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This Factsheet is one of a series produced for parents and groups concerned with the care of disabled children. A full list of Contact a Family publications is available on request.

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Introduction

Disability Living Allowance (DLA) is a benefit paid to people who have care needs or mobility problems because of a physical or mental disability. The benefit is paid in two parts. These are called:

- The 'care component' - designed to help with the extra costs of having care needs, and
- The 'mobility component' – designed to help with the extra costs of getting around

There are two rates of the mobility component. The highest rate which can be paid from the age of 3 years and the lowest rate which can be paid from the age of 5 years.

This information sheet looks in detail at how children with learning disabilities may qualify for DLA mobility component at the highest rate. If your child has a mental disability but does not qualify for the higher rate mobility component they may qualify for the lower rate of the mobility component instead. For more information about the lower rate see our factsheet 'benefits for disabled children and their families'. This factsheet also gives information about the care component of DLA, how to claim DLA, and how DLA can help you to qualify for other benefits, such as Invalid Care Allowance.

If having read these notes you consider that your child may qualify for the high rate mobility component, get expert advice from your local Citizens Advice Bureaux, Disability Advice Centre or Welfare Rights Unit in completing the claim form or preparing to challenge a decision made by the Benefits Agency.

There are very short time limits for challenging decisions so you should not delay in seeking advice and taking action.

If you need any further help or are having problems finding local sources of specialist help please contact our helpline on 0808 808 3555.

Severe mental impairment and behavioural problems

Some children qualify for the higher rate of the mobility component because they have a severe mental impairment and exhibit behavioural problems. To be entitled to the higher rate mobility component on this basis your child must:

- Be entitled to receive the **higher rate care component of DLA**; and
- Suffer from “a state of **arrested development or incomplete physical development of the brain** which results in severe impairment of intelligence and social functioning” (Severe impairment of social functioning' is generally accepted as meaning that the child has severe learning difficulties which mean that he/she cannot progress much further than acquiring basic life skills, for example, feeding, dressing, washing and using the toilet.); and,
- “Exhibit **disruptive behaviour**” which “is extreme” (*disruptive behaviour can include aggression and hyperactivity*); and
- “**Regularly require another person to intervene and physically restrain** him/her to prevent him/her causing physical injury to themselves or another, or damage to property”; and
- Be so **unpredictable** that he/she requires another person to be present and watching over him/her whenever he/she is awake.

Before considering an award the Benefits Agency would normally arrange for a specialist opinion.

“Severe impairment of intelligence” is generally taken to be an IQ of 55 or less. However this is not the only measure of impaired intelligence. Some children such as those with disorders in the Autistic Spectrum may do well in intelligence tests but cannot apply that intelligence in a useful way in the real world. So if an IQ is above 55 or there has not been an IQ test the decision-maker at the Benefits Agency must consider other evidence, including evidence of impairment of social functioning where that has an effect on useful intelligence.

“Physical restraint” need not involve any force. If all that is needed to prevent your child causing injury or damage is some physical contact, such as a hand on the arm that is enough to fulfil the test.

Some children who cannot qualify for the high rate mobility component on the above grounds, may instead qualify on the basis that they are “**virtually unable to walk**” (see below). This may apply to some children who have a condition in the Autistic Spectrum, or are deaf/blind, or have a learning disability such as Down Syndrome.



“Virtually unable to walk”

Some children qualify for the higher rate of the mobility component on the basis that they are ‘virtually unable to walk’. This test is tied to the physical limitations to a child’s ability to put one foot in front of the other and continue to make progress on foot.

Physical limitations can include behavioural problems if they are a reaction to or as a result of the person’s physical disablement, for example, genetic damage as in the case of Downs Syndrome or brain damage. Also, the test looks at interruptions in the ability to make progress on foot. These interruptions must be accepted as physical in origin, and as part of your accepted physical disablement rather than under his/her direct and conscious control.

You need to be able to show that:

- Any behavioural problems, which may sometimes include a failure to exercise their powers of walking, stem from a physical disability; and,
- Their walking difficulties, including interruptions in their ability to make progress on foot, happen often enough so that their walking ability is so limited that they are virtually unable to walk.

Provide evidence from a medical practitioner or other sources to show:

- That the learning disabilities have a physical cause (e.g. brain damage)
- That all the behavioural problems which interrupt outdoor walking stem directly from that physical cause
- That the child is not able to exercise a deliberate and self-conscious choice in deciding whether or not to walk
- A clear picture of the child’s normal walking difficulties and the frequency of interruptions in their ability to make independent progress on foot.

You need to present an objective picture of how the person normally makes or does not make progress on foot outdoors without active help from another person.

Describing your child’s walking difficulties

To help you describe your child’s walking difficulties, you could carry out a 10 minute outdoor walking test in a safe place with help from another person. For each test:

- Describe the place where you carried out the test. Mark a starting point and note the time.
- Let the child go. Do not actively intervene to help them walk apart from a hand on the shoulder or words to help them start in the right direction.
- Write down a description of exactly what happens. Did they move at all? If yes, how do they walk or run. What size steps? How do they lift their legs? What is the speed of walking? Do they change speed or direction? How is their balance? Do they react to distractions?
- Note each stop or interruption to their walking. Note the time, mark the place and measure the distance from the start point from the last stopping point.
- Describe exactly what happens? Why do you think they have stopped? Note the time they start to move again? What made them move on? Or why do you think they moved?
- At the end of the 10 minutes mark the place they have reached? How far in a straight line is it from where they started?

If the child’s walking ability is also limited by severe discomfort finish the test at that point having marked the time and distance. Describe the severe discomfort. This could be pain, breathing problems, distress, and panic. Make a note of any outward and visible signs of their discomfort.

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