. Clients want clear, concise information that is easy to understand, without unnecessary detail.”
Recommendation 7: Social Security Scotland to increase and improve the promotion of the Local Delivery service and the Independent Advocacy Service.	<u>Para 15.</u> <u>Implement within three months</u>	Continue to strengthen promotion of these.
Recommendation 8: Introduce a dedicated route to speak to Social Security Scotland about Local Delivery and to book appointments.	<u>Para 19. Reject.</u>	Booking via helpline ensures date of entitlement is accurately recorded.
Recommendation 9: Improve Local Delivery staff training to address a lack of awareness of certain conditions and the impacts they have on daily living.	<u>Para 17.</u> <u>Implement within three months.</u>	“continue to deliver awareness raising through regular training sessions.”

Table 2 Processes that work

Recommendation	Scottish Government response	
Applications		
Recommendation 10: Taking into account the findings in this report, review the application form, including its length and reconsider the way the questions are framed to maximise the opportunity for a client to articulate how their disability or condition impacts on their daily life and to reduce the anxiety and stress associated with the task of applying	Para 36-38 Consider further	Will review ADP application form. This will take significant time and resources. Will consider how it can be delivered within existing programmes.
Processing times		
Recommendation 11: As indicated in Social Security Scotland's Business Plan 2024- 25, continue to do all possible to improve decision-making times and call wait times.	Para 21 Implement within three months	“committed to consolidating progress” on this.
Recommendation 12: In addition to providing an estimated processing time when an application is submitted, proactively provide regular updates on likely wait time for processing an application, review or a change of circumstances.	Para 32 Consider further	“Currently unable to commit to implementing” this, but “will continue to explore options.”

Recommendation	Scottish Government response	
<p>Recommendation 13: Develop and deliver a 'Track Your Application' online portal making it easier for clients to apply for Adult Disability Payment and to improve communication on the status of a client's application.</p>	<p>Para 32 Consider further</p>	<p>“Currently unable to commit to implementing” this, but “will continue to explore options.”</p>
<p>Implicit Consent</p>		
<p>Recommendation 14: Improve the service experience for Adult Disability Payment clients and third-party representatives interacting with Social Security Scotland on their behalf by:</p> <ul style="list-style-type: none"> (a) developing an understanding of any differences in the implementation of implicit consent (as used by the DWP) and unavailable consent (as used by Social Security Scotland) to ensure third party representatives can receive equivalent standards of service from both (b) assessing the consistency of the implementation of the current guidance on unavailable consent to ensure it is aligned with the policy intention and updating it where necessary, and (c) using learning from the 'interacting with third-party representatives' pilot to consider the merits of a third-party escalation route; to update policy and guidance about how declarations and third-party mandates are obtained and to ensure that the way in which mandates are obtained reflect the published policy and guidance 	<p>Para 33 may refer to this recommendation but text is unclear.</p> <p>Para 23 may refer to rec 14b and 14c.</p>	<p>discusses verification for local authority corporate appointee process, so unclear if a direct response to recommendation 14.</p> <p>Para 23 discussion of training and guidance may be relevant.</p>
<p>Decision making</p>		
<p>Recommendation 15: For Social Security Scotland to continually assess how one can balance the need for fairness and equity with the discretion that is inherent in the determination process</p>	<p>Para 23 may refer to this recommendation but text is unclear.</p>	<p>Social Security Scotland continually updates training and guidance.</p>
<p>Recommendation 16: For the decision-making training and guidance to be reviewed to ensure that undue weight is not given to how a person manages pain or whether they have access to clinical support or therapy.</p>	<p>Para 22 Implement within three months</p>	<p>One of four recs specifically on Decision Making Guidance</p>
<p>Recommendation 17: For each letter from Social Security Scotland to be stand-alone so there is no need to cross reference with other correspondence and put the date of the correspondence on every page when sending letters to clients.</p>	<p>Para 34 Consider further</p>	<p>Could improve clarity, but may also result in repeated information or significantly longer letters. Will be reviewed.</p>

Reliability Criteria

Recommendation	Scottish Government response	
Recommendation 18: Ensure rigorous application of the reliability criteria to ensure consistency in the decision-making approach	Para 23 may refer to this recommendation but text is unclear.	Social Security Scotland continually updates training and guidance.
Recommendation 19: The reliability criteria should be explained clearly both in promotional materials, at the start and throughout the application process with more examples, so that clients understand its importance and have a clear understanding of how it is applied in making decisions.	Para 36-38 Consider further	ADP application form will be reviewed.
Recommendation 20: Make clear in decision-making guidance and in training that the inability to complete one activity reliably may be relevant to whether or not a client can complete other activities and should be proactively considered by case managers.	Para 22 Implement within three months.	Two of four recs specifically on Decision Making Guidance
Recommendation 21: Social Security Scotland should ensure that explicit reference is made to the reliability criteria in all decision correspondence, so that clients and representatives can understand if, and how, the criteria have been applied	Para 34 Consider further	Could improve clarity, but may also result in repeated information or significantly longer letters. Will be reviewed.
Recommendation 22: To ensure that the outcomes of caselaw decisions are reflected in decision-making guidance and training	Para 22 Implement within three months	Three of four recs specifically on Decision Making Guidance
Case Discussions		
Recommendation 23: To review the training and guidance available in relation to decision-making to ensure there is no bias in the system when considering mental health problems as opposed to physical conditions and to reinforce the point that an individual's condition is just one of many factors that the case manager needs to take into consideration when deciding upon an award.	Para 22 Implement within three months.	Four of four recs specifically on Decision Making Guidance
Recommendation 24: For Social Security Scotland to introduce a plan to clarify the approach they take to engage charities and specialist organisations in providing guidance and training to case managers and practitioners on specific disabilities or conditions	Para 24 Implement within three months	"Will continue to involve stakeholders in strengthening feedback mechanisms through clear engagements plans."
Consultations		

Recommendation	Scottish Government response	
Recommendation 25: For the initial choice of whether or not to have a consultation to be the client’s choice, rather than the case managers.	Para 25, 26 Implement within three months	“further work will ensure [clients] can request a consultation, in a format that suits them.”
Recommendation 26: For the initial choice of format for the consultation to be the client’s choice to ensure the client understands fully the options available and clients do not feel in any way compelled to default to the telephone route.	Para 26 Implement within three months	“further work will ensure [clients] can request a consultation, in a format that suits them.”
Redeterminations and appeals		
Recommendation 27: To consider how to mitigate the risk of removing an award, for example, by empowering case managers only to focus on the areas in dispute raised by the client if a new decision is likely to be disadvantageous and adopting the previous rationale for making a decision in those areas not in dispute.	Para 45 reject	Changing this could result in clients not receiving everything they are entitled to. Letters are clear that, at redetermination, an award may increase, stay the same or decrease.
Recommendation 28: For Social Security Scotland to improve re-determination timescales.	Para 46 Reject	95% of decisions are completed within statutory timescale. Reducing timescales could compromise accuracy.
Recommendation 29: For information about appeals, and re-determinations to be given more prominence on the front page of the determination letter	Para 27 Implement within three months	new ADP determination letter introduced by spring
Short Term Assistance		
Recommendation 30: To consider introducing automatic awarding of short-term assistance with an opt-out clause to acknowledge a client’s right to choose.	Para 48 Reject	Current approach supports flexibility and client choice. Will continue to raise awareness of STA.
Recommendation 31: Provide more detailed guidance on what qualifies as a change of circumstance; the reasons why reporting a change of circumstance is important and provide examples to illustrate the types of situations when it might be necessary.	Para 35 Consider further	“Clients already receive this information at a level intended to ensure understanding without overload.”
Effect of time in hospitals or care homes		
Recommendation 32: To re-visit the eligibility rules in respect of cessation of Adult Disability Payment if 28 or more days are spent in hospital.	Paras 28-30 Implement within three months.	Will revisit this policy across all disability assistance.

Recommendation	Scottish Government response	
Automatic entitlement		
Recommendation 33: For consideration to be given to granting automatic entitlement to Adult Disability Payment when satisfying certain conditions or being in receipt of other forms of assistance without having to satisfy the qualifying period.	Paras 39 – 41 Consider further	Would be a significant departure from current process. Research needed before deciding whether to proceed. Clients may be misunderstanding the qualifying period.
Award periods and Reviews		
Recommendation 34: As part of Social Security Scotland’s quality assurance process, review a selection of determination letters to assess how effective or otherwise the communication is in relation to the award duration and/or consider using the client survey to gather feedback on decision making and communication in this regard.	Para 27 Implement within three months	new ADP determination letter to be introduced by spring 2026

Table 3: A Learning System

Recommendation	Scottish Government Response	
Communication		
Recommendation 35: Social Security Scotland to consider updating the suite of guidance available to clients to ensure information is always available in Braille, BSL, Easy Read, other commonly used languages and other accessible formats.	Para 52 Reject	Organisations prefer to produce their own tailored materials when needed. Keep under review.
Recommendation 36: Social Security Scotland to review its inclusive communication practices with a view to ensuring there are no barriers to people with communication needs applying for Adult Disability Payment.	Para 49 Implement within three months.	Will soon launch an ‘inclusive communication pack’
Recommendation 37: To consider providing a point of contact to improve trust and ensure a more personalised and accessible route to two-way communication throughout the application and re-determination process.	Para 54 Reject	As ADP is a lifelong benefit, clients interact with Social Security Scotland at many points over time, involving different tasks carried out by different teams.

Recommendation 38: For Social Security Scotland to set out whether it intends to highlight and make more prominent the option to request written translations of determination and redeterminations letters to ensure the needs of minority communities are better met.

Para 53

Current demand suggests good awareness but will keep under review.

Reject

Recommendation 39: For Scottish Government and Social Security Scotland to build capacity for policy makers and front-line staff to undertake training on stigma particularly as it relates to for example, poverty, inequality, race, and gender identity

Para 50

implemented as part of Disability Equality Plan 2025 to improve disability competence across the organisation.

Implement within three months.

Table 4: A Better Future

Most recommendations in this section are deferred with a general explanation given in para 55, rather than each recommendation being addressed individually.

Recommendation	Response
Alternatives to a points-based system	
Recommendation 40: As recommended in the interim report, confirm if Social Security Scotland intends to consider how to make the activities and descriptors and associated points more prominent and accessible for applicants.	Para 55. Defer.
Recommendation 41: Taking on board the findings from this Review, undertake a thorough review of the eligibility and decision-making criteria to: (a) move from a deficit-based system based on assessing what people are unable to do to a system that acknowledges a human rights based social model of disability, places the emphasis on impact and outcome and supports equal participation in society (b) ensure the activities and descriptors reflect modern life (c) adopt a more individualised decision-making approach providing an opportunity for a person to describe their whole life and describe in a less restrictive format the ways in which their disability or impairment impacts on their daily life (d) address the anomalies in the points being awarded per activity and consider the use of weighting to ensure activities are not assessed in isolation.	Para 55. Defer
Fluctuating needs and the 50% rule	
Recommendation 42: Replace the 50% rule with improved application of the reliability criteria and a more person-centred process that allows people to define how they manage on their worst days and the resulting impact on other days.	Para 55. Defer
Recommendation 43: Improve the questions asked of applicants within the application process to account for variability, triggers and actions taken to manage conditions.	Para 55. Defer
Recommendation 44: Case managers and practitioner training and associated training materials should be regularly refreshed with a focus on ensuring consistency in the decisions being made and further understanding of the impact of the fluctuating condition on the life and wellbeing of the client	Para 22 Implement within three months.

Substantial risk

Recommendation 45: Consider the introduction of a substantial risk provision for people who fail to score points to qualify for an award of the daily living or mobility component of Adult Disability Payment if not making an award would pose a substantial risk to the physical or mental health of the person

Para 55. Defer

Daily Living Component

Recommendation 46: For the 'preparing and cooking a simple meal' activity to be reviewed: (a) so that it adequately captures that quick simple meal preparation is not always the best approach for people with specific dietary needs, food insensitivities, eating disorders and those experiencing resulting pain or fatigue (b) so that the ability to shop for food is included.

Para 55. Defer

Recommendation 47: For the taking nutrition activity to be reviewed to consider the nutritional content of the food being consumed, being sensitive to the fact that 'nutritional value' needs to be appropriate to an individual's situation and help them to better manage their health.

Para 55. Defer

Recommendation 48: To consider the particular needs of people living with eating disorders especially in relation to the 'preparing food' and 'taking nutrition' activities.

Para 55. Defer

Recommendation 49: For the 'managing a therapy or monitoring a health condition' activity to be reviewed so that: (a) reinforcement of consideration being given to the need for therapy (rather than whether it is in fact provided) being the determining factor, whether inside or outside of the home environment (b) consideration is given to the inequality of access to diagnosis and forms of therapy (c) therapy, whether obtained through public (such as the NHS or local authority) or private means (including private healthcare, therapy or community resources), qualify for the purposes of this activity as 'therapy'.

Para 55. Defer

Recommendation 50: For the 'washing and bathing' activity to be reviewed so that (a) the outcome of not being able to maintain personal hygiene is the determining factor and not the ability to undertake a particular activity (b) the particular issues related to having an eating disorder are considered (c) 'managing intimate hygiene' is included in the activity descriptor and considered when making an award.

Para 55. Defer

Recommendation 51: For the 'dressing and undressing' activity to be reviewed so that consideration is given to: (a) the outcome and/or impact of not being able to dress or undress rather than solely the functional tasks involved (b) the potential psychological constraints of dressing and undressing (c) removing the distinction between dressing the lower and upper body.

Para 55. Defer

Recommendation 52: Revisit the current narrow definition of 'overwhelming psychological distress' to seek clarity on the extent to which anxiety means, for example, that a client cannot follow a route safely or to an acceptable standard; or how the stress of interacting with other people results in social isolation.

Para 55. Defer

Recommendation 53: For the Decision-Making Guidance on ‘engaging with other people face to face’ activity to be amended to take into account the mental health impacts that engaging with others involves for people who are clinically vulnerable to infection.	Para 22 Implement within three months
Recommendation 54: For clients who have an appointed financial guardian to receive automatic entitlement to the maximum number of points in the ‘making budgeting decisions’ activity	Para 55. Defer
Mobility Component	
Recommendation 55: To review the ‘planning and following journeys’ part of the mobility component to: (a) clarify the language used (b) clarify the definition of orientation aids (c) provide more clarity to clients and case managers on the definition of ‘overwhelming psychological distress’, which respondents found to be limiting, subjective and unclear (d) ensure the criteria does not remain overly focused on physical ability and takes into account mental health problems and delayed impact (e.g. pain, fatigue, cognition) (e) better include the impact of variable or fluctuating conditions (f) consider environmental factors, public transport routes and difficulties that might arise during a journey (g) take into account the frequency and routine of how often people leave their home (h) better understand clinical risk management (i) account for the impacts of bowel and bladder conditions that may cause incontinence	Para 55. Defer
Recommendation 56: Review the eligibility criteria for the mobility component to remove reference to a fixed distance and replace it with: (a) the real-life experience of the client (b) their living environment inside and outside of the home (c) availability and accessibility of public transport (d) whether or not they use aids to assist them in moving around (e) the impact of moving around and exertion (e.g. fatigue, post-exertional malaise, breathlessness and pain).	Para 55. Defer
Recommendation 57: Review the guidance and training for case managers and practitioners to ensure improved understanding and accommodation of issues such as delayed impact, exhaustion, pain and anxiety	Para 22 Implement within three months
Recommendation 58: To consider any learning and/or good practice from the Blue Badge scheme in relation to establishing a person’s mobility needs.	Para 55. Defer