



Attendance Allowance

What is Attendance Allowance?

Attendance Allowance (AA) is an additional payment for older claimants with longer-term illnesses or disabilities that mean they have significant difficulties with and/or need help from another person to ensure an adequate standard of nutrition, hygiene and wellbeing. It is the appropriate disability benefit for claimants who are aged over 65 years at the date of claim and who do not already get Personal Independence Payment or Disability Living Allowance.

Payment of Attendance Allowance is made to the disabled person and there is no restriction on how this money is spent. It is a non-means tested, non-taxable benefit and there is no national insurance contributions requirement.

Qualifying Conditions for Attendance Allowance

There are a number of 'non-disability' tests that apply including age, residency & presence and immigration status and access to public funds. One of the main rules about residency requires that claimants have resided in the UK for 104 of the previous 156 weeks (2 out of the last 3 years).

Non UK nationals can claim and receive Attendance Allowance if they meet the residence, presence and immigration conditions but rules for EU nationals and social security co-ordination can be complicated, particularly where the claimant receives a pension from another EU country.

Attendance Allowance is only awarded where the disabled person has had the care needs for at least six months and where these are expected to last for at least a further six months (*except where claimant is terminally ill).

Disability Living Allowance for claimants over 65 years

If you are awarded Disability Living Allowance before your 65th birthday you can continue to receive this benefit on an ongoing basis. However if you have a change in your health to increase or decrease your care needs you will be assessed under the Attendance Allowance rules (still contact DLA).

What are the different rates of Attendance Allowance?

Attendance Allowance has two different rates – lower and higher; the lower rate is paid where the disabled person has significant care needs during the day OR night and the higher rate where these care needs occur both during the day AND night.

Disability Condition

Entitlement is based on whether the disabled person has a reasonable need for assistance from another person in connection with their bodily functions AND/OR whether they need supervision to avoid the risk of danger to themselves or others. The need must arise as a result of a disability or health condition. There is no requirement for the additional attention to be actually received – just that there is a need for it. 'Bodily functions' are actions related to the necessary functioning of the body – including:

- eating & drinking,
- washing,
- using the toilet,
- dressing & undressing,
- moving around and
- taking medication.

Lower rate: where the claimant requires either frequent attention or continual supervision throughout the day OR prolonged and repeated attention at night or another person to be awake at night for a prolonged period or at frequent intervals in order to avoid substantial danger.

Higher Rate: where the claimant has BOTH daytime and night time care needs as above.

Note: there is no equivalent to the low rate of the care component for Disability Living and no mobility component within Attendance Allowance.

Is it necessary to have a formal diagnosis?

Any care needs must arise as a result of the claimant's health condition. It is important to understand that it is not the diagnosis or health problem that leads to an award of Attendance Allowance but the individual's care and/or mobility needs. It isn't necessary to have a formal diagnosis, but obviously it can help the decision maker understand the claimant's care needs if there is one.

Attendance Allowance can seek some corroboration of the information given by the claimant – which can be from a GP, other specialist doctor or healthcare professional who know the claimant. It is therefore important to have sought medical advice and assistance.

How do I claim Attendance Allowance?

You can order a claim pack by calling 08007310122; they will send you a date stamped claim form and further information to help complete the form. The completed form should be returned within six weeks to protect the date of claim from the first telephone contact; if the form is returned later any award will only run from the date the form is received back by DWP.

You can also download a form from the DWP website. In this instance you should complete and return the form as soon as possible, as your claim will only start from the date that the form is received back.

We can help with the completion of Attendance Allowance forms, but appointments are limited and can get filled some weeks in advance – so don't leave it too late to contact us if you do need help.

Will I have to go to a medical assessment?

It is not common for Attendance Allowance claimants to be asked to attend a medical assessment – usually if further information is needed the DWP contact the GP or a specialist listed on the claim form. If they still do not have enough information to make a decision they may ask a visiting doctor to come out and see you at home but this is rare. The visiting doctor usually completes a report based on information given during the visit and their own observations; they might make a visual observation or carry out some basic tests (reflexes, range of movement).

I have been turned down – what next?

If your claim has been refused or you are not happy with the rate of Attendance Allowance awarded you can dispute the decision by requesting a **mandatory reconsideration** of the decision. The DWP will look again at their decision; they can consider any further evidence you might be able to provide to support your claim, so it is worth sending in any relevant doctors' reports, clinic letters or any other relevant evidence. You must request a mandatory reconsideration within **one month** of the date of the decision.

If after the mandatory reconsideration you remain unhappy with the decision you can register an **appeal**. This should be registered directly with HM Courts & Tribunals Service within one month of the date of the mandatory reconsideration using the SSCS1 appeal form; you must enclose a copy of the mandatory reconsideration notice (MRN) with this appeal form.

Community Law Service's specialist benefit advisors can help to explain decisions and give advice and assistance with challenges and appeals.



Community Law Service offer specialist benefit advice to assist with identifying benefit entitlement, claiming benefits, understanding benefit decisions and registering benefit challenges and appeal. We can offer appointments to give advice and assistance to prepare for benefit appeals.