Benefits and Work
Guides you can trust

The Best Possible

Disability Living Allowance Renewal Claims

for

Adults

on

Mental Health Grounds

June 2020

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Contents

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Disclaimer
Every care has been taken to ensure that the content of this work is accurate and that legislation and caselaw used is current at the time of writing. However, no responsibility for loss occasioned to any person acting or refraining from action as a result of any statement in this work can be accepted by the authors.

This guide is based on work originally carried out for the National Association for Colitis and Crohn's disease.

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About this guide

From 10 June 2013 you can no longer make a new claim for Disability Living Allowance (DLA) if you live in England, Scotland or Wales and you are aged 16 or above. From 20 June 2016 the same has applied in Northern Ireland. DLA has been replaced by a benefit called Personal Independence Payment (PIP). You can download our guide to claiming PIP from our website at www.benefitsandwork.co.uk

See 'More about PIP' below for more on the the PIP timetable.

Who is this guide for?

This guide is for you

- If you were already receiving Disability Living Allowance (DLA) and you were already aged 65 or above as of 8 April 2013 and live in England, Wales or Scotland and your DLA is due for renewal. If you live in Northern Ireland, see the above dates. You can download our guide to claiming PIP from our website at www.benefitsandwork.co.uk
- If you were 65 or over on the above dates and you are receiving DLA and your needs increase. You can apply for a revision or supersession of the care component of your DLA. You cannot be awarded the lower rate care component or the mobility component unless your needs began your 65th birthday.
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This guide is for claimants who are receiving DLA because of a mental health problem.

We use the term 'mental health problems' throughout this guide, although you may prefer a different term such as:
- mental health difficulties
- emotional distress
- nervous problems

or a more specific term such as:
- depression
- anxiety
- eating disorder

The important thing is that this guide is about the way problems you experience with your feelings and thoughts may entitle you to DLA. If you also have physical health problems you should include information about those in your claim pack. You can download a guide to claiming DLA on physical grounds from our website at www.benefitsandwork.co.uk.

Who is this guide about?

Imagine a guide to claiming DLA for people with physical health problems. It would need to cover conditions as different as arthritis and deafness, diabetes and head injuries. Clearly nothing in it would apply to everyone, each reader would have to pick out the bits that were relevant to them.

It's the same with this guide. We are writing for people with conditions as varied as anxiety, depression, schizophrenia, eating disorders and agoraphobia. Some of the information we give will apply to you, some will not. But the methods we explain for doing things like:
- filling out the claim pack
- getting supporting evidence
- preparing for a medical

apply to anyone renewing a claim based on mental health. So use the parts that are helpful to you and please don't be troubled or put off by the parts that aren't.

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Above all, if the problems you experience aren't as great as some of the examples we give, don't imagine there's no point in renewing your claim. If the only problems you have are with going outdoors in unfamiliar places, for example, or with cooking a main meal, that alone may be enough for you to get DLA.

How to use this guide

Use it slowly, bit-by-bit.

This is a guide to the whole process of renewing a claim for DLA. It will help you to make a very detailed and well supported claim and considerably improve your chances of success. But it's also very long and we often have to say the same thing in several different places, so please don't try to read it all at once. Use it like you would any other instruction manual – a car maintenance manual, say - just read the bit you need at the time and don't worry about the rest.

Getting support

Although you may have been receiving DLA for some time, the process of renewing your claim may be as stressful as making your original claim, so you may need to think about any ways in which you can get support from other people.

Emotional support

This may come from friends, relatives, carers or people you know who also experience mental health problems and have perhaps claimed DLA themselves. Consider letting people close to you know that you are having to renew your claim, and that you would appreciate their support. You could explain to them that many people find the process of claiming DLA distressing in a number of ways including:

- Completing the claim pack can be a long and hard task. It can force you to think about the things you find difficult to do and remember some of the most upsetting events from your past.

- Even if you were not visited by a health professional when you made your original claim, you may be visited at home by a health professional or have to go to an assessment centre, something which many people find quite stressful. (But see *Will I get a medical visit?* for ways you can prepare for a medical).

- Your own doctor may not support your claim in the way you thought s/he would.

- Even though you have been receiving DLA for several years, your renewal claim may not be successful and you may be left feeling like people think you were lying.

- If you are unhappy with the decision you may decide to appeal, a process that could take many months or even years and which may involve you having to talk about very personal matters to strangers at a tribunal. All this with no guarantee of success.

- Even if you are happy with your award it will only be for a limited period, perhaps as little as one year, and then you will have to go through the process of claiming PIP.

Professional support

As well as emotional support you may be able to get some professional support. This may come from an advice centre if you need help completing the form and possibly a solicitor or law centre if you are not happy with the decision on your claim, (see the *Help!* section). Health and care professionals such as your GP, CPN, psychiatrist or social worker, if you have any of these, may be able to support you by writing letters to accompany your claim. You can find out more about this in the section on *Including supporting evidence*.

Keeping a claim file

A claim file is just a folder, or a ring binder, in which you keep notes and copies of everything to do with your DLA claim, but it can save you months of frustration and lost benefits if the DWP lose any of their records.

What to keep in your claim file.

1 Keep a photocopy of everything you send the DWP.

Most especially, keep a photocopy of your completed claim form and keep it safe. We do know how difficult and expensive this can be, but if you don't you may regret it because:

- Your claim form may be lost by the DWP – it does happen.
- Records of telephone calls, letters from you and your claim form will be shredded by the DWP. Shredding may happen within a few months of documents being received. The longest the department is now likely to hold onto your claim pack is fourteen months.
- If you're not happy with the result of your claim you will have difficulty challenging the decision effectively without a copy of your original form.

2 Keep every letter you receive from the DWP.

Put them all in a folder in date order along with copies of letters you've sent them. (We had one client who was able to claim thousands of pounds in backdated benefits because he had kept copies of letters right from the beginning of his claim).

3 Keep a note of any phone calls to or from the DWP.

Ask for the name of anyone you speak to and keep a note of it, along with the date and the subject of the call. For example:

16.07.19 Spoke to Gemma at the DLA Unit. She said they have received my consultant's letter.

Try not to feel embarrassed or awkward about this as DWP staff are used to giving their names. In the very unlikely event that anyone refuses to give you at least their first name and the section they work on, ask to speak to their Supervisor.

At the end of this guide you will find a *Claim File Record Sheet* which you can use for making a note of calls and letters.

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Getting a claim pack and meeting deadlines

As a result of the coronavirus pandemic the time limit for returning pip claim packs has been extended from a month to 90 days. Although there has been no official information regarding DLA, when you receive the pack you may wish to phone the DWP to check what the deadline is for returning it.

If your DLA award is due to expire and you were aged 65 or above as of 8 April 2013 and you live in England, Scotland or Wales you will be sent a renewal pack about 5-6 months before your existing award is due to end. The relevant date for Northern Ireland is 20 June 2016 If you have not received a DLA renewal pack and you think you should have done then telephone the DWP and ask for a renewal claim pack. You will usually be asked to complete the renewal claim within 6 weeks, but as long as you submit the claim before your current award expires then the decision maker should consider renewal of your DLA. However, be aware that if you take too long to return the renewal application then the DWP may not have time to make a decision before your current award expires and then your DLA will stop until the decision has been made. You are also allowed to reclaim DLA provided that you reapply within 12 months of your previous award ending.

If you did not keep a copy of your original claim for DLA try to get one from the DWP before you start the form. You can get one by telephoning the DWP.

Up to date information

In order to make sure that your DLA renewal is an up to date reflection of your needs :

- keep a diary (see *Including Supporting Evidence*);
- make a list of who might provide supporting evidence (see: *Including Supporting Evidence*);
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- make appointments to see your health professionals (work out when you are likely to have completed the form, and ask for an appointment to take place soon afterwards);

Beware the tick boxes

The current DLA claim pack relies a great deal more on tick boxes and small boxes for numbers than earlier packs and leaves very little space for you to explain how your condition actually affects you personally.

We very strongly advise that you give additional information other than just the tick and number boxes.

If you don't do so you not only make it much easier for the decision maker to turn you down, you may also make it harder to succeed at a tribunal.. Pilot studies by the DWP showed that people who appealed against a DLA decision stood less chance of winning if they had been sent the new tick box claim pack than claimants using the old claim pack.

The four-step system we describe below has been used by tens of thousands of claimants and support workers, many of whom had failed in previous attempts to claim DLA, but succeeded using our system.

It does take a lot more time and thought than just ticking boxes, but the potential increase in your household income is undoubtedly worth the effort.

Providing additional information

The care section of the form asks about your various everyday activities. On most pages there are a series of tick boxes followed by an 'Is there anything else you want to tell us about . . . ' box. We strongly recommend that you use these boxes, plus additional sheets of paper, to give more details about how your condition affects you.

For many of the pages regarding care needs we recommend you use our four-step system to ensure you give detailed and relevant information. You may not always use the four steps in the same order as we suggest, but do try to make sure you include all the information.

Step 1 Say what causes the problems with the activity

Decision Makers are very fond of saying that claimants could do things if they chose, they just prefer not to. So make it clear, in your own words, that the reason you have problems is because of your mental health. For example:

- *I have problems with this activity because of my depression.*
- *I have problems with this activity because I am schizophrenic.*
- *I have problems with this activity because I get anxious.*

Or if you prefer to be more general:

- *I have problems with this activity because of my mental health.*

If there is more than one reason why you have problems then say so:

- *I have problems with this activity because of my depression and the medication that I take.*
- *I have problems with this activity because of my anxiety and my angina.*

You might get fed up with having to repeat the same thing on every page you complete, but it really is worth doing.

Step 2 Say what the problems are – in detail

Give as much information as you can about the problems you have. For example:

- *Because of my depression and the medication I take I cannot prepare a main meal.*

  I don't have the energy to cook a proper meal, I get exhausted very quickly, so I live off sandwiches, snacks and microwave food. Also, most of the time I have great difficulty *concentrating because of my medication which makes me feel like I have a permanent hangover. If I try to cook I forget to put all the ingredients in or I get confused about what things need to be put on the heat when, so some things get overcooked while others are still nearly raw. I'm also very forgetful so I am likely to leave things on the heat and then go and do something else and forget about them until I smell burning.*

Step 3 Give an example

This could be:

When you tried to carry out the activity and it went badly wrong:

- *On one occasion I left a frying pan on the heat and then forgot about it. The oil in the pan burnt and could easily have started a fire.*

A recent attempt to carry out the activity which was not successful:

- *I tried to go to Bath to visit my daughter last week, but I got more and more anxious waiting for the bus. My heart was racing and I was sweating and shaking and got very faint. Someone at the bus stop asked me if I was alright which made me even more anxious. In the end I managed to walk back home, but it left me feeling very shaken and depressed and I haven't been outdoors since.*

An example of how you are able to carry out the activity because you have help:

- *If it was not for my partner reminding me, encouraging me and sometimes getting angry with me I don't think I would bother getting washed or getting dressed most days.*

If you never attempt the activity alone anymore, say how long it has been since you did so:

- *I have not had a conversation with anyone except my immediate family for at least six months.*

Step 4 Say how someone could help

To get DLA you need to show that you 'reasonably require' help or someone to watch over you. You don't have to show that you actually get, or want, help – just that it would be reasonable for you to have it. But if you have problems with activities and there's nothing anyone can ever do that would make the slightest bit of difference, then you may not be entitled to DLA. So always try to show a way in which someone could help.

- *If someone is with me when I go outdoors they can calm me down if I start to get panicky.*

- *If someone is with me on a morning they can encourage me to get up and dress.*

- *If someone is with me at mealtimes they can encourage me to eat.*

General tips

When you're filling out the DLA form you **don't** need to worry about handwriting, spelling, punctuation, grammar or staying inside the boxes. Do whatever works best for you, including any or all of the following:

write in note form;
write in bullet points;
write outside the boxes and up the side of the page if you can't fit everything inside the boxes;
write on additional sheets of your own paper, but if you do so always:

  - write your name and national insurance number across the top of each extra sheet;
  - staple it to the last page of the claim pack.

The important thing is to *make the form fit your condition, rather than trying to make your condition fit the form*.

Also, don’t worry about repeating yourself . Whoever designed the DLA forms obviously felt that if a thing’s worth saying it’s worth saying at least half a dozen times. So repeat yourself as many times as the form requires. It’s very boring, but it *is* necessary.

How to fill in the number boxes

Many of them ask you to say how often and how long you need help for with each activity. You are also asked how many days or nights you need help. Your answers will affect what rate of the care component you may be eligible for. We explain the rules below, but the important thing to remember is just to fill in the form in as much detail as possible and without underestimating the problems you face. If the amount of help you need varies, see ‘Fluctuating conditions’ below.

How long do you have difficulty or need help for during the day

Remember when we talk about help you ‘need’, you don’t actually have to be getting help - or even want to get help - what is important is whether it would be reasonable in view of your health condition, for you to receive this help.

If you need help for *at least an hour* a day in total you may qualify for the lower rate. It doesn’t matter if this help is needed all in one go or partly in the morning and partly in the evening. So if you need help and encouragement for 40 minutes in the morning with getting up, washing and dressing and 20 minutes in the evening to get you to go to bed, this may be enough for you to get lower rate care. If the length of time you need help for varies, you can either give an average or a range. So, you might either say that you need help for between 10-20 minutes with getting into bed, or alternatively for 15 minutes if you consider that this is a fair average. Obviously you can’t be scientifically accurate about these figures: all you can do is give an honest guess and be prepared to say how you arrived at your answer if necessary. (Even if you require help for less than an hour a day you may still qualify. The Court of Appeal decided in January 2003 [*Ramsden v Secretary of State for Work and Pensions*] that a period of less than an hour might be sufficient, particularly if it is made up of a lot of short periods of help or if the help requires a lot of concentration or intense activity. The Court also said that the percentage of the day that the attention required should be taken into account).

To get the middle rate you have to show that you need help *‘frequently throughout the day’*, even if this amounts to less than an hour a day in total. So you have to need help with things in the morning, during the day and in the evening as well. There is no clear definition of what amounts to ‘frequent’ in this connection, except that it needs to be more than once or twice. But it doesn’t necessarily matter if most of the help is needed in the morning and evening, with much briefer amounts of help during the day. Each case should be looked at individually to decide whether it meets the criteria. So it’s important that you not only give details of all the help you need but also, if possible, when you need it. We suggest one way of doing this when we look at Extra information.

How long do you have difficulty or need help for at night

You have to need help for *at least 20 minutes* a night, or at least *twice* a night, for it to count. If you only need help at night you may get the middle rate care component. If you need help during the day *and* at night you may get the higher rate care component.

Note: there are two possible definitions of day and night following commissioner’s decisions in December 2003 and February 2004. (CSA/322/2003 & CDLA/3242/03). Formerly, night was the period when the adults in your household were normally in bed. So, for the purpose of DLA, day might have been between 8.00am and 12.00pm in one person’s house, but be between 5.00am and 9.00pm in the house next door. However, the Commissioners in these decisions held that, while household routines may have a marginal effect on when day and night begin and end, in general day and night are the same for all households. One of the Commissioners held that night is between 11.00pm to 7.00am. Because you may only need to show 20 minutes attention or supervision needs at night to be eligible for the middle rate of DLA, this distinction is an important one.

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How often do you have difficulty or need help during the day

As we said above, for lower rate care it doesn’t matter how many times, but for the middle rate it needs to be ‘*frequent’* which has, rather unhelpfully, been defined as several times.

How often do you have difficulty or need help at night

As we said above, at night it needs either to be once for at least twenty minutes or it needs to be at least *twice* a night.

How many days / nights a week

Remember this is about difficulties you ‘usually’ have – not your best or worst days. If you always have these difficulties then the answer is 7 days. If there are days when you wouldn’t have difficulties then give an average. In order to count, the difficulties you have need to be for the majority of the time. As a general guide, if you need help less often than four or five days a week you will be less likely to qualify for DLA.

How to explain fluctuating conditions

Your condition may be one that varies from day to day, week to week or month to month. People often find this a real problem when filling in a DLA form. We suggest that you explain how you are on your bad days and then how you are on your ‘better days’. (Please note that if you use expressions like ‘good days’ or ‘normal days’ it may be assumed that these are days on which you have no problems whatsoever). So, for example you might say:

On bad days I cannot get out of bed at all because of my depression. On better days I can only get out of bed after hours of trying to persuade myself.

If you have very few (or no) days when you can get out of bed easily, then you can reasonably say that you need help seven days a week. If you have a condition that causes different problems on different days, for example some days you are very low and others you are very high, you will need to give details of each and estimate how often the two together cause you problems.

Be careful not to underestimate your condition. Are your ‘better days’ actually free of problems, or just relatively so by your standards? It may be that, for the purposes of claiming DLA, you have to accept that you don’t really have any ‘good days’ at all – you’ve just learnt to deal positively with your condition. Having to think about this may be very distressing for you, so please make sure there is someone available to offer you support if you need it.

If you do have periods when you do not have problems then average them out as follows:

If your condition varies from day to day, decide on average how many difficulty free days a week you have. If it’s only 1 or 2 then you need help 5 or 6 days a week. (If you need help for fewer than 4 or 5 days a week it is less likely you will be awarded DLA).

If your condition varies from week to week, again average it out. If you have about one good week a month that’s a bit less than a quarter of the time, so you still need help on an average of 5 to 6 days a week.

If your condition varies from month to month and you have long periods of remission then you should decide whether you have no problems at all during the periods of remission or whether you still suffer from some problems. If you do have periods of months when you have no problems, you are unlikely to be eligible for DLA during those periods.

About you

Some people prefer to fill the form in with a pencil first. Others just get stuck in – it's up to you. We will take you through each part of the DLA form page by page so you will need the form open in front of you. Most of the `About you` section is straightforward factual questions about your name, address, contact details, etc. We'll only comment on the ones we think raise any particular issues.

6 Daytime phone number

The form asks for a daytime contact number. You may, however, prefer not to be contacted by phone for any one of a number of reasons:

You may have a physical or mental health condition which sometimes makes it difficult for you to concentrate and answer questions accurately, so you would rather have questions in writing so that you can deal with them when you are well enough.

You may feel that it is best for both parties if everything is in writing so that there can be no dispute about what questions were asked and what answers were given.

Alternatively, you can write in the phone number box 'See page 36' or 'See additional sheet'. On page 36 or the additional sheet explain why you don't wish to be telephoned. You should bear in mind that the DWP may well already have a telephone number for you however and also that if they have to write to you rather than phoning it may well take longer to deal with your claim.

8 Do you normally live in Great Britain ?

If you do not normally live in Great Britain or Northern Ireland, or if you have been abroad for a long period, this may affect your entitlement to benefits. See the Guidance notes that come with the claim pack for more information about this. If this proves to be a problem, get advice from one of the agencies listed in the *Help!* section.

12 What type of accommodation?

The type of accommodation you live in, for example a care home or a nursing home, can make a difference to whether you are eligible for DLA. It may also be taken into account by the decision maker when deciding how severe they consider your condition to be.

13 Where is there a toilet?

If there are toilets upstairs and downstairs you will need to tick both boxes. However, if you are only able to use one, for example because it has been specially adapted, then write 'See page 36' or 'See additional sheet'. On page 36 or the additional sheet explain this.

14 Signing the form for someone else

There are very few circumstances in which anyone other than the person making the claim should sign the form. Even if you fill in this form for someone else, your partner for example, they should still read it and sign it. If you have power of attorney or any other special circumstances listed on this page of the form, such as that you are making a claim for someone under the Special Rules or you are an appointee then you can sign the form on behalf of someone else.

About your illnesses or disabilities and the treatment or help you receive

15 Please list separately details of your illnesses, disabilities or diagnosis

Column 1 Name of illness or disability or diagnosis

List all your health conditions. As well as mental health conditions, include any physical health problems such as arthritis or angina. Your entitlement to DLA is based on the combined effects of ALL your health problems, so make sure you put them all down. But this guide only deals with mental health conditions, you can download a guide to DLA and physical health from www.benefitsandwork.co.uk).

Column 2 How long have you had this illness or disability?

As this is a renewal claim you will have had the condition for at least 3 months when you made your first claim, so when you make your renewal claim you will have had the condition for at least 3 months plus the length of time you have been receiving DLA. If you can't remember how long you put on your original claim form then put an approximate length of time and state that this is approximate.

Column 3 What medicines or treatments (or both) have you been prescribed?

The medication you take, and how long you've been taking it, will be used as an indicator of whether your condition is mild, moderate or severe. The same is true of any treatment you receive.

You need to list all the medication you are taking in relation to each condition in this column. If you are not sure which condition a particular medication is for, make sure you put it down anyway. It might be worth calling your GP, or whoever prescribed it, and asking which condition it's for. If you are sending in a prescription list then you don't need to complete this column in relation to medication, but you may want to put down medication you no longer receive (see next paragraph) and you will need to put down any treatment you have had.

Have you been prescribed medication in the past which you are no longer taking but which demonstrates the seriousness of your condition. We think you should put it down in this table and explain why you are no longer taking it on page 36 or an additional sheet.

For example, you may have been prescribed anti-depressants in the past but decided to stop taking them because of side-effects you were experiencing or the risks associated with long-term use of the medication. We think this is important because if, for example, you have depression but don't take medication or only rely on alternative remedies, the decision maker may assume that your condition cannot be very serious.

In the same way, if you have had treatment in the past which shows the seriousness of your condition then list it here, even if it was years ago. For example, you may have had a course of treatment from a psychiatrist, been a psychiatric in-patient or had ECT.

What is the dosage?

In this column you need to list the dosage and how often you take each of your medications. If you are submitting a prescription list you don't need to complete this column.

16 Apart from your GP, in the last 12 months, have you seen anyone in connection with your illnesses or disabilities?

There is a list of health professionals on this page of the form, plus a social worker is also mentioned. If you see anyone else who could be regarded as a 'professional' give their details here.

This is another of the ways in which the DWP may decide whether your condition is mild, moderate or severe. So if, for example, you have only seen your GP in the last twelve months then this will be used as evidence that your condition is likely to be only mild, otherwise you would have been seeing a community psychiatric nurse or a consultant.

If there is a reason why you don't see a specialist, for example because you've seen one in the past but there was nothing more they could do for you, then write 'See page 39' or 'See attached sheet' and give more details there.

17 Does anyone else help you?

We really don't like this question. You may get help from a friend or a neighbour but you may not want them to know your personal or financial business or you may simply not like the idea of having to ask them if they mind you passing on their contact details to the DWP. You might even be concerned that it could put them off helping you because they won't want to get involved with officialdom. If they are claiming benefits, they might even be concerned that it could affect their claim if the DWP knew they were helping you.

On the other hand, if you tick No, then not only is that not true, but it suggests you need less help than you really do.

If your friend or relative is happy to be included on the form then there's no problem. But if you don't want to ask them, or if they're not happy to have their details given then tick Yes and then write 'See page 36' or 'See attached sheet' in the 'Their name' box. Then on page 36 or the additional sheet, say that they are a friend and explain the help that they give. But also explain that you do not wish to give their details and explain why – for example, you don't wish people to be privy to your financial affairs or you are worried they might stop helping.

If there is more than one person who helps you, you may need several sheets to give their details – or explain why you are not going to.

18 About your GP

The frequency with which you see your GP may also be taken into account as an indicator of how serious your condition is. However, you may not see your GP about your condition either because you have a specialist who you see or because there is nothing anyone can do about your condition other than, perhaps, give you repeat prescriptions for your medication. If your GP has little to do with your treatment you might want to write a brief note in this section, or on an attached sheet, explaining why your GP is not the right person to seek further evidence from and tell the decision maker who they should contact instead. This may be useful if your GP gives unhelpful evidence which you later wish to challenge.

In addition, please don't assume, even if you see them regularly, that your GP knows all about the problems you have with everyday activities – you may never have told them or they may not have made notes at the time. People are often astonished by what their GP writes about them. So make sure you make an appointment to give your GP an up-to date picture of your problems as soon as you've completed this form and **BEFORE** they are contacted by the DWP. You should also warn your GP that the DWP may contact them.

19 Consent

On this page you are asked to sign to give your consent for the DWP, Independent Assessment Services or Capita to contact other people about your claim. Many people think that the consent, which allows the DWP to 'ask any person or organisation' for 'any information' that they need to deal with your claim and any appeal that might result, is drawn much too widely.

You do have the choice to tick the box saying that you do not give your consent. However, the text warns you that, if you do not agree, then the DWP may not be able to gather enough information to decide your claim, in which case you will not be awarded anything.

The safest thing to do is undoubtedly to tick the box saying that you agree.

However, if you feel very strongly about this – and you are prepared to take the risk of the DWP deciding that they cannot gather sufficient information - you could consider altering the consent statement to one which you think is more reasonable.

One way to do this is as follows:

In the second paragraph after the words ‘may ask any person or organisation’ make an insertion mark, or just put an arrow, and write the following words:

‘whose details have been provided in this claim pack’

Then after the words ‘any appeal or other reconsideration of a decision in relation to this claim.’ insert the following sentence:

‘If the Department or any health care professional wishes to contact anyone else they must obtain separate written consent from me before doing so.’

The consent should now read:

‘We, or any health care professional working for an organisation approved by the Secretary of State, may ask any person or organisation whose details have been provided in this claim pack to give them or us any information, including medical information, which we need to deal with:

- *this claim for benefit, or*
- *any appeal or other request to reconsider a decision about this claim.*

Then In the ‘I agree’ consent option add the word ‘amended’ between the words ‘as in the’ and ‘statement above’. This should now read:

‘I agree to you contacting the people or organisations described in the amended statement above’.

You can now tick the box.

If the DWP were to refuse an award on the basis that they could not get enough information, you would have very strong grounds for an appeal. But it is, nonetheless, a risk and one you may well feel happier not to take.

20 Special rules

If your death can reasonably be expected within six months because of a progressive disease your claim is dealt with under the Special Rules. Download our guide to DLA and physical health from www.benefitsandwork.co.uk for more about this.

21 Do you have any reports about your illness or disabilities?

If you have a copy of any reports or a care plan which you consider to be accurate and up-to-date and you think it would help the decision maker come to an accurate decision, then include it with your claim pack.

22 Are you on a waiting list for surgery

This is less likely to be the case in connection with a mental health condition. But if you are awaiting surgery of any kind, then give details here.

23 Have you had any tests?

There doesn't seem to be any guidance as to how far back you should go with test results. So, even if the results are some years ago, if they support your claim and demonstrate how serious your condition is – particularly if it is one that is known to deteriorate over time - then include details here. If you don't have the test results, you may be able to get copies from the hospital that carried them out. But don't miss the deadline for returning your form if you don't receive them in time. You can always send them afterwards.

24 Aids and adaptations

This is likely to only apply a physical health condition. You can download a guide to DLA and physical health from www.benefitsandwork.co.uk

Getting around outdoors

Important: you may be able to claim higher or lower rate mobility on the basis of a mental health condition.

This section of the claim pack is about your mobility needs. It is your answers in this section which the decision maker will use to help decide whether you meet the criteria for an award of the higher rate or of the lower rate of the mobility component.

25 Do you have a physical problem that restricts your walking?

Tick the Yes box if you are unable to walk at all because of, for example, a spinal injury or if your walking is restricted because of a physical health condition such as arthritis and then download copy of our physical health guide. Also tick Yes if you think that you may meet the criteria for 'severe mental impairment' detailed below and then give full details in the 'anything else' box at question 35 or on an additional sheet.

The rules relating to getting higher rate mobility on the grounds of 'severe mental impairment' are quite complex and you may need to get help either at the renewal stage or, if you are turned down, at the appeal stage.

But in brief, you need to show that all of the following apply.

1 You are entitled to the higher rate of the care component of DLA.

2 You have a severe mental impairment. This is defined as:

A state of arrested development of the brain or incomplete physical development of the brain which results in severe impairment of intelligence and social functioning.

This may apply to people with conditions such as autism, psychosis, learning difficulties or a severe head injury. It used to be case law that the condition had to have developed before the age of 30 but that no longer applies since CDLA/1079/2012.

'The Judge held that ... in the light of advances in medicine and neurology, adherence to R(DLA) 2/96's age 30 cut-off could no longer be supported. The Judge concurred with the expert conclusion that there is no precise age at which an individual's brain stops developing. In most people it would be by the thirties or early forties and probably depends on multiple factors.

Consequently, the Judge held that R (DLA) 2/96 should not be followed in so far as it holds or implies that regulation 12(5) embodies the age 30 cut-off rule ...'

3 You behave in ways that are extremely disruptive.

4 You regularly require some form of restraint to prevent you doing harm to yourself or someone or something else. This could be, for example, someone putting their hand on your arm to stop you walking into traffic.

5 You need someone to watch over you whenever you are awake because your behaviour is so unpredictable.

If you do make a claim based on severe mental impairment, it will increase the chances of your being visited by a health professional (see: Dealing with a medical visit), something you may wish to take into account when deciding whether to do so.

Questions 26 to 32 all relate to physical health conditions. Download our guide to DLA and physical health from www.benefitsandwork.co.uk if you think they may apply to you.

33 Do you need someone with you to guide or supervise you when walking outdoors in unfamiliar places?

This is a very important page. If you have problems with this activity you may be entitled to lower rate mobility, even if you don't have problems with anything else.

This page is for you if you have problems walking outdoors in *unfamiliar* places. So complete it even if you are OK walking in your own neighbourhood but would have problems in say, Swindon, or some other place you don't know well.

Only tick No if you have read the examples on the claim form and read the information below and decided you don't have any such problems.

To avoid danger / I may get lost and wander off / I have anxiety or panic attacks / To make sure I am safe

We don't think these categories are very helpful: what is the difference between avoiding danger and making sure you are safe, for example? Tick any of the boxes you think apply, or none of them. In either case, you really need to give additional information in the box at the bottom of the page, continuing in the spare box at question 35 or on an additional sheet if necessary.

Below are some of the things you will may to give information about.

Tell us what problems you would have in unfamiliar places. . .

Do you feel too tired or lethargic to walk outdoors in unfamiliar places?

Do you get anxious in unfamiliar places? Do strangers or crowds make you anxious? Are you worried about meeting people you know? Do you sometimes become aggressive towards strangers, perhaps because you think they intend to hurt you?

Are you afraid of open spaces?

Do you have panic attacks when walking outdoors in unfamiliar places? Can you describe what happens when you have one of these attacks and how someone can help if they are with you?

Do you get confused and disoriented if you are in unfamiliar places?

Are you unsafe near traffic because you get distracted, perhaps by disturbing thoughts or voices or by overwhelming feelings? Do you become aggressive, perhaps because you feel threatened or vulnerable? Do you approach strangers? Do you behave in some other way that puts you, or other people, at risk?

Remember to include the effects of any medication you take. Does it make you drowsy, apathetic or lethargic so that it is difficult to motivate yourself to walk outdoors? Does it make you too anxious or confused to walk outdoors? Does it make you dizzy or unsteady on your feet? Does it cause involuntary movements, dribbling or other side-effects which make you feel too self-conscious and vulnerable to walk outdoors alone in unfamiliar places?

Can you give any examples of distressing or dangerous experiences you have had as a result of your mental health condition, when walking outdoors in unfamiliar places?

Would it help if someone encouraged you to go outdoors and came with you when you were in unfamiliar places? Can they help by monitoring your condition and calming you down if you get anxious, panicky or aggressive? Can they help if you get lost, confused or distracted?

Consider using our four-step system for giving additional information about your difficulties with this activity. (See: Beware the tick boxes!)

34 How many days a week?

If you don’t go out much because of your condition that’s not the point. If you would like to go out every day, then the question you should answer is how many days a week would you need help in order to do so? If you would need help every day then the answer is 7 days. If there are some days when you would not need help then give an average.

35 Is there anything else you want to tell us?

Use this page to give any information about walking outdoors that you haven’t managed to give elsewhere.

36 When your walking difficulties started

If you haven’t got a copy of your previous form and you can’t remember precisely when your difficulties started then write ‘approximately …. ‘ years ago.

Your care needs during the day

This section is designed to collect evidence about your entitlement to the care component of DLA because of daytime care needs.

37 Do you usually have difficulty or do you need help getting out of bed in the morning or getting into bed at night?

Only tick No if you have read the details below and decided that you don't have any difficulties with this activity. If you stay in bed and need help getting in and out repeatedly during the day, including the evening, then give details of how often you need help in the 'anything else you want to tell us' box on this page.

Difficulty getting into bed

This question seems to be directed at people with physical health conditions.

Difficulty getting out of bed

This question seems to be directed at people with physical health conditions.

I need encouraging to get out of bed in the morning

Do you sleep so badly at night that you are too exhausted to get up on a morning? Do you stay in bed because you can't face the day or you can't see the point of getting up? Do you stay in bed to avoid people or problems?

Does your medication prevent you sleeping at night? Does your medication make you too tired or sleepy to get up in the morning?

Does it take you an extremely long time to get up in the morning because you have to go through a particular ritual or do the same things over and over again before you can get up?

I need encouraging to go to bed at night

Do you feel too tired, depressed or lethargic to go to bed at night? Is your sleep pattern so disturbed that you are not sleepy until the early hours of the morning?

Do you get too anxious or agitated to go to bed at night? Do you avoid going to bed because you have nightmares or panic attacks at night in bed? Are you more likely to have distressing thoughts or hear disturbing voices at night in bed?

Do you get so caught up in your thoughts or activities that you forget that it is time to go to bed? Do you avoid going to bed because you have thoughts about harming yourself at night in bed?

Does your medication cause insomnia so that you don't see any point in going to bed because you know you won't sleep?

Does it take you an extremely long time to go to bed because you have to go through a particular ritual or do the same things over and over again before you can do so?

'How often?' and 'How long each time?' boxes

If your condition varies give an average or a range: for example, 10 to 20 minutes, or give an average, for example, 15 minutes.

If you spend all or most of the day in bed, include all the times you need help in and out of bed.

Is there anything else you want to tell us . . .

Can you give examples of problems you have had because of not being able to get out of bed, e.g. missed appointments, missed meals, missed medication, everyday tasks not getting done? Do you get more depressed, angry with yourself or isolated if you don't get up on a morning?

If you live with other people what would happen if they weren't there to encourage you to get out of bed?

If someone is with you can they help you to cut short your rituals or obsessive behaviour?

Can you give any examples of what happens if you avoid going to bed? Do you become increasingly anxious, depressed or likely to harm yourself? Do you sleep during the following day? Do you become more irritable or confused because of lack of sleep? Do you become more isolated? Have you had any arguments or accidents because of lack of sleep?

Remember: don't just rely on tick boxes to prove you're entitled. Consider using our four-step system for giving additional information about your difficulties with this activity. (See: *Beware the tick boxes!*)

38 Toilet needs

Do you usually have difficulty or do you need help with your toilet needs?

This isn't a problem we have found in connection with mental health conditions. But if you do have a problem with continence during the day, for either physical or mental health reasons, then give details on this page.

39 Washing, bathing, showering or looking after your appearance

Do you usually have difficulty or do you need help with washing, bathing, showering or looking after your appearance?

Only tick No if you have read the details below and decided that you don't have any difficulties with this activity.

Difficulty with looking after my appearance or hygiene

This is likely to apply to physical health conditions only. If you have difficulty motivating yourself, see 'Encouraging to look after my appearance' below.

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Difficulty getting in and out of the bath / washing and drying myself or looking after my personal hygiene / using a shower.

This is likely to apply to physical health conditions only. If you have difficulty motivating yourself, see 'Encouraging to look after my appearance' below.

Encouraging to look after my appearance.

This may include things like:

shaving;
combing, brushing or styling your hair, including using a hairdryer;
putting on clothing after washing or bathing;
applying make-up;
checking your appearance;
applying cosmetics because of a skin condition or scarring;
using sanitary towels or tampons.

Do you get so depressed that you can't motivate yourself to look after your appearance? Do you find looking in the mirror too distressing, making it difficult to look after your appearance? Does your medication cause involuntary movements or affect your appearance in ways you find distressing and which make it difficult for you to care about looking after your appearance?

Encouraging or reminding about washing, bathing, showering, drying or looking after my personal hygiene.

Do you feel too depressed or tired to wash, bathe, shower or shave? Do feelings about your body or how you look make it difficult for you to wash, bath, shower or shave?

Do you forget to wash, have a bath or shower or shave?

‘How often?’ and ‘How long each time?’ boxes

If you have to wash or bathe more frequently because, for example, your condition or your medication causes you to sweat a lot, remember to include all these times. If your condition varies give an average or a range: for example, 2-4, or give an average, for example, 3. If you wash compulsively, over and over again, how many times a day would you reasonably require help to stop you doing so?

Remember that the ‘How long’ boxes may include the time to get undressed, bathe or shower, dry and dress again. If you’re not sure how to separate, for example, time needed to wash and dry yourself and time needed for help to shower then add all the times together and just put a single time in one box, with the word ‘in total’ below.

Is there anything else you want to tell us . . .

Do you wash or bathe much more often than other people, perhaps because of feelings you have about cleanliness? Do you have certain actions or rituals that you have to perform when you wash or bathe that take a lot of time?

If you wash compulsively, if someone else is there can they encourage you to wash less frequently or spend less time doing it?

Can you give an example of what has happened when you have failed to look after your appearance? For example, have other people commented on your appearance or personal hygiene? If you wash too often has it ever caused chapped, sore or broken skin?

Remember: don’t just rely on tick boxes to prove you’re entitled. Consider using our four-step system for giving additional information about your difficulties with this activity. (See: *Beware the tick boxes!*)

40 Dressing or undressing

Do you usually have difficulty or do you need help with dressing or undressing?

Only tick No if you have read the details below and decided that you don’t have any difficulties with this activity.

Putting on or fastening clothes or footwear / Taking off clothes or footwear

This is likely to apply to physical health conditions only.

Choosing the appropriate clothes

Do you dress in clothes that are unsuitable for the weather, for the time of day or for what you are doing?

Encouraging or reminding to get dressed or undressed / change my clothes

Do you find it too much of an effort to get dressed when you get up? Are you often still not dressed hours after you have got up? When you do get dressed do you feel too depressed, tired or lethargic to put on clean clothes?

Do you forget to put on clean clothes?

Do you go to bed still dressed in the clothes you have worn all day?

‘How often?’ and ‘How long each time?’ boxes

If you would benefit from changing during the day, perhaps because your condition or medication causes you to sweat a lot, or if you don’t put on suitable clothes when you go outdoors, remember to include these times as well. If your condition varies, give an average or a range.

If you want to give separate times for dressing and for undressing or for putting on outdoor clothes, then it’s probably easiest to do this in the ‘anything else’ box at the bottom of the page.

Is there anything else you want to tell us . . .

Do you have certain actions or rituals that you have to carry out when you dress or undress which mean it takes you a long time to do so?

Can you give any examples of when you have worn the same clothes for a long time or when you have worn inappropriate clothes – say, very lightweight clothes in winter or in the rain.

Could someone help by making sure you dressed appropriately and in clean clothes? Could someone encourage you to undress at night? If there is someone who makes sure you wear clean clothes and dress appropriately, what would happen if they weren’t there?

Remember: don’t just rely on tick boxes to prove you’re entitled. Consider using our four-step system for giving additional information about your difficulties with this activity. (See: *Beware the tick boxes!*).

41 Moving around indoors

Do you usually have difficulty or do you need help with moving around indoors?

Only tick No if you have read the examples on the form and the details below and decided that you don’t have any difficulties with this activity.

Note: indoors can include your home and your workplace, school or college if you attend one. If you need help moving around indoors when you are pursuing leisure activities, such as going to the cinema or a restaurant, give details of these on the *‘hobbies and interests’* page

Difficulty walking around indoors

This is likely to apply to physical health conditions only.

Difficulty going up or downstairs

This is likely to apply to physical health conditions only.

Difficulty getting in and out of a chair.

This is likely to apply to physical health conditions only.

Difficulty transferring to and from a wheelchair.

This is likely to apply to physical health conditions only.

I need encouraging or reminding to move around indoors.

Do you feel too tired or depressed to move? Do you lose track of time? Do you find that you’ve spent hours thinking repetitively or obsessionally about something and not moved about at all? Do you fall asleep during the day?

Does your medication make you drowsy or lethargic or apathetic so that you are less likely to move about?

How often?

Count all the times you would benefit from help and add them all together. If this is too difficult you may wish to give an answer such as ‘Frequently’, ‘At regular intervals throughout the day’, or ‘As often as possible’.

Is there anything else you want to tell us . . .
Do you move about indoors too much because of pacing back and forth, thinking obsessively or growing increasingly anxious? If someone is with you can they help you to keep still and become calmer? Do you have ritual movements that you have to perform over and over again?

What happens, or doesn't happen, when you don't move about indoors? Do you miss meals, miss medication and miss appointments because you stay in the same place for hours? Do you become more isolated or depressed or anxious?

Would it help if someone encouraged you to move around? Would it help if someone spoke to you to break the chain of repetitive or obsessional thinking? Would it help to lift your depression or calm your anxiety if you had someone there to talk to?

Remember: don't just rely on tick boxes to prove you're entitled. Consider using our four-step system for giving additional information about your difficulties with this activity. (See: *Beware the tick boxes!*)

42 Do you fall or stumble indoors?

This is likely to apply to physical health conditions only.

43 Cutting up food, eating or drinking

Do you usually have difficulty or do you need help with cutting up food, eating or drinking?

Only tick No if you have read the details below and decided that you don't have any difficulties with this activity.

I have difficulty eating or drinking
This is likely to apply to physical health conditions only. If you have difficulty motivating yourself see 'I need encouraging or reminding to eat or drink' below.

I have difficulty with cutting up food on my plate.
This is likely to apply to physical health conditions only. If you have difficulty motivating yourself see 'I need encouraging or reminding to eat or drink' below.

I need encouraging or reminding to eat or drink.
Do you forget whether you've eaten or not? Do you often feel too lethargic, depressed or tired to eat? Do you often find that you just don't have any appetite? Do you get too anxious or overexcited to eat? Do you go without proper food, just eating snacks and junk food? Do you avoid eating meals? Do you overeat at mealtimes? Do you not have mealtimes, either eating all the time or hardly at all?

Are you fearful of being poisoned and will only, for example, eat tinned food which you believe to be safe?

'How often?' and 'How long each time?' boxes
If you have to eat frequent, small meals throughout the day make sure you include them all. If this varies according to your condition then either give a range: for example, 3-5 or give an average, for example, 4.

If the length of time varies then give an average or a range.

Is there anything else you want to tell us . . .
Do you make yourself sick after eating? Do you take diuretics or laxatives after eating? Do you have rituals connected with eating? Do you become angry with yourself, depressed or think

about harming yourself after eating? Have you suffered from malnourishment or weight loss as a result of not eating? Have you suffered health problems as a result of overeating?

If you don't eat proper meals does this have an affect on your mood – perhaps you get more depressed; your behaviour – perhaps you become more irritable; or your physical health?

Can you give examples of health problems that have been caused by your eating habits? Can you give examples of dangerous or distressing things that have happened as a result of problems connected with eating?

Do you need help monitoring what you eat or reminding to eat or drink supplements? Are you less likely to over eat or under eat or make yourself sick if there is someone else around? Does it help if someone prepares food for you?

Remember: don't just rely on tick boxes to prove you're entitled. Consider using our four-step system for giving additional information about your difficulties with this activity. (See: *Beware the tick boxes!*)

44 Taking your medication or medical treatment

Do you usually have difficulty or do you need help with taking your medicines or with your medical treatment?

Only tick No if you have read the details below and decided that you don't have any difficulties with this activity.

I have difficulty with taking my medication.

This is likely to apply to physical health conditions only.

I have difficulty with my treatment or therapy.

This is likely to apply to physical health conditions only.

I need encouraging or reminding to take my medication.

Do you sometimes forget to take your medication? Do you get too tired or depressed to take your medication? Do you sometimes feel better and stop taking your medication?

Does your medication have side effects that distress you, such as altering the way you look or causing involuntary movements? Do you sometimes stop or reduce your medication because of these unpleasant side effects? Do you need help coping with the side-effects of your drugs, such as lethargy or confusion?

Do you get confused about whether you have taken your medication or not?

I need encouraging or reminding about my treatment or therapy.

Do you need encouraging or reminding to keep appointments with a health professional or to attend group sessions or a day centre? Do you need accompanying to and from your appointments? Do you need help to follow a physical exercise regime as part of your mental health therapy?

'How often?' and 'How long each time?' boxes

If your treatment or medication varies according to your condition then either give a range: for example, 4-8 or give an average, for example, 6.

If the length of time varies then give an average or a range.

Is there anything else you want to tell us . . .

Is there a danger that you might overdose either accidentally or deliberately? Do you self-medicate by taking extra drugs or drugs that have not been prescribed for you? Do you mix your medication with alcohol or drugs in a way that might be harmful?

What happens if you do not take your medication? Does your behaviour change? Do you have withdrawal symptoms?

Can you give an example of an occasion when you have had problems as a result of taking too much or too little medication?

Does it help if someone reminds you or encourages you to take your medication? Does it help if there is someone to talk to about the effects your medication has on you? Does it help if there is someone to make sure you do not take too much medication, accidentally or deliberately?

Remember: don't just rely on tick boxes to prove you're entitled. Consider using our four-step system for giving additional information about your difficulties with this activity. (See: *Beware the tick boxes!*)

45 Communicating with other people

Do you usually need help from another person to communicate with other people?

Only tick No if you have read the examples on the form and read the information below and decided you don't have any such problems.

Difficulty with understanding people I do not know well / being understood by people who do not know me well / concentrating or remembering things / answering or using the phone / reading letters, filling in forms, replying to mail / asking for help when I need it.

Do you feel too tired, depressed or lethargic to talk to people, read letters or answer the phone?

Has your condition caused you to lose your self-confidence? Do you become nervous, anxious and self-conscious around other people, making it difficult to hold a conversation? Do you avoid people, perhaps even friends and family? Do you avoid answering the phone or answering the door? Do you avoid social situations or new situations because of anxiety or lack of self-confidence?

Do you find it too difficult to concentrate to hold a conversation? Do you have obsessive or intrusive thoughts that prevent you concentrating? Do you hear voices that make it difficult for you to concentrate?

Do you quickly become irritable or angry with people when you have a conversation? Do you feel too distrustful or afraid of people to communicate with them without difficulty?

Do you have problems with all forms of communication or just with some sorts, e.g: face-to-face; telephone; letters; at the door; on the street, in shops or other public places.

Are there certain people or types of people you have difficulty communicating with, e.g: strangers; friends; relatives; colleagues; men; women. Have you lost touch with friends or family because of your mental health condition? Have you stopped taking part in social activities – going to clubs or playing sport, for example – because of problems you have communicating with people?

Do you find it hard to meet and talk to people because of the side-effects of your medication? Does it make you too lethargic to want to talk to people or make it too difficult to follow a conversation? Has your medication altered your appearance or does it cause involuntary movements with the result that you avoid people?

Can you give an example of when communicating with people has been particularly difficult or you have had a difficult or distressing experience as a result of problems with communication?

What help can other people give you? Do they encourage you to talk to people; accompany you and reassure you in social situations; answer the telephone or the door for you? Do they read or respond to letters and bills for you? Do they help you to fill in forms?

Is there anything else you want to tell us . . .

46 How many days a week do you have difficulty or need help with the care needs you have told us about?

Remember this is about difficulties you 'usually' have – not your best or worst days. If you always have these difficulties then the answer is 7 days. If there are days when you wouldn't have difficulties then give an average. In order to count, the difficulties you have need to be for the majority of the time. As a general guide, if you need help less often than four or five days a week you will be less likely to qualify for DLA.

47 Hobbies, interests, social or religious activities

Do you usually need help from another person to take part in hobbies, interests, social or religious activities?

Decision makers often seem to take little, if any, account of help with social and leisure activities even though the law says that they should. The cases that established this were known as Mallinson https://www.bailii.org/uk/cases/UKSSCSC/1994/CA_117_1991.html and Fairey/Halliday and you might find it useful to bring these to the attention of the decision maker. One of the difficulties with these activities is that they may be sporadic and this makes them difficult to include in calculations of how much help you need on average. However, if you do engage in social and leisure activities, or would like to if you had help, on most days then they may have a considerable influence on your DLA award because, even if decision makers ignore them, tribunals do not. They may be particularly important in showing attention needs throughout the day, for example, which could make the difference between getting lower and middle rate care .

At home

This can be hobbies, or pastimes or activities that you used to do, still do or would like to take up. For example, could you do gardening, decorating or DIY if someone encouraged you or reminded you to do it? Is your concentration too poor to read but you would like someone to read to you? Or is your concentration too poor to follow some programmes or films on television but someone could help you to do so? Would you like to have family or friends round to visit or for meals, but you need someone to encourage and reassure you on social occasions?

Make sure you explain what help you get or would need in order to carry out this activity or activities. Do you need someone to encourage or remind you to do it? Do you need someone to stay with you in case you become anxious, panicky, confused, angry or aggressive? Do you need someone to help you because you have difficulty concentrating on what you are doing?

How often and how long?

If it is something you would do more than once a day then say how many times a day as well as how many times a week.

Do you need help all the time you are doing this activity or just for part of it, such as setting things up and putting them away?

When you go out

This could include: going shopping for pleasure (rather than for necessities), walking, holidays, cinema, theatre, restaurant, pub, nightclub, library, bingo hall, post office, doctors, hospital, physiotherapist, alternative therapists, counsellor, church, evening classes, local park, day-trips, taking the children to and from school, visiting friends and relatives, swimming, gym, sports centre.

Make sure you explain what help you get or would need in order to carry out this activity or activities. Do you need someone to encourage or remind you to do it? Do you need someone to stay with you in case you become anxious, panicky, confused, angry or aggressive? Do you need someone to drive you to and from places? Do you need someone to help you because you have difficulty concentrating on what you are doing?

How often and how long?

If it is something you would do more than once a day then say how many times a day as well as how many times a week.

Include the time needed to accompany you there, stay with you throughout the activity and accompany you back, if this is what is required.

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48 Supervision from another person

Do you need supervision from another person?

This is a very important page because you may be entitled to the middle rate of the care component if you need someone to keep an eye on you during the day. Only tick No if you have read the examples on the form and read the information below and decided you don’t have any such problems.

If ‘Yes’, how long can you be safely left for at a time?

During the day the supervision needs to be continual, which means that you need someone available for most of the time, any breaks would have to be very short. If you cannot predict when help might be needed, for example because you have fits or falls without warning, then the answer should be ‘’Zero’.

To prevent danger to myself or others.

Do you sometimes get angry or distressed when left alone and smash things or hit out at chance callers? Can your condition change without your being aware of it, so that you become very low or very high and may be a danger to others? Do you sometimes get confused or believe that people are trying to harm you and take steps to protect yourself?

I am not aware of common dangers.

Might you be at risk if you are left alone because you do things like leaving the cooker on, leave taps running, put cigarettes down and forget about them or leave doors and windows open? When outdoors, are you safe near traffic?

I am at risk of neglecting myself.

Do you fail to care for yourself when left alone? Would you not eat, not keep yourself clean and appropriately dressed, not maintain basic standards of personal or household hygiene?

I am at risk of harming myself.

For example, do you sometimes cut yourself or take overdoses? Do you sometimes take too much or too little medication or fail to take it at all? Do you sometimes mix prescription drugs with alcohol or other substances?

I may wander.

Do you get confused or disoriented and find yourself in places without knowing how you got there?

To discourage antisocial or aggressive behaviour.

Do you sometimes get angry or distressed when left alone and smash things or hit out at chance callers? When outdoors, do you become aggressive towards strangers, perhaps because you are feeling threatened; or are you too trusting of strangers so that you get into potentially dangerous situations; are you likely to wander off and not return home?

I may have fits, dizzy spells or blackouts.

Do you have fits or blackouts, perhaps without any warning making it difficult to make yourself safe? Do you have dizzy spells which leave you in danger of falls?

I may get confused.

Do you forget what you are doing, where you are or who other people are?

I may hear voices or experience thoughts that disrupt my thinking.

Are you distracted by obsessive thoughts, the need to perform ritual actions or by hearing voices, so that you can be dangerously distracted when doing such things as crossing the road or handling hot or sharp implements?

Is there anything else you want to tell us . . .

The reason you need someone with you must be to avoid substantial danger to yourself or to others.

Can you give any examples of dangerous or distressing things that have happened when you have been left alone? Or can you give any examples of when dangerous or distressing things were prevented from happening because someone else was with you?

Have you ever been admitted to hospital, as a voluntary patient or on a compulsory section, because you it was not safe for you to be left alone?

Can you give any examples of the ways in which having someone with you might make you less likely to come to harm? What things might they do or say or what things might they be able to prevent you doing or saying?

49 How many days a week

Remember this is about difficulties you ‘usually’ have – not your best or worst days. If you always have these difficulties then the answer is 7 days. If there are days when you wouldn’t have difficulties then give an average. In order to count, the difficulties you have need to be for the majority of the time. As a general guide, if you need help less often than four or five days a week you will be less likely to qualify for DLA.

50 Preparing and cooking a main meal

Would you have difficulty preparing and cooking a main meal for yourself?

If, because mental health condition, you can’t prepare a cooked main meal for yourself then this by itself entitles you to the lower rate care component of DLA.

Remember, this is a hypothetical test: this means it doesn’t matter whether you know how to cook or ever do cook. What matters is whether, if you had the ingredients, you would be physically and mentally able to carry out all the activities connected with cooking a main meal. And it’s a traditional meat, or soya, and two veg. type of meal. Reheating something, making a sandwich or putting something in the microwave doesn’t count as preparing a cooked main meal. But you can’t include problems with doing the shopping in this test, you have to imagine that’s already been done.

Read what's on the form and what we've written below, and if there are any reasons connected with your condition that mean it would be difficult for you to prepare a cooked main meal tick this box.

I have difficulty or need help planning a meal, for example, measuring amounts, following a logical order of tasks, or telling when food is cooked properly.
In addition, you may have problems with:

choosing the ingredients;
making sure they are fresh and not past their sell by date;
reading labels, instructions and recipes;
timing the different tasks so everything is ready at once and nothing is burnt or underdone;

I lack the motivation to cook.
Are you more likely to cook if there is someone to remind and encourage you? Are you often too tired or depressed to cook? Would it just not occur to you to cook? Does preparing a meal make you feel sick so you avoid doing it? Do you have an eating disorder which means that you avoid cooking and eating food?

I have physical difficulties, for example, coping with hot pans, peeling and chopping vegetables, or using taps, switches, knobs, kitchen utensils or can-openers, or carrying, lifting, standing or moving about to perform tasks.
This is likely to apply to physical health conditions only.

I would be at risk of injury preparing a cooked main meal for myself.
Would it be dangerous for you to be around hot pans, flames or sharp knives? Might you leave things on the cooker and go out, forgetting about them? Might you use food that was past its sell by date or going off because you have not stored it properly? Does your medication cause you to shake so that you are in danger of cutting yourself or dropping hot pans?

How many days a week would you need this help?
Remember this is about difficulties you 'usually' have – not your best or worst days. If you always have these difficulties then the answer is 7 days. If there are days when you wouldn't have difficulties then give an average. In order to count, the difficulties you have need to be for the majority of the time. As a general guide, if you need help less often than four or five days a week you will be less likely to qualify for DLA.

Is there anything else you want to tell us . . .
Can you give any examples of when you have tried to cook and had problems or perhaps something dangerous or distressing happened? Or can you say how often you do actually cook for yourself and how long it is since you last did so?

Remember: don't just rely on tick boxes to prove you're entitled. Consider using our four-step system for giving additional information about your difficulties with this activity. (See: *Beware the tick boxes!*). However, you can skip step 4 if you wish, as you don't need to show that you reasonably require help with cooking, only that you have sufficient difficulty.

Help with your care needs during the night

This is a very important section because help you need at night, if it meets the criteria, leads to an award of the middle rate of the care component even if it is for much shorter periods than during the day.

Night is from about 11.00pm to 7.00am or 'when the household closes down for the night'.

51 Do you usually have difficulty or need help during the night?

Only tick No if you have read the examples on the form and the details below and decided that you don’t have any difficulties with this activity.

Difficulty turning over or changing position in bed.

This is likely to apply to physical health conditions only.

Difficulty sleeping comfortably.

Do you suffer from insomnia? Do you have night terrors? Do you experience repetitive or obsessional thoughts which make you anxious or cause panic attacks?

Are you more likely to harm yourself at night when you are in bed? Do you fall asleep with lit cigarettes? Do you sleep walk?

How often and how long boxes - general

If this varies according to your condition then either give a range: for example, 4-8 times, or give an average, for example, 6. If you need help for less than twenty minutes or less than twice a night in total, then it is less likely to count towards your DLA entitlement.

If the length of time varies, give an average or a range. If you need help for less than twenty minutes or less than twice a night in total, then it is less likely to count towards your DLA entitlement.

Difficulty with my toilet / incontinence needs.

This isn’t a problem we have found in connection with mental health conditions. But if you do have a problem with continence when you are in bed, for either physical or mental health reasons, then give details on this page.

Difficulty taking medication.

This isn’t a problem we have found in connection with mental health conditions.

I need encouraging or reminding about my toilet or incontinence needs

If you need encouraging or reminding to use the toilet at night, give details on this page.

I need encouraging or reminding about medication or medical treatment

If you need encouraging or reminding to take medication at night, give details on this page.

Is there anything else you want to tell us . . .

Remember: don’t just rely on tick boxes to prove you’re entitled. Consider using our four-step system for giving additional information about your difficulties with this activity. (See: *Beware the tick boxes!*)

Can you give an example of any distressing or dangerous experiences you have had at night after you have gone to bed, as a result of your mental health condition? Can you give an example of an occasion when having someone available to reassure or help you has made a difference?

Does it help if there is someone around who can reassure you or calm you down? Does it help if there is someone available to make sure you are safe?

Caution

If you say that you need someone to bring you medication, drinks or anything else during the night the decision maker will suggest that these things can just be left within reach in case you need them. If there is a reason why this would not be practical you should explain why in this box. For example, you may be too confused or distressed to do it for yourself.

52 How many nights a week do you have difficulty or need help with your care needs?

Remember this is about difficulties you ‘usually’ have – not your best or worst nights. If you always have these difficulties then the answer is 7 nights. If there are days when you wouldn’t have difficulties then give an average. In order to count, the difficulties you have need to be for the majority of the time. As a general guide, if you need help less often than four or five nights a week you will be less likely to qualify for DLA.

53 Watching over you at night

Do you need someone to watch over you?

This is a very important page because you may be entitled to the middle rate of the care component if you need someone to watch over you to avoid substantial danger to you or someone else, even for short periods at night. Only tick No if you have read the examples on the form and read the information below and decided you don’t have any such problems.

At night the supervision needs to be for at least twenty minutes or at least twice a night to count.

However, if your supervision needs are less than this still put them down as it will help to show the general level of problems that you face.

I may be a danger to myself or others.

For example, do you sleep walk or have fits or seizures. In addition:

Do you need someone to be awake because you suffer from panic attacks or night terrors and become very distressed if there is no-one to help calm you down?

Might you go out alone and be in danger late at night?

I am not aware of common dangers.

See question 48 in this guide.

I am at risk of harming myself.

Are you more likely to try to harm yourself at night? Also, see question 48 in this guide.

I may wander.

See question 48 in this guide.

I may get confused.

See question 48 in this guide.

I may hear voices or experience thoughts that disrupt my thinking.

See question 48 in this guide.

How many times a night does another person need to be awake to watch over you?

At night the supervision needs to be at least twice, and probably three times, a night or for at least twenty minutes to count.

How long, on average, does another person need to be awake to watch over you at night?

At night the supervision needs to be for at least twenty minutes or at least twice, and probably three times, a night to count.

Is there anything else you want to tell us . . .
It’s important that you give as much information as possible if you’re hoping to get an award on watching over grounds. If possible, give examples of things that have happened at night or ways in which someone has prevented you coming to harm at night.

54 How many nights a week do you need this help?

Remember this is about difficulties you ‘usually’ have – not your best or worst nights. If you always have these difficulties then the answer is 7 nights. If there are days when you wouldn’t have difficulties then give an average. In order to count, the difficulties you have need to be for the majority of the time. As a general guide, if you need help less often than four or five nights a week you will be less likely to qualify for DLA.

55 Please tell us anything else you think we should know about the difficulty you have or the help you need.

Use this space for additional information about difficulties you have at night.

56 When your care needs started

This may be many months or years before you were actually diagnosed. If you haven’t got a copy of your previous form and you can’t remember precisely when your care needs started then write ‘approximately…..’ years ago.

About time spent in a hospital, a care home or a similar place

57 Are you in hospital, a care home or similar place now?

Complete this section if you are currently an in-patient in a hospital, in residential care or somewhere similar, otherwise tick No.

58 Have you come out of hospital, a care home or similar place in the past six weeks?

If you have been in residential care or an in-patient in hospital in the last six weeks give details here, otherwise tick No.

59 Have you been in hospital in the last two years?

If yes, give details here.

About other benefits

60 About other benefits you are getting or waiting to hear about.

This section asks whether you, or someone else in your household, is getting any of a range of other benefits or tax credits (DLA will be paid in addition to all of them, with the possible exception of Constant Attendance Allowance, where there may be some overlap). It also asks whether you have been turned down for, or stopped receiving, DLA or attendance allowance in the last 3 years.

How we pay you

61 Name of the account holder

The DWP now prefers to pay all benefits direct into a bank account and this section asks for details of your bank account.

62 Statement from someone who knows you

You don’t have to get anyone to complete this page, but good supporting evidence always helps a claim.

We suggest that you photocopy this sheet and give the copy to the person you want to complete it. Or if you prefer, take several copies and give them to a number of different people to complete. If you are happy with what they write staple the sheets to this page. If you are unhappy with what someone has written, give them another blank copy and ask them if it would be possible for them to change what they have written. If this is not possible get someone else to fill in the statement instead.

If possible one of the people who completes this statement should be a professional involved in your care, such as your GP, specialist or a nurse. Make an appointment to see that person so you can answer any questions they might have and take the *Health Professionals Sheet* at the back of this guide with you. Ask the person to complete the statement there and then if possible. If they can't, or wish to write a longer report, ask them to send it to you and tell them when you need to have it by. Don't delay returning the form if you don't receive a statement in time, send any additional evidence afterwards if necessary.

You may also want your partner or main carer to complete one of these sheets.

63 Please tell us anything else you think we should know about your claim.

Use this box for anything you haven't managed to include but you think might be relevant. If you have had hospital admissions or any other sort of treatment you haven't included on the form you can mention it here. If there have been any particularly incidents which you feel demonstrate the problems you face but which you have not included already, then write about them here.

Paralysis of the will

There may be people, groups or organisations who provide you with support, not in connection with particular activities, but just generally. They may talk to you, listen to you and encourage you. Without them it might be that your situation would get worse quite quickly. If this is the case try to explain why their support is important to you and what would happen if you didn't have it. For example, might you stop caring for yourself; harm yourself; start self-medicating with alcohol or drugs; become very isolated and unable to get help when you need it; be admitted to hospital? Might you, as one social security commissioner put it, experience a *'paralysis of the will'* leaving you at times too afraid or depressed to move or even get out of bed? Give as much information as possible about why these contacts are important to you, how often and for how long they take place and what would happen if they were no longer available.

In addition, can you give an account of the way your life has changed as a result of your mental health condition – what did you used to be able to do that you can't do anymore? Have you stopped going to pubs or clubs, stopped watching or playing sport, stopped work, given up on any other hobbies, pastimes or leisure activities?

Middle rate care

Although the claim pack asks lots of questions about how often you need help and how long for, it doesn't ask you about *when* in the day you need help. However, this information can be very important. If you need help for at least an hour a day, but only in one chunk, or only at the beginning and end of the day – perhaps help with washing, dressing and undressing – you are likely to qualify only for the lower rate of the care component. But if you need help '*frequently throughout the day'*, even for less than an hour, you may receive the middle rate of the care component instead.

'Frequently' has been defined for benefits purposes as meaning 'several times – not once or twice', but there is no clear definition of what 'frequently throughout the day' means. The decision maker has to decide each case on the facts: it may be helpful if you make those facts as clear as possible. So, if you wish, you can use this page to list when you need help on an average day. For example:

Help I need throughout an average day

7.30am	encouragement and support with getting out of bed, washing and dressing.
8.30am	encouragement to take medication and eat breakfast.
12.30pm	encouragement to eat lunch.
2.30pm to 4.00pm	someone to come with me and reassure me when I go outdoors, either to the library, to visit friends or relatives, or to visit the park or the shops for leisure and just to get out of the house.
6.00pm	encouragement to eat an evening meal.
10.30pm	reminding and encouraging to take my medication and go to bed.

64 Declaration

Read the declaration carefully before you sign it.

What to do now

It’s worth working through the checklist on this page before putting you pen down for the last time.

Congratulations! You’ve done it. The claim pack is complete. Photocopy this pack before you send it and you’ll probably never have to spend so long filling in a form again in your entire life.

The importance of supporting evidence

As well as your claim pack the decision maker has to take into account any other evidence you provide, this includes additional evidence from you and evidence from other people.

Medical evidence

This can make an enormous difference to whether your claim succeeds. Detailed evidence from health professionals such as your GP, or consultant if you have one, may also mean that your claim is dealt with more quickly and that you are less likely to have a visit from a health professional. (Always inform your GP that you are making a claim for DLA as it is quite likely the DWP will contact her or him without telling you first, even if s/he has very little contact with you).

So, ask the health professional(s) most involved in your care if they will write a letter supporting your claim. Make an appointment to see them so you can answer any questions they might have and take the health professionals sheet at the end of this guide with you. Ask them to send any letter to you so you can keep a copy (and if necessary ask them to change anything you think is inaccurate or unhelpful). Remember: it is up to you to decide what evidence you submit. Do not feel obliged to use a letter that may not be helpful or might actually harm your case.

Caution!

Doctors are under no obligation to provide you with a letter of support for your claim. Some may refuse to supply you with a letter, others may only do so only if you pay.

Non-medical evidence

Carers, friends or relatives who accompany you when you go out, help you up and down stairs, accompany you to social occasions or give other sorts of support, can write letters explaining what they do. They should give the letter to you so that you can keep a copy. If it says things that you think are unhelpful, then ask the writer to change them or simply do not submit the letter. Whatever you do, don’t feel obliged to submit a letter just because someone has been kind enough to write it. A letter that says the wrong things can be very damaging to your claim.

Keeping a diary

A diary kept for five days detailing all the things you have problems with, cannot do unless you have help or cannot do at all is very useful. If you keep a diary for 5 days before you fill in your renewal pack it can make the job a lot easier. In addition, you can send it in with your renewal form as additional evidence. But beware: if yours is a fluctuating condition then don’t keep a diary when you’re having a better spell, it’ll give a very misleading impression.

A diary may also prove invaluable if you need to attend a tribunal as it will be evidence of what problems you had at the time you made your renewal. Also, tribunals are very keen on hearing a day by day account of the sort of tasks you perform and the things you find difficult, you *will* be asked about these if you have a hearing.

Dealing with a medical visit

As a result of the coronavirus pandemic there are no face-to-face assessments for DLA. This will apply until at least the middle of June 2020. Instead your assessment will either be done on the papers or will be a phone assessment. Our guide to PIP contains extensive information regarding how to prepare for a phone assessment, and what to expect on the day.

After you send in your claim pack, you should receive an acknowledgement within five working days from the DWP, at least that's what it says in the Charter Standard Statement.

Your claim pack will be looked at by a decision maker who may make a decision based just on the information you have sent or may decide he requires more.

It is almost certain that you will be required to attend an assessment at a Medical Examination Centre (see below).

Who gets a medical visit?

There's no way of knowing when you make your claim/review whether you will have to have a medical or not. The first you will know about it is when you receive a letter, or possibly a phone call, telling you that the DWP wish to send a health professional to your home. If you refuse to have a medical your claim for DLA will automatically be turned down. However, you can ask for the appointment to be made, or changed to, a time when you can have someone else present, (see below). You can also ask to be visited by a female health professional if you would find a visit from a male health professional distressing, or vice versa.

Who visits?

Some people are visited at home by a polite and interested health professional who takes the time to listen and who writes an accurate account of his visit. Sadly, not everyone is so fortunate. Health professionals are paid a fee of over £100 for each visit. Many people we've spoken to reported that the visiting health professional seemed in a rush, stayed only a very short time and wasn't interested in what they had to say. Some found the health professional positively rude. Others reported that although the health professional seemed sympathetic and encouraging, they later discovered that the medical report was very dismissive of their needs. See advice below about the software they use.

Having someone with you

Having a friend, relative, carer or support worker with you can make it much easier to deal with difficult situations, it can also provide you with a witness to what happened at the medical. If possible, tell the DWP that you intend to have someone with you, but don't worry if you don't have chance to inform them.

Getting an appointment

You may be phoned by the health professional who is going to examine you to arrange an appointment. Health professionals are warned in their handbook *Guidance for Examining Medical Practitioners* (which can be downloaded from the Members area of the Benefits and Work website) that *'arrangements for making appointments are one of the major sources of complaints against examining health professionals particularly about insufficient notice of the visit. It is very important to follow the recommended practice . . .'*

In spite of this some health professionals still don't follow the recommended practice, so here's what you should be able to expect.

The appointment may be arranged by telephone or letter but '*it is vital to offer sufficient (7 days) notice'*. If a date less than 7 days in advance is agreed this should be recorded on the report that the health professional writes and should be signed by you.

The health professional may be keen to arrange an appointment at short notice, perhaps because they already have another visit arranged in your area or because they are trying to fit you in around some other engagement. But if you want time to prepare or need to arrange for someone else to be present then please don't allow yourself to be pressured into agreeing to short notice. Remember, the health professional is getting paid over £100 to visit you, so it's only fair that they set aside sufficient time to do their work for the DWP, not just try to squeeze you in between other engagements.

If necessary, tell the health professional that you will have to consult with the person you want to have with you before you agree a time.

If the appointment is arranged by telephone the health professional is told it is good practice to confirm the appointment by letter. They are also told that telephone calls should be made at reasonable times, that they should allow themselves a maximum of a 1 hour window and they should call you if they are running late.

If the health professional turns up too early or too late and, for example, your accompanying person is not present, you can politely refuse to let the health professional come in and tell them that they will need to arrange a new appointment. Health professionals are told by their handbook that in these circumstances they should ensure that you are given *'reasonable notice'* for a second visit.

If the health professional calls at the correct time and you are not in, they are told by their handbook that they should leave a form giving you a new appointment and that this time they do not have to give you seven days' notice, but that they should still give you '*reasonable notice'* in case you wish to have a representative present.

Being asked to attend a Medical Examination Centre

Most DLA claimants are invited to have a medical at a Medical Examination Centre rather than in their own home. There may be disadvantages for some claimants as the software appears to rely almost entirely on externally verifiable factors - such as the use of prescribed aids and adaptations, involvement of health professionals and visible signs or symptoms - for decision making and seems to take very little account of the claimant's own evidence of how their condition affects them. (There is more information about this on the Benefits and Work website)

Medical Visit Record sheet

At the end of this guide there is a medical visit record sheet for you to record what happened at the medical. Look through it before you have your medical and fill it in *immediately* afterwards, if you want to have a record of what happened. Remember to make a note of the time the health professional arrived and left: if they only stay a short time you can use this as evidence that the report is less likely to be reliable.

The Medical Visit Record sheet will provide very valuable evidence if you later decide you wish to make a complaint about the health professional or if you don't get the award of DLA you consider appropriate and decide to challenge the decision. (Do read the section below about 'Taking notes' if you intend to complete one of these sheets)

The medical

You will not be asked to sign anything as part of your medical. Nor will you be given the opportunity to read anything the health professional has written.   However, you will automatically receive a copy of the whole report if you appeal against the decision in your case and we advise you to ask for a copy for your records even if your claim is successful. (See *The decision* for more about this).

The medical report form used by health professionals is 31 pages long and, in theory, the health professional has to record a lot more information and justify their opinions in much more detail than was the case in the past. You can download a copy of the medical report form from the Benefits and Work website so that you can see exactly what information the health professional is going to be recording about you.

One of the most important features of the new medical report is the section on how you spend a 'Typical day'. Questions on this will usually come early on in the medical, after you've been asked about:

- your main medical conditions
- your medical history
- your medication
- your impairments and functional restrictions (how your condition affects you)

Try to ensure that the information you give relates to what you consider to be a 'typical day'. If your condition varies and you don't have such a thing as a 'typical day' then make this clear to the health professional. It's also very definitely worth completing the Medical Visit Record sheet if you have expressed concerns to the health professional about the idea of a typical day – just in case the health professional hasn't made a note of these concerns.

Beware of leading questions like *'You don't have any trouble with … do you?'*, or *'You can manage … can't you?'*. Try not to be persuaded, or feel pressured, into giving an answer that isn't correct. If you do have problems with an activity, or can't manage it at all, say so and explain why.

As well as asking questions, the health professional may carry out a brief physical examination and ask you to perform simple activities such as standing up and walking across the room. They may also ask you to walk outdoors. However, they should not ask you to do anything that you tell them would be painful.

Preparing for the medical

So, if possible, before the medical:

read through the photocopy of your DLA claim pack to refresh your memory about the most important things you need to tell the health professional;
have a look through the sample copy of the medical report the health professional is going to complete, so you know what kind of questions are likely to be asked;
have a look through the Medical Visit Record sheet so you know the kind of problems you need to be looking out for during the medical.

Examining your home

We've been hearing from an increasing number of people who were very unhappy that the health professional appeared to feel they had a right to go into every room in their home. Some people said the health professional had told them that they were "*Checking to see what aids or adaptations you might need*". This is clearly not true, the health professional has no power to recommend to anyone that you be provided with aids or adaptations.

In fact, the health professional is probably doing two things.

The first is answering a question in the medical report which asks that they '*Describe any features of the current accommodation that cause increased problems for the customer e.g. upstairs toilet, steep steps*.'

The second is, in accordance with their training, checking to see if you are genuinely living the life of a disabled person. This means they will be looking out for things which they consider do not fit in with what you have said. For example, is your inhaler on a high shelf and covered in dust, looking as if it hasn't been used? Is there a heavy bolt which you have to draw to open the back door, even though you've said you can't manage to turn taps on and off because of poor grip strength? Of course, there may be very good explanations for these things: the inhaler is a spare one; you never bolt the door. But the health professional may simply observe and not ask.

If the health professional says they wish to look round your home it may be worth asking them what they are looking for and requesting that they ask you about anything they see which they consider significant. If there are rooms which you consider private, for example because they are used solely by a lodger or your child or parent, it seems reasonable to say that you do not wish them to go into those rooms. If the health professional ignores your wishes you should complain very strongly indeed – we'd suggest going straight to your MP.

Taking notes

If you, or someone with you takes any notes whilst the health professional is actually present, visiting health professionals have been instructed to issue an "oral warning" as follows:

1 it is your right to take notes for your own use and benefit

2 The notes will not be included in the Report I make save for the fact that notes were taken and further, they are not accepted by myself or the DWP as an official record of this examination.

3 If the notes are subsequently produced at any time for any purpose, such as part of appeal process, I the Examining Doctor, my employer and the Department for Work and Pensions reserve all rights to challenge anything in the notes in the event we are asked to comment on the content of the notes at a future time.

4 You are free to use the notes as you choose but if you choose to publicise the notes (other than in connection with correspondence with the DWP or under any appeal procedure) I would ask that you do not publicise my name.

It makes good sense not to publicise the health professional's name other than in appeal or a complaint, as this might leave you open to action for defamation. But that aside being given an 'oral warning' should not affect your actions in any way: it simply tells you that the DWP won't necessarily agree with what you write should your notes be used as part of an appeal. (The oral warning used to be much more threatening until a Benefits and Work member challenged it using information supplied by Benefits and Work).

Be prepared

We don't want to leave you feeling terrified about having a visit from a health professional. But many people say they had no idea what to expect before they had their medical and that they were very disappointed with how quick and irrelevant the whole thing seemed to be. We also know that very many DLA claims are turned down because of the visiting health professional's report. By being properly prepared for your medical you can reduce the chances of this happening to you.

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The decision

Eventually you will receive a decision letter telling you whether you have been reawarded DLA. If your renewal has been successful the letter will tell you what components, care and/or mobility, you have been awarded and at what rates. It will also tell you how long your award is for.

If you are happy with your award

If your award has changed you should try to get a benefits check done at your local advice agency as you may be entitled to additional amounts in the benefits you already receive or you may be entitled to benefits you have not received in the past.

If your circumstances change - your condition improves or deteriorates - you should tell the DWP as it may mean that your DLA should be reduced or increased

Caution!

If you report a change of circumstances after 20 June 2016 (unless you were already 65 or over on that date), and you live in Northern Ireland, or 10 June 2013 and you live in England, Wales or Scotland (unless you were already 65 or above at 08 April 2013), instead of having your DLA reassessed you will have to make a claim for PIP. As there is no low rate care component with PIP and the other criteria have changed, and you are likely to have a face to face assessment, there is a risk that you will lose your award of DLA and not be awarded PIP. Please seek advice from a welfare benefits advisor before applying for your DLA to be changed. See the Help! section at the end of the guide.

If you are not happy with your award

If you are not happy with the award decision, you can apply for it to be looked at again. This is called a mandatory reconsideration. It is a compulsory stage of the dispute process and it is no longer the case that you can go straight to an appeal. You must normally request a mandatory reconsideration within one month of the date on the letter giving you the decision, or have special reasons why you didn’t.

Once you receive the decision of your mandatory reconsideration, if you are still not happy, then you can proceed to the appeal stage. You must send a copy of the mandatory reconsideration notice with your appeal form (SSCS1) to be renamed SSCS1PE. Don’t worry if you use the old form your appeal will be accepted but it may take longer to process. Your appeal should be submitted within one month of the date of the notice. If it is outside the one-month time limit, but within the absolute time limit of 13 months you need to explain why. You also need to be aware that if you do ask for a mandatory reconsideration or appeal, the decision can be changed to increase or decrease your award, (though this is obviously not a problem if you’ve been awarded nothing at all).

Caution!

Just to remind you, because it is so important:

- there is a ‘within one month’ deadline for asking to have a decision looked at again;
- if you do ask to have a decision looked at again, your award could be increased, reduced or stopped altogether.

More about PIP

Existing DLA claimants who were aged between 16 and 64 on 8 April 2013 are in the process of being ‘invited to claim PIP. This process is due to end in April 2020

The process for claiming PIP

Once you have been selected for claiming PIP the DWP will write to you and invite you to claim PIP. You will have 4 weeks to do so. **If you do not make a claim for PIP in these 4 weeks your DLA will be suspended.** You will be given a further 4 weeks to claim PIP but if you do not do so your DLA will cease.

If you make a claim for PIP within the time limit, then your DLA will continue until the decision has been made on your PIP claim. Even if you have not been awarded PIP your DLA will continue to be paid for 4 weeks after your last DLA payday after the decision is made.

Choosing to claim PIP

If you think you may get more benefit by claiming PIP than you are getting under the DLA rules you can choose to claim PIP after 7 October 2013 unless the rules about your age apply. Please make sure you get advice before opting to claim PIP as the criteria are very different and you will almost certainly have a face to face assessment.

For further information about claiming PIP see our guide to claiming Personal Independence Payment.

Help!

The *Benefits and Work* Guide to claiming DLA for adults experiencing physical health problems

If you have a long term physical health problem, you can download a similar guide to this one, but dealing with physical health problems, from our website at www.benefitsandwork.co.uk

Family, friends and carers.

If you can arrange emotional support from amongst your family and friends it may make claiming DLA easier to cope with. Bear in mind that if you are unhappy with the decision and choose to appeal the process may take many months (or even years).

Advice agencies.

These may be able to help with filling forms and with challenging the decision if you're unhappy with it. However, advice agencies may be almost impossible to get through to on the phone, have no appointment system and long queues. If you can't get through to your local agency on the phone, try writing to them explaining your health problems and asking if they do home visits, or if they can telephone you at home and offer advice. You can usually find numbers for advice agencies in your local Yellow Pages in one or more of the following sections: disability information and services; information services; social service and welfare organisations; counselling and advice.

Citizens' Advice Bureaux (CAB)

There are over 750 bureaux in mainland Britain. Look under Citizens Advice Bureau in your phone book for details of your nearest one. You can also find details of your nearest bureau at: www.citizensadvice.org.uk

Citizens Advice Scotland

To find your nearest bureau, look under Citizens Advice Bureau in your phone book or visit the CAS website at: www.cas.org.uk

Northern Ireland

https://www.adviceni.net/

AdviceUK

Over 900 advice agencies are members of AdviceUK. Details of your nearest ones are available from AdviceUK's website at www.adviceuk.org.uk

Disability Information Advice Line

There are over 140 local DIALs, all staffed by disabled people and all offering telephone advice. If you have a local line it should be listed in your telephone directory under DIAL UK. Alternatively, check their website https://www.dialuk.info/

Law Centres

Contact details of your nearest Law Centre, where you may be able to get free advice and representation at appeals, are available from the Law Centres Federation on **0207 387 8570** or from www.lawcentres.org.uk

Housing Associations

Some housing associations employ a welfare rights worker. If you live in a housing association property contact your local office.

Doctor’s surgeries

An increasing number of surgeries and health centres have a welfare rights worker on the premises, part-time or full-time. Check with the receptionist.

Local Authority

Your local council may employ welfare rights workers who can help you with your claim. Start by asking your council’s main switchboard if they can put you through to a welfare rights worker. If the operator doesn’t know of one ask to be put through to the Social Services Department and if they can’t help try the Housing Department, either department may employ welfare rights workers.

CLAIM FILE RECORD SHEET

Date	Letter		Phone		Name and section	Details
	to	from	to	from		
02/05/20	✓				DLA Unit, Flowers Hill	Claim pack and letters from GP and consultant
10/05/20			✓		Jenny in Claims Section DLA Unit, Flowers Hill 0117 949671	She said they had received my form and an acknowledgement had been sent out

Photocopy this sheet before using if you want to have a spare one)

Medical Visit Record Sheet

Date of doctor's visit

Time doctor arrived

Time doctor left

Who else was present

Did the doctor arrive at the agreed time? Yes / No
If no, please give details.

Did you feel relaxed and able to talk freely to the doctor? Yes / No
If no, please give details.

Did the doctor listen to what you had to say and give you time to answer questions fully? Yes / No
If no, please give details.

Did the doctor phrase questions in a way that suggested a particular answer? Yes / No
If yes, please give details.

Did you discuss with the doctor whether you have such a thing as a 'Typical day' and give a clear idea of the variability of your condition? Yes / No
If yes, please give details.

Did the interview distress or upset you in any way? Yes / No
If yes, please give details.

If you had a physical examination did anything you did or the doctor asked you to do cause you pain? Yes / No
If yes, please give details including whether you told the doctor you were in pain.

Did the doctor go into rooms in your house without your permission or without adequately explaining why they were doing so? Yes / No
If yes, please give details.

Anything else you wish to record

Signed (your signature) Date

Signed (friend or carer who was present) Date

(Photocopy this sheet before using if you want to have a spare one)

Health Professionals Sheet

Take this sheet with you when you go to see your health professional. By health professional we mean the doctor, nurse, consultant or other health worker you feel can best give information about your condition. For convenience we have referred to your doctor throughout this sheet. When you see your doctor please try to follow the eight steps below. You may want to show your doctor this sheet and leave it with him or her after your appointment.

Step 1 Before going to see your doctor complete the checklist overleaf.

Step 2 Tell your doctor that you are making a renewal claim for Disability Living Allowance (DLA) and that in Social Security law a 'disability' is a long term health problem that affects your everyday activities. This means that you do not need to be 'disabled' in a medical sense to claim DLA.

Step 3 Explain that a letter from your doctor may make a big difference to whether your renewal is successful or not.

Step 4 Explain that the evidence you need is:

a) how long your doctor has been seeing you;
b) diagnosis – what it is you suffer from;
c) prognosis – how your condition is likely to change in the future;
d) how the symptoms of the condition affect your everyday activities. In other words, whether your condition means that you need someone with you to make sure you are safe or someone to encourage you to do things or discourage you from doing things.

Step 5 You may not have told your doctor before about all the problems you have with ordinary activities. It would be a good idea to explain them now. You could show your doctor the checklist you have completed on the back of this sheet and go through it with him or her.

Step 6 Bear in mind that your doctor may not have seen you carry out most of these activities and so may be reluctant to say what problems you have. If this is the case ask your doctor if s/he is willing to say whether the problems you report are consistent with what your doctor knows of your condition.

Step 7 You may want to tell your doctor why the financial help provided by DLA is important to your general well being. For example:

- Because you suffer stress due to financial worries.
- Because it would help you to do things that would be good for you emotionally or physically, like travelling to see friends and family or just getting out more.

Step 8 If your doctor is willing to write a letter, ask him or her to send it to you rather than the DWP and, if possible, to give you an idea of when you might receive it. Keep a copy of the letter in case it gets lost in the system.

(Photocopy this sheet before using if you want to have a spare one)

Checklist

Activity	✓	Very brief details of the problems you have, with this activity. For example 'I get panic attacks if I do this. It helps to have someone with me'.
Walking outdoors		
If you need someone with you when you walk outdoors		
Falls or stumbles		
Moving about indoors		
Getting out of bed in the morning		
Getting into bed at night		
When you are in bed		
Toilet needs.		
Washing and bathing		
Getting dressed and undressed		
Preparing a cooked main meal		
Problems at mealtimes		
Help with medical treatment		
Someone keeping an eye on you		
Dizzy spells, blackouts, fits and seizures		
Communicating with other people		

(Photocopy this sheet before using if you want to have a spare one)s