The new disability living allowance

The disability living allowance is a major new substantial allowance that was introduced in April 1992. It replaces the attendance allowance and mobility allowance. A large number of children qualified for these two allowances but did not get them because their parents had never been told about them. The purpose of this article is to try to ensure that where children may qualify for the disability living allowance, the parents are in fact told about it. A family's finances are often stretched by the child's disability and this allowance often really does make all the difference to their quality of life. In view of this, I would like to propose that it is too important just to hope that a social worker or some such non-medical member of the team will pick up on it.

Disability criteria and scope

The disability living allowance is designed to help meet the extra costs incurred from long term disabilities. The money is not means tested and parents are free to use it as they wish. The scope of the allowance is wider than most doctors realise. It consists of two components, and either or in fact both may be claimed for:

(A) A care component due to physical, mental or indeed, behavioural problems. For this component, 'A child must require substantially more care from another person than a child their age would normally require'.¹ It has a higher, middle and a lower rate, and entitlement can exist from birth.

(B) A mobility component which has a higher and a lower rate. This component cannot be awarded before the age of 5 years.

Existing beneficiaries of the mobility allowance and attendance allowance will transfer automatically to the disability allowance and get the same weekly benefit under it as under the current arrangements.

(A) THE CARE COMPONENT

The care component can be examined under the headings of attention and supervision/watching over.

Attention

Attention is defined as helping someone in connection with their bodily functions. The important factor is whether a particular task is one that a child would normally do for themselves.

Bodily functions are defined as including: breathing, hearing, seeing, communication, eating and drinking, washing, walking, sitting, sleeping and getting into or out of bed, dressing/undressing, urinating, and defecating. Enuresis and encopresis can be qualifying conditions.

Supervision/watching over

Supervision/watching over is a more passive role than attention. It means being present and ready to intervene if required to prevent substantial danger. Adjudication will take account of the following factors when considering the need for supervision.

- The medical condition is such that there might be substantial danger to the child or someone else.
- The substantial danger is a real possibility.
- There is a need for supervision to ensure that the child avoids the substantial danger.
- The supervision needed is continual.

Adjudication assesses whether the child's needs arise as a result of physical or mental disability. The child does not need to be ill or chronically sick.

There will be three rates for the care component of the disability living allowance.

(1) The higher rate (£43.35/week) will be paid if a child needs help both day and night.

(2) The middle rate (£28.95/week) will be paid if a child needs help either during the day or during the night.

(3) The new lower rate (£11.55/week) will be paid if a child needs help for a significant portion of the day only (but less help than the middle rate).

Adjudication will take into account what attention or supervision/watching over is reasonably required, not what is or is not being received.

(B) MOBILITY COMPONENT

There are two rates for the mobility component. The higher rate (£30.30/week) will be payable if a child:

- (1) Is unable to walk; or
- (2) Is virtually unable to walk; or
- (3) For whom the exertion required to walk would lead to a serious deterioration in their health; or
- (4) Has had both legs amputated at or above the knees; or
- (5) Is both deaf and blind; or
- (6) Is physically able to walk, but is severely mentally impaired, with severe behavioural problems which are extreme and so unpredictable that they need someone to be present watching over them whenever they are awake, and that person regularly needs to intervene and physically restrain them to prevent injury or damage. These children qualify for the higher rate of the mobility component if they also qualify for the highest rate of the care component.

The new lower mobility rate of £11.55/week will be payable if a child can walk but needs someone to accompany them when outdoors on unfamiliar routes to:

- (1) Make sure they are safe; or
- (2) Help them find their way around.

'For the lower rate of mobility component, a child must need substantially more supervision or guidance from another person than a child of the same age in normal physical and mental health would require'.¹

When a child's walking ability varies or the need for guidance or supervision is intermittent, the level of disability over a period of time will be taken into account when determining overall needs.

When a child's walking ability is intermittently interrupted, for example if they have epilepsy, it is a question of degree and frequency as to whether or not they can be considered as unable or virtually unable to walk.

Qualifying period

For each component of the disability living allowance, the need for help must have existed for at least three months and must be expected to exist for at least a further six months. The qualifying period is waived if the child is terminally ill.

Self assessment

Claims for the disability living allowance are decided mainly on the parent's own assessment of how the illness or disability affects their child. This is a fundamental change to

the previous system where every child was seen and examined by a doctor.²

They are also encouraged to submit supporting evidence from relatives and from health or other professionals at the same time as they submit their claim. If it is not possible to decide the claim on the self assessment, the adjudication officer can consult with the Department of Social Security (DSS) doctors, or request a medical examination or report. The disabled person may themselves request to be seen by a doctor.

It is important that the length of the form does not put people off from applying.

A final plea

I have one final plea, and that is to request that the form is filled in early. Claims are not backdated and parents can be very bitter about time lost when they could have sent in an application. Application forms are available from post offices, the DSS, and many other places. You can get a

supply of forms by writing to the Leaflets Unit, PO Box 21, Stanmore, Middlesex, HA7 1AY.

To conclude, I would like to request that consideration for the disability living allowance be made in every admission and discharge procedure in every outpatient assessment and any time a child is seen in any setting, albeit school, clinic, casualty, or wherever. Only then can we be sure of picking up the large number of children who are currently falling through the net.

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1 Department of Social Security, *Disability living allowance and attendance allowance guidance for examining medical practitioners*. London: DSS, 1992.

2 Steadman P. The new disability living allowance. *BMJ* 1992;304:448.

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