



Disability Living Allowance **Explained**



Disability Living Allowance (DLA) **Explained**

Following the Welfare Reform Act 2012, changes were made to the benefits people with disabilities are able to claim.

Children aged 15 or younger who need assistance with their care or their mobility can apply for Disabled Living Allowance, also known as DLA. People aged 16 to 64 can claim Personal Independence Payments (PIP) and people over the aged of 65 years can claim Attendance Allowance (AA).

The information contained in this brochure will help you to understand the criteria and application process for DLA. If you require any further information about DLA,

PIP or AA please don't hesitate to contact our welfare benefits adviser on 0330 995 6838.

The Basics

What makes you eligible to apply for DLA?

To be entitled to this benefit, the child must:

- Be aged between 0 and 15 and need assistance with care
- Be aged 3 to 15 and have difficulties getting around
- Have had the condition for three months
- Be expected to have the condition for a further six months
- Have needs which are greater than other children of the same age

DLA is not means-tested.

In 2012 the benefits cap was introduced. This limited the total amount of benefits a family could receive. Entitlement to DLA will exempt the family from the benefits cap.

How is entitlement awarded?

DLA is made up of two components:

- Care is paid at lower, middle or higher rate
- Mobility is paid at lower or higher rate

(The lower rate is only available from five years of age)

Calculating Distance

Thinking how far someone can walk can be difficult. Here are some helpful guides:

- An average adult step is just under one metre
- A double decker bus is approximately 11 metres
- 12 cars parked end to end with a small gap is approximately 50 metres
- Two full size football pitches measure approximately 200 metres

The Application

Where do you start?

To apply for DLA you can telephone the Department for Work and Pensions (DWP). Their telephone number for new applications is 0800 212 4600.

Alternatively, you can fill in a form online, print, sign and send to the DWP or you can print off a form, fill it in and send it to the DWP.

Be Aware! The full form is 76 pages long including notes, so you may want to just print the pages you need to complete.

We strongly recommend you read the guidance note pages as well as the application before you start to complete the form. The notes explain the terminology used in the form and provide examples to help you focus your answers.

How should you answer the questions?

DLA is not a points based assessment. It's important that your answers include as much information as possible whilst focusing on the question at hand.

For someone whose needs are pretty much the same every day, this can be straight forward. If the child has a condition or behaviour that fluctuates, or are better some days than others, describe how they are 50% or more of the time.

What happens once you've made the application for DLA?

Your claim should be dealt with within 40 days. This may be delayed if the DWP require any additional information.

Some children may be invited to an assessment of their needs.

If there's a medical or psychological reason that a child wouldn't be able to attend a medical assessment centre you can request the assessment is done at home. If you do request this, you'll be asked to provide evidence as to why this is required.

What will be assessed?

They will assess care and mobility.

Care Assessment

What are the care rates?

There are three care rates:

Lower Rate

You'll receive the lower rate if the child requires 'frequent attention' throughout the day in connection to 'bodily functions' for at least one hour during the day.

*Remember: most children require close supervision. Make sure you identify how the child's needs differ from peers of the same age.

Middle Rate

You'll receive the middle rate if the child requires 'frequent attention' throughout the day in connection to 'bodily functions'. This might include one or more of the following:

- Help toileting, changing clothes after an accident, with eating or drinking; or
- 'Continual supervision' throughout the day in order to avoid 'substantial danger'; or
- 'Prolonged' or 'repeated attention' during the night in connection to 'bodily function', which takes 20 minutes or more; or
- Needs extra supervision right through the day and can't be left alone; or
- Needs someone to be awake at night 'watching over' them 'repeatedly' or once for 20 minutes or more.

Higher Rate

You'll receive the higher rate if the child needs 'continual supervision' throughout the day in order to avoid 'substantial danger' to themselves or others and requires supervision during the night, or under 'special rules' (see 'What are the special rules?' on page 7).

*Remember: many children require help settling or resettling if they wake during the night. Make sure you include details of how often the child needs attention during the night, what they need you for and how long that extra attention takes.

Mobility Assessment

What are the mobility rates?

There are two rates for children who have impaired mobility or require additional support outdoors. These are:

Lower Rate

You'll receive the lower rate if the child (of five years or older) can walk but needs extra help from someone to guide or supervise them when outdoors in places they don't know well.

*Remember: the supervision they require must be substantially more than another child of the same age who doesn't have any physical or cognitive difficulties.

Higher Rate

You'll receive the higher rate if the child (aged three years or older), due to a physical disability:

- Cannot walk at all; or
- Can walk, but is limited by severe discomfort (this is called 'virtually unable to walk'); or
- Can walk but the effort required could seriously affect their health (this refers to physical exertion and not behaviour, for example a heart condition but not that a child may run into the road); or
- Has both legs amputated above or through the ankle, or was born without legs or feet; or
- Is certified as severely sight impaired or blind of less than 3/60 or of 3/60 or more, but less than 6/60, and a complete loss of peripheral vision and severely restricted central vision of no more than 10 degrees; or
- Is deaf and blind and requires someone with them when outdoors - the child must have 100% disablement from loss of sight and 80% disablement from loss of hearing; or
- Is severely mentally impaired with severe behavioural problems and qualifies for the higher rate of care.

How do you qualify for higher rate mobility under the 'severe mental impairment' rule?

In order to qualify for higher rate mobility under the severe mental impairment rule, all of the following criteria must be met:

1. The child must qualify for the higher rate of the DLA care component.

2. The child must have arrested development or incomplete physical development of the brain which has resulted in severe impairment of intelligence and social function.

Usually a diagnosis by a doctor will be sufficient evidence of arrested development or incomplete development of the brain. If no diagnosis has been made at the time of application, supporting evidence from professionals such as teachers, therapists or someone who cares for the child may help.

Examples of a severe impairment of intelligence can be difficult to identify and can be age specific. Consider any diagnosis a child has along with examples. For example, delayed developmental milestones such as speech, being able to feed themselves, dressing or continence. Is the child aware of danger, how do they compare to their same age peers?

Social functioning can be difficult to assess. Consider whether the child shows interest in playing with other children as how they interact with other children is important.

3. They exhibit disruptive behaviour that is extreme.

4. They regularly require another person to intervene and physically restrain them to prevent causing injury to themselves or others or damage to property.

In order for a classification of severe challenging behaviour a child usually requires supervision and regular physical intervention to prevent them causing physical injury to themselves, to others or to property. When thinking of examples, don't just focus on when the child is outdoors or at home. All behaviour is potentially relevant.

Physical restraint can include any method of physically stopping a child from doing something. For example holding a child's hand to stop them moving away from you or placing your hand on their arm to stop them from touching or hitting out can be included as 'physical restraint'.

5. Their behaviour is so unpredictable that they require another person present and watching over them whenever they're awake.

Even if this level of support is not available to the child, explain what precautions are made when the child is alone For example first thing in the morning or if their main care giver has to prepare food or go to the toilet.



What are the special rules?

If a child has been diagnosed with a progressive illness or terminal condition and their death can reasonably be expected within six months they will qualify for the higher rate of the care component.

The child's GP or consultant will have to complete a form (DS1500) which details information about the diagnosis and treatment. This form should be sent to the Disability Benefits Centre with the DLA application form.

Can you claim for Carers' Allowance?

You may be entitled to claim Carers Allowance if you care for someone who is in receipt of DLA, PIP or AA.

To qualify you must:

- Be over the age of 16
- Care for someone for 35 hours or more per week
- Earn less than a specified amount (this amount can change annually)

The person you're caring for should be on the middle or higher rate of DLA or any rate of PIP or AA.

Carers Allowance can only be backdated for three months so make sure you claim within three months of the person you care for claiming DLA, PIP or AA.

If you don't meet the requirements for Carers Allowance you may still be entitled to Carer's Credit.

Contact the DWP on 0800 731 0297 for more information.

Top Tips

What are the top tips when completing the application?

- Always keep in mind how the child's needs differ from their same aged peers.
- It's important to detail examples of the additional help a child needs. The detail is important.
- Always take a photocopy before you submit your application.

- Make sure you submit your application within 30 days.
- Sometimes it can be difficult to identify what is considered normal behaviour for a child. It may therefore help to keep a diary for a day or two to help you identify examples of the child's behaviour, how much help you provide and how frequently. An example of how you can keep a diary is featured below.

If the child's needs are the same most days, you may only want to keep a diary for one day. But if the child's needs vary, it may be beneficial to keep a diary for a few days.

Make sure you note how long tasks take.

When you're used to a routine it may not seem unusual to you. However, to someone else the detail in your narrative may make the difference between a lower or higher rate award. You must therefore include as much detail as possible.

Date	Time	Task	Comment
30/02/2017	07:15-07:27	Going to Tommy when he woke up. Getting Tommy out of bed and into shower chair	Tommy's pad had leaked again, will need to change sheets and clean duvet
	07:27-07:40	Cleaning Tommy up sufficiently to move to bathroom in shower chair	
	07:40-08:30	Washing Tommy	
	08:30-09:15	Drying and dressing Tommy, including dressing wound on foot	Wound still looks sore, will speak to district nurse about whether it would be better left undressed during the day
	09:15-09:36	Breakfast	
	09:36-10:00	Tommy playing with iPad while I strip the bed, clean up breakfast & clean bathroom. Picking up iPad for Tommy	Must get soft waterproof mattress cover - plastic making Tommy sweat. Bad day - Tommy threw iPad twice.

Often, whilst caring for someone, there are additional tasks to be done which don't fall neatly into one category or another.

You can include information on the child's behaviour, how they felt or whether it was a good or bad day.

The Glossary

Understanding what is meant by the following terms:

“Attention”

This means any ACTIVE help from another person that the child needs to do the personal things they can't do for themselves. To class as 'attention' the help they need must be in connection to their 'bodily functions'.

“Bodily functions”

These are personal actions such as walking, sitting, breathing, hearing, eating, drinking, seeing, sleeping, getting in and out of bed, dressing and undressing, going to the toilet, getting in and out of bath/shower, washing, communicating, speech practice, and help with medication or therapies. So, anything to do with the body and how it works.

“Continual supervision”

'Supervision' means there's a need for someone to be around to prevent an injury or accident. 'Continual supervision' means frequent or regular but not non-stop. This is more passive as opposed to attention which is more active.

“Frequent”

This means several times, so more than once or twice.

“Prolonged”

This is interpreted to be more than 20 minutes.

“Repeatedly”

This means more than twice.

“Substantial danger”

This must be a real and not a remote possibility. An isolated incident does not mean that it can be ruled out. The consequences must also be considered. If they're dire then the frequency is less relevant.

“Watching over”

Includes when you're awake and listening out for the child, as well as the need for getting up and checking on them.

“Virtually unable to walk”

Four factors are considered when deciding whether the child is 'virtually unable to walk'. The test is whether their ability to walk outdoors is limited as regards to:

- The distance over which they can walk
- The speed at which they can walk
- The length of time for which they can walk
- The manner in which they can walk.

This will determine whether they can make progress on foot without 'severe discomfort' or that they're virtually unable to walk

“Severe discomfort”

From the point the child begins to suffer with 'severe discomfort' then any extra distance covered should be ignored. Severe discomfort can include pain and breathlessness but is far less than excruciating agony.

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