



# Severe Disability Benefit & Carer's Allowance

## Guidance notes

**Severe Disability Benefit** is a tax free social security benefit for people whose Medical Condition means that they need frequent attention, continual supervision, prolonged or repeated attention with bodily functions.

**Carer's Allowance** is a tax free social security benefit for someone who is caring for a person who is getting Severe Disability Benefit. To be entitled to a Carer's Allowance you must be providing at least 35 hours of care a week.

## **Please read these notes before filling in the claim forms.**

There are two forms to complete if you wish to apply for Severe Disability Benefit.

**Section 1** (Form SDB1) is about you. It is important you return this section to Social Security as soon as you can, (if your claim is accepted, payment can only be made from the Monday following the date that this form is received by Social Security).

**Section 2** (Form SDB2) is about how your medical condition affects you.

There is only one form to complete if you wish to apply for Carer's Allowance.

**If you need further information please call the Pensions & Allowances helpline on 222506.**

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## **What is Severe Disability Benefit?**

Severe Disability Benefit is a tax-free social security benefit for people whose medical condition (illness or disability) means that they need:

- frequent attention throughout the day in connection with their bodily functions, **or**
- continual supervision throughout the day in order to avoid substantial danger to themselves or others, **or**
- prolonged or repeated attention or supervision during the night in connection with their bodily functions, (**For example** another person to be awake for a prolonged period or at frequent intervals during the night to watch over them in order to avoid substantial danger to themselves or others).

## **What are bodily functions?**

These include breathing, dressing, undressing, eating, drinking, going to the toilet, taking a bath or shower, getting into or out of bed, sitting, sleeping, hearing, seeing and communication with other people.

They **do not** include cooking, shopping or other household chores.

You can claim Severe Disability Benefit even if you have not currently got anyone to help you with your care needs.

## **Severe Disability Benefit - Section 1 (Form SDB1)**

Section 1 contains questions about you, the care you receive and any other benefits payments you may be in receipt of as well as your bank details and your income. There is also a section on special circumstances in which you may not need to complete Section 2.

### **Page 1 – Claimant details**

Please provide your personal details. If you are not staying at your usual address, e.g. because you are in hospital or in a respite facility or staying with a friend, please give that address and also describe if this is a one-off stay or if you are staying there on a regular basis. Examples for regular stays away from the usual address include stays for children in the Croft or short but regular respite stays for the elderly in a residential care home environment.

### **Page 2 – Medical condition and care**

Please describe what medical condition you are suffering from and provide the details of the care you receive, both from informal and professional carers.

If there is nobody caring for you at the moment, please answer “Who is the main person who helps to care for you?” with “None” and proceed to page 3.

### **Page 3 – Other benefits and payments**

If you are receiving any (disability) benefits from another country, please provide all relevant details.

You are only entitled to Severe Disability Benefit if you were born locally or have lived in Guernsey for the last five years and spent at least 26 weeks of the last 12 months in Guernsey. Please confirm that you comply with these criteria as well as your previous addresses if you have lived outside Guernsey in the past. If you have lived at more than one other address outside Guernsey, please provide the additional addresses and National Insurance Numbers on an additional page.

Please provide your bank details as the Severe Disability Benefit will be paid weekly in advance direct into your account, once approved.

### **Page 4 – Your declaration and special circumstances**

Carefully read the declaration and sign it. If you are completing the form on behalf of the claimant, please also provide your name and address.

At the bottom of page 4, please indicate if any of the special circumstances apply to you. They are as follows:

### **Special rules (Terminal illnesses)**

Special Rules for people who, because of their condition, are not expected to live longer than 6 months will ensure the benefit can be arranged quickly and easily for such cases.

If you are claiming under the Special Rules you will not be asked to give any further medical details. That means, if you are applying under the special rules, you may not need to complete section 2. Just complete section 1 and send the form to Social Security. You need to tick the box that applies to you. We will write to your doctor or specialist to confirm your condition and care needs.

If you are filling in this form on behalf of someone else you can do so under the Special Rules without having to tell them unless you want to.

### **Renal Dialysis**

This applies to people undergoing kidney dialysis two or more times per week at home by day or night and who require attendance or supervision of another person during the dialysis.

For Renal Dialysis you will not be asked to give any further medical details. That means, if you are undergoing renal dialysis, you may not need to complete section 2. Just complete section 1 and send the form to Social Security. You need to tick the box that applies to you. We will write to your doctor or specialist to confirm your condition and care needs.

### **Profound/Multiple Disability**

‘Profound’ applies to people who have an acute or extreme physical or learning disability and therefore require help with most areas of daily living for example eating, washing, dressing and going to the toilet. ‘Multiple’ applies to people who may also have additional physical, sensory and mobility problems, which means the person requires a lot of care.

For Profound/Multiple disabilities you **might not** be asked to give any further medical details. That means, if you have a Profound or Multiple Disability, you do not need to complete section 2 at this stage. Just complete section 1 and send the form to Social Security. You need to tick the box that applies to you, the boxes for ticking can be found on page 4 of section 1. We will write to your doctor or specialist to confirm your condition and care needs.

It may be that after your Doctor/Specialist has provided Social Security with information we may still require you to complete the form.

## Severe Disability Benefit - Section 2 (Form SDB2)

Your answers to the questions in section 2 are very important to Social Security as it helps us get a clear picture of how your medical condition affects you.

This will help Social Security to decide if you can get Severe Disability Benefit.

Before you fill in this form, you may find it useful to:

- Have a look through the form to see what we need to know.
- Keep a record for a day or two of how your medical condition affects you, what help you have needed or what you have felt you have found difficult.

Social Security knows that your medical condition may vary over a period of time, or in different conditions and that you may have good days and bad days. Social Security is also aware that help needed during the day can be different than at night: Ensure that you tell Social Security about the different sort of help you might need during the day and night.

Please try and tell us as much as you can about how your condition affects you and how it varies. **The more you tell us, the easier it is for us to get a clear picture of your care.**

Social Security cannot help you to describe your medical condition or how it affects you or assist you to complete this form - you must do this yourself. However, you can ask a relative, friend or social worker to help you as well as the Health Information Exchange by calling them on 707470.

You should still sign the form yourself, if you can, but Social Security will accept the claim signed by somebody else as long as they give their name and contact details.

Social Security acknowledges that stating how often you need help with a particular activity and for how long is sometimes difficult to put a figure on. However it is important for Social Security to get a clear picture of how your condition affects you. Therefore, please give as much detail as possible.

For example, is the support you require weekly/daily/hourly or more regular than this?

The examples below are not a complete list of information Social Security requires. They are just there to help you give us detailed information about your condition and how it affects you.

If you are completing this form for a child there are some extra questions on pages 8 and 9.

**If there is not enough space on the form for you to describe your condition and how it affects you then please continue your description on a separate sheet of paper. Please mark clearly to which section the additional information refers.**

### **Page 1 – Personal details**

Please provide your personal details so we can match your Section 2 form with your previously submitted Section 1 form.

### **Page 2 – Mobility**

Please describe your mobility in your own words.

For example:

- Can you stand alone?
- Can you walk around alone?
- Do you fall regularly? (Maybe because of muscle weakness or because you suffer from fits).
- Do you need help getting in/out of bed?
- Do you need help turning over in bed or changing position?
- Do you need help getting in or out of a chair?
- Do you need help transferring to and from a wheelchair?
- Do you need help when you are going out?
- Do you need help transferring in and out of a car?

If your mobility needs and difficulties are different between day and night, please describe how they differ. For example, you are more unsteady at night from tiredness or darkness.

If you require aids or certain adaptations, please list them in the table provided. An example could be:

<b>Aids and Adaptations</b>	<b>How does this help You</b>	<b>What difficulty do you have using this aid or adaptation</b>
Stair lift	I can get up and downstairs.	I need help to get in and out of the chair.

Other examples could be a hoist or bed raiser to help you get out of bed, a walking frame, wheel chair or an adapted car.

How often do you need to make use of the aids and adaptations? What help do you still need from another person? How long does this help sometimes take? Please try to explain the norm, but also give examples of your best and worst days. For example, you require a bed hoist or need help using it twice a day for 15 minutes. You use a walking frame but it still takes you several minutes to walk across a room. On your worst day you are unable to walk at all.

### **Page 3 – Washing/Showering/Bathing**

Please describe in your own words what help you need with washing/showering/bathing?

For example

- Do you need help getting in and out of a bath/shower?
- Do you need help washing and drying yourself?
- Do you need help cleaning your teeth?
- Do you need reminding to bath/shower/dry?

If you require aids or certain adaptations, please list them in the table provided. An example could be:

<b>Aids and Adaptations</b>	<b>How does this help You</b>	<b>What difficulty do you have using this aid or adaptation</b>
Bath seat	I can use the bath on my own.	I need help to get in and out of the bath chair.

Other examples could be bath rails or shower seat hoists.

How often do you need to make use of the aids and adaptations? What help do you still need from another person? How long does this help sometimes take? Please try to explain the norm, but also give examples of your best and worst days. For example, you use a bath seat twice a week but on your worst days you can't use it at all.

### **Page 3 – Toilet needs**

Please describe in your own words what help you need to assist you with you toilet needs?

For example

- Do you need help getting to or using the toilet?
- Do you need help using or changing continence aids?
- Do you need encouraging going to the toilet?



If you require aids or certain adaptations, please list them in the table provided. An example could be:

<b>Aids and Adaptations</b>	<b>How does this help You</b>	<b>What difficulty do you have using this aid or adaptation</b>
Commode	I can use the toilet in the day	At night due to my mobility being worse I need help to use a commode.

Other examples could be a raised toilet seat, the use of incontinence pads or catheters.

How often do you need to make use of the aids and adaptations? What help do you still need from another person? How long does this help sometimes take? Please try to explain the norm, but also give examples of your best and worst days.

#### **Page 4 – Dressing**

Please describe in your own words what help you need with getting dressed?

For example:

- Do you need someone to help you dress/undress?
- Do you need help fastening clothes or footwear?
- Do you need reminding to dress/undress?
- Do you need reminding to change your clothes?

If you require aids or certain adaptations, please list them in the table provided. An example could be:

<b>Aids and Adaptations</b>	<b>How does this help You</b>	<b>What difficulty do you have using this aid or adaptation</b>
Stocking aid	I can get dressed	I need help to load the stocking aid.

Other examples could be using Velcro shoes instead of laces.

How often do you need to make use of the aids and adaptations? What help do you still need from another person? How long does this help sometimes take? Please try to explain the norm, but also give examples of your best and worst days.

## **Page 4 – Meal times**

Please describe in your own words if you have any difficulties with eating or drinking?

For example

- What help do you need at meal times?
- Does someone need to prepare your meals for you?
- Does someone need to bring you your meals?
- Do you need someone to feed you?
- Do you need to be reminded to eat and drink?
- Do you need help with cutting up your food?

If you require aids or certain adaptations, please list them in the table provided. An example could be:

<b>Aids and Adaptations</b>	<b>How does this help You</b>	<b>What difficulty do you have using this aid or adaptation</b>
Special feeding cup	I can drink more easily.	I need someone to make the drink and put it in the cup.

Another example could be the use of special cutlery.

How often do you need to make use of the aids and adaptations? What help do you still need from another person? How long does this help sometimes take? Please try to explain the norm, but also give examples of your best and worst days.

## **Page 5 – Communication**

Please describe in your own words if you have any difficulties communicating with other people.

For example

- Do you need help from another person to help you communicate with others?
- Do you have difficulty understanding or being understood?
- Are you not able to ask for help when you need it?

If you require aids or certain adaptations, please list them in the table provided. An example could be:

<b>Aids and Adaptations</b>	<b>How does this help You</b>	<b>What difficulty do you have using this aid or adaptation</b>
Communication board	I can use this board with people who understand it.	Only limited people can use this communication board with me.

Other examples could be the use of self-made signs for key messages or picture boards.

How often do you need to make use of the aids and adaptations? What help do you still need from another person? How long does this help sometimes take? Please try to explain the norm, but also give examples of your best and worst days.

### **Page 5 – Mental Health**

Please describe in your own words any mental health issues you may have. Please describe your condition in as much detail as possible.

For example

- How do you manage your mental health?
- Is there anything you are unable to do in your daily life because of your mental health?
- Do you need help because you are suffering with dementia?
- Do you need help because you hear voices/experience thoughts that disrupt your thinking and may put you at risk?
- Do you think of self-harming?
- Do you need help because you get confused?
- Do you need help because you have difficulty in concentrating or motivating yourself to get out of bed in the morning or you need to be encouraged to go to bed at night?

What help and support do you require due to your mental health issues and how often do you need this support?

### **Page 6 – Risks**

Please describe in your own words if there are situations where, because of your physical or mental health condition, you are unaware of common dangers when you are alone. This could be either indoors or outdoors. Please describe the level of supervision you need to keep safe in such situations and for how long you require this supervision.

For example

- Do you need help to keep you away from danger that you may not know is there?
- Do you need help to avoid danger because you cannot control the way you behave?
- Do you need help because you are at risk of wandering off?
- Do you need help because you are likely to be burnt or scalded regularly?
- Do you need help because you have fits, dizzy spells or blackouts?
- How are you likely to act in a potential dangerous situation?
- How long do you require supervision in order to keep safe?

### **Page 6 – Medical treatment**

Please describe in your own words if you have difficulty or need help with your medical treatment.

For Example

- Do you have difficulty or need help to take medication including handling the medicine, understanding which medicine to take and when to take it?
- Do you have difficulty or need help with treatment or therapy (e.g. physiotherapy, oxygen therapy, speech therapy) you are having.

If you require aids or certain adaptations, please list them in the table provided. An example could be:

<b>Aids and Adaptations</b>	<b>How does this help You</b>	<b>What difficulty do you have using this aid or adaptation</b>
I have an oxygen cylinder.	It helps me to breath.	I need help to set the system up.

Another example could be that you use a tablet organiser which somebody needs to prepare for you, that you need to measure your blood sugar and prepare your own insulin injections or that you receive physiotherapy for Cystic Fibrosis.

How often do you need to make use of the aids and adaptations? What help do you still need from another person? How long does this help sometimes take? Please try to explain the norm, but also give examples of your best and worst days.

### **Page 7 – A typical day and additional information**

Please describe in your own words what a typical day is like for you. Please also tell us anything about your medical condition that you have not already put anywhere else on the form.

Please also tell us about anyone else other than the GP/Specialist that you have seen recently about your condition and how often you see them because of your condition and what service they provide for you.

This could include:

- Social worker,
- Specialist nurse,
- Community Psychiatric Nurse,
- Occupational therapist.

Is anybody else helping to care for you because of your condition? What do they do for you?

This could include:

- Professional carer,
- Nurse,
- Support worker,
- Friend,
- Family member,
- Charity worker.

In addition to the information already provided, you may also wish to tell Social Security other things about the difficulties you have with Mobility, Washing, Toilet Needs, Dressing, Meal Times, Communication, Mental Health, Risks and Medical treatment.

You may also wish to inform Social Security what involvement or treatment helps you the most with your medical condition.

## **Page 8 and 9 – Extra questions about children**

Pages 8 and 9 contain additional questions if you fill in this form for a child.

Please remember, to qualify for the benefit, the child still requires

- frequent attention throughout the day in connection with their bodily functions, **or**
- continual supervision throughout the day in order to avoid substantial danger to themselves or others, **or**
- prolonged or repeated attention during the night in connection with their bodily functions, or (For example another person to be awake for a prolonged period or at frequent intervals during the night to watch over them in order to avoid substantial danger to themselves or others).

Reminder: School leaving is defined as being 16 years of age.

Reminder: Please continue on a separate sheet of paper if the space provided is not sufficient.

What medical condition does your child have?

For example:

- Does your child have a physical disability?
- Does your child have a developmental disorder? E.g. Autistic Spectrum Disorder (A developmental disorder is a medical condition involving a disturbance of the usual functioning of the mind or body)

Please describe how this condition impacts on their daily life.

Please describe how often your child needs help and for how long? Please tell us as much as possible as we need to know if your child needs **significantly more** supervision than would usually be needed by a child of the same age and gender. Please describe what extra supervision your child needs at home.

If your child's needs are different between day and night, please describe in as much detail as possible how they differ.

For how long can your child be left without supervision? Does always somebody need to be in the room? Can you leave your child to play on their own for a while? For how long?

Is your child allowed out of the house alone? What danger would your child be in if they were left unsupervised or allowed out alone? Please describe what danger your child would be in if they were left unsupervised or allowed out without supervision for long periods.

Is there anything else about your child's behaviour that impacts on daily life and is not mentioned anywhere else on this form. A comparison will be made to what would be expected by a child of the same age.

For example:

- Does your child show aggression to other children or adults?
- Is your child impulsive? (Meaning they have a tendency to act on sudden urges or desires).

Does your child attend school? If no, please tell us why your child does not attend school:

For example:

- Is your child still too young to go to school? (proceed to page 10 in this case)
- Is it due to their medical condition?
- Has your child been excluded because of behaviour?

Does your child have any special needs at school?

For example:

- Is there a special assistant required?
- How does your child travel to and from school? Does your child need to travel by special transport?
- Is your child supervised whilst waiting for the transport and throughout the journey?

Who supervises your child at home and school?

For example:

- Home: Mother, then Grandmother, they are not alone
- School: Teaching Assistant

### **Page 10 – Declaration**

Carefully read the declaration and sign it. If you are completing the form on behalf of the claimant, please also provide your name and address.

**Now, take this form to the Doctor who is treating you for the condition as they will need to complete the remaining pages of the form. This form will then need to be returned to Social Security within three months otherwise it may affect payment of the benefit.**

### **Page 11 and 12 – Medical Practitioner's Declaration**

You do not need to complete these sections. These sections should be completed by the GP or Specialist who is treating you for your illness or medical condition. There is room here for your Doctor to add more information about your condition if they need to.

## **Carer's Allowance (Form CA1)**

### **What is Carer's Allowance?**

A weekly benefit intended for anyone who cares for someone who has a disability and needs a lot of attention or supervision by day or night.

To receive Carer's Allowance:

- You must be over 18 years old.
- The person you are looking after must be in receipt of Severe Disability Benefit.
- You must spend at least 35 hours per week looking after the disabled person.
- You must not be receiving unemployment benefit, maternity allowance or an incapacity benefit.
- not exceed the annual income limit (see page 15 of Leaflet 50 – Benefit Payment and Contribution rates) i.e. the amount provided for by Section 2(3)(b) of The Severe Disability Benefit and Carer's Allowance (Guernsey) Law, 1984.

### **Page 1**

Please provide your personal details.

### **Page 2**

The household income includes your income or that of your husband/wife or other person with whom you are living as husband and wife. It includes income from all sources, including interest from investments, dividends, gratuities, Directors or other fees, occupational pensions and social insurance benefits from any country.

### **Page 3**

Please confirm that you provide at least 35 hours of care per week and what bodily functions that care or supervision refers to. Please give us as much information as possible of all the activities you perform for the disabled person and how much time you spend on each of them. Please only include care provided by you, not by any other family members, friends or professional carers who may be involved in the care.

### **Page 4**

Please complete your bank account details. Carefully read the declaration and sign it.