This factsheet covers Disability Living Allowance and Attendance Allowance. The benefits system is complex and it is difficult to know what to claim. You can get advice from CarersLine on 0808 808 7777 or from the organisations listed on page 7 of this factsheet. The information in the factsheet is correct as of April 2008.

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**1 Disability Living Allowance and Attendance Allowance**

Disability Living Allowance (DLA) and Attendance Allowance (AA) are benefits paid to people to help with the extra costs of a long-term illness or disability. The illness or disability could be physical and/or mental health related.

Your income (including other benefits), savings and National Insurance record will not affect your claim for Disability Living Allowance/Attendance Allowance.

**As a carer...**

- you may be able to get benefits as a carer if the person you look after gets the right amount of Disability Living Allowance or Attendance Allowance
- you may be able to help the person you are looking after to claim a disability benefit for the first time or you may need to help them with a review to help them get more benefit
- you may be able to get Disability Living Allowance or Attendance Allowance yourself if you have a serious health problem. You can claim DLA/AA even if you are getting benefits for looking after someone else who is disabled
2 What are Disability Living Allowance and Attendance Allowance?

Disability Living Allowance and Attendance Allowance are benefits paid to people with long-term health problems or disabilities. They cannot be claimed at the same time, which one you apply for depends on how old you are when you make a claim.

- DLA and AA are not means tested and do not depend on any income or earnings you may have and you do not need to have paid any national insurance contributions.

- DLA and AA are not affected by other state benefits and in fact when awarded they may help you to become entitled to means tested benefits (such as Income Support, Pension Credit, Housing Benefit and Council Tax Benefit). This is because an extra disability premium may be included in the calculation of those benefits.

- DLA and AA are tax free benefits

What’s the difference between Disability Living Allowance and Attendance Allowance?  

The main difference between Disability Living Allowance and Attendance Allowance is that they are for different age groups:

- DLA cannot be claimed on or after your 65th birthday if you are already receiving it when you reach 65 it can continue as long as you are eligible.

- If you 65 or over and claiming for the first time, you should claim Attendance Allowance

The other key differences between the two benefits are:

- **Qualifying time** – the amount of time you must have had your disability/illness to be able to claim is different for DLA and AA – see “Who can get DLA and AA”.

- **Mobility** – Disability Living Allowance can include an amount to help you with mobility difficulties, Attendance Allowance cannot

Who can get DLA or AA?
To qualify for DLA/AA, you must:

- satisfy at least one of the disability conditions described below, and

- have had your disability or illness for a specified amount of time;

  - for DLA you must have satisfied the disability condition for at least 3 months when you make your claim and you must be likely to satisfy the condition for at least a further six months following your claim

  - for AA you only must have satisfied the disability condition for at least 6 months when you make your claim, and

- not be subject to immigration control and satisfy conditions about being resident and present in the UK

If you think you may be affected by the immigration and residence conditions, seek advice before you make a claim.

**Disability conditions for claiming DLA**

DLA is made up of mobility and care components, which can be paid at different rates. You may be awarded one mobility and/or one care component – see the diagram below:

![Disability conditions diagram](attachment:disability_conditions_diagram.png)

(a) Mobility conditions

**Higher rate (£49.10 a week)**

Do you have severe discomfort when you are walking outdoors? Do you need to keep stopping to catch your breath or because you are in pain or feel dizzy? If so, you may be eligible for the higher rate of mobility
component. You will need to measure in yards or metres how far you can walk outdoors before experiencing severe discomfort and describe in the claim form any difficulties you may have when walking.

You may also be eligible for the higher rate for other reasons including the situation where the effort of walking might seriously endanger your health or you are both deaf and blind.

Ali walks to the shops, which are about 200 metres from his home. Walking is painful and exhausts him so he has to rest along the way several times, sitting down where he can on a garden wall or just stopping to catch his breath. The distance he needs to measure for his claim for DLA is the distance in between rest stops; in his case about 25 metres.

Lower rate (£18.65 a week)
Do you find it hard to find your way around new areas? You may be entitled to the lower rate if you are physically able to walk but usually need guidance or supervision from another person when walking outdoors on an unfamiliar route. This may be, for example, because you get confused, you are unsteady on your feet or suffer panic attacks.

(b) Care conditions
See the jargon buster section below for an explanation of what is meant by personal care, frequent attention and continual supervision.

Higher rate (£70.35 a week)
If you need the help or supervision both during the day and at night you may qualify for the higher rate.

Jean has arthritis and needs help moving around her flat during the day because she is in pain and can only move slowly. She needs help getting out of an armchair, moving about indoors, getting in and out of the bath or getting to and from the toilet. When getting ready for bed it takes her a long time to get undressed and washed but she does not need any help with personal care during the night once in bed. She is not actually receiving help from anyone but because she is assessed as needing frequent help throughout the day she is awarded the middle rate care component of DLA.

Lower rate (£18.65 a week)
Do you have difficulty with personal care for at least an hour during the day? (This could be one period or several periods which add up to an hour) and/or if you were going to prepare a traditional cooked meal in an oven would it present you with any difficulties? For example, lifting heavy saucepans, using knives to chop vegetables, bending to lift items out of a fridge or concentrating sufficiently to do the tasks involved in preparing a meal.

Disability Living Allowance and children

Mobility component – the higher rate can be claimed from the age of 3 and the lower rate from the age of 5. For the lower rate, children under 16 must need more guidance and supervision than a child of the same age with no disability.

Care component – for the lower rate, if claiming on the basis of being unable to prepare a cooked main meal, you must be 16 or over. If claiming on the grounds of need for personal care, or claiming the middle or high rate care component, a child under 16 must show their needs are substantially in excess of the normal requirements of persons their age.
Disability conditions for claiming AA

Unlike Disability Living Allowance, Attendance Allowance only addresses your care needs. No assessment of or payment towards your mobility needs is made.

Attendance Allowance is paid at two rates - lower and higher. The criteria for these rates are the same as for the Disability Living Allowance carer component at the middle or higher rate (see p3)

- If you satisfy the conditions during the day or night you should get the lower rate of Attendance Allowance. (£47.10 a week)
- If you satisfy both the day time and night time tests you should get the higher rate of Attendance Allowance. (£70.35 a week)

Terminal illness (‘Special Rules’)

People who are not expected to live more than 6 months because of a terminal illness can qualify automatically for the highest rate of AA or the care component of DLA under what are known as the ‘special rules’. The award is made on the basis of a form completed by the claimant’s doctor and the claimant’s representative or carer can request this on their behalf. The Disability Living Allowance mobility component can be claimed in the normal way. Awards made from 25/9/06 under these rules now last for a maximum of 3 years.

How do I claim Disability Living Allowance or Attendance Allowance?

Claim forms (AA1 for AA, DLA1 for DLA or DLA1 Child if the claimant is under 16) can be obtained in the following ways:

- By contacting your local disability centre, Jobcentre Plus office or advice agency such as the Citizens Advice Bureau
- By ringing the Department for Work & Pensions’ freephone ‘Benefit Enquiry Line’ on 0800 882 200 (textphone 0800 243 355)
- By applying online or downloading a form from www.directgov.uk/disability

Filling in the form

The form is quite long and complex and it can be easy to underestimate the amount of help you need if you tackle it by yourself. If you can, ask a support worker or adviser to help you complete the form. Make sure you set aside enough time to fill in the form – it can take a long time, so you may prefer to complete the form in stages and allow a bit of time every day until it’s done.

The advantage of having an experienced welfare benefits worker help you is that they will help to ensure that you put all the relevant details on the form, which will maximise your chances of success.

You may be able to get independent help from a Citizens Advice Bureau, a disability organisation, a carer’s centre or group, Age Concern Branch or a welfare rights unit. If you are a carer you can contact Carer UK’s CarersLine (0800 808 7777) on Wednesdays and Thursdays from 10am to midday or 2pm to 4pm.

TIPS

- Consider keeping a diary to make sure you have all the relevant information before you fill the form in. This will also help you to become aware of the number of times a day or night you need help with personal care and the length of time you need help.
- Many of the questions are designed to find out how long it takes you to do everyday tasks and you should try to give as accurate an answer as you can. Try timing yourself, or ask sometime to time you doing everyday tasks.
- Measuring distance you can walk outdoors can be difficult to do. If you can, try to find someone to help you to do this so that your answer is as accurate as possible.
- The question about cooking a main meal is a hypothetical one and designed to find out whether you can complete the tasks involved in cooking a traditional meal, regardless of whether you do in fact cook for yourself in this way. It’s also not about your culinary skills!
Who decides the claim?
DWP decision makers rather than doctors make decisions but, if further information is needed, the decision maker may ask your own doctor or consultant for a report. Sometimes a DWP approved doctor may be asked to visit you at home to medically examine you and then prepare a report.

How long does a decision take?
The DWP aims to give you a decision within 39 working days (for Disability Living Allowance) or 19 days (for Attendance Allowance) but if you are claiming under the ‘special rules’ for terminal illness (see p4) you should expect a decision within 8 working days. This may take longer if the decision maker needs to get more information about your disability.

If there are delays in processing your claim you may be entitled to compensation and should write to your local DWP office to ask for this.

What date will I be paid from?
When you request a claim form from the DWP or make a claim online your date of claim will be the date of the telephone call or the date you made a claim online, provided you return the form within six weeks of that date. There is discretion to extend the six-week deadline so if it is late you should give the reasons.

If you are using a claim form issued by an advice agency or downloaded from the internet your date of claim is the date the DWP receives the completed form so, to make sure you don’t miss out on benefit, requesting a claim form is a better option.

Can DLA or AA be backdated?
No, neither DLA nor AA can be backdated, so you should make sure that you claim as soon as possible.

How long will DLA/AA be paid for?
The award may be for a fixed period or an indefinite period. You will be told in the decision letter about how much benefit you have been awarded and how long DLA/AA will be paid for. If the period is fixed you may be invited to complete a renewal form up to six months before the old award expires.

I have been refused DLA/AA or awarded a lower rate of benefit than I was expecting; what can I do about it?
A benefit decision can be challenged for any reason if you do so within one calendar month of the date on the decision letter (known as the dispute period). During this period you can ask the DWP for a ‘reconsideration’ or appeal. An appeal should be in writing, preferably on form GL24 whereas reconsideration could be made in person, or by telephone as well as in writing. If the reconsideration confirms the original decision you have a further chance to appeal. The one-month time limit can be extended for up to 13 months if special circumstances prevented you from asking earlier.

You can ask for reasons for the decision during the dispute period. If they are posted to you before the end of the dispute period, the period is extended by 14 days but if posted outside the dispute period the dispute period ends 14 days after posting.

How do I complain about the way my claim has been handled?
If you are unhappy with the way your claim has been dealt with eg long delays or lost forms, in the first instance you should complain to Customer Services.

If you are not happy with the outcome of this complaint, you may be able to complain to the Parliamentary Ombudsman.

How can DLA/AA help me or my carer get more benefits?
Kate has mental health problems and needs supervision and encouragement to get out of bed, get dressed, eat adequate meals and look after her personal hygiene. She is awarded the middle rate care component of DLA and once awarded that benefit, becomes for the first time eligible for Income Support. Her mother Ann, who looks after her, is awarded Carer’s Allowance and as she has severe mobility problems is awarded DLA in her own right.
I’m not receiving any help — are the questions in the form relevant to me?
Yes, you can claim whether you are currently receiving help or not. If you are not getting any help, think about:

- the things you find hard to do or think you might find easier to do if you had help
- the things that take you a long time to do because of your illness/disability
- the things you do to help yourself overcome difficulties
- the consequences of doing everyday tasks

I don’t want to have someone help me with personal care; is there any point making a claim?
Yes, you should still make a claim. It doesn’t matter if you don’t want anyone to provide care for you; if you are paid Disability Living Allowance/Attendance Allowance, you can spend as you wish. You may prefer to use the money to pay for a taxi back from the shopping, or to buy things that will help you to manage on your own.

Do I have to spend the benefit on services or goods related to my disability?
No, you can spend the money on whatever you want. No checks are made on how the payment of DLA or AA is spent, so no-one should ever ask you what you use the money for.

What happens if I go into hospital?
Your payment of DLA or AA will normally stop after you have been an inpatient in hospital for 28 days or, if you are under 16, after 84 days. If you go in and out of hospital and are home for 28 days or less in between stays, the number of days during each hospital stay are added together so that payment of DLA/AA stops after a total of 28 (or 84) days.

What happens if I go into residential care?
If the residential care is funded by the Local Authority, AA and the care component (not the mobility component) of DLA will stop after 28 days, whatever your age.

If you pay for residential care without help from the local authority, your DLA and AA will be paid in full. However if you claim free personal and nursing care towards your care home fees then DLA/AA would not be paid.

What if my condition deteriorates after the benefit is awarded?
If your health has deteriorated since you first claimed you can ask for an increase of the award but you should be aware that the whole of the existing award can be looked at again in these circumstances and this could result in you losing the existing award or having it reduced. You would need to weigh up the possible risk of this happening and it may be best to get advice from an experienced welfare benefits worker. If you are only challenging one of the components but are happy with the other one you should make that clear in your request for a review.

Jargon Buster

Personal care
Help with personal care has to do with bodily functions and that includes seeing, hearing, communicating, eating and drinking, breathing, using the toilet, walking, getting into and out of a chair, bathing and washing, getting in and out of bed and sleeping.

Frequent attention
‘Frequent’ means several times rather than once or twice and the pattern help must be such that, considering your care needs as a whole, you need ‘frequent attention throughout the day’

Continual supervision
This means frequent or regular but not necessarily non-stop supervision and the supervision must be reasonably required, rather than medically required.

Means tested benefit
Entitlement to these benefits is affected by the amount of income and savings you have; the higher your income/savings, the less benefit is paid.

Ombudsman
The government official responsible for dealing with complaints about state services.
Legal References

The Social Security Contributions and Benefits Act 1992
The Social Security (Disability Living Allowance) Regulations 1991 No.2890
The Social Security (Attendance Allowance) Regulations 1991 No. 1408
The Social Security (General Benefits) Regulations 1982 No. 1408
The Social Security (Claims and Payments) Regulations 1987 No. 1968

More Help

CarersLine
0808 808 7777
(Wednesdays and Thursdays 10am-12 noon and 2-4pm) www.carerscotland.org

Disability Contact and Processing Unit
Government Buildings, Warbreck House Warbreck Hill Road, Blackpool, Lancs. FY2 0YE
08457 123456 (Textphone 0800 096 1929)

Benefit Enquiry Line
0800 88 22 00 (Textphone: 0800 24 33 55)

The Appeals Service
www.appeals-service.gov.uk

The Parliamentary Ombudsman
0845 0154 033 www.ombudsman.org.uk

About Carers in Scotland

1 in 8 of the Scottish population are carers – 660,000 people
• Every day almost 500 people take on a caring responsibility – that equals over 178,000 people per year. By 2037 it is anticipated that the number of carers will increase to 1 million.
• 110,000 people care for 50 hours or more each week.
• There are 16,000 young carers in Scotland. However, research estimates that there may be as many more hidden young carers, perhaps as many as 100,000 in total.

Carers are a third more likely to be permanently sick or disabled
• Three quarters of carers say their health is worse because of their caring responsibilities and a staggering 95% regularly cover up or disguise the fact that their health is suffering in order to continue with their caring responsibilities.
• Almost three quarters of carers have not been able to take at least one week of “holiday” or “free time” when they were not having to care for someone

Carers save the economy £7.6 billion per year, an average of £15,000 each
• The main carers benefit – Carers Allowance – is just £53.10 for a minimum of 35 hours – equivalent to £1.51 per hours – far short of the national minimum wage of £5.52 per hour.
• 79% of carers are struggling to pay utility bills like gas, electricity, water or telephone bills. More than half are cutting back on food and heating to make ends meet
• Over half of carers are in debt with a third owing more than £10,000 and over a third are struggling to pay their rent or mortgage
• Over 250,000 juggle work care with work, however because of the demands of caring 1 in 5 carers are forced to give up work altogether

About Carers Scotland

Carers Scotland is the voice of carers.

Carers provide unpaid care by looking after an ill, frail or disabled family member, friend or partner.

Carers give so much to society yet as a consequence of caring; they experience ill
health, poverty and discrimination. Carers Scotland is an organisation of carers fighting to end this injustice.

**Carers Scotland is here to improve carer’s lives**

- We fight for equality for carers. We want carers to have the same rights as everyone else to an ordinary life – a fair level of income, access to support to protect their health and wellbeing and access to the world of work, leisure and education.

- We seek to empower carers. We want carers to be actively involved in the design, development and delivery of services. We want carers to be recognised and involved as key partners in the provision of care.

**Carers Scotland achieves this by**

- campaigning for the changes that make a real difference to carers’ lives.
- providing information and advice to carers about their rights and how to get support
- mobilising carers and supporters to influence decision-makers at local and national levels
- gathering hard evidence about what needs to change and disseminating this to policymakers and services providers
- transforming the understanding of caring so that carers are valued and not discriminated against
- providing carer awareness training for staff in health, social care and the voluntary sector
- promoting training for carers to maximise their skills and experience

**10 Join Us, Make Your Voice Heard!**

Carers Scotland is part of Carers UK. Carers Scotland and Carers UK want carers to be recognised for the contribution they make to society. We need you to add your voice by joining Carers UK to help us win better support for carers.

We welcome any individual who supports our aims. You will benefit by receiving the latest information written by our team of experts.

**We’re offering free membership to carers and former carers because we know that carers have many calls on their finances.**

**Join today and you’ll receive:**

- Our members’ magazine, “Caring” and Scottish magazine “Carers”, with the latest information on caring, carers’ stories and how Carers UK is making a difference.
- Helpful free telephone advice on all aspects of caring from our CarersLine experts.
- Free information booklets written by experts covering a wide range of topics from carer benefits to practical help.
- Invitations to our Members’ Conference and Annual General Meeting and a say in how Carers UK is run with a vote on electing our Trustees, the majority of whom are carers themselves and who ensure Carers UK is carer-led.

**How to Join**

Telephone our membership hotline on 020 7566 7602, email: membership@carersuk.org or join online at [www.carerscotland.org](http://www.carerscotland.org).

**Affiliate Membership**

We also offer membership for professionals groups and organisations. For further information contact our membership hotline or visit [www.carerscotland.org](http://www.carerscotland.org).

**Other Publications**

Carers Scotland produces a range of publications for carers including factsheets and leaflets. We also publish research and good practice on, for example, carers and employment, carers and health and carers and poverty.

For more information, call Carers Scotland on 0141 445 3070. Many of our leaflets, reports and factsheets are also available online at [www.carerscotland.org](http://www.carerscotland.org).