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The times

Disability Living Allowance – how it affects psychiatrists

PHILIP STEADMAN, Registrar in Psychiatry, St George's Rotation, London SW17

Disability Living Allowance (DLA) is a new benefit which was introduced from April 1992. Note, however, that claims for DLA have been accepted from 3 February 1992 with payment starting from April.

The current system of Attendance Allowance (AA) for those disabled before 65 and Mobility Allowance (Mob A) ended in April and has been replaced by DLA. For those whose disabilities start after age 65, AA will continue to be available.

There are new self-assessment, review and appeal arrangements for DLA which will also apply to AA. Under the new system, claimants are to be called 'customers'.

Existing Mob A and AA beneficiaries under 65 will transfer automatically to DLA and get the same weekly benefit under DLA as under the current arrangements. As already stated, AA will continue for those over 65.

Both DLA and AA have a care component. DLA also has a mobility component.

Care component

The care component of DLA and AA is for people who need help with personal care. This can include a need for "attention" or "supervision/watching over".

Entitlement to the care component can be considered from birth.

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 person would normally do for themselves.

Bodily functions are defined as including: breathing, hearing, seeing, communicating, eating and drinking, walking, sitting, sleeping, getting into or out of bed, dressing/undressing, urinating and defaecating.

Bodily functions do not include shopping or other domestic tasks.

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:

(a) the medical condition is such that there might be substantial danger to the person or someone else
(b) the substantial danger is a real possibility
(c) there is a need for supervision to ensure that the customer avoids the substantial danger; and
(d) the supervision needed is continual.

For both AA and DLA, adjudication assesses whether the person's needs arise as a result of severe physical or mental disability. The person does not need to be ill or chronically sick.

There will be three rates for the care component of DLA. People over 65 applying for AA will not qualify for the new lower rate.

(a) The higher rate (£43.35/week) will be paid if a person needs help both day and night.
(b) The middle rate (£28.95/week) will be paid if a person needs help either during the day or during the night.
(c) The new lower rate (£11.55/week) will be paid if a person needs some help during some of the day (but less than the middle rate) or if over 16, would need help to prepare a cooked main meal.

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

Mobility component (DLA only)

This is payable for people aged 5 or over. To qualify for the mobility component:

(a) a person must be unable or virtually unable to walk; or
(b) the exertion required to walk would constitute a danger to life or lead to a serious deterioration in health; or
(c) although able to walk, he or she is unable to do so without guidance or supervision from another person.

There are two rates for the mobility component. The higher rate (equivalent to Mob A now) of £30.30/week will be payable if a person cannot walk at all; or has difficulties with walking (as per above); or has had both legs amputated at or above the ankle or was born without legs or feet; or is both deaf and blind and needs someone with them when outdoors; or has severe learning difficulties, i.e. is physically able to walk but also has extreme behavioural problems including aggression, destructiveness, hyperactivity, and self-injury. Such people are taken as being unable to walk.

The new lower mobility rate (£11.55/week) will be payable if a person can walk but needs someone with them to make sure that they are safe or to help them find their way around. Any ability to follow a few wellknown routes without help is discounted.

When a person'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 the customer's overall needs.

When a person's walking ability is intermittently interrupted e.g. if he or she has epilepsy, it is a question of degree and frequency as to whether or not he or she can be considered as unable or virtually unable to walk.

Qualifying period

For each component of DLA, 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.

For AA the qualifying period is six months. There is no requirement to satisfy a future need.

The qualifying period is waived for both DLA and AA if the person is terminally ill.

Self-assessment

Claims for DLA and AA are decided on the customers' own assessment of how their illness or disability affects them. This is a fundamental change to the current system where every claimant is seen by a doctor (!).

They are also encouraged to submit supporting evidence from relatives or those who care for them 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 DSS doctors, or request a medical examination or report. The disabled person may also request to be seen by a doctor.

A final plea

There are many many mentally ill people in the community who are desperately short of money who would qualify for a considerable increase in their income if someone only told them about these allowances.

It is my experience that often people are not properly informed, and can become very bitter about how they see themselves to have been let down by the health professionals.

I would like to suggest that there is a case for thinking about DLA or AA in every admission and discharge procedure, in every Day Hospital assessment, in every out-patient assessment and in every domiciliary visit.

Acknowledgement

I would like to acknowledge the Benefits Agency of the DSS for their *Disability Living Allowance and Attendance Allowance Guidance for Examining Medical Practitioners.*

Reference

STEADMAN, P. (1992) The new disability living allowance. *British Medical Journal.* Letter, 15 February.

The Disability Handbook

The Disability Handbook, compiled and edited by Drs M. Aylward, P. Dewis and T. P. Scott (1992), provides those who are involved with the new disability benefits (Disability Living Allowance, Disability Working Allowance, and Attendance Allowance) an authoritative source of information on the likely effects that the more commonly occurring disabilities and chronic illnesses have on a person's care and/or mobility needs. It may be purchased from HMSO Bookshops. In case of difficulty in obtaining copies, contact Mrs Jackie Smith (telephone 071 962 8052; fax 071 962 8785) at Room 11/39, Department of Social Security, The Adelphi, 1–11 John Adam Street, London WC2N 6HT.