**Benefits and Work**
Guides you can trust

# The Best Possible

# Disability Living Allowance Renewal Claims

for

# Adults

on

# Physical Health Grounds

June 2020

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# Contents

**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  DLA has been replaced by a benefit called Personal Independence Payment (PIP).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

## Who is this guide for?

This guide is relevant to you in the following situations

You were 65 or over on 8 April 2013, receiving DLA, and you need to make a renewal claim. The introduction of PIP does not affect you and you can claim DLA again.  The same rule applies in relation to Northern Ireland but the relevant date is 20 June 2016.  You must claim within a year of the end of your DLA award, otherwise you will have to claim Attendance Allowance.

You were 65 or over on the above dates, receiving DLA and your needs have increased.  You can apply for a revision or supersession of  your DLA.  You cannot be  awarded lower rate care or the mobility component, unless your needs arose before your 65th birthday.  You can download our guide to claiming PIP from our website at  www.benefitsandwork.co.uk

This guide can help you with your renewal application.  It is for claimants who are receiving DLA because of a physical health condition or because you are physically disabled.  If you experience mental health problems you can download a guide to claiming DLA on those grounds from our website at www.benefitsandwork.co.uk  If you experience both physical and mental health problems, for example because you have become depressed as a result of a long-term physical health condition, then you may want to use both guides.

This is a general guide, intended to be of use to anyone with a physical impairment or health condition. Because it is designed to cover an extremely wide range of conditions, from visual and hearing impairments to arthritis and angina, not everything in it will apply to you. But the methods we explain for doing things like:

- filling out the claim pack
- getting supporting evidence
- preparing for a medical

apply to anyone making a renewal claim for DLA. So use the parts that are helpful to you and please don't be troubled or put off by the parts that aren't.  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 are also disabled or experience 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 upsetting in a number of ways.

- 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 rather than being positive about the things you can do.

- Even if you were not visited by a DWP doctor when you made your original claim, you may be visited at home by a DWP doctor 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 this).

- Your own doctor may not support your renewal 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 renewal claim, (see the *Help!* section). Health and care professionals such as your GP, consultant 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 either lose or shred your 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 it will be harder to challenge 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.

## Getting a claim pack and meeting deadlines

**As a result of the Coronavirus pandemic the time limit for retuning 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*);
- .
- 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 you 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 not about personal choice, but because of your health condition or because you are disabled. For example:

*I have problems with this activity because of my arthritis.*
*I have problems with this activity because I have epilepsy.*
*I have problems with this activity because of back pain.*

If there is more than one reason why you have problems then say so:
*I have problems with this activity because of my inflammatory bowel disease and the medication that I have to take.*
*I have problems with this activity because of my arthritis 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:

*I have problems with washing and bathing because of my arthritis. I can’t stand for long in the shower because of pain in my legs, feet and back. I have tried putting a stool in the shower to sit on but it was too cramped and I almost fell trying to stand up again. I need help getting in and out of the bath because it is painful stepping over the edge of the bath and I am very unsteady on my feet. Washing my hair causes a great deal of pain in my arms and shoulders and there are* *many days when I cannot do it at all. Washing my feet causes pain in my lower back and I cannot reach behind me to do my back, even with a long brush, because of the pain in my arms shoulders and neck. Drying myself is extremely painful, I cannot bend enough to do my calves and feet.*

**Step 3 Give an example**
This could be:

When you tried to carry out the activity and it went badly wrong:
*About three months ago I tried to have a bath when there was no-one else at home. I managed to get in the bath but I slipped and fell while trying to stand up to wash my torso. I was not badly hurt, but it left me feeling terribly shaken thinking how much worse it could easily have been.*

A recent attempt to carry out the activity which was not successful:
*Last week I tried to wash my hair by myself because I didn't want to disturb my partner. I was in so much pain by the time I finished that I had to take extra pain killers and I was unable to do anything for the rest of the day.*

If you never attempt the activity alone anymore, say how long it has been since you did so:
*I have not a bath or shower without someone to help me since I fell in the bath about three months ago.*

**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 they can help me in and out of the bath and wash my hair and back and feet for me.*

## 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 the 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 for 40 minutes in the morning with getting up, washing and dressing and 20 minutes in the evening to get you 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 decision 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.

### 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 arthritis.  On better days I can only get out of bed with help from someone else.*

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.

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

If 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 less likely 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` pages are 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 physical conditions, include any emotional or mental health problems such as depression or anxiety. 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 physical conditions, you can download a guide to DLA and mental health from www.benefitsandwork.co.uk

If you don't yet have a diagnosis, explain roughly what the problem is. For example: severe fatigue, not yet diagnosed. If necessary give further details about what investigations have been, or are going to be, carried out on page 36 or an additional sheet.

### 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 steroids in the past but only take them when your condition flares. Or you may have been on a strong painkiller but decided to stop using it and put up with the pain, or seek alternative remedies, 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 a severe back problem but only take over the counter painkillers such as ibuprofen, 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 attended a pain clinic or had a course of physiotherapy or had to have parenteral nutrition (tube feeding) in the past. .

### Column 4 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 specialist nurse or 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 38' 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 to contact other people about your claim. Many people think that the consent, which allows the DWP and Independent Assessment Services/Capita 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. The DWP aim to deal with such claims in just eight working days. You do not need to complete the whole claim pack if you are claiming under these rules as, if your claim is accepted, you will automatically qualify for the highest rate of the care component for 3 years even if you don’t currently need that level of care. You will still have to prove any entitlement to the mobility component, however.

A claim under the Special Rules can also be made on the claimant’s behalf by somebody else, their carer or GP for example, if they are not well enough to do so or have not been told the prognosis.

Please read the notes about the Special Rules in the DWP guidance notes very carefully. It is **extremely important** that, whoever completes the claim pack **ticks the box on this page** to say that you are claiming under the special rules, as decision makers have refused to apply the Special Rules in the past simply because this box was not ticked.

Along with the claim pack you should also include a form DS1500 which your GP completes. You shouldn’t need to actually see your GP to get this form completed, but if there is any delay send off the claim pack straight away and send the DS1500 afterwards.

If you are certain that your GP or other health professional believes that your death can reasonably be expected within six months then **you do not need to complete the section of the form dealing with your care needs.**

## 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

Being on a waiting list for surgery may be strong evidence of the seriousness of your condition. It might, however, also be evidence that your care needs may reduce in the future, after surgery and any necessary period of convalescence.

## 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

### Column 1 Aids and adaptations

As the previous DLA form explained, aids and adaptations may include things such as:

- a hoist, monkey pole or bed-raiser may help you get out of bed
- a commode, raised toilet seat or rails may help you with your toilet needs
- bath rails, a shower seat or a hoist may help you bath or shower
- a long-handled shoehorn, button hook, zip pull or sock aid may help you dress
- a stairlift, raised chair, wheelchair or rails may help you move about indoors
- a walking stick, walking frame, crutches or artificial limbs may help you get
- around outdoors
- special cutlery or a feeding cup may help you eat and drink, or
- a hearing aid, Textphone, magnifier or Braille terminal may help you communicate.

### Column 2 Tick boxes

You are asked to tick next to any aids or adaptations that have been prescribed for you by a health professional.

Decision makers are told not to take into account any aids or adaptations that you have provided yourself – presumably on the grounds that if you really needed them you would have been prescribed them.

We think this is shameful. In some areas there is a wait of a year or more just for an occupational therapy assessment, let alone to actually have any aids or appliances fitted. If you provided an aid or appliance yourself we suggest that you write 'See page 38' or 'See attached sheet' in the tick box – you might have to spread into the next box. Then explain in detail why you chose to buy an aid or adaptation rather than waiting to see if one would be prescribed. Would it be possible to get a specialist nurse, GP or other health professional to provide written evidence to say that in their opinion your use of the adaptation is reasonable?

### Column 3 How does this help you?

Explain what you use the aid or adaptation for – even if it should be obvious.

### Column 4 What difficulty do you have using this aid or adaptation?

Aids and adaptations can work both ways – they may support your claim by showing how severe your condition is, but they may undermine it by suggesting that help from the aid or adaptation means that you don't need help from another person. So, if you have an aid or adaptation, but still have difficulties with the activity then it's vitally important that you say so.

For example, you may have a stair lift which means that you no longer need help with getting up and down the stairs. But you may need someone to help you get onto the stair lift and get off it again and to make sure that you are safe while going up or down in the stair lift. So, although you have a stair lift, you still need attention from another person when going up or down stairs.

## Getting around outdoors

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 physical problems that restricts your walking?

If you have a physical problem that makes walking difficult for you then you may qualify for the higher rate of the mobility component on the grounds that you are 'virtually unable to walk'.

As a very rough rule of thumb, tribunals and decision makers tend to make awards to people who they accept cannot walk more than 50 yard/metres , but in reality the test is more complex than this as other factors should also be taken into account. So, even if you can walk further than this but only very slowly, for example, you may qualify.

Tick the Yes box if you are unable to walk at all because of, for example, a spinal injury. If you have no legs or feet you qualify for the higher rate of the mobility component even if you can walk with prosthetic legs. If you are both deaf and blind you may also qualify for the higher rate.

From April 2011, if you have a severe visual impairment you may be able to claim the higher rate of the mobility component if you are severely visually impaired. You will need to show that:

- You were under 65 when the severe visual impairment started; and
- You are registered or certified as severely visually impaired; and, when wearing glasses if necessary, either
- Your visual acuity is less than 3/60; or
- Your visual acuity is more than 3/60 but less than 6/60 and you have a complete loss of peripheral vision and a central visual field of no more than 10 degrees.

## 26 How far can you normally walk?

See the guidance notes for information about the length of cars, buses and shoes, intended to help you work out how far you can walk. The walking in question needs to be outdoors, but on level ground, not steep hills.

The question that needs to be answered here is how far you can walk, including any short stops, before you feel severe discomfort. There is no precise definition of severe discomfort, except that the law says it is less than severe pain. Can you walk at all on your worse days? Are you in severe discomfort all the time when you walk or does it begin after a certain distance? People tend to have difficulty estimating distances so, if possible, actually measure how far you can walk before you are in pain or severe discomfort. As a last resort count how many paces you can take and then measure your pace.

The case law on what distance you can walk and still be eligible for higher rate mobility is constantly changing as different Social Security Commissioners make different decisions. For a long time people who couldn't walk more than 100 metres stood a good chance, but more recently awards were unlikely for people who could walk more than 50 metres. However, a Commissioner has reminded tribunals that they are not supposed to just consider how far people can walk, but also other factors including, the speed at which you walk, the manner in which you walk and how long you have to rest for before you can walk again. Legally, there is no set distance for eligibility for higher rate DLA mobility – you might be able to walk 200 metres and still qualify if, for example, it took you a very long time to do so. So if you have difficulties walking, no matter what the distance, complete this section – by the time your claim is decided the law might have changed again.

## 27 How many minutes can you walk for before you feel severe discomfort?

Try actually timing yourself rather than just guessing.  Remember this is an average, so take into account your worse days.

## 28 Your walking speed

Read this question very carefully before you answer.  The walking speeds given are not the same as the walking speeds given to doctors who carry out DLA medicals for the DWP and we are very doubtful about the whole idea of average walking speeds.  The danger of this question is that it seems to be more a test of your mathematical abilities than your walking abilities.  The answers you give to questions 25 and this question allow the decision maker to calculate the distance you can walk independently from the figure you have given at question 24.  If these don’t match this could be grounds for refusing you an award.

We suggest that you simply  ignore the tick boxes at question 26. Instead, write your answers from question 24 and 25 in the ‘tell us in your own words’ box at question 29.  For example:

*‘I can walk 40 metres in one and a half minutes.’*

You may also want to use this box to explain what it is that limits your walking speed.  Do you get fatigued after a very short distance?  Do you get breathless? Do you experience severe discomfort or pain in your feet, legs or lower back?

## 29 The way you walk

When deciding whether you are ‘virtually unable to walk’ decision makers should take into account the way in which you walk, as well as how far you can walk and how long it takes.. However, once again we suggest that you ignore the tick boxes and instead describe in detail the way you walk.

Do you have problems lifting your feet off the ground so that you shuffle rather than walk. Can you only use one foot, so that you have to swing yourself along on crutches or use a walking frame? Do you have a severe limp? Do your feet sometimes get ‘stuck’ as with Parkinson’s disease?  Give as much detail as possible.

## 30 Do you need physical support?

If you need to lean on someone when you walk, perhaps because your balance is very poor or because your legs give way without warning, tick the Yes box.  If one of the three tick boxes accurately describes your difficulties then tick it, but we would definitely advise you to give further details in the ‘If there is not a box that describes the help you need’ box.

## 31  How many days a week do you have difficulty walking?

If you always have these difficulties walking then the answer is 7 days even if you don’t walk outdoors very often.  If there are days when you wouldn’t have difficulties walking 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.

## 32  Do you fall or stumble when walking outdoors?

Tick Yes if you ever fall or stumble and give details below.

### Why do you fall?

Explain what health condition causes the falls or stumbles. For example, is it a visual impairment which means you don’t see obstructions, arthritis in your knees which means they sometimes give way, extreme fatigue caused by ME or CFS, or dizziness caused by low blood pressure? Or is dizziness or unsteadiness a side effect of medication you are taking?  If you haven’t had any falls, but are worried that you might, you need to explain very clearly the reasons for your worries.

**How often do you fall?**
Explain roughly how often it happens and when the most recent event was.

**Do you need help to get up after you fall?**
Can you get up without help after a fall and if so, how long does it take you?

We think you should also give the following information, if it is relevant in your case.

Is there anything that means you are at greater risk if you fall?
Is there anything that makes falling particularly dangerous for you? For example, do you have osteoporosis, so that even a minor fall could lead to broken bones?

Have you ever injured yourself as a result of falling or stumbling?
If so, give details. Is there any supporting evidence you can provide for your falls? For example, have you ever injured yourself and had to go to the doctor or to casualty? If so, give details and, if available, a copy of the record of your visit there. Alternatively, has anyone seen you fall or had to help you up after you've fallen? If so, would they be prepared to write a letter confirming what happened?

Do you use any aids or equipment?
Do you use a walking stick or a walking frame or something like this?

Why would aids or equipment not prevent you falling or stumbling?
Decision makers are fond of suggesting that if you fall because, for example, your knee gives way, you should use one or two walking sticks and this will prevent you falling. Would sticks prevent you falling? Do you get enough warning and could you support your weight on your arms? if sticks would not help, say so

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

This page is about entitlement to the lower rate of the mobility component. Only tick No if you have read the examples on the form and read the details below and decided you don't have any such problems. If you need someone with you because of your mental health, for example because you experience panic attacks when outdoors, tick Yes and download a copy of our guide to claiming DLA on mental health grounds from www.benefitsandwork.co.uk

Bear in mind that the this is about problems you have when you are walking outdoors in *unfamiliar* places, not on routes that you are used to. So, for example, if you have a visual impairment you may be fine going to work or the shops because you have done the journey many times and know the likely hazards and obstacles. But if you had to go somewhere unfamiliar, the High Street of a strange town, perhaps, would it be reasonable for you to have someone with you to, for example, warn you of hazards?

### To avoid danger

For example:

you sometimes have falls and are unable to get up without help;
you have fits and need someone to monitor your condition and help you to stay safe, recover from a fit and continue walking afterwards;
you are deaf and need someone to help you to ask for directions on unfamiliar routes and warn you of hazards that you cannot hear, such as approaching traffic;
you have a visual impairment and need someone to warn you of hazards such as oncoming traffic and to help you find your way.

**I may get lost and wander off**
If this applies, tick Yes and download a copy of our guide to claiming DLA on mental health grounds from www.benefitsandwork.co.uk

**I have anxiety or panic attacks**
If this applies, tick Yes and download a copy of our guide to claiming DLA on mental health grounds from www.benefitsandwork.co.uk

**To make sure I am safe**
For example:

you have ME or CFS and you need someone to support you if you become suddenly fatigued and help you to find somewhere to rest, recover and then continue walking.
you have a bowel condition and need someone to help you find lavatories or cope with the distress of an episode of incontinence whilst you are outdoors in an unfamiliar place.

**If there is not a box that describes the help you need . . .**
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!*)

**Caution!**
A change in the law in April 2002 means that if you don't walk outdoors alone in unfamiliar places because of 'fear or anxiety' related to your physical (rather than mental) health, this will not entitle you to an award of lower rate mobility. So, for example, if you don't go to unfamiliar places alone because you are afraid of having an episode of incontinence or an attack of breathlessness, this won't count. If, however, your fear or anxiety is so severe that your doctor's diagnosis is that it amounts to a mental health problem, such as agoraphobia, then you may be eligible for lower rate mobility on the basis of fear or anxiety related to your mental health. But if this is not the case, then it's best to avoid using words like frightened or anxious and to concentrate on the practical ways in which someone can help you.

The decision maker may argue that while you find it reassuring to have someone with you, you don't actually need them to be there. Try to make it clear what the person does, or is on hand to do, or explain why you would not have the confidence to go out without someone. If you don't have someone to help you and you have to manage on your own, try to think how having someone with you would make things less difficult.

## 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?

Although the claim pack no longer mentions it, you are eligible for the higher rate of the mobility component if the exertion required to walk would lead to serious danger to life or a serious deterioration in your health. If the deterioration in your health would only last for a few days then it is less likely to be considered sufficient. Examples might be if walking could bring on a severe asthma or heart attack. Give details here if this applies to you.

## 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' …many 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.

Even if you are claiming DLA primarily because of mobility problems, these are likely to affect your care needs too. For example, you may have difficulty moving around indoors, getting up and down stairs or preparing a cooked main meal because of difficulties with walking or standing. You may also need help to attend social or religious functions or to pursue hobbies because of mobility problems.

Even if you don't think your needs will be sufficient to qualify for an award of the care component it is worth completing any pages relating to activities that you do have problems with. This is because your claim may otherwise look inconsistent: you have said you have problems with mobility and yet you also say you have no problems with stairs, moving around indoors or pursuing hobbies and pastimes.

## 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 more details in the 'anything else you want to tell us' box on this page.

### Difficulty getting into bed

Do you need help pulling back the covers, sitting on the bed, getting your legs into bed, arranging the covers and pillows once you are in bed? Do you need help transferring from a wheelchair to the bed?

### Difficulty getting out of bed

Do you spend a long time wanting to get out of bed but unable to because of pain, stiffness or the effects of medication which prevent you waking properly? Do you need medication or tea or something else brought to you before you can get out of bed? Does it hurt to move your limbs, to sit upright or put weight on your feet? Do you have to hold onto someone or something when getting in or out of bed? Do you have to get out of bed in stages, taking rests because of fatigue or stiffness and to gather your strength? Might you fall when you stand, perhaps because you are unsteady on your feet or because you get dizzy? Do you need help transferring to or from a wheelchair? Do you put on slippers and a dressing gown or other clothing rather than putting on your day clothes when you first get out of bed. If you need help with doing this either include the information in the box at the bottom of this page or include it in the *Dressing and undressing* section of the form.

### I need encouraging to get out of bed in the morning

Are you sometimes too exhausted or in too much pain or discomfort to get out of bed without someone to encourage you? Does someone – children, partner, neighbours - look in on you to make sure you have got up? If so, tick the box and give more information in the box at the bottom of the page.

If you need encouragement or reassurance because you experience depression, anxiety, panic attacks or some other sort of mental health problems also tick the box and download a copy of our guide to claiming DLA on mental health grounds from www.benefitsandwork.co.uk

### I need encouraging to go to bed at night

As with getting out of bed, are you sometimes too exhausted or in too much pain or discomfort to get up the stairs and into bed at night? If so, tick the box and give more information in the box at the bottom of the page. If your difficulties with going to bed are due to a mental health condition also tick the box and download a copy of our guide to claiming DLA on mental health grounds from www.benefitsandwork.co.uk

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

Next time you get out of bed and into bed try timing it. Or if someone helps you, ask them to time it. If you have to wait for your limbs to become less stiff or for medication to wear off enough for you to become properly awake, then getting out of bed should include the time from when you want to get out of bed to the time when you are actually able to begin getting out of bed.

Bear in mind that people without health conditions can get out of bed as soon as the alarm clock goes off. This is what you should be comparing your time to.

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 . . .

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!*).

Reminder

Do you use any aids or appliances to help you with getting in and out of bed? E.g. motorised bed raiser, walking frame by the bed. If so, make sure you have given details at question 24.

## 38 Toilet needs

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

Only tick No if you have read the details below and decided that you don’t have any difficulties with this activity. (Note: coping with periods is listed on the following page, under *Washing, bathing, showering and looking after your appearance*.)

### Difficulty with toilet needs

Do you need someone to help or guide you to and from the toilet?
Do you have difficulty transferring from a wheelchair to the toilet and back again?
Do you have difficulty undoing and doing up buttons and zips; pulling trousers and underwear down and back up; getting on or off the toilet?
Do you sometimes not make it to the toilet in time because of continence or mobility problems?
Even if you do make it to the toilet in time are your bowel motions very violent, bloody or accompanied by a lot of mucus so that you have to wash or shower afterwards?
Do you have difficulty wiping yourself after a bowel movement?
Do you have problems cleaning the toilet afterwards and does it need doing immediately to prevent it becoming much more difficult to do?
Do you need someone to check your clothing after using the toilet?

### Difficulty with incontinence needs

Do you have difficulties with continence pads or a colostomy bag or something similar? For example, if you need help changing the bags during the day or if you have problems with leakage during the day, give details in this section in this box.

### Encouraging with my toilet or incontinence needs

Do you need encouraging to use the toilet because it is painful or distressing for you, or do you need reminding because you have an injury which means you cannot tell when your bowels or bladder are full?

Do you need reminding to check if your bag needs changing or do you find it difficult or distressing to do so and so need encouragement and reassurance?

If you need reminding, encouraging or reassuring in order to use the toilet because of phobias, anxiety, panic attacks or some other sort of mental health problem also tick the box and download a copy of our guide to claiming DLA on mental health grounds from www.benefitsandwork.co.uk

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

To work out how often you need help you need to make an estimate of how many times a day you use the toilet or have to change bags, etc. If this varies according to your condition then either give a range: for example, 4-8 or give an average, for example, 6.

When working out how long each time, include time getting to and from the lavatory, time needed to wash yourself and to clean the toilet if necessary. If you use a bottle or commode but need someone else to empty and clean it immediately afterwards, include the time taken to do that here. Again, if the length of time varies then give an average or a range

### 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!*)

Example

*I have problems with this activity because of my Inflammatory Bowel Disease. Many days I have to stay at home near the toilet all the time because I get violent diarrhoea without any warning. I often have to go to the toilet five or six times an hour. This leaves me completely exhausted, so that I can hardly stand or think straight. It also makes my anus so sore that I am in constant pain, especially when walking and sitting. Because I suffer from very violent diarrhoea the toilet often needs cleaning after I have used it, but sometimes I am too exhausted to do so. I also get extremely bad abdominal pains which can double me up and can make it very difficult for me to get to the toilet. Sometimes I don’t make it to the toilet in time and I have to shower and change afterwards. I often get very upset and depressed when my IBS is at its worst, life doesn’t seem worth living. If someone is with me they can help me to get to and from the toilet, help me clean up the toilet, wash and change if necessary and reassure me when I become very distressed.*

**Caution!**

The DWP very often argue that people who have difficulty getting to the lavatory or who suffer from urgency or incontinence could use a bottle or a commode (a chamber pot in a chair, alternatives would be a bedpan, a potty, a portaloo or a bucket) instead. Would you need help using or emptying and cleaning a bottle or a commode? How would you wash and dry your hands afterwards? How long would you have to sit in a room with a used commode during the day and would it be reasonable to expect you to do so? If you don’t think it would be reasonable to expect you to use a bottle or commode say so and, if possible, explain why. For example:

*Please do not suggest that I should use a bottle or commode. I would find it deeply embarrassing and undignified have to sit in a room with a used commode or urine bottle during the day or night. It is accepted that prisoners in jail should no longer be forced to do such things and I do not believe I should be either. I would feel the same about having to use a commode or urine bottle in front of my partner or having someone empty a commode or bottle that I have used. I understand that, for DLA, attention to help someone carry on an ordinary life is attention that is reasonably required. Using a toilet is ‘ordinary life’ for an adult, using bottles and commodes is not. As long as I am able to use a toilet with help then I reasonably require that help.*

Reminder

Do you use any aids or appliances in connection with your toilet needs such as a rail to hold onto when you get on and off the toilet. A bottle or commode also count as special equipment. If so, make sure you have given details at question 24.

## 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

This may include things like:

combing, brushing or styling your hair, including using a hairdryer;
seeing to do your hair;
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.

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

The division into the three categories isn't really very helpful. Does help with washing yourself in the shower come under 'wash and dry' or 'help to use a shower', for example? Choose the ones that you think are most appropriate and give details in the text box below. Things that you need to think about include difficulties you have with:

getting to and from the bathroom;
removing clothes in order to wash or bathe;
turning taps on and off;
checking water temperature;
reading the labels on bottles and aerosols;
bending to the sink;
getting in and out of the bath or shower, including transferring from a wheelchair;
standing in the shower;
reaching down to wash, rinse and dry your legs;
reaching up to wash, rinse and dry your face and hair;
reaching behind you to wash, rinse and dry your back;
using a razor to shave your face, legs or underarms;
seeing to shave;
brushing your teeth or cleaning your dentures;
cleaning your nails;
making sure you don't fall in the bath or shower; keeping you safe if you fits or blackouts which make bathing or showering dangerous;

### Encouraging to look after my appearance.

Do you need encouragement to look after your appearance? If this is because you experience depression, anxiety, panic attacks or some other sort of mental health problem, download a copy of our guide to claiming DLA on mental health grounds from www.benefitsandwork.co.uk

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

Do you need encouraging to wash, bathe, shower, etc. because it is painful or distressing for you?. If you need reminding, encouraging or reassuring in order to wash or bathe because of phobias, anxiety, panic attacks, depression or some other sort of mental health condition download a copy of our guide to claiming DLA on mental health grounds from www.benefitsandwork.co.uk

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

Do you need to wash or bathe more than once a day, perhaps because of excessive sweating or incontinence or because bathing helps relieve pain in your joints or your back? If your condition varies give an average or a range: for example, 2-4, or give an average, for example, 3

Remember that 'How long' includes the time to get undressed, bathe or shower, dry and dress again and includes any time spent resting in-between or recovering afterwards. 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 . . .

### Remember the four steps

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!*)

Reminder

Do you use any aids or appliances in connection with washing and bathing? This could include rails to help you get in and out of the bath, a seat in the bath, a bath hoist or a walk in bath. If so, make sure you have given details at question 24.

## 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 includes putting on and taking off nightclothes, underwear, skirts, trousers, socks, blouse, shirt, coat, hat. tying and untying shoelaces, fastening and unfastening your bra and any other problems with buttons, zips, laces and braces

### Choosing the appropriate clothes

For example, do you have a visual impairment which makes it difficult for you to select clothes to wear, including making sure that they are clean, matching and appropriate to the weather and the occasion and that nothing is inside out or back to front?

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

Do you need encouragement to dress or undress because it is painful for you? If so, give details. If you need encouragement to dress, undress or put on clean clothing because you experience depression, anxiety, panic attacks or some other sort of mental health problem download a copy of our guide to claiming DLA on mental health grounds from www.benefitsandwork.co.uk

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

Do you need to dress or undress more than once a day because of, for example: excessive sweating; continence problems; changing dressings or other medical procedures; needing to sleep during the day? Do you go outdoors several times a day and need help putting on and taking off outdoor clothing? If your condition varies give an average or a range: for example, 2-4, or give an average, for example, 3

Try timing yourself next time you get dressed and undressed. Remember to include any time spent resting if you need to do so.

### 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!*)

Example

*I have problems with this activity because of arthritis. I suffer pain in my arms upper back and neck when trying to put on anything with sleeves, such as shirts, jackets and coats and when pulling on t-shirts or jumpers over my head. Pulling on underwear, trousers, socks and shoes also causes pain in my back, neck and arms. I find the pain completely exhausting and often have to stop and rest several times while dressing. My son usually helps me to dress and undress, this doesn't stop it being painful, but it does make it less so. On days when he goes out before I am up I often end up wearing my dressing gown until lunch time because by then my limbs are less stiff and painful and I can manage to dress myself, though still with pain. If someone is with me they can help me put my arms in sleeves, pull clothing over my head, pull up trouser and underwear and do my socks and shoes for me.*

**Caution!**

The Decision Maker may argue that if you have problems with fastenings such as buttons, zips, belts, laces etc. you should wear slip on shoes, trousers with elasticated waists and clothing with Velcro fastenings. Do you have enough of such clothes and is it reasonable to expect you to go out and buy an entire new wardrobe in one go? Would you still have problems with these clothes? For example, would elasticated waistbands be painfully constricting; would it be difficult to get your feet into slip-on shoes? Give details in this box.

Reminder

Do you use any aids or appliances in connection with dressing and undressing? This could include such things as button hooks and shoe horns. If so, make sure you have given details at question 24.

## 41 Moving around indoors

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

This is a very important activity. If you have difficulty or need help frequently and throughout the day with moving around indoors then you may be entitled to the middle rate of the care component. 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 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

Do you have to hold onto furniture and lean on walls as you move about indoors? Do you need support from another person? Do you have to move very slowly? Do you need someone to open and close doors? Do you need someone to push or manoeuvre your wheelchair?

### Difficulty going up or downstairs

Do you have to stay downstairs, or upstairs, all the time because you can't use stairs? Do you have to be carried up and down stairs? Is it difficult/painful/exhausting going up or down stairs? Do you need someone to support you? Do you need someone with you in case you become dizzy or unsteady on your feet? Do you have to go very slowly, one step at a time? Do you need someone to help you on or off a stairlift?

### Difficulty getting in and out of a chair.

Do you take a long time to get in or out of chairs? Do you need someone to help you off chairs and sofas? Have you developed special techniques such as rolling off sofas onto your knees? Do you have to hold onto things to get upright? Are you sometimes too exhausted to get up? Is rising from sitting painful? If you generally stay in bed during the day, consider crossing out chair and putting bed instead.

### Difficulty transferring to and from a wheelchair.

It may not take long to transfer you to and from a wheelchair, but if you need help frequently and throughout the day with transfers then this may get you an award of the middle rate of the care component. So make sure you think of all the times it may happen on an average day.

### I need encouraging or reminding to move around indoors.

Do you need encouragement to move about because you find it painful to do so? If so, tick this box. If you need encouragement because you experience depression, anxiety, panic attacks or some other sort of mental health problem, download a copy of our guide to claiming DLA on mental health grounds from www.benefitsandwork.co.uk

### How often?

Do you have to get up and down a lot because of pain or stiffness? If you need help frequently and throughout the day with things like getting in and out of chairs and moving around then this alone may get you an award of the middle rate of the care component. So make sure you think of all the times you may need this sort of help on an average day. If this varies according to your condition then either give a range: for example, 12-18 or give an average, for example, 15. You may need to keep a record for a day to discover just how many times you do carry out all these activities. 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 . . .

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!*)

Example

*"Because of my arthritis I find it difficult and painful to get up from chairs and sofas unless someone pulls me up. I can go upstairs, but only very slowly and with a lot of throbbing pain in my legs and back which continues for up to an hour after I've climbed the stairs. I can't come down stairs safely as my knees sometimes give way without any warning. If there is no-one to hold onto I come downstairs on my bottom. I walk to the kitchen and toilet and back, but slowly and with throbbing pain in my legs and back. If I move about the house much in the day it leaves me feeling exhausted and I sometimes have to take additional pain killers, although I don't like doing this. About three weeks ago I fell on the floor whilst trying to get up from the sofa without help. I had to pull myself up holding onto furniture. It took about 2 minutes to get to my feet. I wasn't injured, but it left me feeling very shaky and upset and damaged my confidence. If someone is with me they can help me on and off chairs and support me on the stairs."*

Reminder

Do you use any aids or appliances in connection with moving around indoors? This could include such things as a stair lift, raised chair or rails. If so, make sure you have given details at question 24.

## 42 Do you fall or stumble your illnesses or disabilities??

If you experience falls you may be eligible for DLA on the basis of needing continual supervision to avoid danger. Alternatively, you may need attention with specific activities such as using stairs, getting out of chairs or getting out of the bath which will count towards your DLA entitlement.

### What happens when you fall or stumble?
### Tell us why you fall or stumble and if you hurt yourself.

Explain what health condition causes the falls. For example, is it a visual impairment which means you don't see obstructions, arthritis in your knees which means they sometimes give way, extreme fatigue caused by ME or CFS, or dizziness caused by low blood pressure? Or is dizziness or unsteadiness a side effect of medication you are taking? If you haven't had any falls, but are worried that you might, you need to explain very clearly the reasons for your worries.

Is there anything that makes falling particularly dangerous for you? For example, do you have osteoporosis, so that even a minor fall could lead to broken bones? If this is the case, you are more likely to be judged to need help or supervision even if the risk of falling is a small one.

Have you suffered any injuries as a result of falls indoors? If so give details.

**Do you need help to get up after a fall?**
Can you get up without help after a fall and if so, how long does it take you? If you can't get up at all without help, or it takes a long time, then you are more likely to need attention or supervision.

### When did you last fall or stumble?

Even if this was some time ago, give details here.

### How often do you fall or stumble indoors

The more frequently you fall and stumble and the more recently it has happened, the more likely you will be considered to need attention or supervision.

### Additional evidence we suggest you consider giving

Although the information below is not asked for, it may make a difference to the success of your claim.

What help can someone give you when you fall or stumble?
Can they steady you so you don't fall in the first place? Help you to your feet if you do fall? Help you recover from the effects of falling?

Are there precautions you can take?
Decision makers are fond of suggesting that if you fall because, for example, your knee gives way, you should use one or two walking sticks and this will prevent you falling. Would sticks prevent you falling? Do you get enough warning and could you support your weight on your arms? If sticks would not help, say so.

The decision maker may argue that you should remove or pad all sharp or hard edges so that the risk of injury if you fall indoors is small. Is this a reasonable requirement in your case? If not, explain why.

Example
"*I cannot make my home safe to fall in because there are there too many sharp edges on walls, work surfaces, fireplaces, furniture, television set, windowsills, sinks, toilet cistern, doors, door handles, fridge, cooker, chairs, tables, etc. for it to be practical to pad them all and I cannot remove these items because I need them. I don't know what materials I could use for padding, particularly on surfaces that get hot or wet or need cleaning regularly for hygiene reasons. I don't know who would carry out the work to a sufficient standard for free and I could not afford to have it done."*

Is there a pattern to your falls?
For example, do they occur mostly in the morning when you first get up, only when you reach up to high shelves or are they entirely unpredictable? The less predictable your falls the more likely you are to need attention or supervision. So if your falls can happen anywhere at any time then it's important that you say so.

If your falls are predictable, the decision maker is likely to argue that you can avoid the activities that cause falls or take precautions to reduce the likelihood of injury. For example, if you only fall when reaching into high cupboards the decision maker is likely to say that you should simply avoid this activity.  However, the decision maker should not suggest that you take unreasonable precautions, such as staying in the same chair or same room all day or wearing a crash helmet.

### Supporting evidence

Is there any supporting evidence you can provide for your falls or stumbles?  For example, have you ever injured yourself and had to go to the doctor or to casualty?  If so, give details and, if available, enclose a copy of the record of your visit there.  Has anyone seen you fall or had to help you up after you've fallen?  If so, would they be prepared to write a letter confirming what happened?  (See *Including supporting evidence*).

## 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 could include: holding and using cutlery; getting food from a plate or bowl and into your mouth; drinking from a cup or mug.

Do you have a visual impairment which means that you need someone to tell you what food is on your plate or available in a canteen or café? Do you need someone to tell you where on your plate the food is and where on the table, sauce, salt, pepper, sugar, cutlery and drinks are? Do you need someone to check if you have spilt food or drink? Do you need someone to help you clean up if you have?

If you are receiving parenteral nutrition or tube feeding:  describe the process involved and any help you need with feeding yourself, keeping equipment sterile or supervising the process.

### I have difficulty with cutting up food on my plate.

As well as cutting up food this could include removing bones, fat or rind.

### I need encouraging or reminding to eat or drink.

Do you need encouraging or coaxing to eat because, you have a bowel disease or digestive tract disorder and you associate food with pain, discomfort and illness?  Do you need help monitoring what you eat or reminding to eat or drink supplements?  Do you have special dietary regimes that you need encouragement to stick to? If so, tick this box.

Do you get too depressed or anxious to be able to face eating or do you have an eating disorder or other mental health condition which causes difficulties with eating or drinking? If so, download a copy of our guide to claiming DLA on mental health grounds from www.benefitsandwork.co.uk

### '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 . . .

For example, have you suffered from malnutrition or severe weight loss as a result of not eating?

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!*)

Example

*Because of my visual impairment I need someone to help me at mealtimes. I need help to cut up my food and remove bones from fish and chicken. I need someone to tell me where food is on my plate and where my drink is. When I am at work I also need someone to tell me what is on the menu in the canteen and to help me collect my food and carry it to an empty seat at a table. I also need someone to tell me if I have spilt food or drink and to help me clean it up.*

Reminder

Do you use any aids or appliances in connection with eating and drinking? This could include such things as special cutlery or a feeding cup. If so, make sure you have given details at question 24.

## 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 could include things such as:

taking the right medication at the right time, including reading labels, opening containers, measuring amounts;
swallowing pills;
using an inhaler;
applying creams or lotions;

### I have difficulty with my treatment or therapy.

Give details of any problems you have, or help you need, with things such as:

changing dressings;
checking blood sugar levels;
administering injections;
administering enemas;
being massaged or having limbs manipulated;
seeing an occupational therapist;
following a medically prescribed exercise regime;
having physiotherapy;
seeing a psychiatrist or counsellor;
having speech therapy;
understanding what a doctor or other health professional is saying.

### I need encouraging or reminding to take my medication.

Do you need reminding to take your medication or food supplements because your concentration is poor or because you get very tired and forgetful as a result of, for example, ME? Does your medication have distressing side effects which makes you reluctant to take it? Do you need someone to monitor what you take? If so, tick this box. If you need encouraging to take medication because you have a mental health condition which means you are forgetful or have poor concentration, also tick the box and download a copy of our guide to claiming DLA on mental health grounds from www.benefitsandwork.co.uk

### I need encouraging or reminding about my treatment or therapy.

If you need encouraging or reminding about treatment or therapy because, for example, it is painful or exhausting tick this box and give details in the box at the bottom of the page. If you need encouraging about treatment or therapy because you have a mental health condition which means you are forgetful or have poor concentration, also tick this box and give details in the box at the bottom of the page. Information about our separate guide to DLA and mental health is in the *Help!* section.

### ‘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 . . .

For example, you may be having an ‘alternative therapy’, such as homeopathy, which the decision maker may not accept as medical treatment. However, an increasing number of alternative remedies are being recognised by the medical profession, so it is worth including details here if you have problems or need help with it, particularly if the treatment was recommended by your GP. But in addition, give details in the hobbies, interests and social activities section: if your alternative therapy is not accepted as medical treatment then it should be accepted as a leisure activity with which you reasonably require help.

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. If the problems you have with communicating with other people are related to your mental health - for example, you have become very depressed, withdrawn or anxious and now find it difficult to talk to people you don’t know well, download a copy of our guide to claiming DLA on mental health grounds from www.benefitsandwork.co.uk

### 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 use sign language and so cannot be understood by hearing people and need an interpreter?
Do you have difficulty understanding what people say and being understood by people when you speak, perhaps because you are deaf and English is not your first language?
Do you need someone to attract your attention before they speak to you?
Do you lip read and often need people to say something several times?
Do you have difficulty reading letters, newspapers, bills, memos, text on computer monitors or mobile phones, instructions at work or books at school, etc. because you are deaf and English is not your first language or because you have a visual impairment?
Do you need someone to make or take phone calls for you?

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

Example

*I have problems with this activity because I am deaf. My first language is British Sign Language, not English. I can speak English but people often have difficulty understanding me and many people get embarrassed or impatient and try to avoid communicating with me. This can happen in all my everyday communications in shops, on public transport and at work. Although I can lip read, this is very difficult with people who are not experienced at speaking in a way which makes lip reading easier. As a result I need people to speak slowly, often they have to repeat things several times and even then I do not always understand. Sometimes people write things down* *and I write a reply, but because English is not my first language I don't have the same literacy skills as hearing people. I cannot make or receive telephone calls unless the other person has a minicom, although I can exchange brief text messages on my mobile – but this is no help for longer or more complicated communications.*

*In the past, when I have tried to communicate with hearing people without an interpreter I have had to cope with people being very rude and aggressive or not understanding me and getting embarrassed. Either way I've ended up not being able to communicate effectively and often been left very upset by what has happened.*

*I need help from an interpreter to communicate effectively with hearing people. I also need someone to attract my attention before they speak to me, for example by coming and standing in front of me. I also need someone to tell me if an alarm goes off or if there is an announcement over a tannoy at a railway or bus station. At work I need extra help with communicating because I make machine parts and my job can change from week to week. I need the work explained to me individually, rather than as one of a group of hearing people. I also need additional help with reading the plans for the job. If I have an interpreter with me they can help me to communicate with hearing people.*

### 46 How many days a week do you have difficulty or need help with the care needs you have told us about on questions 37 to 45.?

This question is about all the care, rather than mobility, needs you have given details of so far in this form.

Remember this is about the difficulties you 'usually' have – not your best or your worst days. If you have difficulties all the time then the answer is 7 days. If you do not have difficulties all the time, then try to give an average that take into account your best and worst periods. In order to count, the difficulties you have need to be for the majority of the time. So, as a general guide, if you have difficulties less often than four days a week you will be less likely to qualify.

## 47 Hobbies, interest, 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 decided that these activities were relevant to DLA were Mallinson https://www.bailii.org/uk/cases/UKSSCSC/1994/CA_117_1991.html and Fairey/Halliday 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 you had someone to help with the bits that require heavy lifting, bending, stretching or kneeling? Do you have a visual impairment that means you need help with reading newspapers, magazines, books or letters? Do you have a hearing impairment that means you need help with watching television or videos or with communicating with visitors?

Make sure you explain what help you get or would need in order to carry out this activity or activities. Would someone, for example: lift things; climb ladders; fetch things; steady you; encourage you; get out or put away equipment; read to you; tell you what's happening in a TV programme or video; read crossword clues to you?

### 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 help you walk to and from places? Do you need someone to carry things for you, to lean on, to help you get to and from the toilet? Do you need someone to offer you support and reassurance because of the possibility of a fall, an angina or asthma attack or an episode of incontinence? Do you need someone to interpret for you?

### 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.

## 48 Supervision from another person

### Do you usually need someone to keep an eye on 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 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 you need someone with you for reasons relating to your mental health – for example, because you might harm yourself, become distressed or wander off download a copy of our guide to claiming DLA on mental health grounds from www.benefitsandwork.co.uk

### 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 need someone with you during the day in case you fall, especially if you are unable to get up again or because you have a condition such as osteoporosis, so that the result of a fall could be very serious?
Do you have angina attacks or asthma attacks and need someone to help administer your spray or other medication?

Do you have tube feeding or some other treatment which requires someone to monitor the equipment. If this is the only time you need supervision during the day, then it is less likely that you will qualify for an award on supervision grounds.

If you care for a young child and your condition means that they might be in substantial danger if, for example, you had a fall or a fit, then this may be sufficient for you to qualify.

**I am not aware of common dangers.**
See details of our mental health guide in the *Help!* Section

**I am at risk of neglecting myself.**
See details of our mental health guide in the *Help!* Section

**I am at risk of harming myself.**
See details of our mental health guide in the *Help!* Section

**I may wander.**
See details of our mental health guide in the *Help!* Section

**To discourage antisocial or aggressive behaviour.**
See details of our mental health guide in the *Help!* Section

**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? See question 53 for more about this.

**I may get confused.**
See details of our mental health guide in the *Help!* Section

**I may hear voices or experience thoughts that disrupt my thinking.**
See details of our mental health guide in the *Help!* Section

**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. Describe here what the danger to you or someone else would be. Have things happened in the past that posed a substantial danger to you because you weren't supervised? For example, have you had a fall and been stuck for a long time because there was no-one to help you up? Or has a substantial danger only been averted because there was someone there? If so, give details here.

## 49 How many days a week do you need someone to keep an eye on you?

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 of your disability or 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 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. If you need encouragement to cook because you experience depression, anxiety, panic attacks or some other sort of mental health problems, also tick the box and download a copy of our guide to claiming DLA on mental health grounds from www.benefitsandwork.co.uk

### 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.

See details of our mental health guide in the *Help!* Section

### 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.

Other physical difficulties might include:

putting pans on and getting them off the hob;
adding seasoning;
stirring and pouring;
telling if water is boiling or simmering;
telling if fat or oil is the right temperature;
draining vegetables;
cutting up meat and vegetables ready to serve;
transferring food from pans to the plate;
putting the plate on the table or wherever you are going to eat.

### I would be at risk of injury preparing a cooked main meal for myself.

Is it safe for you to handle hot pans or sharp knives? Would you be able to tell if a paralysed part of your body was in contact with a hot surface? Can you safely sit or stand safely at the cooker? Can you manoeuvre a wheelchair safely in your kitchen? Does heat in the kitchen make you dizzy? Give details in this box.

**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 . . .**

For example, does the smell of food make you nauseous so you avoid cooking?

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.

**Caution!**

Decision makers may argue that if you can't safely drain vegetables because, for example, you have arthritis in your hands and you are liable to drop a hot pan, then you should use a slotted spoon (a serving spoon with holes in it to allow water to drain away). The idea is that you put the vegetables in a pan of cold water on the hob and once they are cooked you can remove them from the pan to the plate with a slotted spoon without needing to handle the pan. If you would have any trouble with doing this, for example because you can't grip a slotted spoon either, then you need to say so.

**Caution!**

Commissioners have decided that the main meal does not include using an oven or a grill, any problems you have with these are likely to be ignored. However, we would still recommend that you give details of problems with ovens and grills as many decision makers do still take these into account.

**Caution!**

Decision makers may argue that if you can't safely stand at the cooker for any length of time, you should use a perching stool. This is a stool with the seat sloping forwards so that your weight is partly on your feet and partly on your buttocks. However, while it may be reasonable to suggest that people should buy a slotted spoon for a pound or two, a good quality perching stool is likely to cost at least £50 for a basic model and over £70 for one with back and arm rests. You may wish to say on your form that you cannot use a perching stool because you don't own one (assuming you don't) and it is not reasonable to require you to buy one. (You should also explain if there are any reasons why you would have problems using a perching stool. For example, you might have problems getting on or off the stool; you might have dizzy spells or fits and would be in danger of falling off the perching stool; you might have difficulty putting the perching stool in position or there might not be room to use it safely in your kitchen.

## 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.

Do you need help changing position or rearranging the bedding and pillows to prevent bedsores or to help with breathing difficulties?

### Difficulty sleeping comfortably.

Do you need a hot water bottle making for you during the night or painful areas of your body massaged? Do you become distressed and need comfort and reassurance to help you go back to sleep? For example do you have a heart condition or breathing problems and wake up sweating and with a racing heart, making you anxious that you are about to have a heart attack or something similar?

### How often and how long - 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.

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 needs.

See the information at question 36 in this guide. In addition, you may need someone with you when you go to the toilet at night because you have to walk past the stairs and there is a danger that you could fall. Alternatively, you may use a commode during the night – in which case do you need help with this?

### Difficulty with my incontinence needs.

See the information at question 38 in this guide. In addition, do you sometimes have an episode of incontinence and need someone to strip the bed, help you wash and change, put on fresh bedding and put the soiled bedding in to soak or wash? Do you need help with changing pads or a bag?

### How often and how long – toilet and incontinence

To work out how often you have difficulties you need to make an estimate of how many times at night you use the toilet or have to change bags at night, etc. If this varies according to your condition then either give a range: for example, 2-4, or give an average, for example, 3. 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

When working out how long each time, include time getting to and from the lavatory, time needed to wash yourself and to clean the toilet if necessary. If you use a bottle or commode but need someone else to empty and clean it immediately afterwards, include the time taken to do that here. Again, if the length of time varies then 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 taking medication.

Do you need someone to bring you medication, drinks or anything else during the night? In addition, see question 44 in this guide.

### I need encouraging or reminding about my toilet or incontinence needs

See details of our mental health guide in the *Help!* Section

### I need encouraging or reminding about medication or medical treatment

See details of our mental health guide in the *Help!* Section

### 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!*)

Example

*I have problems when I am in bed because of bronchitis. I have to sleep propped up on pillows so that I can breathe properly. But in the night I slip down on the pillows and then I wake up hardly able to breathe at all. I can't sit upright again or rearrange my pillows without help. I also need reassuring and calming down in order to get back to sleep because I get very distressed. . I need my partner to help me sit up, rearrange the pillows and reassure me.*

**Caution!**

Decision makers are particularly keen on people using commodes at night, so do point out any reasons why this may not be practical or why you consider it unreasonable. As well as the issues listed at question 38, you might find having to empty your bowel or bladder distressing if you share a bedroom with your partner. This may be particularly the case if you have prolonged, frequent or noisy bowel movements.

Example

*I have problems when I am in bed because of COPD. I often get very bad chest pains along with breathlessness and I need to take medication in order to help with the pain. I can't take the medication on my own because I get too distressed and any movement just makes my breathlessness worse. I need my partner to help me take medication and calm me down to help me go back to sleep.*

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 not be able to take the medication or the drink without physical help or you may be too confused or distressed to do it for yourself.

Reminder

Do you use any aids or appliances in connection with help at night? For example, a bed raiser, special pillows If so, make sure you have given details at question 24.

### 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. If you need someone with you for reasons relating to your mental health – for example, because you might harm yourself, become distressed or wander off – tick Yes and download a copy of our guide to claiming DLA on mental health grounds from www.benefitsandwork.co.uk

### To prevent danger to myself or others.

For example, do you need someone to be awake when you go to the lavatory because you are unsteady on your feet due to medication, weakness or fatigue? Or do you have fits, seizures or something similar? Do you sleep walk and put yourself in potentially dangerous situations?

### I am not aware of common dangers.

See details of our mental health guide in the *Help!* Section

### I am at risk of harming myself.

See details of our mental health guide in the *Help!* Section

### I may wander.

See details of our mental health guide in the *Help!* Section

### To discourage antisocial or aggressive behaviour.

See details of our mental health guide in the *Help!* Section

**I may get confused**
See details of our mental health guide in the *Help!* Section

**I may hear voices or experience thoughts that disrupt my thinking.**
See details of our mental health guide in the *Help!* Section

**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. See the information about question 46, supervision from another person, for more about the kind of evidence you need to provide.

## 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.

## 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' …many 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.

If there is information about your condition, or the way it affects you, that you think is relevant but you haven't been able to include elsewhere, put it on this page. Or if you have had hospital admissions or surgery that demonstrates the seriousness of your condition, you can give more details here. Below are some other suggestions about what you might put on this page.

**Looking after young children**

If you care for a young child but your condition means that you need help or supervision to do so then you may be able to claim DLA on this basis. For example: if you are visually impaired you may need help with many childcare tasks that a sighted person could do unaided; if you have epilepsy or a similar condition you may need someone else present when you are caring for your child in case you have a fit and your child is left unsupervised and at risk. You can give details of the extra help or supervision you need on this page

**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 | help with getting out of bed washing and dressing. |
| 8.30am | help with cutting up food for breakfast |
| 12.30pm | help with cutting up food for lunch |
| 2.30pm | (or thereabouts) help with putting on shoes and coat and help to get 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. |
| 4.00pm | help removing outdoor clothing |
| 6.00pm | help with cutting up food for evening meal |
| 10.30pm | help with washing, undressing and getting into bed |

### Help with shopping, cleaning and cooking

The law on help with shopping, cleaning and cooking is confused. On the one hand, social security commissioners have decided that shopping, cleaning and cooking are not sufficiently personal services that they can be counted towards your DLA entitlement. (Although you may get lower rate care if you pass the cooking test, see *Preparing a cooked main meal for yourself.* And if you go to the shops as a leisure activity, rather than to shop for necessities, that may also count: see *Help you need when you go out during the day or in the evening*). But, generally, if you need someone to do your shopping, cooking or cleaning for you, this isn't relevant to your claim.

On the other hand, courts have also decided that if it's reasonable for you to do shopping, cleaning and cooking yourself, then if you need help to actually carry out those tasks, the help you need *can* be counted. The decisions have centred around people who are blind, but there is no legal reason why they should not apply to people with other conditions. So if you have ME, for example, but wish to cook and clean your home yourself because that is part of living an ordinary life, then you may be able to include any help you need towards your DLA entitlement.

Because there is nowhere else on the form to give information about the help you need with shopping, cleaning and cooking you may want to do so here.

### Caution!

Because there are conflicting judgements by social security commissioners, decision maker will be reluctant to accept that you are entitled to include these activities in your attention or supervision needs. If you are not happy with the decision in your case you will need to get help if you choose to challenge it. See the *Help!* section for details of advice agencies.

## Dizzy spells, blackouts, fits, seizures

There is no longer a specific page on the form for giving details of dizzy spells, blackouts, fits or seizures. We suggest that you include the details on this page or on an additional sheet.

### Describe the problems you have and the help you need

Explain what health condition or medication causes the attacks. (We use the word 'attacks' here to cover a wide range of symptoms, such as fits, angina, fainting and dizziness).

Say whether you get any warning of the attacks. If you do, what sort of warning do you get? Is it clear and reliable enough to allow you to make yourself safe before an attack occurs?
Give details of how long the attacks last. Are they only momentary or do they last longer?
Also say roughly how frequent the attacks are. Do they occur most days? Do they occur several times in one day and then not happen again for some time? Do they have any pattern at all? When did the last one happen?
Is there a particular time of the day when the attacks happen? Do they only happen when you are in bed? Or only during the day, or both?
How severe are the attacks? Do you lose consciousness? Do you have episodes of incontinence?
Have you suffered injuries during the attacks? For example, have you had falls, concussion, cut or bitten yourself? Give details in this box.
Have you injured anyone else during the attacks? How did it happen and how severely were they injured?
What happens after the attacks? Are you confused, dazed, distressed, exhausted or aggressive? How long before you are fully recovered?
Do you care for a small child? Might the child be at risk if you have an attack whilst caring for them? (If so, you may be eligible for DLA on the grounds of requiring continual supervision to avoid substantial danger to others).
What help can someone provide? Can they make sure you don't injure yourself or someone else during an attack? Can they help you cope with the after effects of an attack, such as confusion, fatigue or incontinence? Can they give you medication?

### How often?

Explain how often you have an attack. If this varies, give an average or a range.

### How long?

How long do you need help for if you have an attack?

### Day or night?

Do the attacks only happen during the day or only at night or both?

## 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 DWP doctor. (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. See the *Help!* section for more about this.

### 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 claim. 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.

## Who gets a medical visit?

It is very likely that you will be asked to a Medical Examination Centre rather than having a home visit (see below). Whichever happens, the assessment will be carried out by a person employed either by Independent Assessment Services or Capita, depending on where live in the UK. 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 doctor 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 doctor if you would find a visit from a male doctor distressing, or vice versa.

## Who visits?

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

## 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 assessor who is going to examine you to arrange an appointment. They 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 doctors particularly about insufficient notice of the visit. It is very important to follow the recommended practice . . .'*

In spite of this some assessors 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 doctor writes and should be signed by you.

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

If they call 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. The medical may be carried out by a nurse rather than a doctor and whoever carries out the medical will be assisted by computer software. 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 doctor 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 assessor 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 assessor 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).

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 assessor 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 doctor. It's also very definitely worth completing the Medical Visit Record sheet if you have expressed concerns to the doctor about the idea of a typical day – just in case the assessor 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 assessor 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 themr;
have a look through the sample copy of the medical report the assessor 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 assessor appeared to feel they had a right to go into every room in their home. Some people said the assessor had told them that they were "*Checking to see what aids or adaptations you might need*". This is clearly not true, they have no power to recommend to anyone that you be provided with aids or adaptations.

In fact, they are 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 assessor may simply observe and not ask.

If the assessor 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 assessor 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 assessor is actually present, visiting assessors 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 assessor'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 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 assessor's report. By being properly prepared for your medical you can reduce the chances of this happening to you.

# The decision

Eventually you will receive a decision letter telling you whether you have been re-awarded 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. Next time your award is due for renewal, or possibly before, you will be invited to claim PIP instead if you live in Northern Ireland.

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 after 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 claim for 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 request the 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 as SSCS1PE, within one month of the date of the notice. Don’t worry if you use the old form, your appeal will be accepted but it may take longer to process. If you appeal is outside the one-month time limit but within the absolute time limit of 13 months you will need to explain why it is late.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 mental health problems

If you have a long term physical health problem, you may well experience conditions such as depression or anxiety as a result. The effects of these mental health conditions should be taken into account when looking at your entitlement to DLA. You can download a similar guide to this one, but dealing with mental health problems, from our website at www.benefitsandwork.co.uk It is designed to cover a wide range of conditions, from depression and anxiety to eating disorders and psychotic illnesses.

## 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

### 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

**Northern Ireland**https://www.adviceni.net/

### 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. Visit their website at www.dialuk.org.uk where you can find a directory of DIAL offices.

## 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 |
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# 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

# 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 help you do things like wash, bathe, dress or walk.

**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 wellbeing. 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.

# Checklist

| Activity | ✓ | Very brief details of the problems you have with this activity. For example 'I am in pain and unsteady when I use the stairs. It helps to have someone to lean on'. |
|---|---|---|
| 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 | | |
| Social and leisure activities | | |