

## CDP Mobility Component – Higher Rate

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### Introduction

1. This chapter:
  - explains the eligibility criteria for the higher rate mobility component of Child Disability Payment (CDP)
  - provides definitions of the main terms used as part of the eligibility criteria.
2. CDP consists of two components:
  - care component
  - mobility component.

### Eligibility criteria for the higher rate mobility component

3. An individual must be at least three years old to qualify for the higher rate of the mobility component<sup>1</sup>.

*1 CDP regs, reg. 13(1)*

4. An individual applying for CDP can qualify for the higher rate of the mobility component if taking account of their physical condition as a whole, but ignoring the nature of the place where the individual lives they<sup>1</sup>:

- are unable to walk<sup>1</sup>

- are virtually unable to walk outdoors<sup>2</sup>
- would experience a serious deterioration in their health from the exertion required to walk<sup>3</sup>.

*1 CDP regs, reg. 13(2)(a)(i)*

*2 CDP regs, reg. 13(2)(a)(ii)*

*3 CDP regs, reg. 13(2)(a)(iii)*

5. An individual applying for CDP who meets any one of the following criteria can qualify for the higher rate of the mobility component if they:

- have no legs or no feet<sup>1</sup>
- have a severe visual disability<sup>2</sup>
- are both blind and deaf<sup>3</sup>
- have a severe mental disability with severe behavioural difficulties and qualify for the highest rate of the care component.

*1 CDP regs, reg. 13(2)(b)*

*2 CDP regs, reg. 13(2)(c)*

*3 CDP regs, reg. 13(2)(d)*

6. An individual who does not qualify for the higher rate mobility component will not necessarily qualify for the lower rate. The eligibility criteria for the lower rate mobility component considers whether an individual requires supervision when walking outdoors. [LINK TO LOWER RATE MOBILITY CHAPTER].

7. An individual applying for CDP who is at least three years old and is terminally ill qualifies for the higher rate mobility component of CDP<sup>1</sup>. They do not have to fulfil the criteria listed above. More information in the Special Rules for Terminal Illness chapter [LINK].

*1 CDP regs, reg. 15(1)(b)*

### **The individual's physical condition as a whole**

8. When considering whether an individual is:

- unable to walk
- virtually unable to walk outdoors, or
- would experience a serious deterioration in their health from the exertion required to walk,

case managers should have regard to the individual's physical condition as a whole<sup>1</sup>.

*1 CDP regs, reg. 13(2)(a)*

9. The individual's disability should have a physical cause.

10. The individual does not need to have a diagnosed physical condition. For example, there may be cases where there is no supporting information from a professional to confirm that an individual's disability has a diagnosed physical condition. In these cases, case managers should still consider the individual's physical condition as a whole, based on the information provided by the individual, as well as any other forms of supporting information.

11. It can sometimes be difficult to determine whether a child or young person's mobility is affected by a physical disability. This happens especially when it manifests as a refusal to walk. In such circumstances the questions to focus on are:

- does the impact on the individual's disability have a physical cause?
- If so, does the individual's behaviour affect their ability to walk to such an extent that they can be said to be virtually unable to walk?

**Example: an individual is virtually unable to walk**

Tyler is 13 and has Down's syndrome. He is able to walk around outdoors but when doing so, he becomes extremely agitated and distressed and stops walking after only a few paces.

If he is encouraged to keep walking he may walk a short distance further but will often sit on the ground instead. Once on the ground it is very difficult to encourage him to get back up. Tyler can become very upset and his parent's report that he will begin biting and hitting himself.

Down's syndrome is caused by a chromosomal difference which impacts on brain development. It therefore has a physical cause.

The case manager determines that Tyler is virtually unable to walk and is therefore entitled to the higher rate of the mobility component.

12. For a definition of "virtually unable to walk" please see the section "Can the individual be described as virtually unable to walk?" below [LINK].

13. The individual's disability may also have a non-physical cause. This means that the physical cause does not need to be the only cause, but case managers must still have regard to the individual's physical condition as a whole.

14. An individual's inability to walk or virtual inability to walk might also be due to a severe mental impairment or severe behavioural difficulties. You can find more information on this in the Severe Mental Impairment chapter. [LINK TO SEVERE MENTAL IMPAIRMENT CHAPTER]

**Example: an individual's difficulty with walking has a physical cause**

Camil is 15 and has Friedreich's ataxia. This makes walking difficult due to reduced coordination, weak muscle tone and a lack of sensation in Camil's feet. Camil has since been diagnosed with schizophrenia. This is controlled using medication which causes them significant fatigue and drowsiness. As a result, Camil is only able to walk up to 100 metres at a slow pace and frequently trips or falls.

Although Camil's mobility is partly affected by a mental health condition, taking account of his physical condition as a whole, the case manager determines that Camil is virtually unable to walk.

The case manager determines Camil is entitled to the higher rate of the mobility component.

15. The significance of the distance that an individual is able to walk is covered below [LINK TO SECTION 'CAN THE INDIVIDUAL BE DESCRIBED AS VIRTUALLY UNABLE TO WALK?'].

**Example: an individual's difficulty walking does not have a physical cause**

Ria is 14 and has severe depression. Ria's condition causes fatigue which means she is only be able to walk for around ten minutes at a moderate pace before she needs to rest. Ria also has tendonitis in her right ankle that causes mild pain for which she infrequently has to take paracetamol. It does not impact her ability to manage the distance she describes being able to walk.

It is reasonable to conclude that taking account of Ria's physical condition as a whole, she is not virtually unable to walk.

As Ria's disability does not have a physical cause, the case manager determines that she is not entitled to the higher rate of the mobility component.

**What is meant by walking?**

16. Walking should be given its ordinary meaning: walking means to move by means of an individual's legs and feet. Using crutches or other mobility aids to provide additional support to one or both legs to bear weight uses alternate legs and so is considered walking.

**Does the individual use an aid or appliance to walk?**

17. When considering the individual's ability to walk, case managers should take into account any aids or appliances that the individual either:

- normally uses
- could reasonably be expected to use.

18. This is because it is appropriate and safe for the individual to use that aid or appliance<sup>1</sup>.

*1 CDP regs, reg. 13(3)*

19. If an individual has only one biological foot and leg but uses, or could use an artificial limb or aid, they will not be unable or virtually unable to walk.

**Example: weight-bearing on a leg with a prosthesis**

Stella is 14 years old and had her right leg amputated below the knee as a result of an accident. She wears a prosthetic leg and can normally walk without any discomfort, at a normal speed, with a very slight limp. She can use a walking stick to

steady herself, if needed. The case manager makes a determination that Stella is able to walk and is not entitled to the higher rate of the mobility component.

20. The use of aids or appliances is a relevant consideration only for establishing whether an individual is unable or virtually unable to walk<sup>1</sup>.

*1 CDP regs, reg. 13(4)*

21. Case managers should consider the following to determine if an aid or appliance could reasonably be used:

- pain or discomfort experienced
- physical exertion required
- safety issues raised

when using such an aid.

22. Another factor is the availability of an aid or appliance. This involves considering the types of aid or appliances that NHS Scotland would recommend or make available to individuals. A case manager should ask a medical practitioner to advise, if there is in any doubt about the suitability of an aid or appliance.

**Example: an individual is able to walk with aids**

Cameron is 12 years old and has cerebral palsy. He walks using a rollator which helps him to balance and reduces his fatigue. Cameron is able to walk for at least 20 minutes at a slightly slower pace than his peers. He occasionally trips when navigating kerbs but manages with reasonable ease most of the time. Without the rollator, Cameron would be at risk of falling over.

Considering Cameron's mobility when using his rollator, it is likely he is able to walk in excess of 250 metres given both the:

- length of time he can walk for
- speed he travels at.

His rollator greatly reduces his risk of falling and he does not describe experiencing pain when walking.

The case manager determines that Cameron is not entitled to the higher rate of the mobility component.

**Example: an individual's ability to walk is not improved by aids**

Olga is 15 and was born without a knee joint or the lower half of her left leg. Until three years ago she wore a prosthetic leg and could walk with minimal discomfort. After a growth spurt, Olga was provided with a new prosthetic limb. However, despite multiple adjustments, she continues to experience severe discomfort when walking even a short distance. Olga began using crutches to reduce the weight going through her residual limb. A year ago Olga developed tendonitis in both wrists, likely

as a result of using crutches This causes her intense pain as soon as she starts to use them.

The case manager determines that Olga is entitled to the higher rate of the mobility component.

### **Use of both legs and feet to walk**

23. An individual who

- can only walk with crutches **and**
- places both feet on the ground alternately **but**
- does not and cannot place any weight on one foot and leg

should be treated as unable to walk.

24. Using crutches or a similar device in this way is sometimes referred to as “swinging through” which describes the motion involved.

### **Example: swinging through whilst placing body weight on crutches or an aid**

David is 12 years old and has had an amputation of his right leg below the knee. His surgeon has advised him not to wear a prosthetic leg because his wound is still healing, and it causes him considerable pain. He has been provided with two crutches. He swings both legs forward whilst putting all of his weight on the crutches, and is therefore “swinging through.” The case manager makes a determination that David is unable to walk and is entitled to the higher rate of the mobility component.

### **Example: unable to weight-bear on one leg**

Lisa is 11 years old and was involved in an accident that broke her left leg in several places. The breaks have not healed well and she still experiences pain. Although she can stand on both feet, she uses crutches when walking and places all of her weight on the crutches, rather than on her left leg. She swings her right leg through as she cannot put any weight on the left leg. The case manager makes a determination that Lisa is unable to walk and is entitled to the higher rate of the mobility component.

### **What type of walking surfaces are relevant?**

25. Case managers should consider the individual’s ability to walk on the types of surfaces typically found outdoors. This includes roads, pavements, and kerbs.

26. No pavement or road is absolutely flat therefore a degree of “incline” and “decline” must be considered.

27. The individual’s ability to walk indoors is not relevant.

28. The nature of the location where the individual resides is irrelevant. If the individual lives at the top of a very steep hill, or needs to cross uneven ground, this is not a relevant consideration. The individual's ability to walk up and down hills, uneven terrain or dealing with exceptional hazards would not be relevant considerations<sup>1</sup>.

*1 CDP regs, reg. 13(2)(a)*

**Does the individual's ability to walk vary or fluctuate?**

29. It is important to note that some children's and young people's ability to walk can vary depending on how their condition affects them at any given time.

30. There is no precise cut-off point at which an individual is or is not virtually unable to walk. Case managers should therefore take a broad approach to considering the individual's ability to walk in making a determination. This could include considering:

- how frequently the individual's condition fluctuates
- whether the fluctuation is predictable
- whether the individual's condition goes into remission
- the severity of the condition over a period of time.

31. The individual's condition or disability does not need to affect their ability to walk every day. Instead, the case manager should consider if the individual's condition means they are either:

- unable to walk
- virtually unable to walk

throughout the period of time covered by the backwards and forwards test. [LINK TO BACKWARDS AND FORWARDS TEST]

**Example: an individual with fluctuating conditions does not meet the higher rate mobility criteria**

Christie is 6 and has severe and extensive eczema. The backs of her knees are particularly severely affected. She often has dressings on her legs due to broken skin. Sometimes Christie has skin infections behind her knees requiring either antibiotic cream or oral antibiotics. At these times, it is painful for Christie to walk because it further aggravates her damaged skin. She is only able to walk a short distance before it starts to get uncomfortable.

Christie's supporting information indicates that her mobility is impacted by her eczema for around seven to ten days, up to four times a year. This means at the most, she experiences this impact for 40 days a year.

The case manager determines that Christie is not virtually unable to walk and is not entitled to the higher rate of the mobility component.

**Example: an individual with fluctuating needs does not meet the higher rate mobility criteria**

Sheema is eleven years old and has Ehlers-Danlos Syndrome. This is a connective tissue disorder causing loose joints which can dislocate easily. Sheema experiences some discomfort and inflammation in her knees and ankles after exertion. She is generally able to walk for around 20 minutes at a similar pace to children of her age. After this time, before she starts to experience discomfort. This alone does not qualify Sheema for the higher rate mobility component of CDP.

Sheema generally experiences a significant injury such as either a broken bone or dislocation to her legs at least once per year.

This means she is usually unable to walk at all for a period of between two weeks and to two months. She required surgery to repair ankle injuries on two occasions, at age 6 and 9 respectively.

Sheema's mobility is likely impacted for about one month a year considering both the frequency of her injuries combined the time it takes her to recover.

As the period of time where her mobility is impacted is limited, the case manager determines that Sheema is not entitled to the higher rate of the mobility component.

**Can the individual be described as virtually unable to walk?**

32. Virtually unable to walk means: "unable to walk to any appreciable extent or practically unable to walk" considering the:

- speed the individual is able to walk
- manner of walking
- time taken to walk a particular distance
- distance the individual can walk

without beginning to experience severe discomfort<sup>1</sup>.

*1 CDP regs, reg. 13(2)(a)(ii)*

33. Each case should be considered on its own facts taking into account the other elements set out below. It may be said that if an individual is able to walk 80 - 100 metres at an average speed, in a reasonable manner, without severe discomfort they are unlikely to meet the test of being virtually unable to walk.

34. It is important to note that the individual's ability to walk before beginning to experience severe discomfort is relevant.

*Distance*

35. There is no fixed distance an individual should not be able to walk beyond to satisfy the test of being virtually unable to walk.

*Severe discomfort*

36. It is important to note that severe discomfort is not the same as severe pain. Mild to moderate pain may amount to severe discomfort, depending on its nature. Discomfort can come from, but is not limited to:

- fatigue
- breathlessness
- pain
- tingling and similar sensations
- spasms and similar unintended movements
- dizziness, vertigo and similar sensations.

37. Severe discomfort can begin as soon as the individual starts walking. In these cases, the case manager can determine that the individual meets the test of being virtually unable to walk.

38. Many individuals will begin to experience discomfort at some stage when walking. Case managers should consider at what point, considering time taken and distance, that the individual begins to experience severe discomfort.

39. The individual does not have to stop walking due to the discomfort as soon as it becomes significant. However, the need to stop walking due to discomfort will be an indication that it is significant.

40. Case managers should consider the impact of the individual's condition both when walking and for a time after walking. An individual who

- can walk for five minutes at a reasonable pace
  - but could not repeat this within a reasonable amount of time
- may be said to meet the test of being virtually unable to walk.

#### *Relevance of stops*

41. Individuals may describe having to stop at various intervals while walking. If so, case managers should consider the impact this has on the distance the individual can walk without experiencing severe discomfort. It is important to remember that if an individual both:

- needs to stop walking due to severe discomfort
- is unable to continue

their walking ability should only be considered up until the onset of severe discomfort.

42. Individuals may recover sufficiently after a stop to continue walking without severe discomfort. In these cases, any further distance they can walk is relevant to considering their mobility.

43. Factors to take into account to decide if the individual is virtually unable to walk are<sup>1</sup>:

- the distance an individual can walk before needing to stop,
- the length of time they need to stop,

- the frequency of their need to stop,
- the distance they can walk between each stop.

1 CDP regs, reg. 13(2)(a)(ii)

The time, speed and manner of walking, discussed below, should be considered.

**Example: an individual's need for stops does not entitle them to the higher rate mobility component**

Kendal is 11 and has juvenile rheumatoid arthritis in his left knee and ankle, causing pain and stiffness. The pain is particularly severe when Kendal's joints are stiff in the morning. When Kendal begins walking after a significant period of rest he experiences severe discomfort. He has to stop after a few minutes of walking at a slow pace to rest and gently stretch his leg as recommended by his physio. After five minutes, Kendal is able to continue walking at a slightly slower pace, in a reasonable manner, for around 20 minutes. After this, he will stop to sit down and rest for at least half an hour.

The case manager determines that Kendal is not entitled to the higher rate of the mobility component.

**Example: an individual's severe discomfort and needs for stops mean they are virtually unable to walk**

Joshua is 15 and has scoliosis, which is curvature of the spine. This has greatly restricted his lung capacity. He also has severe asthma which is poorly controlled. Joshua finds walking very difficult as he becomes extremely out of breath after only mild exertion. He can walk for a couple of minutes at a slow pace before needing to stop and catch his breath for at least 5 minutes. He often needs to take his inhaler multiple times during each break. It takes Joshua longer to recover each time he needs to stop and his pace becomes slower the longer he walks. Excluding breaks, the most Joshua is ever able to walk is 10 minutes.

Joshua may be able to cover a reasonable distance in 10 minutes at a slow pace. However, he satisfies the test of being virtually unable to walk due to the:

- frequency of his need to rest
- time it takes him to recover
- need for him to take his inhaler
- breathlessness he experiences when walking.

The case manager determines that Joshua is entitled to the higher rate of the mobility component.

*Time*

44. The length of time an individual can walk for without severe discomfort is another factor to consider. It is something about which individuals applying for CDP may be more likely to be able to provide information. As with distance, there are no fixed parameters on time relating to the virtually unable to walk test. Each application should be considered on its own facts.

#### *Speed*

45. It is possible to estimate an individual's walking speed if both length of time and distance an individual can walk for are available. The speed an individual can walk at should be considered in relation to the average speed at which a child or young person their age walks. Parents may often describe their child's pace of walking in relation to their siblings or peers.

46. Case managers should consider if the child or young person walks noticeably slower than other children of a similar age, in that they consistently walk at a slower pace behind or others have to adapt to the child's pace when walking with them. The time it takes an individual to cover a distance can also be considered. If the individual is only able to walk at around half the speed of their peers or it takes them twice as long to cover a distance, it is likely the individual is virtually unable to walk.

#### **Example: an individual is virtually unable to walk due to speed and time**

Jon is 12 years old and has cerebral palsy which affects all of his muscles, causes him difficulty with balance and coordination and makes his limbs move unpredictably.

He is able to walk at about half the speed of his peers. Jon has fallen on many occasions while walking outside due to his lack of balance. After walking for around 15 minutes Jon experiences pain in his ankles and fatigue.

Jon meets the test of being virtually unable to walk due to the manner and speed of his walking, the pain and fatigue he experiences and risk of falling.

The case manager determines that Jon is entitled to the higher rate of the mobility component.

#### **Example: an individual is virtually unable to walk due to severe discomfort**

Fatima is 14 years old and has fibromyalgia. It causes significant fatigue. Muscle and joint pains affect most of her body, particularly her legs and back. Fatima describes walking as "very sore". She is able to walk for short distances at a slower pace than her friends before the pain and fatigue become too severe for her to continue. After walking this far, Fatima is unable to walk again until she has rested for at least an hour.

Fatima is unable to walk at all after a short distance due to pain and fatigue. It is reasonable to expect that she is in severe discomfort before reaching that distance. The impact walking this distance has on Fatima is also significant as she needs to rest for at least an hour afterwards. This means that Fatima meets the test of being virtually unable to walk.

The case manager determines that Fatima is entitled to the higher rate of the mobility component.

#### *Manner of walking*

47. Manner of walking relates to how an individual walks. It includes consideration of walking that may be described as one of more of:

- limping
- shuffling
- tripping and falling.

This list is not exhaustive.

48. Case managers should consider factors such as:

- if the individual experiences uncontrollable movements or tremors
- if walking requires significant physical exertion. This might include breathlessness, dizziness, nausea and exhaustion.

#### *Risk of falls*

49. It is relevant to take into account an increased risk of falling when considering manner of walking. Case managers should decide if the risk of falling means the individual is virtually unable to walk.

50. Case managers should consider:

- likelihood of falling
- how predictable the falls are
- if anything can reasonably be done to avoid the risk of falls
- the frequency of falls
- the chances of serious injury arising from a fall.

#### **Example: an individual at risk of serious injury from falls is entitled to the higher rate mobility component**

Ross is 12 and has dyspraxia and a visual impairment. Dyspraxia causes challenges with activities requiring coordination and movement. These conditions mean he frequently bumps into things and trips up when walking, especially when outdoors on unfamiliar routes. Ross has fallen to the ground as a result of tripping over things twice in the last six months. He was not seriously injured on either occasion. Although Ross's coordination is affected, he is generally able to put his hands out to catch himself when he falls.

Ross is at an increased risk of falling due to his disability. However his falls only occurred infrequently, meaning the risk was fairly remote. These difficulties alone would not be enough for him to qualify for the higher rate of the mobility component.

More recently, however, Ross has had a serious fall where he fractured his hip. Therefore both Ross' risk of significant injury due to his disability is high and his manner of walking mean that he meets the test of being virtually unable to walk.

The case manager determines that Ross is entitled to the higher rate of the mobility component.

**Example: an individual is virtually unable to walk due to the risk of injury from falling**

Saba is 14 and has Tourette's Syndrome, a neurological condition which causes involuntary vocal and physical tics. Saba experiences particularly severe physical tics numerous times a day involving her legs. These cause involuntary movements in her legs and her muscles become rigid. The tics Saba experiences are unpredictable and cause her to fall to the floor. Saba is unable to prevent herself from falling. She has been injured a number of times due to falling and required hospital treatment as a result on three occasions over the past 2 years, twice having sustained a concussion and once a broken wrist.

The case manager determines that Saba is entitled to the higher rate of the mobility component.

**Does walking cause exertion leading to danger to life or deterioration in health?**

51. An individual is entitled to the higher rate of the mobility component if the exertion required to walk would lead to either<sup>1</sup>:

- danger to the individual's life,
- a serious deterioration in the individual's health, from which there would be no recovery, or from which recovery would take a significant period of time.

*1 CDP regs, reg. 13(2)(a)(iii)*

52. Walking must significantly worsen the individual's condition for the impact to amount to causing a serious deterioration in an individual's health.

53. Increased pain, discomfort, fatigue or breathlessness will not meet the definition.

54. Any stress or deterioration in the individual's mental health is not a relevant consideration.

55. Needing significant medical intervention indicates a serious deterioration in the individual's health. Examples are surgery or a prolonged course of treatment not usually required by the individual.

56. Case managers should decide if the period of time is significant. They can take the nature of the recovery into account. For example, constant bed rest for 3 months is likely to have a greater impact on the individual than a longer period when they need crutches to walk.

57. Recovery periods of weeks or months are relevant as opposed to hours or days.

58. The period of recovery can be shorter than would otherwise be needed to meet the test if the individual needs significant medical intervention to recover.

**Example: the deterioration of health is not serious enough to meet the higher rate mobility criterion**

Sarah is 6 years old and has spina bifida. Muscle weakness in Sarah's legs affects her ability to keep her legs aligned when walking. This can cause additional pressure on her joints. Sarah wears splints which help with this to an extent. However, she still finds walking tiring and describes having sore legs afterwards. Sarah can only walk very short distances, at a slow pace with an altered gait. The wear and tear caused to Sarah's knees may cause her to develop osteoarthritis in adulthood.

Sarah's circumstances would not amount to a serious deterioration in her health. This is because the potential for damage to her joints is remote. This is unlikely to lead to either a danger to life or a serious deterioration in Sarah's health from which there would be no recovery.

However, the case manager takes into account Sarah's pain and tiredness determines she is virtually unable to walk determines that Sarah is entitled to the higher rate of the mobility component.

**Example: the danger to the individual's health is significant enough to meet the higher rate mobility criteria**

Freddie is 10 and has Epidermolysis Bullosa Simplex. This causes the skin on his hands and feet to be fragile and prone to tearing and blisters as a result of mild physical activity. The damage to Freddie's skin means he is at a greatly increased risk of developing infections and he is often prescribed antibiotics. The repeated trauma caused to Freddie's hands and feet causes thick scar tissue to develop. This may restrict the movement of his fingers and toes and require surgical management. Freddie is advised to only walk short distances and to limit doing so outside in order to protect the skin on his feet.

There is short and long term damage that would be caused to Freddie's feet, including the risk of infection, by him walking. This means he satisfies the test of a serious danger to health from which recovery would take a significant period of time.

The case manager determines that Freddie is entitled to the higher rate of the mobility component.

**Individuals with no legs or no feet**

59. Individuals who do not have legs or feet are entitled to the higher rate of the mobility component regardless of whether they use artificial limbs or prostheses<sup>1</sup>.

*1 CDP regs, reg. 13(2)(b) and 13(4)*

60. The individual may, for example, have been born with no legs or feet or have had their legs or feet surgically removed or amputated. The individual may also have been involved in an accident that has led to the loss of their legs or feet (either in the accident or as a result of treatment or surgery).

### **Severe visual disability**

61. An individual has a severe visual disability if a registered medical practitioner has diagnosed them as having a ‘severe visual impairment’ defined by the Visual Impairment Network for Children and Young People (VINCYP)<sup>1,2</sup>.

*1 CDP regs, reg. 13(2)(c)*

*2 CDP regs, reg. 13(5)*

62. VINCYP is a national managed clinical network for children and young people. It promotes equality of services and improving care for children and young people with a visual impairment across Scotland.

63. The new Certificate of Vision Impairment (CVI form) for adults in Scotland was introduced in April 2018. This replaced the previous registration system (Blind and Partial Sight Register) for people with a visual disability. Since then children under the age of 16 years in Scotland are no longer registered. This is because the needs of children with visual impairment are different from adults.

64. Children who meet the test of having a severe visual disability will receive a letter by their local health board. The letter states that they have “a severe visual impairment fulfilling the definition from the visual impairment network for children and young people (VINCYP).” The VINCYP network publishes guidance for healthcare staff on its website.

65. Diagnosis of a condition causing a severe visual disability will usually be made by a consultant ophthalmologist or paediatrician.

66. It is helpful to understand the criteria used for establishing a severe visual disability in adults. However, the needs of each child will vary. A number of professionals involved in the child’s care will consider them. Generally, a child will have a severe visual disability in the same circumstances as an adult, if their visual acuity comes within any one of the following:

- less than 3 / 60 with a full visual field
- between 3 / 60 and 6 / 60 with a severe reduction of field of vision, such as tunnel vision
- 6 / 60 or above but with a very reduced field of vision, especially if a lot of sight is missing in the lower part of the field.

67. The case manager should consult a medical practitioner if they are in any doubt about if an individual meets the severe visual disability criteria.

### **Individuals who are deaf and blind**

68. An individual can qualify for the higher rate mobility component if they meet all of the following criteria<sup>1</sup>:

- they have 100% loss of vision
- they have 80% hearing loss, where 100% represents complete deafness),
- the combined effect means that the individual is unable to walk outdoors without the help of another person.

*1 CDP regs, reg. 13(6)*

69. In considering the effects of hearing loss, case managers should consider if the individual either:

- uses an artificial aid to help them hear
- could reasonably use an aid to help them hear.

70. Whether an aid is reasonable to use will depend on:

- the age of the individual
- the availability of such an aid from NHS Scotland
- any discomfort the individual may experience from using an aid
- whether the aid can be used only for a short period of time or not.

71. The case manager should consider consulting a practitioner for further advice if there is no supporting information available.

### **Severe mental disabilities**

72. Please refer to the Severe Mental Impairment chapter [[LINK TO SEVERE MENTAL IMPAIRMENT CHAPTER](#)] for information about the criteria for the higher rate mobility component for individuals with a severe mental disability.

### **Eligibility for Accessible Vehicles and Equipment Scheme**

73. Individuals eligible for the higher rate mobility component can choose to make use of the Accessible Vehicles and Equipment (AVE) Scheme<sup>1</sup>. Through the scheme they can lease a vehicle or other equipment, such as a scooter or powered wheelchair. For more information on the scheme, please refer to the Operational Guidance [[LINK TO RELEVANT OPS GUIDANCE CHAPTER](#)].

*1 CDP regs, reg. 38*