Review Group on Domiciliary Care Allowance Public Consultation
Submission by the Citizens Information Board

Introduction

The Citizens Information Board (CIB) welcomes the opportunity to make a submission to the Review Group on Domiciliary Care Allowance (DCA) payments. The Board notes that the Terms of Reference of the Group include reviewing the policy objectives and legal provisions underpinning the DCA[1] scheme as well as its current administrative, medical assessment and appeals processes.

The Board draws on feedback from its delivery partners (Citizens Information Services (CISs), the Citizens Information Phone Service (CIPS) and the National Advocacy Service (NAS) to inform this submission to the Review Group.

In 2011, Citizens Information Services (CISs) nationally dealt with over 600,000 clients and one million queries from members of the public. The Citizens Information Phone Service (CIPS) responded to 166,619 requests for information and advice. In the first half of 2012, 334,549 clients used CISs and 531,555 queries were dealt with nationally.

Queries from the public to CISs and CIPS cover a wide range of concerns, including social welfare entitlements, disability-related matters, housing, education and health. Approximately half of the queries refer to social welfare matters and many of these relate to accessing social welfare payments, including disability-related payments (Domiciliary Care Allowance, Carer's Allowance and Disability Allowance) The NAS assists people with disabilities and their families with issues encountered in accessing services and supports to meet their individual needs.

While the DCA Review is a means of identifying and addressing the current difficulties with the scheme, the outcomes of the review will need to be located within the context of broader policy reforms, such as a move towards an individualised supports system currently under consideration[2]. In this regard, the Minister's intention to carry out a separate piece of work on the availability of supports and services for children with disabilities is welcomed. An important consideration in reviewing the DCA is that the payment be assessed against the overall level of family support services. Any withdrawal of services arising out of budgetary cutbacks impacts significantly on families of children with a disability. This applies in particular to respite services – weeknight, week-end, emergency respite and day care.

Summary of Issues and Concerns

Role of DCA

There appears to be a difference between the expectation of the payment on the part of parents/families who consider that they should receive the payment and the

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[1] Domiciliary Care Allowance (DCA) is a monthly payment (currently €309) paid to the carer of a child with a disability so severe that the child requires care and attention and/or supervision substantially in excess of another child of the same age. This care and attention must be provided to allow the child to deal with the activities of daily living and the child must be likely to require this level of care and attention for at least 12 months. Currently, the DCA supports 24,000 families and some 26,000 children at a cost of €100 million per annum, with an additional €45 million being paid to these families on the respite care grant.

[2] Report of the Expert Reference Group on Disability Policy

legislation and criteria governing the payment.

Medical Assessment Criteria
The medical criteria both in terms of content and the way they are applied are regarded as not being fully amenable to capturing the complex realities and related support needs of some children with a significant disability. The complexity of the medical assessment makes it extremely difficult for parents to fully understand the process.

Interpreting Medical Evidence
There is a perception that Deciding Officers and Appeals Officers sometimes interpret the medical evidence in a uni-dimensional manner which fails to take account of the practical care and support implications of particular conditions, particularly relating to children on the autism spectrum.

Design of Application Forms
Initial application forms/guidelines as well as the format used for reviews are regarded as not being user-friendly. The design of the Application Form does not lend itself to capturing accurately and comprehensively the nature of the information required. This also applies to reviews which appear to be treated the same as new applications.
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Communication of Decisions
The way decisions are communicated to families, particularly in respect of withdrawal of DCA following review, are experienced as lacking clarity, specificity and comprehensiveness.

Interaction with Families in Assessing Child’s Needs
There is a widely held concern that decisions about awarding DCA are being made by people who are somewhat removed from the reality of the lives of the families seeking DCA.

Children with an Intellectual Disability
There is a perception that it is easier for parents of a child with a physical disability to get DCA in that the medical criteria are more amenable to accurate application in the case of physical disability.

Role of Advocacy
There is a perception among parents that advocacy intervention, particularly by politicians, results in some people getting DCA who would not otherwise have got it.

DCA as a Gateway Payment
Since the DCA is a gateway payment, its withdrawal following review can result in significant financial loss to families with children with a significant disability.

Cessation of DCA at Age 16
The current situation where payment of DCA ceases when the child is aged 16 is problematic on the basis that it may not be appropriate or ethical, to treat a child with care needs as an adult at age 16.

Impact of Delays
Delays in the processing of claims and appeals for DCA put additional pressure on families, some of which will undoubtedly already be on low income and/or struggling to come to terms with having a child with a disability.

Impact of Sudden Withdrawal of DCA
The withdrawal of DCA on medical grounds following review is reported as a cause of angst for many families. Having to appeal is experienced by many families as unnecessary and as adding further to the difficulties they experience on a daily basis in dealing with the child's needs.

Anomaly
An apparent anomaly identified with the scheme is children for whom DCA is being paid not being eligible for Free Travel when in many instances the parents have Free Travel.

Advantages of the DCA Scheme

There are a number of positive aspects of the scheme as it currently operates:

(i) It is a non means-tested payment and, therefore, universally available to families whose child qualifies on medical grounds.

(ii) It is a gateway payment to a range of supports, including The Respite Care Grant, the Carer's Allowance, the Household Benefits Package and Free Travel.

(iii) It is a relatively significant amount of additional income which can to some extent act as a 'Cost of Disability' payment.

(iv) It has the advantage of affording families maximum choice in how the money is spent.

Objectives of DCA: Need for Greater Clarity

However it is quite unclear what the specific objectives of the DCA are and these do not appear to be set out in the legislation transferring the scheme from the HSE to the DSP. In practice, it would appear that the payment is aimed at supporting families with the additional efforts and cost involved in caring for a child with a significant disability. The fact that the payment is not means-tested and that there is no provision for a reduced payment suggests that it is targeted at covering the additional costs associated with caring for a child who requires additional support, care and therapies.

Key questions arise about the role of DCA from an overall policy perspective. For example, is DCA an additional or compensatory payment to a family with a child with high levels of dependency or is it to help with the related costs of disability.

While the DSP clearly cannot prescribe how the DCA is to be used by families, it would probably be helpful in clarifying its current role and future potential to establish how the payment is currently used by different families. Key questions in this regard would be:

(i) Whether the payment is used to procure additional care (including respite care) inside or outside the home;
(ii) Whether it is used as a generic family income; and
(iii) Whether it is used to purchase additional therapies for the child

Since the DCA is a gateway payment, its withdrawal following review can result in significant financial loss to families with children with a significant disability. Approximately 40% of families receiving DCA also get Carer's Allowance with a similar proportion receiving the Household Benefits Package. The withdrawal of the

DCA and the Respite Care Grant is an automatic reduction of €5,408 per annum in family income. The withdrawal of DCA and 'gateway' payments following review understandably puts additional stress on families who had come to rely on these benefits.

Feedback from CIB Delivery Partners

Feedback from CIB delivery partners reflects a widespread concern relating to DCA on the part of families of children with disabilities. This concern arises because of a number of factors:

- A public perception that in the last two years there is a significantly higher proportion of initial refusals of applications for DCA
- Fears and uncertainty arising from the number of DCA medical reviews being carried out in recent years and the subsequent withdrawal of the payment from some recipients [3]
- Cutbacks in respite care services
- Difficulties in accessing Special Needs Assistants for school going age children
- Fears generated by the options for disability payments (DCA and Disability Allowance) proposed initially (and subsequently withdrawn) as part of Budget 2012 provisions
- Particular difficulties that families of children on the autism spectrum seem to have in accessing DCA
- The long delays in recent years in processing DCA applications, and particularly the long delays in having oral appeals heard [4]

CIB delivery partners report a widely held concern arising from a perception that decisions about awarding DCA are being made by people who are somewhat removed from the reality of the lives of the families seeking DCA. This is seen to be in contrast to the situation that existed when the scheme was administered by the HSE where the assessment was done by the local Area Medical Officer who would be more likely to be familiar with the child's needs and family's circumstances. There is also a perception that it is easier for parents of a child with a physical disability to get DCA in that the medical criteria are more amenable to accurate application in the case of physical disability. Also reported is a growing public perception that restricting access to benefits where there is an element of discretion or judgment on the part of decision-makers is being increasingly used as a way of controlling expenditure. Claims that there is currently an 'unofficial policy' to restrict access to or remove the DCA from children with autism have been strongly rejected by the DSP.[5]

Another aspect of the present situation highlighted in feedback from delivery partners is that some parents compare their own situation to that of other families and, rightly or wrongly, feel aggrieved and discriminated against if they are refused DCA when they see families with children who they perceive as having similar needs to their

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[3] 1,700 DCA cases were scheduled for a medical review for 2012

[4] The average processing times for DCA oral appeal hearings was 55.8 weeks in 2011(SWAO Annual Report 2011)

[5] DSP Secretary General, Addressing the Public Accounts Committee June 2012

own child, getting the allowance. There is also a perception among parents that advocacy intervention, particularly by politicians, results in some people getting DCA who would not otherwise have got it.

CIB delivery partners regularly observe that it is extremely difficult for parents coping with their child's disability to actively engage for the period of time involved in the prolonged appeals process. A related point is that parents sometimes feel that they have a right to DCA without fully understanding the eligibility criteria and, therefore feel aggrieved if they are refused. Such situations, it would appear, are sometimes made worse by what parents perceive as a failure on the part of the DSP and/or the Social Welfare Appeals Office to fully comprehend the complex reality of the child's condition and his/her high support needs.

While there is a major emphasis, in keeping with the provisions of the Convention on the Rights of the Child, to have all children with disabilities educated in mainstream education, anecdotal evidence suggests that in some instances, the fact that a child is in mainstream school acts as a disadvantage in establishing ongoing eligibility for DCA at review stage.

An important question which should be looked at by the Review Group is whether DCA and a parallel payment of Carer's Allowance is regarded as a 'double' social welfare payment as distinct from being a recognition by the State of the cost of disability. A related issue is that the HSE are responsible for the provision of services, including supports for children and young people with care needs whereas the DSP is responsible for income support. The case for a more holistic and integrated approach to the support needs of children with disabilities has been strongly argued over the years.

Supporting Families of Children with a Disability

The role of DCA should be seen in the overall context of integrated family support which is a central component in enabling families to carry out both their own wishes and in reflecting the widely held view that, for the most part children with disabilities (like all children) are best cared for in their own family environment. Providing families of children with a significant disability with well-designed support services is thus essential so that they do not experience restricted and diminished lives because they happen to have a child with a disability. The provision of adequate support to such families has an important impact on the quality of life of the whole family. Families who are not under extreme pressure and stress (financially or psychologically) are likely to find it easier to support the child with a disability to achieve his/her potential. Problems for families occur when the basic services are inadequate and when parents become exhausted from the heavy burdens of care.[6] DCA should be seen as one element in a continuum of support which involves respite care and easy access to the therapies that an individual child requires.
The role of DCA as a significant component of disposable income for some families must also be taken into consideration in the review of the scheme.

Difficulties in accessing benefits and services to which people have a legitimate entitlement inevitably exacerbate the difficulties experienced by families of children with a significant disability. Delays in the processing of claims and appeals for DCA are likely to add to people's sense of marginalisation and to put additional pressure on families, some of whom will undoubtedly already be on low income and/or struggling to come to terms with having a child with a disability.

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[6] See Quin, S. and Redmond, B. (2003), *Disability and Social Policy,* University College Dublin Press.

Applying for Domiciliary Care Allowance

CIB delivery partners refer to the shortcomings of the current DCA application forms, particularly in the case of an application in respect of a child on the autism spectrum. Parents must provide onerous amounts of information, documentation and evidence to support their claim for DCA and the design of the application form does not lend itself to capturing accurately and comprehensively the nature of the information required. This also applies to reviews which appear to be treated the same as new applications. (There can be a disconnect between the ethos of disability services and policy which emphasises a child's 'abilities' and the tenor of forms and administrative processes which requires parents to emphasis 'disabilities' and needs).

The view is regularly expressed by information providers and advocates that the application form needs to be revamped to make it more amenable to situations where the child's disability is more psychological than medical/physical.

CIB delivery partners also note that appeals against a refusal of DCA are sometimes upheld as a result of the direct interface between appeals officers and parents where the parents can set out more clearly and more comprehensively the needs of their child than they could do in writing. This is felt to be particularly so in the case of children on the autism spectrum.

Domiciliary Care Allowance: Reviews and Appeals to the Social Welfare Appeals Office (SWAO)

The relatively high rate of withdrawal of DCA following review is a cause for concern. There is a perception that such reviews are treated as first-time applications with no regard to the fact that the Department's own assessors had already deemed a case to merit DCA. This suggests that in the context of the review either the applicant or the assessor failed to identify some aspect of the child's condition which was taken into account in the original decision to grant the DCA. Some families, perhaps, do not see a need to re-state the child's current condition in detail in their submission to the review process since there had been no change to the condition already described comprehensively at initial application stage.

The withdrawal of DCA on medical grounds following review is reported as a cause of angst for many families. While an application can be made to have the review decision looked at again by submitting additional information or appealing the decision to the SWAO, this process is experienced by many families as unnecessary and as adding further to the difficulties they experience on a daily basis in dealing with the child's needs.

The fact that over 50% of those who appeal a refusal of DCA have their appeals upheld raises some basic questions. While this reflects a willingness to address errors in the initial decision-making process, a key question is why the initial decision was not the 'correct' one. One possibility is that the specific information provided at initial application stage was not specific or comprehensive enough and only emerged at the review/appeal stage and is not submitted at the initial stage. This may suggest insufficient guidance being provided to the person making the initial application or responding to a review and, perhaps, some basic shortcomings in the language used and the design of the forms.

Domiciliary Care Allowance is the subject of a growing number of appeals. The number of DCA appeals received in 2011 was 2,481, 1,827 in 2010 and 836 in 2009. A total of 2,402 DCA appeals were finalised in 2011 with the majority being decided by Appeals Officers (81%), 18% by means of a revised decision by a Deciding Officer with the remainder being withdrawn. The refusal of applications for DCA has been the subject of much media coverage and political debate in the past year. The Ombudsman has noted that decisions to discontinue DCA following review were placing huge stress on families who had come to rely on the payment to meet the additional costs of daily living. A key point made by the Ombudsman was that members of the public needed to be told why they were being denied benefits and, in cases which involved a medical opinion, decisions needed to be evidence-based and not simply rubber-stamped.

The long delay in the processing of appeals for DCA is reported by CIB delivery partners as being extremely difficult for families who are in many instances trying to come to terms with their child's disability.

DCA and Medical Criteria

The medical criteria for DCA require that the child has a severe disability requiring continual or continuous care and attention substantially in excess of the care and attention normally required by a child of the same age. This means that eligibility for DCA is not based primarily on the medical or psychological condition, but on the resulting lack of function (physical or intellectual or social) which necessitates the provision of substantial care and attention.

An issue identified by CIB delivery partners refers to DCA applications in respect of children on the autism spectrum and the adequacy of the medical criteria assessment in such cases. Problems arise because the care needs may arise in such instances because of a child's social and/or psychological problems which necessitate full time care and supervision as distinct from medical problems. Many such children not only require full-time care and attention but also require occupational therapy, physiotherapy and behaviour support therapy which involve a cost to the family.

While the medical assessment for DCA no doubt seeks to be as comprehensive and transparent as possible, its complexity makes it extremely difficult for parents to fully understand the process. The fact that there has been a huge increase in appeals of DCA reviews raises significant concerns about the process.

The experience of the SWAO is that identifying what constitutes "substantial" extra care can be very difficult, particularly in cases which involve children whose disabilities are intellectual in nature, including Autism Spectrum Disorder (ASD). This is seen by the SWAO as a difficult issue for Appeals Officers. The SWAO has expressed the view that many parents were not convinced that their child's condition was fully acknowledged by either the Deciding Officer at initial application or review stage or by the SWAO at appeals stage. The SWAO stated that, while the fact that a child required additional support was generally understood, a difficulty arose in that in many cases the extra support required and given was not at the level envisaged by the legislation governing the DCA.[7]

The criteria for eligibility for DCA, *viz.* that 'the child has a severe disability requiring continual or continuous care and attention substantially in excess of the care and attention normally required by a child of the same age' requires further consideration for a number of reasons. For example, 'substantially in excess' could conceivably mean something very different in different families.

The importance attached to specialist medical evidence in DCA assessments may inadvertently result in an inherent bias in the current system in that some families

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[7] Social Welfare Appeals Office (2011) *Annual Report 2010*.

may be unable to access assessment reports either through the state system, because of delays or absence of such services in their area, or privately, because of their inability to bear the cost.

The fact that a DSP Medical Officer can over-rule the opinion of the family doctor or other specialists who treat the child (via desk assessment) understandably raises questions for some parents.

Having a Departmental medical assessor meet a child in cases where an application for DCA is being refused or withdrawn could overcome this problem and would also facilitate greater consistency and rigour in the actual decision-making process.

While the Medical Eligibility Guidelines for Domiciliary Care Allowance drawn up by the Expert Medical Group are aimed at establishing a set of national, consistent and objective guidelines in determining eligibility of children for the scheme, the fact that assessments for medical eligibility are on the basis of evidence submitted by the applicant rather than by way of individual examination by the Department's Medical Assessors, may be an inherent flaw in the current system. This is a centrally important point which requires consideration by the Review Group.

Link between Receipt of DCA and Carer's Allowance

The current linkage between payment (or withdrawal) of DCA and payment (or withdrawal) of Carer's Allowance is problematic. If the DCA is linked to the cost of therapies and related matters (as distinct from helping parents with onerous duties arising from a child's disability) withdrawal of DCA should not result in automatic loss of the Carers Allowance. It would seem logical that separate reviews of the DCA and Carer's Allowance should be carried out in the context of further clarity about the intended role of DCA. The reality is that for many families the simultaneous loss of both DCA and the Carer's Allowance makes it extremely difficult for them to survive financially.

Cost of Disability and DCA Rate of Payment

It is acknowledged nationally and internationally that people with disabilities incur many extra living costs as a result of their disability. The Indecon Report on the Cost of Disability, published by the NDA in 2004, showed that people in Ireland face extra costs of living related to disability over and above those which are currently met by state services or supports, for example extra costs for heating or transport. The rate of DCA is the same for every child who qualifies regardless of their level of disability or how much care they require. Clearly, some children with disabilities had greater needs than others and, clearly, some families are far more reliant on such income to meet daily living costs than others.

The role of the DCA as a 'Cost of Disability' payment will undoubtedly be a key consideration for the Review Group, taking into account the additional costs incurred by households with a child with a disability. There is a difficulty, however, in doing this adequately in the absence of a more general cost of disability payment policy.

Transferring to Disability Allowance

There is a broader issue relating to the current situation where payment of DCA ceases when the child is aged 16.[8] A key question is whether it is appropriate, or ethical, to treat a child with care needs as an adult at age 16 (as is currently the case

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[8] Issues relating to the age thresholds for disability payments for young people were raised in a CIB Submission to the Advisory Group on Tax and Social Welfare February 2012

when they are eligible for the adult payment of Disability Allowance (DA)). It is also the case that the transition from DCA to DA now appears to trigger an automatic review of the parent's Carer's Allowance. It would seem more appropriate that such a review would take place when the child reaches adulthood (i.e.,18 years). These questions should be addressed by the Review Group.

Addressing the Issues Identified

DCA and Needs Assessment

The CIB recognises the significant challenge that exists in developing and applying a national standardised approach to assessment. A question arises as to how the overall needs of an individual child might be assessed in a more holistic manner than is currently the case, taking into account the range and diversity of needs of each individual child – medical , physical, psychological and social.

DCA as part of an Integrated System of Individualised Supports

A policy of individualised supports[9], currently under consideration by Government, would provide a valuable framework for assessing the role of DCA and locating it within a broader policy context. This would also provide a model for tailored responses based on individual needs assessment taking into account not only the child's additional needs but also the strengths or otherwise of individual families.

The core components of the proposed individualised support approach are:

(i) State funding would be allocated based on an independent assessment of individual needs

(ii) Following the needs assessments, individual support plans would then be drawn up and individualised budgets allocated from which the supports and services needed would be paid.

An important consideration in any move towards individualised supports is ensuring that it is not used as a means of placing a greater onus on parents and families to make up funding shortfalls.

While additional income is clearly an important factor for most families, how such income relates to other support services provided directly or indirectly by the State must be a key consideration, particularly at a time when there has to be a strong emphasis on the rationalisation of resources. Further protocols for liaison between the HSE Early Intervention Services and the DSP should be explored in this regard.

DCA as a 'Gateway' Payment

There is a need to look in detail at the role of DCA in relation to overall family income. This applies in particular to families dependent on low-paid work or social welfare for their primary income. The linkages between DCA and access by families to other social welfare income (Carer's Allowance, Carer's Benefit, Household Benefits Package, Free Travel, Respite Care Grant) needs to be looked at to establish

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[9] *"Individualised supports are a personal social service which includes a range of assistance and interventions required to enable the individual to live a fully included life in the community* " (p.15). See Report of Expert Reference Group on Disability Policy.

whether and how such provisions meet the additional care, support and treatment needs of a child with a significant disability as distinct from acting as a necessary and important component of income support for some families.

Transfer to Disability Allowance

Transition from DCA to DA should take place at age 18 rather than 16. (It is noted that this view is supported by the Minister for Social Protection[10]) Reviews of parents' eligibility for Carer's Allowance would also be more appropriate when the child reaches adulthood (i.e. 18 years).

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[10] Minister for Social Protection, Dáil Debates, 8th May 2012.

Selected Case Examples

Case Example 1

A child was referred to the Early Intervention Team Services when just under 3 years of age because assessments carried out to date indicated that he needed speech and language therapy, physiotherapy, occupational therapy and support psychological support. The child was subsequently diagnosed with high-functioning autism.

The Early Intervention Team nurse advised the family to apply for Domiciliary Care Allowance (DCA). The DCA application was made following an Assessment of Need and included the Assessment of Need report as requested on the application form and all other relevant reports indicating the additional care and attention required by the child. The application was refused and a review was requested. The review application included additional information from the psychologist, support letters from all the intervention team and the child's home tutor and further evidence of the child's additional care need.

The family could not understand the rationale for the initial refusal. The letter of refusal stated that the family had not clearly shown that the child required care and attention beyond that required by a child of a similar age without a disability. The reality as described by the family was that the child required considerable help with toileting, feeding, communication and coping with the ordinary daily routines of family life. A 20 mile round trip is required to bring the child to playschool (the nearest one that would take him because of his additional needs). He requires physiotherapy, occupational therapy and speech and language therapy on a regular and ongoing basis.

Case Example 2

A family was receiving DCA and Carer's Allowance for a number of years. In late 2011, the mother was informed that the DCA was under review and on 5th January 2012 DCA was stopped on the basis that there was not enough information to prove that the child needed extra care and attention. The woman appealed the decision with the help of a CIS information provider. On 6th February 2012 she received letter to say her appeal was received, but that would be some time before it would be dealt with due to a backlog. On 16th February 2012, she received letter from the DSP stating that as DCA had stopped on 5th January she had not been entitled to receive Carer's Allowance since that time. She was informed that payment would be suspended immediately and that she would have to repay Carer's Allowance received since the DCA was stopped. The woman told the CIS that she felt 'tricked' because she did not know that getting Carer's Allowance was dependent on having DCA and wondered why the Carer's Allowance section and DCA section of the Department did not communicate with each other about her payment. She was afraid to appeal the decision to suspend the Carer's Allowance in case her DCA appeal is refused and she has to repay any more Carer's Allowance that she might receive. The CIS helped the woman to draft a letter to the Carer's Allowance section pointing out fact that since DCA is being appealed the Carer's Allowance should not be stopped and the woman should not have to repay money received since during the period 5th January to 16th February.

Case Example 3

This family has two children, one of whom is an eighteen-month-old daughter with spina bifida. The mother initially made a claim for both Domiciliary Care Allowance (DCA) and Carer’s Allowance (CA) and received DCA for four months. It was then stopped *'due to her daughter not meeting the current medical conditions to avail of the payment'*. At this time she was still waiting on her Carer’s Allowance claim. The woman requested a review of the decision but was refused on the basis that the child did not meet the current medical conditions. She appealed the DCA and is awaiting a response from the Appeals Office. Her Carer’s Allowance claim was granted but only in relation to the four months’ back pay for the period when she was in receipt of DCA. The delay in process the appeal results in the mother being without any DCA or Carer’s Allowance because a decision on the Carer’s Allowance will not be made until a decision is made on the DCA. “The delays experienced in both claims and appeals of claims have put an enormous financial strain on the family. The appeal process in particular, as it takes so long, has a knock-on effect on associated payments as has happened in this case” (CIS Information Provider). The mother cannot work due to the extra care she must provide for her youngest child. The mother is concerned for her daughter’s future and the extra funding from DCA would enable the child to avail of extra activities and supports which she currently crucially needs to help her to walk.

As it stands since this child was born they have only received DCA for four months and a back payment of Carer’s Allowance for four months. The Information Provider noted that the fact the mother received Carer’s Allowance in the first instance suggests that she must have met the caring and medical criteria for this payment but because the child was subsequently deemed not to meet the DCA medical criteria, the Carer’s Allowance was also withdrawn.

Case Example 4

A CIS client applied for Domiciliary Care Allowance for her child and was advised that there was a 13-week application processing time. She also applied for Carer’s Allowance for which there is also a long processing time. In the meantime, she is reliant on her co-habiting partner's Jobseekers Allowance for income for herself and her two young children. During the waiting time, she has substantial costs associated with her child with a disability, in particular transport costs associated with bringing her child to Speech Therapy, Occupational Therapy and Psychological clinics at clinics which are located over 30 miles away.