

Guide to completing Disability Living Allowance

GENERAL INFORMATION:

DLA is a **non-means tested benefit** to help people over 16 and under 65 cope with the effects of long-term disability or illness. Some people are eligible for DLA but haven't claimed because they don't consider themselves to be disabled. For DLA purposes, 'disabled' means your long-term illness affects your everyday life. There are various entitlement criteria but the main one is the 'qualifying period' in that your conditions have been affecting you adversely for 3 months before you qualify and that you will still be affected 6 months afterwards. There are two components – **care and mobility**. There are two levels of mobility component, higher and lower, dependent on individual difficulties outdoors. There are three levels of care component – lowest, middle and highest dependent on the amount of 'help' or supervision you need during the day and/or night.

If your condition is terminal and supported by medical evidence (DS1500 form), the '**Special Rules**' apply and only Section 1 needs to be filled out for the highest rate care to be paid immediately with no 'qualifying period'. If your mobility is also affected then the mobility section of Section 2 must be filled in with all the relevant information as it would with a normal claim.

An award of DLA at any rate can **often increase entitlement** to other benefits such as Pension Credit (PC), Income Support (IS), Housing and Council Tax Benefits (HB & CTB) and Working Tax Credit (WTC) dependent on individual circumstances. If an award of middle or highest rate care component is made, a carer may be eligible to claim Carer's Allowance (CA). However, the eligibility rules for CA can be complex so it is always best to **seek expert advice**.

An award of DLA is based on how the applicant's condition(s), irrespective of whether due to physical health, mental health, behavioural problems or learning disabilities, affects **their need for extra care or supervision, or leads to problems planning and/or preparing a cooked main meal for one person or leads to difficulties getting around outdoors**. It doesn't matter what the condition is, it's the **effect** of the condition on the person. Nor does it matter who is providing extra help or even if the person does not actually get any extra help. It's whether it is reasonable, given their difficulties, that extra help would be beneficial.

HOW TO CLAIM:

Contact Department of Works and Pensions (**DWP**) (**01224 618000**) or the Benefit Enquiry Line (0800 88 22 00) for a Disability Living Allowance (DLA) claim pack. You get **6 weeks** in which to fill it in and return it for the benefit to be backdated to initial date of request. It's advisable to keep a 'claim file' keeping notes of dates and copies of all claims and correspondence between yourself and **DWP/DBC (Disability Benefits Centre)**.

Open the pack, read the notes and look through the claim form. You have to give a lot of information about your difficulties. Although most people will identify the main issue, the disability, very few actually analyse how the disability affects everyday life – for example **how far** on average an asthmatic person can walk before having to stop to use an inhaler, or **how many times** a week a person with severe behavioural problems will sit down when crossing the road and refuse to move, or **how long** it takes every day for a person with visual impairment to choose matching clothing and check appearance, or **how much** extra help a deaf person needs with understanding and being understood on a daily basis. Most people adapt to their difficulties, adopt coping strategies and just 'get on with it'. Unfortunately, DLA emphasises the negative – the difficulties faced as opposed to celebrating what can actually be done despite the problems.

DLA is also all about **numbers** – distances, frequencies, times taken. Think '5 minutes to walk 40 metres to the end of the wall and then have to stop for a 2 minute breather' or '3 times each day' or '20 minutes each time' rather than phrases such as 'not far' or 'often' or 'sometimes' which mean different things to different people. Remember the difficulties **during the night** and the time you are disturbed during the night, seeing to **all aspects** of care and supervision and how long anyone else might be disturbed who is helping care for you.

Give lots of examples of the difficulties you face, the help that is given or how extra help would make the situation easier. Don't assume that because you state you have, for example, heart problems that the decision maker (**DM**) will realise that this might mean breathlessness on exertion, limited walking ability, longer than normal to wash, dress etc, possible reduced appetite, distress about not being able to take part in leisure activities previously enjoyed, anxiety about the possibility of surgery and future

prognosis. **The DBC gets thousands of applications – you have to make yours stand out, with all the information about times, distances, frequencies etc and lots of examples and repeat the information again if necessary.** We advise keeping a diary, covering each category in the claim pack, adding brief notes and numbers about the problems, both day and night. After 2-3 weeks, you'll have a good information basis and be ready to fill in the form. At the end of the booklet we give examples of diaries you might adapt for yourself.

HOW TO FILL THE FORM IN:

Section 1 relates to personal information about yourself. It's best not to put your telephone number in – if the **DBC** want extra information, it's better if they write to you so you have more time to think about your answer and also take a copy of your reply for your claim file. If you have lots of professionals involved, put them all down on the form. List **all** your illnesses or disabilities on p13, not just the main ones. Don't worry about correct spelling of medications or correct diagnostic terms.

If you're going to run out of time, **send Section 1 back before the 6 weeks runs out** and you can send Section 2 a week or two later.

Section 2 is the section which requires all the effort. However, it is worth taking your time, **gathering all the information over a 2-3 week** period in order to maximize your chances of getting an award at the rate which correctly reflects your needs.

Guiding Principles for each sub-section –

Look at the category, analyse your difficulties within each sub-section and note down:–

- What are your **difficulties**?
- What **extra help** do you get to look after your own personal care?
- **How long** does everything take each time, each day?
- **How many times** a day do you have problems?
- If you don't get extra help, **would any extra help would be beneficial?** Give **examples** for each sub-section if possible and repeat the information where necessary.

Remember 'help' can be

- **physical help**
- **any type of therapy or specialised medical treatments**
- **encouragement, cajoling or comfort when distressed**
- **supervision**

which you receive or would benefit from receiving. (But remember, 'help' does not mean help to do domestic tasks around the house such as laundry, vacuuming, cleaning etc).

P2 – tick any disabling conditions

P3 – Walking Outdoors – this covers **physical difficulties in walking** and any pain/severe discomfort that is brought on **by the act of walking**. Go into great detail here, give examples and be accurate about times and distances. This section also covers whether **severe behavioural problems** affects the disabled person's ability to walk – do they refuse to walk, have particular routines outdoors, do they exhibit challenging behaviour, do they need to be physically restrained?

P4 - If you need someone with you when you are outdoors – this is for people who can walk but need more guidance or supervision outdoors in places they don't know well. This could be because of sensory problems – hearing or sight impairment or physical difficulties – likely to fall, asthma, epilepsy or issues such as inappropriate or immature behaviour, perhaps lack of road sense?

P5–P11, P14-18 Issues to do with 'personal care' including needing encouragement and/or cajoling to see to personal care tasks. Also includes need for any supervision, day or night.

Apply the 'guiding principles' above to all the different categories, remembering also the need for encouragement and/or supervision in any of these categories.

P12-13 Planning a cooked main meal for yourself - it doesn't matter whether or not you actually cook, it's whether, taking your difficulties into account, you could actually plan and prepare a basic cooked main meal for yourself (something like mince and potatoes and veg) on the top of a traditional cooker – not a microwave. Learning difficulties etc might make the planning difficult or physical difficulties like arthritis in the hands might make peeling and chopping veg painful for you. The steam from the cooker might be dangerous for someone with breathing difficulties or someone with

depression might be able to plan and prepare a meal but need lots of encouragement to cook and eat regularly in order to maintain a reasonable level of nutrition.

P19-20 Help you need at home or when you go out during the day or in the evening – this covers routine leisure activities at home or away from home such as going to clubs or societies, watching or playing sport, socialising with family or friends etc. Even difficulties with getting to appointments or needing someone with you can be included here. It's a 'wish list' of what people would do, if they had the extra help needed, in order to pursue a social life that able-bodied people often take for granted. For example, a deaf woman might need an interpreter to go to an evening class with her to sign instructions etc. A man with rheumatoid arthritis might need someone to go round a library with him, lifting down and carrying the books etc. A person with poor mobility might need transport to and from the local social club where they can meet friends and socialise for a few hours each week.

P21 Anything else about the way you are affected by your illnesses or disabilities – are the effects of your condition variable? If so, tell them how you are on a 'bad' day and a 'better' day – and how many of each you might have in an average week. If you say 'good' day, DBC might assume that means a day when you have **no** problems at all as opposed to your problems being less than on other days. Is there anything else you want to say? Are there more examples which would highlight the problems? If you feel you would benefit by more help, say so – what type of help and what difference would it make to your condition or mental or physical well-being?

P22 When your mobility and care problems started - dates needed to meet the 'qualifying conditions' - that is difficulties began three months before entitlement to DLA starts and that the difficulties will last at least 6 months. **Sign and date.**

P23 Statement from a person who knows you best - if your difficulties stem from a physical cause, it's best if a medically trained person fills this in, such as a doctor, consultant or nurse specialist. If your difficulties are learning or behaviour related, a specialised support worker might be appropriate. Whoever you get to fill this in, make sure they are aware of the effect of your conditions on all aspects of your mobility difficulties, any personal care issues or need for supervision and/or encouragement. Use the checklist at the end of this guide to highlight the issues.

BEFORE YOU SEND THE FORM OFF:

It's best to **make your GP or specialist aware** exactly how your conditions affect you day-to-day and any help that you need - both for benefits purposes and also because the professionals should know anyway of increasing difficulties. We have a checklist at the end of the guide, which you can fill in and take to the professionals and ask that it be kept in your notes in case DBC sends for a factual report in order to, help assess the claim.

Copy your form before you send it away to DBC. If you have specialist letters which back up what you've said in the application form, copy them and send them off with the claim form. The Carers' Centre will photocopy the forms for you if you're unable to do it yourself.

You will be sent an acknowledgement of the claim followed usually a few weeks later by a decision notice which will inform you that -

- you have been **awarded DLA** and what rate of **care and/or mobility** component
- the application has been **turned down** completely
- a **DBC doctor** will be coming to **visit you** for more information and then your application will be decided. Contact us for advice if this is the case

There is normally **only 28 days** in which to lodge an appeal if you do not agree with the decision.

Contact us or Aberdeen Welfare Rights (AWR) as soon as possible for advice.

RENEWALS AND REVISIONS (also called SUPERSESSIONS):

The information above is also relevant to any **renewal** forms you subsequently receive, normally about 6 months before the end of the award period. Your needs and difficulties might have increased or decreased so bear in mind that the level of award may be adjusted which might lead to a knock-on effect on other benefits. It's helpful to refer to the copy of the original claim to remind yourself how your conditions previously affected you when filling in a renewal. Remember to start the renewal process straight away so the DBC can decide on the claim before the original award runs out. If the renewal is not decided before the expiry date of the original award, the award will end. Not only will the DLA be lost

and also any benefit such as Carers' Allowance or additions to Income Support or Working Tax Credit etc payable on entitlement to DLA may be adversely affected. Unless there is a very good reason that the renewal was not completed on time, DLA would have to be applied for again as a new claim. This is when it is beneficial to have a '**claim file**' and evidence that the claim form was filled in and sent away on a specific date.

If your care or mobility needs increase during the life of an award, you can request that the award be **looked at again** (called a **revision or supersession**). However, the whole award may be reassessed and the existing rates can be downgraded or even taken away altogether as well as increased. It is really important to gather supporting evidence and **get expert advice before asking for a supersession**. Similarly, if your condition improves during the lifetime of an award, you should inform DBC and the award will be reassessed and possibly decreased or discontinued.

SAMPLE DIARIES OF DAY-TO-DAY DIFFICULTIES

DIARY ONE This is a diary about Ruth, aged 30, who is profoundly deaf and lives with her two young hearing children, and her everyday difficulties in communicating with other people:

- 7.15am Woken up by the flashing alarm clock – yesterday I was lying on my other side and didn't see the flashing. Was late getting up and getting the children ready to go to school
- 7.30-7.45am Have to keep going in to make sure children have got up – cannot hear them walking about
- 8am Get showered and dressed – lack of privacy because I can't hear children knocking on bathroom and bedroom doors etc so I have to keep them unlocked
- 8.15am Cook breakfast – have to stay constantly in kitchen as can't hear cooking or boiling noises etc
- 8.45am Walk the children to school – have to take great care crossing roads as I can't hear the traffic. Often get a fright when children go rushing past me because I can't hear them coming up behind
- 8.50-8.55am Wait at the school gates with other mums while children go in. People always smile but I'm never included in the conversations because so few people are able to use British Sign Language
- 9am Go off to work as part-time data imputer. Boss has to write down the instructions for the morning. If I have a problem, we have to write wee notes to each other. However, my English is not very good as my first language is BSL and I often have difficulty with what he's trying to tell me
- 11am Coffee break. As usual, I'm left out of the chat. A colleague tries to sign but it's very basic and when she's signing to me, she can't take part in her conversation. At times I feel very isolated
- 11.30am Fire alarm practice at work. Because I was in the Ladies, I didn't see the flashing alarm and I was only found when the Health and Safety Team came in to check the toilets. I laugh about these things but I do feel quite vulnerable because of my deafness
- 2pm Bus back home – I always have the right money so the drivers don't have to ask me questions because I feel awkward not being able to understand them. Often they shout thinking that I'll hear them better but all that does is embarrass me in front of the other passengers
- 3.30pm Pick up the children from school. The teacher comes out for a few words but although she tries to speak slowly and clearly, I cannot lip-read her and we have to resort, as usual, to basic written notes. Lip-reading is not easy to do - problems with mumbled or unfamiliar words, colloquialisms, lighting, even facial hair make it difficult if not impossible to lip read unless you know the person very well

- 4—5pm Go food shopping with the children. I sign to them and they ask for things for me. It's easier to pay with plastic because I just hand the card over. When I go for 'big' shopping for clothes etc, my mother has to come with me and help interpret. I always feel nervous in a queue in a shop etc because I don't hear instructions – not everyone is understanding or sympathetic. They think I'm deliberately being awkward and can become quite rude and aggressive at times. I'm told they keep saying 'are you deaf or what?' and are quite surprised – and often embarrassed – when they realise I am deaf. I just look like everyone else you see and they don't expect me to have a disability of any sort
- 6pm Need to phone GP for repeat prescription – daughter speaks on my behalf
- 7pm Babysitter comes so I can go to my computer evening class – I have to leave notes about the children, supper etc. My mother comes with me to the class so she can sign to me. I do like socialising, playing sports etc but it is very difficult to fully integrate without the help of a signer. It would be easier to socialise mainly with other deaf people but I try to make contacts within the hearing community because of the children
- 10pm Coffee with mother after the class – arrange about 'away days' for children's school holidays. She comes with us when we go anywhere unfamiliar, to be around to deal with issues and to hear and talk on my behalf. The children are good helps around the town but I really need other adult help anywhere I don't know well

DIARY TWO This is the diary of George, aged 45 who had an accident at work a few years ago which badly affects his ability to walk. Unable to work and in constant pain, he has become very depressed and relies on friends for help and support:

- 10am Finally get up – didn't get to sleep until about 4am again – mind racing about everything and just getting more and more 'down'
- 11am Friend phones to check I'm OK - he's going to pop round soon to make some lunch for me. Asks if I've taken my medication and I've forgotten – again
- 12am Friend turns up – keeps on at me until I get dressed. Can't be bothered to wash and shave again today. He's brought in soup and I have some but if he hadn't done that, I wouldn't bother eating at all. Just can't be bothered with the hassle, I seem to survive on tea and cigarettes
- 2pm Have run out of cigarettes – friend normally brings in enough every week when he gets my shopping. Get my jacket on to go to the corner shop for another pack. Pain going downstairs – have to take two steps to each tread
- 2.15-2.45pm Corner shop is just 50 metres away but I have to stop halfway to rest my leg – I lean against a wall until the pain eases then I make it to the shop. There's a seat outside and I have another rest until I feel able to get home. The whole episode tires me out and I feel very vulnerable walking so slowly – I walk at the pace of an old man and I feel everyone is looking at me. Going back upstairs is slow and painful
- 3-5pm Have to have a rest after going out and I fall asleep
- 5-8pm Just sit in front of the TV. Have lost all interest in TV and can't be bothered making the effort to follow programmes
- 9pm My friend brings in a fish supper but I just have a half of it – just don't feel hungry at all. He reminds me again to take my medication. When he doesn't phone or pop in and remind me, I often forget to take the tablets and even when I do remember, I can't be bothered to even though I need the painkillers to control the pain
- 12am Go to bed. Sleep for a few hours then awake again for the rest of the night – so I'll be tired the next day again and just not bothered to do anything

Checklist

Complete the checklist below, tear it out or copy it and give it to your GP

Activity	√	Brief details of the problems you have, the time it takes to do things or pain or needing help of any sort to make the activity easier for you—day and night.
Walking Outdoors		
Needing someone with you outdoors for any reason		
Needing kept an eye on for any reason		
Getting up and going to bed		
Washing, bathing & shampooing		
Getting dressed & undressed		
Toilet difficulties, day and night		
Eating and drinking, needing help or encouragement to eat		
Needing help with medication & treatments or medical equipment		
Difficulty planning and/or preparing a cooked main meal for yourself		
Depression, frustration, mental health issues of any kind.		
Movement and co-ordination, climbing stairs etc		
When you are in bed at night		
Needing to be encouraged to do things or supervised for safety reasons		
Social contact & leisure activities		

Handy Reminder

Date sent form off

Date received acknowledgement

Dates and times of any communication whether by telephone or by letter.