



Social Justice and Social Security Committee
Thursday 27 November 2025
31st Meeting, 2025 (Session 6)

Adult Disability Payment

The Committee will hear first from:

- Edel Harris OBE, Former Chair, Independent Review of Adult Disability Payment

And then from:

- Stephen Boyle, Auditor General, Audit Scotland
- Erin McGinley, Senior Auditor, Performance Audit and Best Value, Audit Scotland

Introduction

This session will hear from two panels to consider two recent reports on ADP:

- [Independent Review of ADP](#), published July 2025
- [Audit Scotland's Adult Disability Payment](#), published September 2025

The Committee heard from [Edel Harris on 11 September](#) as part of its pre-budget scrutiny. Today's session will allow for a more in-depth discussion of her report, focusing on broader issues rather than only on spending implications.

Audit Scotland presented their report to the [Public Audit Committee on 1 October](#), following which that Committee heard from [Edel Harris on 5 November](#), and the [Scottish Government and Social Security Scotland on 12 November](#). The suggested themes take account of those discussions. Following these discussions the Public Audit Committee [agreed to write](#) to the Social Justice and Social Security Committee. At time of writing that letter hadn't yet been received.

Background

Independent Review of ADP

The Independent Review of ADP made 58 recommendations under four main themes. The suggested 'themes for discussion' below are also organised around these four main themes and the recommendations are provided in full in the Annex to this paper. The review was established to consider changes that might be needed

to ADP once case transfer was completed. [Everyone in Scotland who got PIP had been transferred to ADP by August this year.](#)

The review considered people's experiences of ADP, processes in applications and decision-making as well as the eligibility criteria. It also took account of the Scottish Government's 2023 [consultation on the mobility component](#).

The remit did not extend to considering adequacy of payments, supporting information, duration of awards, reviews or alternative forms of mobility support. Nor did it consider alternatives to delivery by Social Security Scotland.

Committee Pre-budget report

The Committee reflected on the Independent Review in its Pre-budget report, drawing the following conclusions:

159. Edel Harris OBE said there is insufficient information available about the impact of ADP on people's lives, or on how many disabled people there are in Scotland. She made the point that if ADP is designed to provide financial support for the additional costs of disability, it would be helpful to have more information about what those costs are. The Committee asks the Scottish Government for details of how it will improve the information gathered on the number of disabled people in Scotland and the impact of ADP on their lives.

160. It is clear this data gap highlighted by Edel Harris is persistent, given that analysis presented to the Committee in March 2024 found there is not a "source of quantitative data that can provide robust enough evidence on additional costs [of disability] in Scotland".

161. The Committee asks the Scottish Government to provide details of the research it has undertaken regarding how ADP fits within the wider support available for disabled people, given Audit Scotland's view that the current approach is "fragmented".

162. Organisations including the Free Church of Scotland, the ALLIANCE and Disability Equality Scotland have recommended increasing or reviewing the adequacy of disability and carer payments. The Committee asks the Scottish Government to provide information on any work being carried out on this issue.

The Scottish Government will respond when the Scottish Budget is published in January.

Audit Scotland report on ADP

Audit Scotland considered the following questions

- How well are the Scottish Government and Social Security Scotland managing and assessing ADP?

- How well are they managing the financial and non-financial consequences of their approach?
- To what extent is the Scottish Government considering how ADP is contributing to overall efforts to improve outcomes for disabled people?

The Audit Scotland report did not consider eligibility criteria or adequacy of payments.

The recommendations were summarised by Stephen Boyle in evidence to the Public Audit Committee on 1 October:

“It recommends that the Scottish Government enhances its performance reporting, collects better data on client satisfaction and cost effectiveness and publishes a disability strategy next year, which should primarily show how the adult disability payment is working alongside other measures to support disabled people in Scotland.” ([PAC Official Report, 1 October 2025, col 3](#)).

Public Audit Committee Consideration

The Public Audit Committee has considered the Audit Scotland report twice (on 1 October and 12 November) and considered the Independent Review on 5 November. The following summarises some of the key themes discussed.

Issues discussed [when Edel Harris gave evidence to the Public Audit Committee](#) on 5 November included:

- **Cost implications:** That implementing the recommended changes to eligibility would likely increase costs. PAC members questioned whether the current forecast costs are sustainable, even before considering the recommendations of the independent review.
- **Measuring impact.** That it would be helpful to measure the impact ADP has on poverty and enabling people to live independent lives, as well as measuring the impact of the values and principles – dignity, fairness and respect.
- **Stressful processes.** That the biggest frustration for clients in ADP is the application form – particularly the technology and phrasing of questions. Although the ‘points’ system is widely disliked, Ms Harris reflected that ‘I could not find an alternative to them’ (5 November, col 42).
- **A person centred and trauma informed approach** is recommended, which would ‘build on the good foundations that are already there’ in ADP
- The **Timms Review** could result in changes to funding via the PIP BGA, although Stephen Timms has said it is not intended as a cost-cutting exercise.
- Edel Harris stated that she agreed with all the recommendations in the Audit Scotland report (5 November, col 47).
- In terms of her own recommendations, she thought that several could be implemented fairly easily with limited cost and would enhance client experience. Of the recommendations under ‘a better future’ the key two are removing the fixed distance in assessing mobility and replacing the 50 per

centre rule with an improved application of the reliability criteria (5 November col 48).

On [1 October the Public Audit Committee heard from Audit Scotland](#) on their report on ADP. Points raised included:

- The impact of the **eight statutory principles** on client experiences of ADP
- The need to establish estimates of the value of **fraud and error** in the system. This is currently being developed.
- How a less onerous and more supportive approach increases costs, and that **more data** is needed to understand this.
- The need to have a plan for how the Scottish Government will fund the **difference between ADP spend and the PIP BGA**.
- The need for **scenario planning** for the impact of potential changes to the forecast due to UK policy changes.
- **Caseload increases** due to both increases in the numbers of disabled people and the more supportive approach encouraging applications.
- The need for more detailed data and **analysis of client satisfaction** and the 'end to end' journey from application to appeal outcome.

On [12 November the Public Audit Committee](#) heard from Scottish Government officials and Social Security Scotland. Points made included the following:

- **Response to reports:** Asked whether the Scottish Government accepted Audit Scotland's recommendations, officials said that they recognised the findings and would consider them alongside other reports, including the Independent Review of ADP. The Scottish Government will respond to Edel Harris's report by 1 February.
- That **value for money** means both 'public value' in terms of improving health and reducing poverty as well as running an efficient system. The disability benefits evaluation strategy is being refreshed, and it's intended it will include consideration of outcomes.
- That **application rates are steady** now, following an initial spike when ADP first launched. Caseload growth has now steadied and is comparable to PIP. Similarly, approval rates are now comparable to PIP.
- The **'funding gap'** set out in the Audit Scotland report is based on the UK spring statement. The position has changed, and it would be reasonable to estimate a smaller gap between ADP spend and PIP BGA. Scottish Government officials noted that funding is considered 'in the round' looking at the totality of resources available across all policy areas and social security is fully funded within the Scottish budget
- There isn't an estimated **take-up rate** for disability benefits – either in Scotland or at UK level. While there is data on the number of people who self-

identify as disabled, this is not the same as estimating how many people match the eligibility criteria for ADP or PIP.

- The agency has counter-**fraud** measures in place and pursues individual cases. A separate issue, as Audit Scotland highlight, is that they are working on estimating the financial value of fraud and error in the system as whole.

About ADP

The Independent Review makes recommendations on the detail of ADP. The following is a brief reminder of the key features of eligibility.

ADP has a mobility component and a daily living component either of which can be awarded at a higher or lower rate. The rate awarded is based on a points system.

Points are scored under the 10 'Daily Living' activities and the two 'Mobility' activities. Each activity has several 'descriptors' with points attached.

For each activity, a person scores the points for the descriptor that best matches their level of ability.

For example, under the 'Preparing Food' activity there are six descriptors. These include

- 'Preparing food unaided' scores 0 points
- Need prompting to be able to either prepare or cook a simple meal scores 2 points
- 'Cannot prepare and cook food' scores 8 points

The points scored under all the Daily Living activities are added up. A total score of 8 is needed for the lower rate of Daily Living component, and a total score of 12 is needed for the higher rate.

Similarly, the points scored under both mobility activities are added up. A total score of 8 is needed for the lower rate of the Mobility component, and a total score of 12 is needed for the higher rate.

When deciding which descriptor is the best match, the 'reliability criteria' require that, the person must be able to undertake the activity

- safely,
- to an acceptable standard,
- repeatedly, and
- within a reasonable time period.

ADP is for those with long-term conditions. Therefore, the above descriptors must apply for at least a year and they must apply on at least half the days of a year (known as the '50% rule').

These rules are the same in Personal Independence Payment (PIP, which ADP replaced in Scotland). Key differences are that ADP has:

- a different definition of terminal illness,
- a more light-touch approach to reviews,
- no 'functional assessments'. Social Security Scotland only hold consultations if there is no other way of making a decision. In comparison, everyone applying for PIP gets a functional assessment.
- 'Short Term Assistance' paid during re-determination and appeal
- A strong emphasis on an ethos of 'dignity and respect'

In [2021, the Scottish Fiscal Commission forecast](#) that these differences would result in around £529m more being spent on ADP in 2026-27 than if PIP had continued.

Spending and caseload

ADP spending makes up just over half of the spend on all devolved social security. (53% in 2025-26).

Spending is forecast to increase from £3.6 billion this year to £5.4 billion by 2030 ([SFC, update June 2025](#)).

Caseloads are increasing. The number of people receiving ADP in Scotland is forecast to increase from 529,000 this year to 703,000 in 2030/31.

The most common condition for people receiving ADP is 'mental and behavioural disorders' (40% of caseload) followed by Diseases of the Musculoskeletal System and Connective Tissue which accounted for 24% of the caseload. ([ADP statistics to July 2025](#)).

Suggested themes for discussion

The suggested themes follow the chapter headings of each report.

Panel 1: Independent Review of ADP

Theme 1: A people's service: engagement and take-up

The independent review made 9 recommendations under this theme. It found 'evidence that learning from Client Surveys and Clients Panels, and advice from the Disability and Carer Benefit Advisory Group had informed policy and processes. However, the report notes that

"despite all this engagement and consultation some people and stakeholder organisations don't feel heard" [...] "and are growing tired of repeated conversations." (p.26)

Under this theme the independent review found:

- That despite extensive engagement, many people don't feel heard.
- Estimating eligibility and take-up is very challenging.
- Stakeholders consider that Social Security Scotland do not take a trauma-informed approach.
- Links with other services at a local level could be improved.
- There is low awareness of Local Delivery Service and VoiceAbility advocacy, but those that used the service valued it.

The nine recommendations under this theme covered the client voice, improving take-up and support to make applications. The full text of recommendations is provided in the annex.

Members may wish to discuss:

1. **The Independent Review refers to a 'risk of disengagement and damaged trust' if people don't see their feedback leading to change. How do we get the right balance between ensuring ongoing client engagement and avoiding 'repeated conversations' that do not lead to change?**
2. **The Scottish Government has a benefit take-up strategy. What needs to change in that strategy to ensure everyone entitled to ADP receives it?**

Theme 2: Processes that work: applications and decision-making

The Independent Review found that people's overall view of Social Security Scotland was positive but noted that people also described:

“frustrations with some of the processes adopted by Social Security Scotland namely the application process, providing supporting information, processing times, lack of communication, telephone response times, third party mandates, inconsistent decision-making, lack of understanding of particular disabilities or conditions and the fear of losing an award if considering a redetermination request.” (p.42)

Ms Harris spent time shadowing case managers and commented that:

“what particularly stood out to me was approaching decisions from a position of trust” (p. 56).

There were 25 recommendations under this theme. Covering issues such as: - reviewing the application form, reducing decision-making and call waiting times, develop a ‘track your application’ portal, improving arrangements for third-party representatives, continually review the balance between equity and discretion in decision making, ensuring rigorous application of the reliability criteria, reviewing guidance to ensure no bias against mental health problems, giving clients the choice whether to have a consultation, considering automatic awards of Short Term Assistance, providing more detailed guidance on what counts as a ‘change of circumstance’, re-visiting the rule that ADP stops after 28 days in hospital, and considering automatic entitlement to ADP when satisfying certain conditions.

The recommendations cover a lot of ground – the following looks at consultations, consistency and mental health.

Consultations

One issue discussed in the review is the role of consultations. Everyone applying for PIP gets an assessment, but only around 5% of people applying for ADP get a consultation. It is only used when there is no other way of getting the information needed to make a decision. This has been highlighted by the Scottish Government as one of the main policies distinguishing the two systems. The review commented that:

“There is universal praise for the cessation of DWP-style assessments.”

At the same time, some people:

“would have appreciated the opportunity to speak to a case manager. In some cases, this was because writing down all the relevant information in an application form was difficult and in other cases people thought it would speed up the process if they had the opportunity to speak to someone directly.”

The review commented that:

“It appears that more can be done to balance the benefit of in-person interactions with the fears associated with previous DWP practices to get the process right for the individual in a way that gives them the best opportunity to convey vital information.”

The review recommended that the client should have the choice whether to have a consultation (recommendation 25) and the format it should take (in person, video link, over the phone etc) (recommendation 26).

Consistency in decision making

The review described how:

“Some welfare rights advisers, [...] stressed a lack of consistency in how Social Security Scotland made decisions, but there was little evidence provided to substantiate this. Welfare rights advisers from Citizens Advice Scotland told me that there is a greater level of unpredictability in the ADP process compared to PIP. They are finding it difficult to clearly see rationale in some of the determination letters.”

The review described Social Security Scotland’s quality assurance process as ‘very thorough’ although there were ‘examples where re-determination decisions varied considerably from the initial case managers decision.’ ‘This may be due to additional information, or differing interpretation of the criteria.

The review commented on getting the balance right between consistency and allowing case managers flexibility:

“In the context of a system that allows ‘discretion’ it is likely that decision-making will continue, at times, to be inconsistent. The ongoing challenge for Social Security Scotland in this regard is to continually assess how one can balance the need for fairness and equity with the discretion that is currently applied.”

The review recommended that:

“Social Security Scotland continually assess how one can balance the need for fairness and equity with the discretion that is inherent in the determination process” (Recommendation 15)

Mental health conditions

The latest statistics for ADP show that 40% of people receiving it have mental health conditions as their main disabling condition. However, the review describes peoples’ view that mental health is less well-recognised compared to physical disabilities:

“People often told me that they believe there is a difference in how their physical versus mental health symptoms are assessed, despite the psychological symptoms having the most detrimental impact on their life.”

In addition:

“Respondents to the Social Security Scotland 2023/2024 Client Survey described discrimination against particular health conditions, especially those that relate to mental health or ‘invisible’ disabilities.”

The review recommended that the training and guidance on decision-making is reviewed to “ensure there is no bias in the system when considering mental health problems” (recommendation 23).

Another issue raised around this theme was that the stress of applying and the long waits for decisions can have a detrimental impact on mental health.

The activities and descriptors are considered under the theme ‘A Better Future’, but a key theme was the difficulty applying them to certain types of condition, including mental health problems. (This point was also raised in relation to fluctuating conditions or other specific conditions like Long Covid, ME/CFS and autism spectrum disorder).

Members may wish to discuss:

- 3. The report describes stakeholder views that ADP decisions can appear inconsistent. How concerned were you about inconsistent decision-making?**
- 4. The Independent Review reported the view of stakeholders that ADP is overly focused on physical disabilities. However, ‘mental and behavioural disorders’ is the primary disabling condition for 40% of the caseload. How well do you think ADP recognises mental health issues?**
- 5. The Independent Review reported clients’ positive view of consultations. Would greater use of consultations improve decision-making? Is poor experience of PIP assessments preventing the use of what could be a very useful part of decision-making?**

Theme 3: A Learning System

Both Audit Scotland and the Independent Review discuss how ADP can be improved by acting on data and feedback from clients.

The Independent Review found:

“a genuine intent from Scottish Government and Social Security Scotland colleagues to listen to feedback, embed the learning and adapt policy and practice whilst acknowledging that there is still some way to go to realise all the ambitions set out in the Charter.”

There were five recommendations under this theme with a focus on communication. These are listed in the annex.

One issue discussed was the need for updates and a named point of contact. The report states that:

“I heard consistently throughout the course of the Review that clear and accessible communication to clients at the outset, with a named point of contact would improve trust and efficiency.” Although “it is evident why having a named point of contact may be operationally challenging; however the point of having a more personalised and accessible route to two-way communication through the application and re-determination process is worthy of consideration.”

Members may wish to discuss:

- 6. The Independent Review found that people want more personalised and accessible communication with Social Security Scotland. How important is this for people and how can this be achieved?**

Theme 4: A Better Future – changes to eligibility

Under the theme ‘A Better Future’, the Independent Review set out 18 recommendations covering a wide range of issues related to the eligibility criteria. Recommendations varied from quite technical, detailed recommendations on activities and descriptors to those raising more fundamental issues about the design of ADP. When Edel Harris attended Committee on 11 September, she highlighted recommendations 41, 42, 55 and 56. These concern:

- A review of the eligibility criteria to create a more individualised system, more reflective of modern life and based on the social model of disability (recommendation 41)
- Replace the ‘50% rule’ with better application of the reliability criteria (recommendation 42)
- Review the ‘planning and following journeys’ activity (recommendation 55)
- Remove the reference to fixed distances in the criteria for the mobility component (recommendation 56)

Some of the other key themes are summarised below.

- consider a ‘substantial risk’ provision, for those who fail to score enough points but who, on balance, whose health would be at substantial risk if the payment wasn’t made (recommendation 45)
- recommendations 46 to 54 call for specific changes to the ‘daily living’ activities. This includes, for example:
 - Consider the needs of people with eating disorders in the ‘preparing food,’ ‘taking nutrition’ activities ‘washing and bathing’ activities.
 - Consider the outcome/impact of not being able to dress or undress rather than solely the functional tasks involved.

- In 'engaging with others socially' consider the definition of 'overwhelming psychological distress' and the mental health impact on that engaging with others involves for people who are clinically vulnerable due to infection.
- Recommendations 55 to 58 relate to the two mobility activities – 'moving around' and 'planning and following journeys'. Recommendations include:
 - Remove the specific distance thresholds, ensure greater consideration of the impact of fatigue, pain and anxiety, and consider the approach taken to assessing Blue Badge eligibility.
 - Review the 'planning and following journeys' criteria. For example; to ensure better reflections of fluctuating conditions, the impact of fatigue, mental health conditions, and consider public transport routes and difficulties that might arise during a journey.

The following looks in more detail at modernisation, the 50% rule and mobility.

Modernisation

The review describes how life has changed since the PIP criteria were designed in 2013, noting how, for many disabled people, digital innovations have "fundamentally altered how they communicate, work and live." The review therefore recommends a thorough review of the eligibility criteria (recommendation 41), including:

- (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.

The '50% rule' and fluctuating conditions

The '50%' rule has been controversial amongst stakeholders since PIP was introduced. It requires that, in order to score points under a specific descriptor, it must apply on at least half the days of a year. The report describes how:

"People with unpredictable conditions, for example ME, multiple sclerosis (MS), or epilepsy, may not always have acute symptoms that fit neatly within this rule. Nevertheless, they require support when symptoms do occur and/or because they manage their condition or disability in a way that results in them

needing support irrespective of the amount of time they are experiencing an issue.”

The review recommended replacing the 50% rule with better application of the ‘reliability criteria’. These are, that any activity must be able to be undertaken: safely, to an acceptable standard, repeatedly, and within a reasonable time period.

Mobility Activities

The ‘20 metre’ rule has been criticised by stakeholders since PIP was introduced, and the Scottish Government [held a public consultation on the issue in 2023](#). This gathered peoples’ views and informed the independent review of ADP.

To qualify for the higher rate mobility component it is necessary to score 12 points.

Not being able to stand and then move more than 20 metres scores 12 points.

If a person can move more than 20 metres, they may qualify for the higher rate if they also score points under the ‘planning and following journeys’ activity to achieve a total of 12 points.

For example:

- Stand and move no more than 200 metres (4 points)
- Cannot plan the route of a journey (8 points)

As with all the descriptors for ADP and PIP, these are subject to the reliability criteria (undertaken: safely, to an acceptable standard, repeatedly, and within a reasonable time period).

The Independent Review criticised the use of an ‘arbitrary threshold’ saying:

“Whilst I recognise there needs to be a way to determine a person’s mobility needs, I do not consider that the strict application of arbitrary measurements is the best way to do this. A more flexible approach should be taken which, rather than setting distances, considers a person’s ability to move around their own home, local areas, and the places they may frequent in daily life.”

The review stated that the mobility criteria should also account for pain and exhaustion, and “whether there is reliable access to facilities such as toilets and comfortable rest stops.” (p.133).

Members may wish to discuss:

- 7. The report discusses stakeholder views that ADP should take a more personalised, holistic approach to deciding eligibility. To what extent would this result in more subjective decision-making and higher administration costs?**
- 8. The report discusses how activities and descriptors need to better reflect modern life and be more grounded in the social model of**

disability. What do you think are the main changes since 2013 that require the activities and descriptors to be changed?

- 9. Rather than extensive re-design of the activities and descriptors, could many of the weaknesses of the current eligibility criteria be addressed by ensuring that the reliability criteria were properly applied?**
- 10. The report recommends replacing the '20 metre rule' with criteria related to the real-life experience of the client, their living environment, availability of public transport, whether aids are used and the impact of exertion (recommendation 56). How do you envisage this far more holistic approach working in practice?**

Panel 2: Audit Scotland

Theme 1: Implementing ADP

The first theme in Audit Scotland's report is 'implementing ADP' (paras 14 to 33). The report discusses:

- Designing systems in consultation with those with lived experience.
- Governance and case transfer to ADP.
- The gathering and use of feedback through, for example, the Client Survey and charter measurement framework.

Audit Scotland highlighted that ADP has been implemented well, with new systems established and clients successfully transferred from DWP to Social Security Scotland.

Within generally positive client feedback, Audit Scotland highlighted some areas of concern. For example, the report referred to only 25 per cent of 'partner organisations' think that Social Security Scotland acts on feedback (para 28) and only 48% of case transfer clients felt supported during the process (para 27).

In the 2024-25 survey 70% of ADP recipients rated their overall experience as good or very good, which is lower than for ADP case transfer (76%) and lower than all other benefits except Job Start Payment (68%). The scores for all other benefits were 80% or higher. (Table 3.2, 2024-25 client survey).

In the 2024-25 survey 75% of ADP recipients agreed or agreed strongly that Social Security Scotland 'treated me with dignity' and 69% that the agency 'treated me fairly.' (Table 3.5, 2024-25 client survey).

Audit Scotland recommends

"Social Security Scotland should investigate less positive scores, such as feeling supported, to identify lessons learned for future benefits or required changes to existing benefits processes." (para 31)

Audit Scotland recommended that Social Security Scotland and the Scottish Government:

- Define acceptable levels of client satisfaction, build them into evaluation reporting and analyse to identify reasons for change.
- Add dignity, fairness and respect indicators more clearly into performance framework.

Existing measures of performance include the [Charter Measurement Framework](#) which includes 65 separate indicators, drawn from Client Surveys, staff surveys, administrative statistics and evaluations. The Charter itself is reviewed every five years and approved by the Parliament. It was last reviewed in 2023/24, and [considered by this Committee on 6 June 2024](#). The measurement framework was reviewed at the same time, “to reduce duplication, focus on meaningful reporting, and to more closely reflect the commitments in the revised Charter.”

Social Security Scotland published a [Quality and Performance Framework](#) in July 2025 comprising a Performance Framework and a Benefit Delivery Quality Framework. This states that:

“The Quality and Performance Framework ensures that an evidence base on performance is available, demonstrating value for money and achieving added public value.”

The Performance Framework outlines performance outcomes for Social Security Scotland and provides a comprehensive directory to our data and evidence on each of those outcomes.

The Quality Framework sets out how Social Security Scotland will achieve quality measures held within the Performance Framework within Benefit delivery.

The outcomes and evidence in the Framework will be used to report on performance alongside the 2025-26 Annual Report and Accounts, which will be published in Autumn 2026.

Audit Scotland also comment on the need to understand trends in client survey results. The 2024-25 client survey states that, “the bi-annual publications for specific benefit families (disability, family, carer and case transfer) will begin to include comparisons to previous periods.”

Members may wish to discuss:

- 1. What is Audit Scotland’s overall judgement on the way ADP has been implemented?**
- 2. There is a very detailed measurement framework designed to show how Social Security Scotland is performing against the expectations set out in the Charter. The agency has also published a quality and performance framework. Why does Audit Scotland think that additional performance measurement information is required?**

3. **Audit Scotland recommend defining acceptable levels of client satisfaction. How can this be done in a way that provides meaningful opportunities for improvement and avoids arbitrary target setting?**

Theme 2: Managing the consequences of a different approach

In their second theme, 'Managing the consequences of a different approach', Audit Scotland discuss spend 'above PIP BGA' and administrative spending in Social Security Scotland.

Administrative spending

Audit Scotland note that, at 4.9% of benefit spend, operational costs in 2024-25 have performed better than the target set of 6.3% (Audit Scotland para 54). The report discusses the 2023-24 client survey results, finding that

“more specific analysis is needed to understand which parts of Social Security Scotland’s approach to delivery ADP are making a difference to people’s experience” (para 70)

This improved analysis should then be linked to costs to:

“allow a better understanding of added value and cost-effectiveness.” (para 74)

In its pre-budget consideration this Committee has discussed whether Social Security Scotland ought to be able to identify the cost of specific administration processes – such as reviews. James Wallace (Scottish Government) told this Committee that:

“reviews are one part of what the agency does. The same individual will also analyse brand new applications for ADP as they come in. They may also be analysing applications for child disability payment and the SCP. It is difficult to break it down to a micro level and say what this small component of a much larger process costs; it is about cost allocation, which can become quite arbitrary” [Committee Official Report, 25 September, col 19](#)

Comparing ADP spend with PIP BGA

More is paid out in ADP than is received in the block grant adjustment for Personal Independence Payment. The Scottish Government describe this as their additional investment in ADP. It was always intended that the changes to how ADP was delivered would result in additional spending.

Audit Scotland discussed the additional spending on ADP compared to the PIP BGA, stating that:

“it is not clear how the funding gap will be met by the wider Scottish budget”

Audit Scotland stated that:

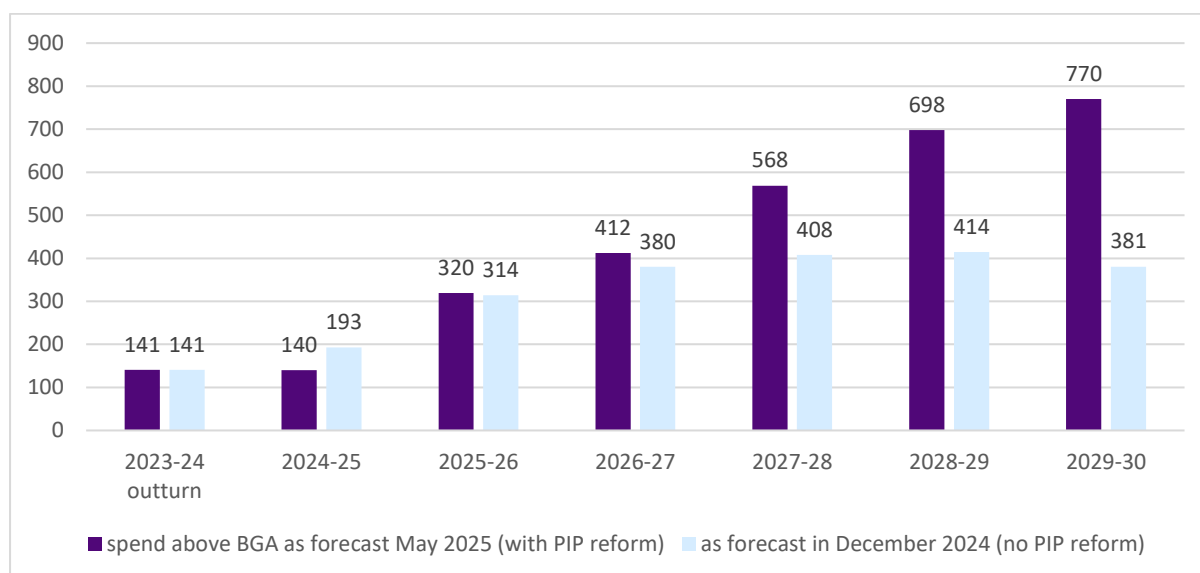
“The Scottish Government has not yet set out a detailed strategy for how it will manage the forecast gap between social security funding and spending within its overall budget. Furthermore, the Scottish Government does not have a clear strategy in place to manage risks arising from any UK decisions on benefit spending that could recued the size of the Scottish budget.”

Audit Scotland set out the financial position as it was in May – when ADP spend was forecast to increase from £320m ‘above BGA’ this year to £770m ‘above BGA’ in 2029-30 (Audit Scotland exhibit 4). Much of this increase was due to the proposed changes to PIP, which would have significantly reduced spending on PIP and therefore also reduced the PIP BGA. Since then, the PIP reforms have been shelved. Therefore, instead of a rapidly increasing gap between ADP spend and PIP BGA, a much more gradual and smaller increase is expected. However, if policy changes result from either the ADP independent review or the Timms review then that position could change again. Introducing policy change creates uncertainty.

The chart below compares the May 2025 and December 2024 forecasts of how much spending on ADP would exceed the funding received through the PIP BGA. The forecasts due in January 2026 are likely to be closer to the position set out in December 2024 than in May 2025.

The chart also shows that spending on ADP exceeded the PIP BGA by £140m in 2024-25 rising to £320m in 2025-26. This ‘gap’ of around £320m has already been worked into the Scottish Government budget. Without PIP reform that ‘gap’ is unlikely to increase substantially beyond £400m.

Chart 1: The impact of PIP reform on ‘ADP spend above PIP BGA’, £m



Scottish Fiscal Commission forecast evaluation

A key part of managing social security spend is setting out what factors contribute to changing levels of spending and assessing the accuracy of forecasts. Audit Scotland state that:

“The Scottish Government and Social Security Scotland must understand better the extent to which its policy choices, rather than demographic differences, are affecting costs and performance” (para 80)

And also that:

“Given the extent of the projected funding gap in the Scottish budget which relates to ADP, better data is needed on how performance measures and ADP cost drivers relate to each other. Understanding how much it costs Social Security Scotland to deliver ADP in the way that it does is critical to judge whether the return on performance is proportionate and acceptable.”

The Scottish Fiscal Commission update their forecasts twice a year, setting out why their forecasts have changed. They also publish an annual ‘forecast evaluation report’ looking in detail at how their ‘year ahead’ forecast differs from provisional outturn. For example, in August 2025, the [Scottish Fiscal Commission reported](#)

“Total spending on devolved social security in 2024-25 was £6.1 billion. This is 2 per cent below our forecast of £6.3 billion. This is in line with the average size of our relative errors since 2020-21.”

For ADP, outturn of £3,131m was 3% (£96m) below the forecast of £3,226m. This was due to:

“lower average payment awards partly offset by a slightly higher caseload.”

The SFC:

“made adjustments to allow for higher numbers of applications, lower application success rates, lower average payments, and fewer people leaving the caseload after an award review.

These changes have reduced our forecast in the short term. The net effect in later years has been to increase forecast spending on ADP, as the changes to our assumptions on award review outcomes build up more gradually but eventually outweigh the downward changes.”

Members may wish to discuss:

- 4. The report discussed the need to better understand the cost of how ADP differs from PIP – such as the different approach to reviews. During our pre-budget consideration, Scottish Government officials told this Committee that assigning costs to individual administrative processes, such as reviews, would essentially be ‘arbitrary’. Do witnesses agree?**
- 5. The initial costing for ADP made clear that there would be significant additional spend compared to continuing with PIP and the ‘year ahead’ forecast for ADP is within 3% of actual spend. To what extent would it be cost-effective to put a lot of additional effort into an even more detailed understanding of the drivers of spending?**

6. This year the Scottish Government is likely to spend around £320m more on ADP than it receives in PIP BGA, and this is already managed in the budget. By 2029-30 this gap is likely to be closer to £400m than the £770m forecast in May. To what extent does this alter Audit Scotland's conclusions on how the Scottish Government is managing the 'funding gap' for ADP?
7. We don't know what the Timms review will recommend, and we don't know which recommendations from the Independent Review will be taken forward in Scotland. This creates uncertainty for disabled people as well as financial uncertainty for the Scottish Government. What could be done to minimise the impact of that uncertainty?

Theme 3: ADP and wider outcomes

Audit Scotland state that:

"Overall, the Scottish Government's approach to supporting disabled people is fragmented. [...] It is not clear how ADP and other services work together and are considered within budget-setting. This is needed for a better assessment of the impact of ADP on disabled people's lives." (para 88)

They recommend that the Scottish Government should:

"In 2026, produce and publish a disability strategy for Scotland that considers how ADP works alongside other services and interventions and contributes towards meeting national outcomes. Once in place, there should be regular reporting including detailing how ADP spending is working alongside other spending to support disabled people and what difference it is making."

In its [Pre-budget Report](#) the Committee discussed the links between social security and other public service provision. Conclusions included that:

62. More complex analysis of how social security interacts with services to reduce poverty and increase health and well-being across the population is also essential and we ask the Scottish Government to provide details of the actions being taken to develop such analysis.

63. The Committee was concerned by Age Scotland's comments that local authorities, IJBs, health and social care partnerships can lack transparency and there is "limited accountability or responsibility". We would therefore ask the Scottish Government what work it is doing with these bodies to ensure decisions are more accountable and responsive to local needs, and that they do not undermine the stated objectives of the devolved social security programme.

66. It is crucial that social security spend supports those who need it. However, it is also crucial to aim for long term improvements to population health and wealth that would reduce the need for social security. The Committee asks the Scottish Government for further detail on its policy approaches for achieving these longer-term outcomes.

In June 2025, the Scottish Government published a [disability equality plan](#), and an evidence review is due to be published in the new year. The three priorities are:

1. Providing financial support for disabled households.
2. Supporting disabled people's full inclusion and participation in their lives, communities, and Scotland.
3. Improving Mental Health.

Members may wish to discuss:

- 8. What would be the practical impact of a less fragmented policy approach to supporting disabled people? How might it affect decision-making on social security policy?**
- 9. Audit Scotland's report states that the Scottish Government should consider social security and ADP spending as part of an equalities-based budgeting approach (para 105). Can witnesses expand on how such an approach might change social security spending?**

**Camilla Kidner,
Senior Researcher,
SPICe**

Date: 20 November 2025

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Annex: Recommendations from Independent Review

Theme 1: 'A people's service'

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.

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.

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.

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.

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.

Accessing pre-application advice and support

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.

Recommendation 7: Social Security Scotland to increase and improve the promotion of the Local Delivery service and the Independent Advocacy Service.

Recommendation 8: Introduce a dedicated route to speak to Social Security Scotland about Local Delivery and to book appointments.

Recommendation 9: Improve Local Delivery staff training to address a lack of awareness of certain conditions and the impacts they have on daily living.

Theme 2: Processes that work

Application

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

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.

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.

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.

Implicit consent

Recommendation 14: Improve the service experience for Adult Disability Payment clients and third-party representatives interacting with Social Security Scotland on their behalf by:

- (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) (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) (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

Decision making

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.

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.

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.

Reliability Criteria

Recommendation 18: Ensure rigorous application of the reliability criteria to ensure consistency in the decision-making approach.

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.

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.

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.

Recommendation 22: To ensure that the outcomes of caselaw decisions are reflected in decision-making guidance and training

Case discussions

Recommendation 23: To review the training and guidance available in relation to decisionmaking 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.

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.

Consultations

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.

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.

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.

Recommendation 28: For Social Security Scotland to improve re-determination timescales.

Recommendation 29: For information about appeals, and re-determinations to be given more prominence on the front page of the determination letter

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.

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.

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.

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.

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.

Theme 3: A Learning System

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.

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.

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.

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.

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

Theme 4: A Better Future

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.

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.

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.

Recommendation 43: Improve the questions asked of applicants within the application process to account for variability, triggers and actions taken to manage conditions.

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.

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.

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.

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.

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

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'.

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.

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.

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.

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.

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

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

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).

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

Recommendation 58: To consider any learning and/or good practice from the Blue Badge scheme in relation to establishing a person's mobility needs.