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Disability Living Allowance Claims for Children on Physical or Mental Health Grounds

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About this guide

Who is this guide for?

This guide is for you if you are considering making a claim for Disability Living Allowance (DLA), on behalf of a child under 16 years of age who has a physical or mental health condition. From September 2020, (exact date not known at present), in Scotland this will become children under 18 years of age. Throughout this guide, for convenience, we refer to 'your child' but we are aware that many of the people using this guide will be doing so in a professional rather than personal capacity.

This is a general guide, intended to cover an extremely wide range of physical conditions, from visual and hearing impairments to diabetes and cystic fibrosis, and mental health conditions from depression and anxiety to attention deficit disorders and autism. So, not everything in it will apply to your child. 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 claim for DLA on behalf of a child. 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 your child experiences aren't as great as some of the examples we give, don't imagine there's no point in claiming.

Why claim DLA?

If your child has a long-term health problem this may create all sorts of extra expenses, such as higher heating bills, special diets, taxi fares, additional laundry, etc. DLA can help meet these additional expenses. But you can spend DLA on anything you wish. We have spoken to people who used their child's DLA to provide treats and holidays and to others who were putting it away in a savings account for their child to use when they are older. But you should be aware that making a claim for DLA on behalf of a child can be long drawn out and emotionally.

How to use this guide

Use it slowly, bit-by-bit.

This is a guide to the whole process of making 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.

A very brief glossary

Below are a few terms in the guide that you may not be familiar with, or that have particular meanings in relation to DLA. Don't worry if they seem a bit obscure or confusing at this point, we explain things in detail as we take you through filling out the form.

Attention: when deciding whether your child is eligible for DLA, one of the things decision makers look at is the amount of extra 'attention' and/or supervision your child

needs because of their condition. Attention, for the purposes of DLA, is when you are doing something active with your child. For example, physically helping them to get dressed or verbally encouraging them to get dressed.

Day and night: the definition of day and night has been defined by Commissioner's (now Upper Tribunal Judges) decisions in December 2003 and February 2004. (CSA/322/2003 & CDLA/3242/03). The Commissioners in these decisions held that, while household routines may have a marginal effect on when day and night begin and end, in general day and night are the same for all households. One of the Commissioners held that night is between 11.00pm to 7.00am. Because you may only need to show 20 minutes' attention or supervision needs at night to be eligible for the middle rate of DLA, this distinction is an important one.

Decision makers: these are the people who make decisions about your benefits.

Department for Work and Pensions (DWP)

Night: See '*Day and night*' above.

Social Security Commissioners / Upper Tribunal Judges: if you are unhappy with a benefits decision you can generally appeal to a tribunal. You will first need to request a Mandatory Reconsideration of the decision. See our updated guides on the website. If you are unhappy with the tribunal's decision you may be able to appeal further, to an Upper Tribunal Judge (previously called a Social Security Commissioner). Upper Tribunal Judges' and Commissioners' decisions are binding on all tribunals.

Supervision: this is when you are watching over your child to prevent them from coming to harm.

Is My Child Eligible?

What matters

Health problem: your child must have a long-term health problem that affects their everyday activities, that has lasted for at least three months and is expected to last at least another six. The health problem has to result in your child needing substantially more care or supervision than other children of the same age.

Age: if your child is under 16 you can make a claim on their behalf for DLA. The DWP will invite them to apply for Personal Independence Payment when they become 16, to replace their DLA.

You can claim DLA for your child at any time, but the care component is not payable until they reach **3 months old**. Higher rate mobility is not payable to children under **3 years old** and lower rate mobility is not payable to children under **5 years old**. Don't worry about remembering these age limits, we'll remind you of them when you reach the appropriate pages of the claim pack.

The Two Minute DLA Test on the next page provides a quick and easy way for you to decide whether to fill out a claim pack on behalf of your child.

What doesn't matter

1 About your child

It doesn't matter if you don't consider your child to be 'disabled'. For the purposes of DLA, 'disabled' simply means that your child has a long-term health-condition which affects their everyday activities.

It also doesn't matter if you've been told by anyone (including the DWP, your GP, a nurse, social worker, etc.), other than a professional welfare rights worker, not to make a claim because your child is not ill enough. People have all sorts of ideas about who 'should' and 'shouldn't' get DLA, and most of them are wrong. The question of entitlement is a legal one, not a medical one. If in doubt, make a claim.

2 About you (and your family)

When considering whether to award DLA, the Decision Maker is only interested in your child and the way their health problems affect them. (Decision Makers are DWP staff who make decisions about claims). Your circumstances are not taken into account in any way. So, it doesn't matter if:

- you're working
- you're unemployed
- your partner works
- you don't have a partner
- you've never paid National Insurance contributions
- you, or anyone else in your family, is claiming any other benefits (such as Universal Credit, Employment and Support Allowance, Income Support, Jobseeker's Allowance or DLA)
- you have savings

Finally, your child will not be 'registered disabled' if they receive DLA and it will not make it more difficult to get a job when they become an adult.

The 2 Minute DLA Test For Children

Step 1 Look through this list of some (but not all) of the activities that are relevant to DLA:

- walking outdoors
- walking outdoors in unfamiliar places
- staying safe when left alone
- learning new skills
- playing
- waking up, getting up and going to bed
- washing, bathing and showering
- dressing and undressing
- going to the toilet
- communicating with other people
- eating and drinking
- taking medication or using medical equipment
- sleeping in bed at night
- moving about indoors
- social and leisure activities

Step 2 Choose one of the activities above that your child has difficulties with.

For example, your child may have difficulties with dressing and undressing because of pain and stiffness or because they forget what they are doing, get distracted or put clothes on in the wrong order; going to the toilet because of diarrhoea and soreness around the anus or because they tend to hold in urine and faeces until they are extremely uncomfortable; sleeping because of distressing bouts of coughing and breathlessness or because they cannot settle or have nightmares.

Step 3 With your chosen activity in mind answer the following true or false questions. If your child's condition is a variable one, so the answer is sometimes *True* and sometimes *False* then the answer is *True*.

My child can do it,

- but it hurts them *True or False?*
- but only more slowly than other children of the same age *True or False?*
- but only with more help than other children of the same age *True or False?*
- but not as safely as other children of the same age *True or False?*
- but only because they've got a special technique of their own *True or False?*
- but they need more encouragement than other children of the same age *True or False?*
- but they need a closer eye kept on them than other children of the same age *True or False?*

or

- My child can't do it, but other children of the same age can *True or False?*

Step 4 If you haven't answered *True* to any of the questions, try the test again with another activity from the list and so on, until you've found a statement that is true or decided that there aren't any.

Step 5 If the answer is *True* to *any* of those questions in relation to *any* activity then your child may be entitled to DLA.

If the answer wasn't true to any of the questions your child may still be eligible for DLA, you should try to get advice from one of the agencies listed in the *Help!* section.

Keeping a Claim File

Before you begin your claim, please resolve to do two things:

1 Take control – keep a Claim File

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

What to put 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:

- The claim form may be lost by the DWP – it does happen.
- Even if your child's claim is successful the award will probably be for a limited period, say three years, and you'll have to apply again towards the end of that period. In any case, it will only be awarded up to your child's sixteenth birthday. In either case, you'll have to fill out more claim forms and, if you don't give at least as much detail as you did in the original, the DWP may decide your child is getting better and stop the claim. When they reach age 16 your child will have to claim Personal Independence Payment and the information from the DLA claim will be useful to help you complete the new forms.
- If you're not happy with the result of the claim you will have difficulty challenging the decision effectively without a copy of your original form.

2 Keep every letter you receive from the DWP

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

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

Always ask for the name of anyone you speak to and keep a note of it, along with the date and the subject.

E.g. 16.02.19 Spoke to Gemma Watson at the DLA Unit. She said they have received my consultant's letter. Don't feel embarrassed about this. In the very unlikely event that anyone refuses to give you at least their first name and the section they work on, insist on speaking to their supervisor.

2 Arrange support

Making a claim for DLA can be hard work mentally and emotionally. It may all go smoothly for you or you may end up climbing the walls in sheer fury or plunging into the depths of depression. So, turn to the *Help!* section now, before you start your claim.

Getting A Claim Pack and Meeting Deadlines

There are two ways of doing this: you can download a form from www.gov.uk/disability-living-allowance-children/how-to-claim or order one by telephone on 0800 121 4600 and ask them to send you a DLA claim pack for a child under 16.

You should be sent a pack with two dates stamped on it. The first is the date you asked for the form and the second is the date, six weeks later, by which you should return it (which means you have to post it several days before that date). If the DWP receive it after the six weeks your claim is still valid, but it starts from when the DWP get your form back instead of the date when you first asked for it.

When you make the call don't forget to get the full name, or first name and department in which they work, of the person you speak to. Make a note of it, along with the date, in your claim file. The form should arrive in 7-10 days. That way, if you don't receive a claim form, you should be able to get another one backdated to the day of your original call.

If you get a claim form from elsewhere, such as an advice agency, or by downloading one from the DWP website [here](#) it won't be date stamped and your claim will start from when the DWP receives your completed form. In the meantime, you may wish to consider:

- keeping a diary (see Including Supporting Evidence);
- making a list of people who can provide supporting evidence (see Including Supporting Evidence);
- making appointments to see your child's health professionals (work out when you are likely to have completed the form, and ask for an appointment to take place soon afterwards);
- downloading a copy of the claim pack from the [DWP website](#) and drafting rough answers to the questions about problems your child has with everyday activities.

If you can't return the claim pack within the six-week deadline

Although it is important to get the claim pack back within the six-week deadline if at all possible, decision makers must still consider whether it would be reasonable to extend the time limit if a claimant is unable to return the claim form within the deadline.

Issues that should be taken into account by the decision maker include:

- how long it took for the DWP to send the claim pack out to you, did you get 6 weeks or thereabouts in which to return it?
- were there any special circumstances such as illness, an operation or your house flooding which meant you were prevented from completing and returning the pack?
- how long after the time limit did you return the claim pack; did you act as promptly as you could in all the circumstances?

If you absolutely can't get the claim pack back within the deadline, one possibility is just to fill in questions 1 to 24 and questions 56 to 71 and send the form off with a covering letter which:

- explains in detail why you haven't been able to complete the rest of the pack;
- says when you hope to provide the rest of the information;

- asks for the time limit to be extended.

You will then need to obtain another claim pack – you can download one from the [Gov.uk website](https://www.gov.uk) or phone and order another one - and complete questions 25-55 and send them in as soon as possible. We cannot guarantee that this will work or that the decision maker will wait until they receive the rest of your claim pack before making a decision, but you will have strong grounds for requesting a mandatory reconsideration and, if necessary an appeal, if they make a decision without receiving the rest of your evidence.

If you aren't able to do this, then return the completed claim pack as soon as you can and staple a letter with your name and National Insurance number on it explaining in as much detail as possible why you are late and asking the decision maker to extend the time limit.

Your right to request a mandatory reconsideration and appeal

If the decision maker decides not to extend the time limit they will inform you in writing, usually at the same time as they inform you of the decision about whether you have been awarded DLA. If the time limit has not been extended, you can request a mandatory reconsideration of that decision, and if this is not accepted, appeal against it. You normally need to submit both your mandatory reconsideration and your appeal within one-month of the date of the decisions not to extend. It is possible to submit them up to 13 months after the date of the decisions, but if it is outside the one month time limit you will need to explain why it is late. Don't worry if the reasons don't seem particularly strong. Any reason at all is better than not submitting a late mandatory reconsideration/appeal. Try to get advice before doing so using one of the agencies in the Help! section. If you are also requesting a mandatory reconsideration or appealing the decision about your award of DLA, you can dispute both matters at the same time.

Caution: there is no reason why a mandatory reconsideration request or appeal about the date on which your child's award should start should lead either the DWP or a tribunal to look again at the level of DLA they have been awarded. Nonetheless, it is not entirely impossible that this could happen, so if you have any concerns get advice from a welfare rights worker before lodging a reconsideration request or appeal.

When the pack arrives

Sadly, a lot of people take one look at the size of the claim pack and give up immediately. Please don't be one of them. We will help you every step of the way. And if you have got a date stamped pack you've also got over a month to complete it, depending on how long the DWP took to post it out to you. But before you actually put pen to paper, please read the next section.

Completing the claim pack: handy hints and legal advice

Before you begin completing the pack, please read through the notes below, which are divided into four sections:

- 1 General tips on completing the claim pack
- 2 How to fill in the main boxes
- 3 How to fill in the smaller boxes about frequency and length of time help is needed
- 4 How to explain fluctuating conditions

1 General tips

The decision about whether to award DLA is based on evidence. The form you are about to complete is evidence and so are any letters from doctors, carers or relatives. An effective claim is made up of evidence that is as clear and as detailed as possible. Please take the time to fill in the form in as much detail as you possibly can. Many claims are rejected simply because there wasn't enough evidence for benefit to be awarded. If you don't fill in the claim pack fully and have to challenge the decision, you will also have to explain to the decision maker or tribunal why you are now saying that your child has problems that you didn't mention in your claim pack.

However, when you're filling out the DLA form you **don't** need to worry about handwriting (though it is important that people can read what you've written), 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, always write your child's name (and National Insurance number if you know it) across the top of each extra sheet, give the page numbers of the questions you're answering and fasten the sheet to the last page of the claim pack.

Beware the tick boxes!

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

2 How to fill in the main boxes

Questions 25-55 ask about various everyday activities. On most pages, there are specific questions with tick boxes and smaller boxes for saying how long your child needs help for and how often. At the end of each question or set of questions there is a box asking you to explain why you have ticked the boxes and to give any further information. You don't have to fill in pages relating to activities your child doesn't have

problems with – but please check what we have to say about each page before deciding that you needn't complete it.

For the information boxes, we recommend you use our four-step system to ensure that you give detailed and relevant information. However, on some pages you will not need to use all four steps, and on some you will not need to use any, we will tell you which ones these are as we go through the claim pack.

The information boxes provided are extremely small. Remember that you do not have to confine what you write to the space provided. In order to give an accurate picture of your child's disability and the help they need you are very likely to have to go onto separate sheets. Make sure they include your child's name and reference number and that you include the number of the question that the sheet relates to. Staple all the extra sheets to the form and make sure you keep copies of these as well as the claim form itself.

Step 1 Say what problems your child has with this activity, giving examples if you can.

Physical Health

For example, does your child have difficulty with walking because of breathlessness and fatigue? Do they sometimes get so exhausted that they are unable to walk any further and have to be carried or use a buggy or wheelchair? Or do they have difficulty understanding what people are saying because they are deaf and lip reading is difficult and tiring or sometimes simply not possible?

Mental Health

For example, does your child have difficulty with walking outdoors in unfamiliar places because they do not understand the dangers posed by traffic? Or do they have difficulty playing with other children because they are very withdrawn and unconfident?

If you can give specific instances, this will make your evidence all the more convincing.

Step 2 Say what help your child gets (or would benefit from).

The law looks at what attention or supervision your child 'reasonably requires'. In other words, it doesn't have to be something they cannot possibly manage without, just something it's reasonable for a parent or carer to provide. So, say what you do, or would like done, for your child.

Physical Health

For example, do you give your child medication, injections or physiotherapy? Do you help them clean themselves up after a messy and prolonged bowel movement or offer them sympathy, understanding or encouragement when they are in pain or distress? Would your child benefit from similar support when they are at school, even if they don't get it? Do you help them dress and undress when they are too stiff or fatigued to do it themselves? Does your child need someone to interpret what hearing people are saying and to explain what your child is signing?

Mental Health

For example, do you have to spend a lot of time encouraging your child to eat a varied diet because their mental health condition means that they are interested in only a few food items? Do you watch them for signs that they need to use the toilet or that they are becoming overtired or anxious? Do you find different ways of explaining things, for example by using pictures, if your child has difficulty understanding instructions? Would your child benefit from similar support when they are at school, even if they don't get it?

Step 3 Say why your child should not be expected to do without this help.

Decision Makers are very fond of saying that, for example 'There is no evidence that the child cannot manage to administer his own medication / apply cream himself / change his own dressings / eat meals without supervision / bathe himself / put himself to bed' or whatever the case may be. Often, the implication is that you are simply an over-protective parent or are exaggerating your child's care needs.

It's very important that you show why your child 'reasonably requires' someone to help them or supervise them. For example,

Physical Health

For example, your child may be physically able to change a dressing or give themselves an injection, but it may be painful or distressing for them. So, it is reasonable for you to be there to encourage and reassure them, make sure the task is done properly and finish it for them if necessary. After it's done you may need to give them sympathy, attention, understanding and praise to encourage them to do it next time.

Or your child may be physically able to feed themselves, but they may associate food with abdominal pain and sickness and therefore be very reluctant to eat as much as they should. Your job may be to encourage them to eat and praise them for doing so, as well as showing that you understand the difficulties that they face. If you did not do so your child's condition might worsen as a result.

Mental Health

Your child may be physically able to put themselves to bed, but they may have a set routine for going to bed that involves you. If the routine varies your child may become very anxious and distressed and be unable to settle or sleep. So, it is reasonable for you to be there to take part in the routine.

Or your child may be physically able to feed themselves, but they may feel considerable anxiety if their diet is varied. Your job may be to encourage them to eat new foods and praise them for doing so, as well as showing that you understand the difficulties that they face. If you did not do so your child's health might suffer.

Or your child may be physically capable of washing and dressing themselves, but their concentration may be so poor that they will repeatedly forget what they are doing and start on something else instead. So, if you are not there to keep them focused on the activities of washing and dressing, they may take hours to complete them or fail to do so at all.

Step 4 Say how your child's needs differ from those of other children of the same age.

The law says that in order to get DLA, a child's needs have to be 'substantially in excess of the normal requirement' of children of the same age. So, very briefly contrast your child's needs with that of other children of the same age who do not have health problems. For example: 'A child of seven does not usually need encouraging to eat'; 'A child of nine does not usually become distressed when they go to the toilet and does not need help with cleaning themselves up afterwards'.

3 How to fill in the smaller boxes

Many of Questions 37-53 also ask you to say how often each day or night and how long each time your child needs help with each activity. Your answers will affect what rate of

the care component they are 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, without underestimating the difficulties they face. If the amount of help they need varies, see 'Fluctuating conditions' below.

How long on average does your child need help during the day

If they need help for *at least an hour* a day in total, they may qualify for the **lower rate** of the care component. 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 your child needs help and encouragement for 40 minutes in the morning with getting up, washing and dressing and 20 minutes in the evening to get them to bed, this may be enough for them to get lower rate care. (Even if your child requires help for less than an hour a day they 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 is required should be taken into account).

To get the **middle rate** of the care component you have to show that your child needs help '*frequently throughout the day*'. So, they have to need help with things in the morning, during the day and in the evening as well.

How long on average does your child need help for at night

Your child has to need help for *at least 20 minutes* a night, or at least twice a night, for it to count. A Social Security Commissioner has decided that, for the purposes of DLA, night is from about 11pm to 7am. If they only need help at night, they may get the **middle rate** care component. If they need help during the day *and* at night, they may get the **higher rate** care component.

How many days / nights a week

In the most recent version of the claim form (July 2018) there are only two questions which ask how many days/nights a week. These relate to fits, blackouts or seizures (question 48) and social activities (question 52).

How many times a day does your child need help

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 many times a night does your child need help

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.

4 How to explain fluctuating conditions (Question 24 on the form)

Your child's condition may be one that varies from day to day, week to week or month to month. This can be a real problem when trying to fill in a DLA claim pack accurately.

We suggest that you explain how your child is on their bad days and then how they are on their '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 they have no problems whatsoever.

Physical Health

So, for example you might say:

On bad days Simon cannot get out of bed at all because of fatigue and pain in his large joints and back. On better days, he can get out of bed, but only slowly and painfully, resting several times. The pain is mainly in his ... (etc.)

If they have very few (or no) days when they can get out of bed easily and without pain, then you can reasonably say that they need this help seven days a week.

Mental Health

So, for example you might say:

On bad days Claire has to be reminded, encouraged and praised repeatedly to persuade her to put on each item of clothing when she dresses. She can get very frustrated at being prevented from doing what she wants to do and begin pulling her clothes off again or run out of the room. On better days Claire still needs prompting and encouragement, but not so much and she doesn't have tantrums.

If your child has very few (or no) days when they can dress themselves without any attention from you, then you can reasonably say that they need this help seven days a week.

Be careful not to underestimate your child's condition. Are their 'better days' actually free of pain and discomfort, or just relatively so by their standards? It may be that, for the purposes of claiming DLA, you have to accept that your child doesn't really have any 'good days' at all – they have just learnt to deal positively with their 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.

For physical health conditions, if they do have periods when they are pain free, or for mental health conditions, if they do have periods when they have no difficulties, then average them out as follows:

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

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

If your child's condition varies from month to month and they have long periods of remission then you should decide whether they have no problems during the periods of remission or whether they still suffer from pain, discomfort, fatigue or emotional distress. If they do have periods of months when they have no problems, they are less likely to be eligible for DLA during those periods.

You should bear in mind that in order to qualify the first time your child's condition needs to have lasted for three months and be likely to last at least another six. After that, if they have a period of remission and their claim is stopped, then as long as they claim again within two years, they don't have to serve another 3-month qualifying period; they can

claim as soon as their condition deteriorates. We realise that's not much consolation. Sadly, the truth is that if your child does have long periods of remission it is much more difficult to make a claim for DLA and keep it going.

If you are to give detailed information about how your child's condition fluctuates you will almost certainly have to use an extra sheet as there is very limited space to put sufficient information on the actual form.

Completing the claim pack – getting started

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.

Questions 1-5 About the child

These are straightforward factual questions about your child's name, address, date of birth, etc.

Child reference number (if you know it).

This is your child's National Insurance number. Don't worry if you don't know it, or your child doesn't have one yet. Their National Insurance number will be found, or assigned, as part of the claim process and printed on any letters relating to the claim.

Question 6 Special Rules

Claiming under the Special Rules

These special rules are for children who are terminally ill and not expected to live longer than six months. You will need to send in a medical report called a Form DS1500 with the DLA form. You can get this report from your child's specialist or GP. You do not have to complete the whole claim pack if you are making a claim under the special rules, please see the sheet about the Special Rules which accompanies the claim pack. You will need to complete questions 1-24 which are for all children, and questions 25-36 if your child has mobility problems. Then questions 56-71.

Questions 7-9 About the child's nationality and where the child lives

If your child does not normally live in Great Britain, or if they have been abroad for a long period, this may affect their entitlement to benefits. If this proves to be a problem, get advice from one of the agencies listed in the *Help!* section.

Questions 10-11 About whether the child is entitled to benefits in another EEA state or Switzerland

These questions are intended to find out whether the child's parents are working or getting benefits from another EEA state.

Question 12 About nights in hospital or a hospice

Complete this section if your child is currently an in-patient or has been in hospital or a hospice in the last 12 months. You will need to give dates of any hospital or hospice stays. You will also need to give information about whether this was NHS funded or private. Otherwise tick No.

For adults claiming DLA, payments are suspended after they have been a hospital patient for 28 days. This does not apply to your child if they are under 18 when they become a hospital patient. They can continue to be paid DLA regardless of how long they are in hospital. You can also claim DLA for your child if they are under 18 and in hospital. If they are awarded it it will be paid even though they are in hospital. Someone over 18 in his position would have payment suspended until they are discharged.

Question 13 About nights in residential care or residential college

Complete this section if your child is currently in residential care or has been in the last 12 months. You will need to give dates of any stays in residential care. You will also need to give information about who paid for the stay in residential care. Otherwise tick No.

Question 14 The child's hospital doctor or specialist

Give details of all the hospital doctors or specialists your child has seen in the last 12 months, for any of the conditions they have. There is only room to list one here, but you can add others at Question 70 Extra Information or on a separate sheet. But if using an extra sheet remember to put your child's name and National Insurance number on all extra sheets.

Question 15 The child's family doctor or health centre

Please don't assume your child's GP knows all about the problems your child has with things like walking, dressing or washing – you may never have told them, or they may not have made notes at the time. If possible, make an appointment to give your GP an up-to-date picture of your child's problems as soon as you've completed this form, so that you contact them before they are contacted by the DWP. You may want to look at the section on *Including Supporting Evidence* and complete the *Health Professionals' Sheet* at the back of this guide before you see your child's GP. You should also warn your child's GP that the DWP may contact them.

Question 16 Awaiting test results

If your child has had any tests relating to their disability, or is awaiting test results, put that here and send in the test results as extra evidence if they arrive after you have sent in the DLA form. Make sure to keep a copy and include your child's name and reference number when you send a copy of the report.

Question 17 Reports, letters or assessments

If you have useful reports which give evidence about your child's disabilities and the support they need then include these here. It is always a good idea to include supportive reports, but do make sure that the report confirms what you have said in the form and do not send any reports which are unhelpful or inconclusive.

Assessment reports may provide very useful information about the difficulties your child has with everyday activities. But bear in mind you are not obliged to submit such reports if you do not wish to. Read through any report you are considering submitting. If you decide that, for example, your child's Education, Health and Care Plan(EHCP) sets out an unreasonably optimistic assessment of how well they are likely to progress then you may decide you do not wish to submit it. You must still tick the box to say Yes your child has been assessed if this is the case. You should also be aware that the DWP may obtain a copy of the assessment directly from whichever organisation carried it out.

Question 18 The child's school or nursery

If your child attends school or nursery, give details here. Bear in mind that the DWP may contact the school or nursery, so you may wish to talk to them about the grounds on which you are making a claim for DLA for your child.

Question 19 Educational or behavioural statements

If your child has or is waiting to hear about an Individual Education Plan, Individual Behaviour Plan or EHCP, include that information here. If this is supportive of your claim,

you should send a copy of the report with the DLA claim. If you don't send a copy you are likely to be asked for one, or the DWP may get one directly from the organisation that wrote it.

Question 20 Statement from someone else who knows the child

Tell us what the child's illnesses and disabilities are and how they affect the child, and how you help them.

Photocopy this sheet and give the copy to the person you want to complete it. As with much of this form there is only limited space for someone to write the information so it is worth asking them to add extra sheets if they have more to say than will fit on the form. If you are happy with what they write, fasten the sheet to this page. If not 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. Make an appointment to see the person so you can answer any questions they might have and take the completed 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.

Job or profession.

If possible the person who completes this statement should be a professional involved in your child's care, such as their GP, specialist or a nurse.

When did you last see the child?

Try to ensure it is someone who has seen your child recently and reasonably often.

Question 21 Consent

Some people are unhappy with how widely this consent is drawn, allowing the DWP to contact absolutely anyone at all. Not giving consent, however, may give the DWP an excuse to refuse your child's claim. If you are unhappy with giving such wide consent try to get advice from an advice agency before ticking the '*I do not agree box*' or adding extra conditions to your consent.

Question 22 About the child's illnesses or disabilities

Column 1 Illness or disability

List all your child's health conditions, both physical conditions and any emotional or mental health problems such as depression or anxiety. Your child's entitlement to DLA is based on the combined effects of ALL their health problems, so if they have more than one, make sure you put them all down.

Column 2 How long have they had it?

Don't forget that in order to qualify for DLA your child must have had the care and/or mobility needs for at least 3 months

Column 3 What treatment do they have for it?

As well as prescribed medication and treatments, you may also wish to list any alternative, complementary or non-prescription medication or treatments your child uses. Continue on a separate sheet if necessary.

Column 4 How often do they have treatment?

Include the doses of medication that they take and frequency of any therapy.

Question 23 Aids and adaptations

This section asks you to list any aids or adaptations which help your child. It is important that where they do use an aid or adaptation you include details of the help they need to use it. Including being too tired to use it all the time or physical pain caused by using the aid too much.

Question 24 Variability

See notes above on fluctuating conditions. There is not a lot of space to explain fluctuating conditions in detail. If necessary write on the whole page, not just the box, and continue at question 70 which is a large space to allow you to add extra information.

Questions 25-36 About your child's difficulties with mobility

Questions 25-31 relate to the difficulties a child with a **physical health condition** may have when they are walking out doors.

Question 25 Can they physically walk?

Age limit The lower age limit for eligibility for higher rate mobility (this page only) is three years old. Only tick **Yes** if you have read the box below and decided that your child doesn't have any such problems.

Note, if: your child is unable to walk at all, for example because of a spinal injury; your child is both deaf and blind; your child has no feet; your child is severely mentally impaired, in receipt of higher rate DLA care and, because of behavioural problems, regularly requires physical restraint to prevent them harming themselves or other people; they will be entitled to higher rate mobility.

If your child is severely mentally impaired but doesn't receive higher rate care, they may still qualify for higher rate mobility if their disability prevents them from walking effectively, for example it causes them to refuse to walk so frequently that they can be considered "virtually unable to walk".

Tick the No box and give details in the box below.

If your child has a severe visual impairment they may be able to claim the higher rate of the mobility component. You will need to show that:

You child is registered or certified as severely visually impaired; and, when wearing glasses if necessary, either:

- their visual acuity is less than 3/60; or
- their visual acuity is more than 3/60 but less than 6/60 and they have a complete loss of peripheral vision and a central visual field of no more than 10 degrees.

Questions 26, 27, 28 and 29

These questions are about a child who may be able to walk but because of physical difficulties they cannot do so without severe discomfort, can only walk a short distance or who walk very slowly.

The walking in question needs to be outdoors, but on level ground, not steep hills. However, you can give details of problems your child has with ordinary hazards such as kerbs and uneven pavements.

You can use the tick boxes to indicate how far your child can walk, how long it takes them to cover this distance and in what manner they walk. Remember that if your child is in severe discomfort at all times when walking they should not be considered to be able to walk any distance at all. People tend to have difficulty estimating distances so, if possible, actually measure how far they can walk.

Question 27 Distance

The case law on what distance people can walk and still be eligible for higher rate mobility is constantly changing as different Upper Tribunal judges make different decisions. For a long time people who couldn't walk more than 100 yards stood a good chance, but more recently awards were unlikely for people who could walk more than 50 yards. However, a judge 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 they walk and the manner in which they walk. Legally there is no set distance for eligibility for higher rate DLA – your child might be able to walk 400 yards and still qualify if, for example, it takes them a very long time to do so. So, if your child has difficulties walking, no matter what the distance, complete this page. By the time your claim is decided the law might have changed again.

Time taken

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

Question 28 Walking speed

Tick the box which most accurately reflects your child's walking speed most of the time.

Question 29 Please tick the box that best describes the way they walk.

Unless one of the tick boxes exactly describes the way your child walks, we suggest that you ignore the tick boxes and use the 'more information' box to describe exactly the way that they walk.

If they have difficulties with the way they walk tell us below what they are

We don't use the four-step system for this page. Begin by saying what health condition, cerebral palsy or arthritis for example, causes your child's problems with walking. Then explain how their health condition affects their walking. Do they experience severe discomfort, pain, stiffness, breathlessness or extreme fatigue, for example? Does your child walk much more slowly than other children of the same age? Do they have problems lifting their feet off the ground so that they shuffle rather than walk?

What effect does walking have on them after they have done it? For example, do they get so exhausted that after walking anywhere they have to go to bed? Or are they in pain the next day and unable to move around at all?

Is your child confined to bed for most of the time and so seldom able to walk outdoors?

Imagine you are explaining your child's walking problems to someone very sceptical. Give as much information as you can. For example, how can you tell when your child is becoming exhausted or is in severe discomfort or pain?

Question 30 Does the effort of walking seriously affect their health?

If your child can walk, but the exertion required to do so would be dangerous or lead to a serious deterioration in their health, then they may be eligible for higher rate mobility on

these grounds instead. You need to show that it is the exertion which causes the danger rather than, for example, the risk of falling. Some children with cystic fibrosis, haemophilia or heart conditions may qualify in this way.

Question 31 'Anything else' box

If you haven't been able to mention anything else relevant to how your child walks in any of the previous questions then you can add it here. There is about half a page blank here for you to put any extra information. For example, you may want to mention any equipment that your child uses to enable them to walk. Or any difficulty they have with using this equipment.

Does your child use a buggy although other children of the same age do not? Does your child need to lean on someone else when they walk because of balance difficulties? This is also the space to give further information about variability.

Question 32 If your child needs someone with them when they are outdoors

This is the only question which directly relates to the difficulties a child with a **mental health condition** may have when they are walking out doors.

Do they need guidance or supervision most of the time when they walk outdoors.

Age limit. To be eligible for lower rate mobility (this question only) your child must be at least **five years old**. However, it is still worth filling in this page if your child is under 5, if it helps to give a clear picture of their needs.

Although the form does not make it clear, this page is about problems your child has when they are walking outdoors in **unfamiliar places**, as well as on routes that they are used to. So, for example, if your child has a visual impairment they may be fine going to school or the shops because they have done the journey many times and know the likely hazards and obstacles. But if they had to go somewhere unfamiliar, the High Street of a strange town, perhaps, would it be reasonable for them to have someone with them to, for example, warn them of hazards? Or your child may be safe walking the short distance to a local shop on a familiar route but may not be able to find their way in a strange town and would be at risk of getting lost or going off with strangers.

Even if your child is so young that you would not allow them to walk outdoors in unfamiliar places on their own, if they need much more help and support than another child of the same age they may be eligible for lower rate mobility.

Only tick **No** if you have read the examples on the form and read the box below and decided your child doesn't have any such problems.

For this question, there are only tick boxes. Consider each one very carefully before ticking 'no', and remember that some of the questions are about places they know but most of them are about unfamiliar places. You can explain the difficulties your child has in the box at Questions 34 and 35.

Question 33 Does your child fall due to their disability?

This is another tick box question about whether your child has fallen due to their disability. Your answers can be explained in questions 34 and 35.

Questions 34 and 35 Additional information about mobility

Step 1 Say what problems your child has with this activity, giving examples if you can.

For example, does your child:

Physical Health

- run out of energy, often quite suddenly, so that they are unable to continue walking;
- carry on walking even though they are exhausted;
- experience fits, blackouts, asthma attacks or something similar;
- experience pain when walking, perhaps because of arthritic symptoms;
- have balance problems which mean they fall frequently and would not be safe crossing roads;
- have a visual impairment which means they cannot see obstructions or safely cross roads;
- have a hearing impairment which means they cannot hear warnings or safely cross roads;
- have episodes of incontinence which would make it difficult for them to continue walking and with which they would be unable to deal without help;
- need encouragement to walk, perhaps because it is difficult or painful for them.

Mental Health

- need encouragement to walk, perhaps because of behavioural problems causing them to refuse to walk;
- become distracted or lack a sense of danger around traffic or other hazards they may encounter walking outdoors in unfamiliar places;
- have tantrums if they are not allowed to go where they wish to go;
- have panic attacks;
- attempt to run off;
- get confused, disoriented or have difficulty finding their way in unfamiliar places and have problems asking strangers for directions;
- approach strangers, so that they may be at risk;
- behave in inappropriate ways in public places, for example, touching their genitals, kicking cars or shouting;
- sometimes become confrontational, aggressive or abusive towards strangers;
- behave in compulsive ways; for example; trying to touch people with long hair or stopping for long periods to count particular objects.

If your child doesn't walk outdoors alone in unfamiliar places because of 'fear or anxiety' related to their physical (rather than mental) health, this will not entitle them to an award of lower rate mobility. So, for example, if your child doesn't go to unfamiliar places alone because they are afraid of having an episode of incontinence, this won't count. If, however, their fear or anxiety is so severe that your doctor's diagnosis is that it amounts to a mental health problem, such as agoraphobia, then they may be eligible for lower rate mobility on the basis of fear or anxiety related to their mental health. But if this is not the case, then it's best to avoid using words like frightened or anxious on this page.

Step 2 Say what help your child gets, or would benefit from.

For example, does your child:

Physical Health

- need someone to monitor their condition in case they have a fit, blackout, asthma attack or become over tired;
- sometimes need carrying, or help to find somewhere to stop and rest;
- need comfort, encouragement and reassurance because of discomfort or pain;
- need someone to help them find a lavatory, carry a change of clothing and a washing kit, offer comfort and reassurance if they do have an episode of incontinence.

Mental Health

- need someone to make sure they stay safe near traffic;
- need someone to make sure they don't approach strangers or get lost.

Step 3 Say why your child should not be expected to manage on their own.

For example, would your child:

- be at risk of illness or injury;
- find it a distressing experience;
- simply avoid walking in unfamiliar places if they were expected to do so on their own.

Step 4 Say how your child's needs are different from those of other children of the same age.

Would another child of the same age be more likely to walk outdoors in unfamiliar places on their own?

Even if your child is so young that you would not allow them to walk outdoors in unfamiliar places on their own, do they need much more help and support than another child of the same age?

Question 36 When did your child's mobility needs start?

Remember that this needs to be at least 3 months ago

Questions 37 to 55 are about your child's care needs

If you are making an application under the special rules you do not need to fill in these questions.

Question 37 Getting in and out of bed or settling in bed during the day

Do they need encouragement, prompting, or physical help to wake up, get out of bed, get into bed or settle in bed?

Tick **Yes** and give details in the main box below if, in connection with waking, getting up and going to bed:

- your child takes longer than other children of the same age, or it causes them pain, discomfort or distress;
- you have to provide more help, or help of a different kind, than for other children of the same age;
- your child has to be watched over more closely than other children of the same age.

Only tick **No** if your child does not have any difficulty with these activities compared to other children of the same age, and you have read the examples on the form and in the main box below and decided that none of them apply.

Does someone have to wake the child up, or tell or encourage them to get up or go to bed?

If most children of the same age would need telling or encouraging, tick **Yes** if your child needs more telling or encouragement or needs to be told or encouraged in a different way to other children. Give details in the main box below.

If you want to tell us why they need help, how their needs vary or anything else you think we should know use the box below.

Step 1 Say what problems your child has with these activities, giving specific instances if you can.

For example, does your child have problems going to bed because:

Physical Health

- they need help pulling back the covers, sitting on the bed, getting their legs into bed, arranging the covers and pillows once they are in bed;
- they need help transferring from a wheelchair to the bed;
- they are reluctant to go to bed and need persuading and reassuring, perhaps because they experience pain and discomfort at night related to their condition.

Mental Health

- they are reluctant to go to bed and need persuading and reassuring, perhaps because they have nightmares caused by their medication, or fears and panic attacks in bed related to their condition;
- they are still wide awake and active at bedtime;
- they come downstairs or disturb other children in the household repeatedly after going to bed;
- they need help to follow a lengthy and very rigid routine every night when they go to bed.

Does your child have problems waking and getting up because, for example:

Physical Health

- they have such disturbed nights that they are too tired to wake up or get up in the morning;
- they get very depressed about their condition and so lack the motivation to get up;
- they are unable to get out of bed without physical help;
- they experience severe exhaustion, joint pain, stiffness or abdominal pain in the morning making getting up a slow and painful experience;
- they resist getting up in the morning because they are worried about being bullied at school because of their condition.

Mental Health

- they have such disturbed nights that they are too tired to wake up or get up in the morning;
- they get very depressed and so lack the motivation to get up;
- they take medication which makes it hard to wake them on a morning;
- they resist getting up in the morning because they are anxious about the day ahead;
- they have to follow a lengthy and very rigid routine every morning when they get up.

Step 2 Say what help your child gets, or would benefit from.

For example:

- do they need physical help getting up or going to bed;
- do you need to spend a lot of time settling them in bed before they are able to go to sleep.
- do you offer them encouragement, support or reassurance in connection with getting up or going to bed;
- do you have to watch over them to make sure they are safe whilst they get up or go to bed;
- do you bring them medication or a drink to help them wake up or get up;
- do you encourage or cajole them to wake up or get up, perhaps having to return repeatedly.

Step 3 Say why your child should not be expected to manage without this help.

For example:

- would they be physically unable to wake up, get up or go to bed without it;
- would they become emotionally distressed if they did not receive it;
- might they come to harm if they did not receive it.

If it is help that they don't currently receive, in what ways would they benefit from it?

Step 4 Say how your child's needs are different from those of other children of the same age.

For example, can other children of the same age do these things:

- with less help or with no help at all;
- more quickly;
- without pain or discomfort;
- without becoming distressed;
- with less encouragement or with no encouragement at all;
- with less supervision or without being supervised at all.

Equipment

If your child uses any equipment to help with this activity, give details here e.g. motorised bed raiser. Remember that if using the equipment means your child doesn't have difficulties, then this activity won't count towards their DLA entitlement. So, if they still have difficulties even though they use this equipment, or if they need help to use the equipment, then explain this very clearly.

How often each day does the child need this help?

If your child is often at home because they are ill you may need to wake them, get them up and put them back to bed several times during the day.

Roughly how long does it take the child to get out of bed or into bed?

If they have to wait for their limbs to become less stiff or for medication to wear off enough for them to become properly awake or if you have to repeatedly call and encourage your child or wait for medication to wear off enough for them to become properly awake, then getting out of bed should include the time from when they want to get out of bed to the time when they are actually able to get out of bed. Bear in mind that children without health conditions can get out of bed as soon as they are woken. At bedtime, if it takes a long time and repeated visits to settle your child, include the whole period until they are settled. Add together the time they need help to get out of bed in the

morning and into bed at night and give this as an average or give separate times for getting into bed and getting out of bed.

Question 38 Help with toilet needs during the day

Do they need encouragement, prompting, or physical help to go to or use the toilet, manage clothes, get on and off the toilet, wipe themselves, wash and dry their hands, manage a catheter, ostomy or stoma, manage nappies or pads?

Tick **Yes** and give details in the main box below if, in connection with toilet needs:

- your child takes longer than other children of the same age, or it causes them pain, discomfort or distress;
- you have to provide more help, or help of a different kind, than for other children of the same age;
- your child has to be watched over more closely than other children of the same age;
- your child needs telling or encouraging to go to the toilet.

If your child has a stoma appliance, use this page to explain any difficulties they have or help they need in connection with it.

Only tick **No** if your child does not have any difficulty with these activities compared to other children of the same age, and you have read the examples on the form and in the main box below and decided that none of them apply.

If you want to tell us why you have ticked the boxes, how their needs vary or anything else you think we should know, use the box below.

Step 1 Say what problems your child has with their toilet needs, giving specific instances if you can.

For example, does your child:

Physical Health

- need someone to help or guide them to and from the toilet or have difficulty getting to and from the toilet because of pain or fatigue;
- have difficulty transferring from a wheelchair to the toilet and back again;
- have difficulty undoing and doing up buttons and zips;
- have difficulty pulling trousers and underwear down and back up;
- have episodes of bowel and/or bladder incontinence;
- experience pain or distress in connection with bowel movements or urinating;
- have more frequent bowel movements than other children of the same age;
- become exhausted by the frequency of their bowel movements;
- have particularly noisy, smelly or explosive bowel movements;
- sometimes need to wash, shower or bathe after bowel movements;
- need to apply cream or change pads after bowel movements;
- have difficulty wiping themselves after a bowel movement;
- need someone to check their clothing after using the toilet;
- sometimes experience incontinence and need help with continence pads or a colostomy bag or something similar? For example, do they need help changing the bags during the day or have problems with leakage during the day;
- need encouraging to use the toilet because it is painful or distressing for them, or they have a condition which means that they cannot tell when their bladder or bowels are full and need reminding to use the toilet.

Mental Health

- tend to retain their urine and faeces and need reminding or encouraging to use the toilet;
- need reminding, encouraging or helping to wipe themselves and wash their hands;
- need someone to check their clothing after using the toilet;
- smear or play with their faeces;
- miss the toilet when urinating;
- spend a great deal of time on the lavatory.

NB Decision Makers will usually argue that a child who needs help getting to and from the lavatory should use a potty or commode instead when at home. Are there reasons why you do not think your child should be expected to do this? If there are, you need to make your case as strongly as possible. For example: they would still have to get to the bathroom to wash after a bowel movement; their bowel movements have a very strong odour and the potty or commode would have to be emptied immediately and would leave the room unpleasant to use; they are old enough that it would add painfully and unnecessarily to the emotional distress their condition causes for them to have to use a potty or commode as if they were a younger child, and in your judgement as a responsible adult it would be wrong to make them do this.

Step 2 Say what help your child gets, or would benefit from.

For example, do you:

Physical Health

- help them to and from the lavatory;
- help them bathe and change after episodes of incontinence;
- offer them comfort, support or reassurance because of distress caused by pain, discomfort or episodes of incontinence;
- apply cream or change pads;
- check stools for blood or excessive mucous;
- clean the toilet immediately after use;
- help them change their stoma appliance;
- empty a potty or commode immediately after use.

Mental Health

- help them bathe and change after episodes of incontinence;
- encourage or remind them to use the toilet;
- empty a potty or commode immediately after use.

Step 3 Say why your child should not be expected to manage without this help.

For example:

- would they be unable to attend to their toilet needs without it;
- would they become emotionally distressed if they did not receive it;
- might they come to harm if they did not receive it.

Step 4 Say how your child's needs are different from those of other children of the same age.

For example, can other children of the same age do these things:

- with less help or with no help at all;
- more quickly;
- without pain or discomfort;

- without becoming distressed;
- with less encouragement or with no encouragement at all;
- with less supervision or without being supervised at all.

Equipment

If your child uses any equipment to help with this activity, give details here.

For this activity, there are no questions about how many days a week, times a day, or for how long your child needs help with this activity. You can include in this box any variability in your child's condition which affects their toilet needs. If your child always has difficulties then the answer is seven days/nights. If not then give an average which takes into account bad or worse spells. Under 5 days is less likely to count.

Question 39 Moving about indoors, using stairs or getting in and out of a chair during the day

Does your child need encouragement, prompting or physical help to:

Go up and down one step, go upstairs, go downstairs, move around safely, get into or out of a chair, sit in a chair.

Tick **Yes** to all of these that apply and give details in the main box below if, in connection with any of these activities:

- your child takes longer than other children of the same age, or it causes them pain, discomfort or distress;
- you have to provide more help, or help of a different kind, than for other children of the same age;
- your child has to be watched over more closely than other children of the same age.

Only tick **No** if your child does not have any difficulty with these activities compared to other children of the same age, and you have read the examples on the form and in the main box below and decided that none of them apply.

If you want to tell us why you have ticked the boxes, how their needs vary or anything else you think we should know, use the box below.

Remember to include any help or encouragement your child needs moving about indoors. Include any ways your home has been adapted, or any equipment they use to help them move about indoors. This could be a wheelchair, a frame, a stairlift, or something like this.

Indoors can include at home, school or college. If your child needs help when moving around indoors whilst pursuing leisure activities, such as going to the cinema, give details of these in the '*Help needed to take part in hobbies, interests, social or religious activities . . .*' section Question 52 of the form.

Step 1 Say what problems your child has with this activity, giving specific instances if you can.

For example:

Physical Health

Moving around:

- does your child have to hold onto furniture and lean on walls to steady themselves;

- do they need support from another person;
- do they have to move very slowly;
- do they need someone to open and close doors;
- do they suffer discomfort, pain or fatigue if they move around or stand for any length of time;
- do they need someone to push or help them manoeuvre a wheelchair;
- do they need someone to tell or remind them to move about indoors.

Stairs:

- do they have problems, pain or fatigue walking up or down stairs;
- do they become dizzy or unsteady and need watching over or support;
- do they have to go very slowly, one step at a time;
- do they go up or down stairs on their bottom rather than walking;
- do they need helping on or off a stairlift.

Getting out of chairs and off sofas (and in and out of bed if they have periods when they stay in bed for a large part of the time):

- do they take a long time to get in or out of chairs;
- do they stiffen up if they sit or lay too long;
- do they need someone to help them off chairs and sofas;
- have they developed special techniques such as rolling off sofas onto their knees;
- do they have to hold onto things to get upright;
- are they sometimes too exhausted to get up;
- is rising from sitting painful.

Mental health

- does your child often remain in one place engaged in repetitive activities and need encouragement to move around;
- does your child have particular routines or repetitive movements that they have to follow when moving around indoors;
- does your child hurt themselves by racing around dangerously indoors.

Step 2 Say what help your child gets, or would benefit from.

For example:

- do you give them physical help with moving around, if so explain in detail what it is you do;
- do you have to watch over them in case they fall;
- do you provide them with encouragement, comfort, reassurance or support in connection with moving around.

Step 3 Say why your child should not be expected to manage without this help.

For example:

- would they be physically unable to move around without it;
- would they be in pain, or more pain, without it;
- would they become emotionally distressed if they did not receive it;
- might they come to harm if they did not receive it.

Step 4 Say how your child's needs are different from those of other children of the same age.

For example, can other children of the same age do these things:

- with less help or with no help at all;

- more quickly;
- without pain or discomfort;
- without becoming distressed;
- with less encouragement or with no encouragement at all;
- with less supervision or without being supervised at all.

Probably in an effort to save space, there are no questions about how many days a week, how many times a day or how long each time your child needs help with moving around indoors. It is worth you giving this information, however, though you'll probably have to do soon a separate sheet.

Equipment

If your child uses any equipment to help with this activity, give details here. This might include stair rails, raised chairs, grab bars or furniture arranged so that your child can lean on it.

Question 40 Washing and bathing

Do they need encouragement, prompting or physical help to have a wash, clean their teeth, wash their hair, get in or out of the bath, get in or out of the shower, clean themselves in the bath or shower, dry themselves after a bath or shower, check their appearance?

Tick **Yes** and give details in the main box below if, in connection with washing or having a bath or shower:

- your child takes longer than other children of the same age, or it causes them pain, discomfort or distress;
- you have to provide more help, or help of a different kind, than for other children of the same age;
- your child has to be watched over more closely than other children of the same age.

Only tick **No** if your child does not have any difficulty with these activities compared to other children of the same age, and you have read the examples on the form and in the main box below and decided that none of them apply.

If you want to tell us why they need help, how their needs vary or anything else you think we should know, use the box below.

Step 1 Say what problems your child has with this activity, giving examples if you can.

For example, does your child:

Physical Health

- need help, have problems or suffer pain getting to and from the bathroom;
- need help, have problems, or suffer pain, getting in and out of the bath;
- get too fatigued to wash, bathe or have a shower;
- have problems or pain standing to wash or shower;
- have problems or pain washing or drying their feet, hair or back;
- have problems because they have dressings, a line into a vein or a stoma appliance that needs to be kept dry or sterile;
- need help replacing pads or applying cream after bathing;
- need watching over whilst bathing in case they have a fit, blackout or something similar;

- have to wash more often than other children;
- need help with brushing their teeth;
- need help with shaving, applying cosmetics, styling hair.

Mental Health

- need reminding and encouraging to wash, bathe and look after their personal hygiene;
- need someone to check that they have washed;
- tend to wash too often or for too long because of concerns about personal hygiene or because they have a compulsion to do so;
- need help to follow a lengthy and very rigid routine when washing or bathing;
- need supervision when washing or bathing because they might leave taps running, scald themselves, drink bathwater or shampoo or eat the soap.

Step 2 Say what help your child gets, or would benefit from.

For example:

- do you encourage them to wash or bathe;
- help them with washing or bathing;
- watch over them to make sure they are safe whilst they wash or bathe;
- offer them support or reassurance if they are in pain or become distressed whilst washing or bathing.

Step 3 Say why your child should not be expected to manage without this help.

For example:

- would they be physically unable to wash or bathe without it;
- would they become emotionally distressed if they did not receive it;
- might they come to harm if they did not receive it.

Step 4 Say how your child's needs are different from those of other children of the same age.

For example, can other children of the same age do these things:

- with less help or with no help at all;
- more quickly;
- without pain or discomfort;
- without becoming distressed;
- with less encouragement or with no encouragement at all;
- with less supervision or without being supervised at all.

Equipment

If your child uses any equipment to help with this activity, give details here. This could include rails to help them get in and out of the bath, a seat in the bath, a bath hoist or a walk-in bath. Remember that if using the equipment means your child doesn't have difficulties, then this activity won't count towards their DLA entitlement. So, if they still have difficulties even though they use this equipment, or if they need help to use the equipment, then explain this very clearly.

How often each day

Does your child need to wash or bathe more than once a day, perhaps because of excessive sweating or incontinence or because bathing helps relieve pain in their joints or back, or because it is part of their routine, or it calms them when they are distressed? If their condition varies give an average or a range.

How long each time

Remember this includes the time to get undressed, bathe, dry and dress again and includes any time spent resting in-between, or carrying out set routines or encouraging your child to carry out these activities.

Question 41 Getting dressed or undressed

Does the child need encouragement, prompting or physical help to dress, undress, manage zips buttons or other fastenings, or choose appropriate clothes

Tick **Yes** and give details in the main box below if, in connection with getting dressed or undressed:

- your child takes longer than other children of the same age, or it causes them pain, discomfort or distress;
- you have to provide more help, or help of a different kind, than for other children of the same age;
- your child has to be watched over more closely than other children of the same age.

Only tick **No** if your child does not have any difficulty with these activities compared to other children of the same age, and you have read the examples on the form and in the main box below and decided that none of them apply.

If you want to tell us why they need help, how their needs vary or anything else you think we should know, use the box below.

Step 1 Say what problems your child has with this activity, giving specific instances if you can.

For example, does your child:

Physical Health

- have problems or pain reaching down to put on or take off underwear, socks or shoes; reaching up to pull on or take off vests, t-shirts or jumpers; doing up and undoing buttons, zips, bra fastenings, belt buckles or laces;
- have problems or pain putting on and taking off outdoor clothing, such as coat, hat, gloves, scarf, outdoor shoes;
- have to wear loose fitting clothes or ones that are easy to get on and off, such as ones with Velcro or elasticated waists;
- have a visual impairment which makes it difficult for them 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;
- find it distressing if they have to get dressed or undressed in front of other children, because of a physical difference or an aid or appliance that they have to wear.

Mental Health

- need telling or encouraging to get dressed or undressed;
- need help selecting appropriate clothing;
- need help putting clothes on the right way round and in the right order;
- need to follow a lengthy and very rigid routine when dressing or undressing;
- become distracted and fail to finish dressing or undressing;
- find it difficult or distressing to undress and dress at school for sports activities;
- undress at inappropriate times or in inappropriate places.

The Decision Maker may argue that if your child has problems with fastenings such as buttons, zips, belts, laces, etc. they should wear slip on shoes, trousers with elasticated waists and clothing with Velcro fastenings. Do they 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 they still have problems with these clothes? For example, would elasticated waistbands be painfully constricting; would it be difficult to get their feet into slip-on shoes? In addition, is it important for their self-confidence to be able to dress in the same way as other children of the same age?

Step 2 Say what help your child gets, or would benefit from.

For example:

- do you encourage them to dress or undress;
- do they need physical help getting dressed or undressed;
- do they need watching over to ensure they are not bullied by other children when dressing or undressing;
- do they need emotional support to deal with distress caused by other children (or adults) in connection with dressing and undressing.

Step 3 Say why your child should not be expected to manage without this help.

For example:

- would they be physically unable to dress or undress without it;
- would they become emotionally distressed if they did not receive it;
- might they come to harm if they did not receive it;
- would they stay in their night clothes all day.

If there is help that they don't currently receive, in what ways would they benefit from it. For example, would more support and supervision in changing rooms from teachers make them less likely to be picked on?

Step 4 Say how your child's needs are different from those of other children of the same age.

For example, can other children of the same age dress and undress:

- with less help or with no help at all;
- more quickly;
- without pain or discomfort;
- without becoming distressed;
- with less encouragement or with no encouragement at all;
- with less supervision or without being supervised at all.

Equipment

If your child uses any equipment to help with this activity, give details here.

How often each day

If your child has to change during the day due to, for example: episodes of incontinence; excessive sweating; changing dressings; applying creams or other medical procedures; needing to sleep during the day, then remember to include all these times as well. If your child's condition varies give an average or a range.

How long each time

Remember to include any time your child spends resting, if they need to do so during the process of dressing or undressing.

Question 42 Eating and drinking

Do they need encouragement, prompting or physical help to eat, use a spoon, cut up food on their plate, drink using a cup, be tube or pump fed.

Tick **Yes** and give details in the main box below if, in connection with eating or drinking:

- your child takes longer than other children of the same age, or it causes them pain, discomfort or distress;
- you have to provide more help, or help of a different kind, than for other children of the same age;
- your child has to be watched over more closely than other children of the same age.

Only tick **No** if your child does not have any difficulty with these activities compared to other children of the same age, and you have read the examples on the form and in the main box below and decided that none of them apply.

If you want to tell us why they need help, how their needs vary or anything else you think we should know, use the box below.

Step 1 Say what problems your child has with eating and drinking, giving specific instances if you can.

For example:

Physical Health

- do they have a very small appetite;
- do they associate eating with pain and discomfort;
- do they become nauseous when they eat;
- does their medication affect their appetite;
- have they suffered from malnutrition or weight loss as a result of not eating;
- do they have to eat smaller amounts but more often than other children;
- do they have to stick to a special diet or avoid certain foods;
- do they suffer from joint pains or other problems which make holding cups, mugs or cutlery or cutting up food painful;
- are they receiving parenteral nutrition or tube feeding;
- do they have a visual impairment which means that they need someone to tell them what food is on their plate or available in a canteen or café? Do they need someone to tell them where on the plate the food is and where on the table, sauce, salt, pepper, sugar, cutlery and drinks are? Do they need someone to check if they have spilt food or drink? Do they need someone to help them clean up if they have?
- do they need encouragement to eat or drink?

Mental Health

- do they eat or drink dangerous or inedible things;
- are they only willing to eat a very narrow range of foods;
- will they only eat food if it is arranged in a certain way on a specific plate, or only drink from a specific mug;
- will they only eat at specific times of day;
- do they need food cutting up for them;
- do they use their fingers rather than cutlery or eat in socially unacceptable ways – very noisily or messily, for example;
- do they starve themselves or make themselves vomit after eating?

Step 2 Say what help your child gets, or would benefit from.

For example:

Physical Health

- do you have to remind or encourage them to eat or drink;
- do you have to prepare special food or drinks for them;
- do you offer support, comfort and reassurance in connection with pain or discomfort caused by eating;
- do they need reminding or encouraging to avoid certain foods;
- if they are receiving parenteral nutrition or tube feeding describe in detail what this involves including such things as keeping the equipment sterile and clearing blockages.

Mental Health

- do you have to remind or encourage them to eat or drink;
- do you have to prepare special food or drinks for them or arrange food in a particular way;
- do they need reminding or encouraging to avoid certain foods;
- do you have to try to ensure that they don't hide food or vomit after eating.

Step 3 Say why your child should not be expected to manage without this help.

For example:

- would they be physically unable to eat or drink without it;
- would they become emotionally distressed if they did not receive it;
- might they come to harm if they did not receive it. For example, might they become very weak, malnourished, underweight or not develop physically at the proper rate.

If there is help that they don't currently receive, in what ways would they benefit from it? For example, would their health benefit if they received more supervision and encouragement around eating at school?

Step 4 Say how your child's needs are different from those of other children of the same age.

For example, can other children of the same age do these things:

- with less help or with no help at all;
- more quickly;
- without pain or discomfort;
- without becoming distressed;
- with less encouragement or with no encouragement at all;
- with less supervision or without being supervised at all.

Equipment

If your child uses any equipment to help with this activity, give details here.

How often each day

If, because of their condition, they need to eat or drink more frequently than other children of the same age, remember to include all those additional times. If their condition varies give an average or a range.

How long each time

Include any time spent preparing special diets and cleaning or maintaining special equipment.

Question 43 Medication and Therapy

Do they need encouragement, prompting or physical help to take the correct medicine, know when to take their medicine, do their therapy or know when to do their therapy?

Tick **Yes** if your child needs any help with medication or therapy at all, don't worry about whether they need more or less help than other children of the same age.

Only tick **No** if your child does not have any difficulty with taking medication or having therapy, and you have read the examples on the form and in the main box below and decided that none of them apply.

If you want to tell us why they need help, how their needs vary or anything else you think we should know, use the box below

Medication

If your child is too young to take their medication without help, explain everything you have to do in this connection, including any ways that you try to make medication more palatable and any comfort or reassurance you provide.

If other children of the same age *might* be able to take medication themselves during the day then follow the usual four steps:

Step 1 Say what problems your child has with this activity, giving specific instances if you can.

For example, does your child:

- forget to take their medication;
- try to avoid taking their medication because of the side effects it has;
- become angry or distressed about a life which involves having to take so much medication;
- have to have injections or other forms of medication which they are unable to administer themselves;
- not know the warning signs that medication is required.

Step 2 Say what help your child gets, or would benefit from.

For example, do you:

- administer their medication, enemas, eye drops or something similar;
- dress wounds;
- calculate the amount or frequency with which the medication needs to be taken
- monitor your child for signs that medication is required;
- remind or encourage them to take their medication;
- offer them comfort or reassurance in connection with the effects of their medication;
- find ways to make their medication more palatable.

Step 3 Say why your child should not be expected to manage without this help.

For example:

- would they be physically unable to take their medication without it;
- would they become emotionally distressed if they did not receive it;

- might they come to harm if they did not receive it.

Step 4 Say how your child's needs are different from those of other children of the same age.

For example, can other children of the same age take medication:

- with less help or with no help at all;
- more quickly;
- without pain or discomfort;
- without becoming distressed;
- with less encouragement or with no encouragement at all;
- with less supervision or without being supervised at all.

Equipment

If your child uses any equipment to help with this activity, give details here.

Therapy

Explain what therapy your child has, such as:

- physiotherapy;
- hydrotherapy;
- speech therapy;
- play therapy;
- counselling;
- behavioural therapy.

If you are involved in the therapy in any way, such as providing physiotherapy, play therapy or helping or encouraging your child to do exercises, give details here.

Medical Equipment

Although there is no longer a question on the form about medical equipment we think that information about medical equipment should be included in this section of the form. You will definitely have to include at least one extra sheet if you include this information.

Step 1 Say what problems your child has with medical equipment, giving specific instances if you can.

For example, does your child need help with:

- injections;
- blood transfusion;
- oxygen treatment;
- kidney dialysis;
- nebuliser;
- peak flow meter;
- enzyme replacement treatment;
- measuring blood sugar;
- measuring lung function;
- checking their temperature;
- checking their weight.

Step 2 Say what help your child gets, or would benefit from.

Explain in detail what help you provide with medical equipment, including:

- helping your child to use it;
- monitoring it whilst it is being used;

- cleaning, refilling or disposing of it safely;
- recording measurements;
- offering your child support, reassurance and encouragement in connection with using the equipment.

Step 3 Say why your child should not be expected to manage without this help.

For example:

- would they be physically unable to manage without it;
- would they become emotionally distressed if they did not receive it;
- might they come to harm if they did not receive it.

How often each day

If your child's condition varies give an average or a range.

How long each time

Remember to include any time spent making medication more palatable.

If they have a therapist, state how long they spend with the therapist. If you provide the physiotherapy, say how much time you spend doing so each time.

If they need help using medical equipment include the time spent preparing and cleaning the equipment.

Question 44 Difficulty with seeing

Do they have difficulties seeing?

You need to indicate any difficulties they have with seeing when wearing any aids like glasses or contact lenses.

Tick **Yes** if your child has difficulty with seeing even with glasses or contact lenses, don't worry about whether they need more or less help than other children of the same age.

Only tick **No** if your child does not have any difficulty with seeing, and you have read the examples on the form and in the main box below and decided that none of them apply.

Are they certified sight impaired or severely sight impaired?

If your child has a Certificate of Visual Impairment (CVI) tick the relevant box and send a copy of the certificate with your DLA form. If your child is certified as severely sight impaired you will not need to complete the rest of this question.

If your child does not have a CVI or is certified sight impaired you will need to use the tick boxes and explain in the further information box how their sight is affected.

Can they see computer keyboard keys, large print, a TV, the shape of furniture? Can they recognise a face across a room or across a street?

Tick **No** if your child has difficulty with any of these activities. Even if they do not have difficulty with these specific activities your child may have difficulties with vision which you can explain in the further information box.

If you want to tell us more about the boxes you have ticked, how their needs vary or anything else you think we should know, use the box below.

For example, does your child have problems:

- seeing things in the distance, such as recognising people in the street, street signs or bus numbers;
- seeing things in the middle ground, for example watching television or recognising people across a room;
- seeing things close to, such as reading;
- does your child sit close to the TV in order to watch it;
- does your child have tunnel vision;
- does your child have difficulty reading books, text on computer monitors or mobile phones, instructions at school, etc.

You may want to include information about how close they need things to be able to see properly, whether they can only recognise familiar faces or objects, whether they need extra light to be able to see.

You may also want to give examples of specific situations where their vision causes difficulty and the frustration this causes to your child.

If your child does not have a CVI it would be worthwhile asking the hospital or eye clinic to carry out a test so that you can send this supporting evidence to the DWP.

Question 45 Difficulty with hearing

Do they have difficulty hearing sound or someone speaking when using their hearing aid?

Tick **Yes** if they use a hearing aid but still have difficulty with hearing. Only tick **No** if they have no problems with hearing at all.

Have they had an audiology test in the last 6 months?

If your child has had a recent audiology test send a copy of the results with the DLA application. Remember to put on your child's reference number as well as their name.

The form has a number of tick boxes in relation to hearing difficulties. Consider each one carefully before ticking no. Even if you tick no for all of them that does not mean your child will be considered not to have hearing difficulties. You can use the further information box to clarify what difficulties your child has with hearing.

If you want to tell us more about the boxes you have ticked, how their needs vary or anything else you think we should know, use the box below.

For example, does your child have problems:

- distinguishing words when they are in a noisy environment;
- hearing things at a particular pitch;
- needing things repeated before they can understand them;
- being unable to hear on the telephone;
- being able to participate in lessons at school.

Remember to include any help your child needs maintaining their hearing aids.

You may also want to give examples of specific situations where their hearing loss has caused difficulty and the frustration this causes to your child.

If your child has not had a recent audiology test it would be worthwhile asking the hospital or GP to carry out a test so that you can send this supporting evidence to the DWP.

Question 46 Difficulty with speaking

Do they have difficulty saying words aloud or talking clearly?

Tick **Yes** if they have difficulty making themselves understood through speech. Only tick **No** if your child is able to make themselves understood through speech. With this activity remember that the difficulty your child has must be compared with the difficulties experienced by a child of the same age without a disability.

If your child has difficulty speaking either for physical or emotional reasons this can be included here.

The form has a number of tick boxes in relation to speech difficulties. Consider each one carefully before ticking **No**. Even if you tick **No** for all of them that does not mean your child will be considered not to have speech difficulties. You can use the further information box to clarify what difficulties your child has with speech.

If you want to tell us more about the boxes you have ticked, how their needs vary or anything else you think we should know, use the box below.

Use this box to explain any difficulties your child has with making themselves understood through speech. For example:

They may:

- get easily excited, start speaking very quickly becoming hard to understand;
- be depressed and withdraw from conversation;
- choose not to speak;
- have a stammer, lisp or other speech difficulty;
- become frustrated if they can't be understood;
- only speak with family or friends;
- have a physical impairment which means they are unable to speak or which makes their speech difficult to understand.

You may also want to give examples of specific situations where their speech problems have caused difficulty and the frustration this causes to your child.

Question 47 Communicating with other people

Does the child need help passing on information, asking and answering questions, telling people how they feel, giving and following instructions?

Only tick **No** if your child does not have any difficulty with communicating with other people compared to other children of the same age, and you have read the examples on the form and in the main box below and decided that none of them apply.

In this question, the tick boxes only allow you to answer very specific questions about how your child communicates so you will need to use the extra information box to describe their difficulties with communication.

If you want to tell us more about the boxes you have ticked, how their needs vary or anything else you think we should know, use the box below:

Although this question specifically asks about passing on information, asking and answering questions and giving and following instructions, we think understanding is an inherent part of this activity.

Step 1 Say what problems your child has with understanding other people, giving specific instances if you can.

For example, does your child:

Physical Health

- use sign language and need an interpreter to understand spoken language;
- lip read, but have difficulty doing so with people they do not know well;
- need someone to attract their attention so that they know they are being spoken to;
- need someone to explain to them what is being said on the telephone.

Mental Health

- need to have their attention attracted, perhaps by being touched or having their name spoken repeatedly, before they become aware that they are being spoken to;
- find it difficult to understand long or complex sentences;
- need time to think about what has been said before being given more information;
- become confused by sarcasm, humour, figures of speech or other non-literal forms of speech;
- not notice, or have difficulty understanding non-verbal communication, such as facial expressions, gestures or body language;
- seldom listen to what people say, but just wait for a break in the conversation to talk about what they are focussed on.

Step 2 Say what help your child gets, or would benefit from.

For example, does your child need:

Physical Health

- an interpreter;
- people to attract their attention before speaking to them;
- people to speak slowly, enunciate clearly, keep their hands and other objects away from their face;
- to sometimes have things written down.
-

Mental Health

- people who understand your child and their condition to communicate with them effectively;
- things to be explained in several different ways;
- things to be repeated.

Step 3 Say why your child should not be expected to manage without this help.

For example:

- they will become isolated;
- it will affect their education or their social and intellectual development;
- they may be at risk because they may not hear or understand warnings of danger.

Step 4 Say how your child's needs are different from those of other children of the same age.

For example, can other children of the same age understand other people:

- with less help or with no help at all;

- more quickly and with less effort;
- without becoming frustrated or distressed.

Equipment

If your child uses any equipment to help with this activity, give details, for example, a hearing aid, talking browser or minicom. Remember that if using the equipment means your child doesn't have difficulties, then this activity won't count towards their DLA entitlement. So, if they still have difficulties even though they use this equipment, or if they need help to use the equipment, then explain this very clearly.

We also think that part of communication is being understood by other people so you may want to include some of the following information in this section of the form:

Difficulty being understood by other people

Step 1 Say what problems your child has with being understood by other people, giving specific instances if you can.

For example, does your child:

Physical Health

- have difficulty producing written or typed communications;
- mainly or only use sign language and have difficulty making themselves understood in spoken language;
- communicate via a touch pad or computer screen.

Mental Health

- become very nervous, anxious or self-conscious when trying to talk to other children or adults;
- become very withdrawn and lose interest in communicating with other people;
- speak too quickly or slowly or change subjects too rapidly for people to follow what they are saying;
- use inappropriate facial gestures or body language or not use any at all;
- copy and echo sounds rather than using words to communicate;
- have a vocabulary and style of speech of a much younger child;
- use inappropriate language;
- get angry or distressed if people don't understand what they are saying;
- deliver monologues with no concept of turn-taking, with the result that people stop paying them attention;
- appear rude or aggressive without meaning to;
- disclose inappropriate information about themselves which makes other people uncomfortable and not wish to talk to them.

Step 2 Say what help your child gets, or would benefit from.

For example, does your child need:

Physical Health

- an interpreter;
- people who know them well to help explain what they are saying.

Mental Health

- people who know them well to help explain what they are saying;
- encouragement to try and communicate;

- calming and reassuring if they become agitated because they cannot make themselves understood.

Step 3 Say why your child should not be expected to manage without this help.

For example:

- they will become isolated;
- they will become distressed;
- it will affect their education or their social and intellectual development.

Step 4 Say how your child's needs are different from those of other children of the same age.

For example, can other children of the same age communicate:

- with less help or with no help at all;
- more quickly and with less effort;
- without becoming frustrated or distressed.

Equipment

If your child uses any equipment to help with this activity, give details here. For example, a voice synthesiser, voice recognition software or minicom. Remember that if using the equipment means your child doesn't have difficulties, then this activity won't count towards their DLA entitlement. So, if they still have difficulties even though they use this equipment, or if they need help to use the equipment, then explain this very clearly.

Your child may also need encouragement to help them communicate with other people and this should also be included on the form

Step 1 Say what problems your child has with being willing to communicate with other people, giving specific instances if you can.

For example:

Physical Health

- have they become solitary, shy or withdrawn because of their condition or the effects of their medication on their appearance;
- do they become frustrated and angry because of the difficulty they have understanding or being understood;
- do they find it easier to talk to adults than children their own age;
- are they teased or bullied by other children as a result of their condition;
- do they sometimes become anxious or aggressive when talking to other children or adults because of emotional difficulties caused by their condition.

Mental Health

- are they very withdrawn and more interested in their own inner world or activities than in other people;
- have they become solitary or shy, perhaps because of teasing or bullying;
- do they become frustrated and angry because of the difficulty they have understanding or being understood and so no longer attempt to communicate;
- do they find it easier to talk to adults than children their own age.

Step 2 Say what help your child gets, or would benefit from.

For example:

- do you spend more time talking with your child than you would with another child of the same age;

- do you spend time trying to boost your child's self-confidence and self-image in order to help them feel able to talk to other children or adults;
- do you spend time encouraging your child to talk to other children or adults;
- do you offer your child support and reassurance if they are upset as a result of being teased or bullied by other children.

Step 3 Say why your child should not be expected to manage without this help.

For example:

- might they become more withdrawn or isolated without it.

Step 4 Say how your child's needs are different from those of other children of the same age.

For example, can other children of the same age communicate:

- with less help or with no help at all;
- without becoming distressed;
- with less encouragement or with no encouragement at all;
- with less supervision or without being supervised at all.

Equipment

If your child uses any equipment to help with this activity, give details here.

Question 48 Blackouts, fits, seizures or something similar

Does the child have, blackouts, fits, seizures or something like this?

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

For this question, there is a very small narrative box for you to put what type of seizures your child has and what happens. As we have said previously it is important not to try to fit your answer into these small boxes, but to use as much space as you need to explain things fully.

The other tick boxes relating to this question cover whether your child has warnings before a blackout, fit or seizure, whether they have hurt themselves or whether they display dangerous behaviour after a fit, blackout or seizure.

You will also need to record the number of days affected each month, and the number of nights affected each month. Try to be as accurate as possible.

If you want to tell us more about the boxes you have ticked, how their needs vary or anything else you think we should know, use the box below.

Use the narrative box to 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, fainting, asthma attacks and dizziness.

- How long has your child been having attacks?
- Does your child get any warning of the attacks that either you or the child can recognise?
- Are the warnings clear and reliable enough to allow you or the child to make themselves safe before an attack occurs?
- Is there a particular time of the day when the attacks happen?
- Do they only happen when your child is in bed? Or only during the day, or both?

- How severe are the attacks? Does your child lose consciousness? Have convulsions? Do they become incontinent? Have they suffered injuries during the attacks? For example, have they had falls, concussion, cut or bitten themselves?
- What happens after the attacks? Are they confused, dazed, distressed, exhausted or aggressive? How long before they are fully recovered?
- What help can an adult provide during and after the attack? For example, making sure your child doesn't injure themselves during an attack; making them safe and comfortable after an attack; changing soiled clothing or bedding; giving medication; giving comfort and reassurance.
- Has your child ever had a series of fits with only brief intervals of consciousness, or no intervals of consciousness at all?

Include information about any time spent watching over them after they have had an attack, giving reassurance, changing clothing, bedding, etc. Do attacks happen most nights, at least one night in most weeks, several times a month? If it varies give an average or a range. If your child needs continual watching over during the day or night in case they have an attack, say so here and also give details at question 49: *Do they need to be supervised during the day to keep safe?* And question 53 *Do they need someone to be awake to watch over them at night?*

Question 49 Supervision during the day

Does your child recognise and react to common dangers, cope with planned changes in daily routine, cope with unplanned changes to daily routine? Do they regularly feel anxious or panic, become upset or frustrated, harm themselves or others, feel someone may harm them, become verbally or physically aggressive or destructive, act impulsively or have tantrums?

This is a very important page because your child may be entitled to the middle rate of the care component if they need someone to keep an eye on them during the day. Tick **Yes** if your child needs more 'supervision', or supervision of a different kind to other children of the same age, to keep them safe.

Only tick **No** if you have read the examples on the form and read the boxes below and decided your child doesn't have any such problems.

If you want to tell us why you have ticked the boxes, how their needs vary or anything else you think we should know, use the box below.

To be awarded DLA for supervision in the day, you need to show that your child needs 'continual supervision', which means that it must be frequent or regular throughout the day. You also need to show that there would be a risk of harm to your child if they did not receive this supervision.

Step 1 Say why your child needs supervision, giving examples if you can.

For example, does your child need someone to keep an eye on them because:

Physical Health

- they can't see dangers or can't hear warnings or instructions;
- they may over exert themselves and this could have serious consequences;
- they need someone to monitor their food and liquid intake because eating too much or too little or the wrong sort of food could be harmful;
- they are on a nasal feeding tube or something similar throughout the day;
- they may have fits, hypoglycaemic attacks or something similar;

- any falls, cuts or bumps could have serious consequences;
- they may develop breathing difficulties;
- they need to avoid exposure to sunlight, dust or something else.

Mental Health

- they self-harm, for example, banging their head against a wall or pulling at their hair;
- they become anxious or distressed if left alone;
- they behave dangerously or aggressively towards other children;
- they lack a sense of danger, for example, they have no fear of heights, will poke things into electric sockets, turn on taps or electric appliances.

Step 2 Say how your child's needs are different from those of other children of the same age.

Would other children of the same age need supervising less closely, less frequently or not at all?

Question 50 About the child's development

Does your child need help to understand the world around them, recognise their surroundings, follow instructions, play with others, play on their own, join in activities with others, behave appropriately and understand other people's behaviour?

Some mental health conditions also affect a child's co-ordination or ability to use things like pens, scissors or other objects. Tick **Yes** and give details in the box below if your child physical or sensory skills are not developing as quickly as those of other children of the same age.

Only tick **No** if your child does not have any difficulty with these activities compared to other children of the same age, and you have read the examples on the form and in the main box below and decided that none of them apply.

If you want to tell us why you have ticked the boxes, how their needs vary or anything else you think we should know, use the box below.

General development

Step 1 Say what problems your child has with their development, giving specific instances if you can.

For example, compared to other children of the same age, does your child have more difficulty with:

- manipulating objects: for example, picking things up, holding, kicking or throwing them; using a pen, pencil or a keyboard; turning the pages of a book;
- movement: for example, sitting, crawling, standing, walking, running;
- using their senses: for example, hearing, identifying where sounds are coming from, seeing, follow moving objects with their eyes;
- speaking;
- chewing and swallowing;
- knowing when their bladder or bowels need emptying.

Step 2 Say what help your child gets, or would benefit from.

For example:

- do they need physical help with these skills, such as holding whilst they practice walking;
- do they need encouragement to practice these skills;
- do they need to learn different skills, such as signing instead of speaking and lip reading instead of hearing;
- do they need watching over whilst they practise these skills, because they could hurt themselves.

Step 3 Say why your child should not be expected to manage without this help.

For example:

- would they become emotionally distressed if they did not receive it;
- would they be physically unable to practise these skills without it;
- would they fall further behind their peers in their development;
- might they come to harm if they did not receive it.

Step 4 Say how your child's needs are different from those of other children of the same age.

Would other children of the same age require the same amount of support or encouragement in connection with physical and sensory skills?

Learning skills

Step 1 Say what problems your child has with learning, giving specific instances if you can.

For example, does your child have problems with:

- learning everyday skills such as washing, dressing, using the toilet, using cutlery and crockery;
- learning to behave safely around traffic, fires, cookers, electric appliances and other everyday hazards;
- learning to read, write or do simple maths.

Step 2 Say what help your child gets, or would benefit from.

For example:

- extra help at home with learning everyday skills;
- more one-to-one help at school from a teacher or teaching assistant;
- extra help, support or encouragement from you with their school work.

Step 3 Say why your child should not be expected to manage without this help.

For example:

- would they find it even more difficult to learn new skills;
- would they become emotionally distressed if they did not receive it;
- would they become more isolated at school;
- would they fall behind with their school work.

Step 4 Say how your child's needs are different from those of other children of the same age.

Would other children of the same age require less help with school work?

Social skills

Step 1 Say what problems your child has with social skills, giving specific instances if you can.

For example does your child:

- have difficulty communicating with other children or adults;
- tend to be much more shy or aggressive than other children of the same age;
- have difficulty trusting other children;
- relate much better to adults than other children.
- become deeply distressed by things that other children would not be troubled by;
- talk at, rather than with, other children or dominate conversations, not allowing others to take a turn;
- have difficulty understanding non-verbal information such as facial expressions, gestures and posture;
- appear rude and cause offence by saying whatever they are thinking without understanding the effect on the listener's feelings;
- spend most of their time alone because they are not interested in other children or because they have such difficulty getting on with other children.

Step 2 Say what help your child gets, or would benefit from.

For example:

- help with communicating;
- more support to prevent bullying at school;
- encouragement to spend time with other children;
- careful supervision when with other children;
- reassurance when their attempts to communicate have distressing results.

Step 3 Say why your child should not be expected to manage without this help.

For example:

- will they become even more isolated as time passes;
- might they be bullied, or hurt other children;
- will it become harder to learn social skills as they get older;
- are they likely to become depressed.

Step 4 Say how your child's needs are different from those of other children of the same age.

Would other children of the same age require less support or encouragement in connection with social skills?

Play

Almost all play can be shown to help a child develop physically, mentally or socially. Explain the ways in which your child needs different or additional help in order to develop.

Step 1 Say what problems your child has with play, giving specific instances if you can.

For example:

Physical Health

- do they have problems with certain types of play activity because they can't see, can't hear, have difficulty co-ordinating movement or grasping things;
- do they need to receive more attention in connection with certain play activities to help them develop.

Mental Health

- play obsessively and repetitively rather than creatively;
- play games that are too young for them and which do not stretch or stimulate them;
- dominate other children, insisting that play follows a certain pattern;
- not understand the rules or always try to change them;
- play wildly and dangerously.

Step 2 Say what help your child gets, or would benefit from.

For example:

Physical Health

- helping them to explore play equipment through touch because they cannot see it;
- explaining play equipment through gestures and demonstration because they cannot hear;
- helping your child to carry out a play activity or use play equipment because they cannot manage alone;
- devising and assisting in play that addresses the difficulties your child experiences, such as play designed to develop co-ordination, stamina or language skills.

Mental Health

- encouragement to play in a more varied and stimulating way;
- devising and assisting in play that addresses the difficulties your child experiences, such as play designed to develop co-ordination or language skills;
- help to understand and follow the rules of a game;
- supervision to ensure that they don't harm themselves or other children.

Step 3 Say why your child should not be expected to manage without this help.

For example:

- would they develop more slowly;
- would they be unable to play without it;
- would they be at risk of hurting themselves or other children.

Step 4 Say how your child's needs are different from those of other children of the same age.

Would other children of the same age require less support or encouragement in connection with play?

Question 51 About help your child needs at school or nursery

Does your child need encouragement, prompting or physical help to go to and use the toilet, safely move between lessons, change into different clothes for PE and other school activities, eat meals, take medicine or do their therapy, communicate?

Tick **Yes** and give details in the box below if any of these apply to your child. Don't forget that many of these activities are the same as those you have answered questions about earlier in the form, but in this section the questions specifically relate to how your child manages at school.

Only tick **No** if your child does not have any difficulty with these activities compared to other children of the same age, and you have read the examples on the form and in the main box below and decided that none of them apply.

You may have reports from your child's school or from a child or educational psychologist. It may be helpful to include these with your DLA form, making sure that your child's name and reference number are on each one.

What extra help do they need with learning?

Say what extra help your child has with learning, giving specific instances if you can. For example, compared to other children of the same age, does your child have more difficulty with reading, writing or doing simple sums, and as a result do they need more one-to-one support from a teacher or teaching assistant in the classroom, even if they don't receive it.

What is their behaviour like at school or nursery?

This box gives you an opportunity to describe any particular behavioural difficulties that your child has at school. It is helpful to give examples of things that have happened at school or nursery in connection with your child's behaviour towards staff and other children, but don't forget to include information if your child self-harms, hides or exhibits other behaviour that is not shown by other children of the same age.

How does your child usually get to and from school or nursery?

Some of your answer here may overlap with your answers to the mobility questions at 25-35.

If you want to tell us more about the boxes you have ticked, how their needs vary or anything else you think we should know, use the box below.

Use this box to expand on your answers to the tick boxes for this question by explaining what difficulties your child has specifically in connection with being at school or nursery. Give specific incidents to illustrate the problems that your child has in relation to school, and the help that they need. For example:

- do they need to come home for medicine or therapy or to have lunch;
- take a packed lunch as they can eat it without help;
- take a change of clothes to school as they often have accidents;
- need extra support, even if it is not available;
- regularly get into trouble;
- need someone to go to school to give them their medicine or therapy;
- is there a special unit at school which your child attends.

Question 52 taking part in social activities

Please note: these pages are about help your child needs with social and leisure activities *at home*, as well as when they go out. Although this question, which was 2 pages in the last form has been shrunk down to 1, your answers can still be very important if your child needs support and encouragement with play, socialising or other leisure activities. Use separate sheets if you need to.

At Home

This can be any activities that your child needs more help or encouragement with than other children of the same age. For example:

Physical Health

- help with school work, because they have missed a lot of school through illness;

- encouragement to undertake any activities, because depression about their condition or physical pain make it difficult for them to motivate themselves;
- physical help with setting up or playing games, because they are too fatigued to do it themselves.

Mental Health

- help with school work, because they find it difficult to learn or concentrate;
- encouragement to undertake any activities, because of depression;
- supervision because they are not aware of the dangers around them.

How many days a week?

If this is something they do, or would do, every day if they had the help, then the answer is 7 days. Otherwise, how many days a week would they like to do it?

How long do they usually need help for each time?

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

What help do they need from another person?

Describe what help they get, or would need, to carry out this activity.

When they go out

When they go out during the day or in the evening

This box may be easier to complete if you read it as asking 'Where does your child go, or where would they go if they had the help they needed?'

Does your child need more help or encouragement to go out than other children of the same age? Anywhere your child might go to is relevant. For example: playing outdoors, doctors, hospital, physiotherapist, counsellor, library, going shopping for pleasure, holidays, cinema, church, local park, clubs, day-trips, visiting friends and relatives, swimming, gym, sports centre.

How often?

If this is something they do, or would do, every day if they had the help, then the answer is 7 days. Otherwise, how many days a week would they like to do it?

How long each time?

Include, if relevant, the time needed to encourage them to undertake the activity, accompany them there, stay with them, throughout the activity and accompany them back.

Help needed?

Describe what help they get or would need in order to carry out this activity.

For example, do they need someone to encourage them to undertake the activity?

Do they need someone to drive them to and from places? Do they need someone to carry things for them, to lean on, to help them find a lavatory, to help them get to and from the lavatory? Do they need monitoring for signs of exhaustion, a fit, or a fall? Do they need someone to help them to communicate?

Question 53 When the child is in bed at night

This is almost the only place on the form where you can record information about the help your child needs at night. You will almost certainly need some extra pages if you want to give a full picture of all the difficulties your child has at night.

This is a very important page: even a small amount of help at night may be sufficient for your child to be awarded the middle rate of the care component, or the high rate if this is combined with day time needs. **(Remember, night means the time when the adults in your house normally go to bed, that is from about 11pm to 7am).**

Do they wake and need help at night, or need someone to be awake to watch over them at night?

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

The tick boxes in this section ask whether your child needs encouragement, prompting or physical help to: get into, get out of or turn in bed, get to and use the toilet, manage nappies or pads, have treatment, settle. They also ask whether your child needs watching over because they are unaware of danger and may harm themselves, may wander about, have behavioural problems.

For each of these examples you are asked to say how often each night and how long each time. Remember that your child has to need help for *at least 20 minutes* a night, or *at least twice a night*, for it to count. If they only need help at night they may get the **middle rate** care component. If they need help during the day *and* at night they may get the **higher rate** care component.

If you want to tell us why then need help or watching over, how their needs vary or anything else you think we should know, use the box below.

Go back through the form and find any information about your child's day time care needs which also apply at night, repeat them here. Add any other information you may not have already included elsewhere. For example:

Step 1 Say what problems your child has during the night, giving specific instances if you can.

For example, do they:

- have episodes of incontinence;
- have fits;
- suffer pain;
- have distressing bouts of coughing or breathlessness;
- have nightmares caused by medication or as a result of their condition;
- need to have their blood sugar checked and be encouraged to eat or drink something;
- need medication;
- need turning to avoid bedsores;
- need medical equipment, such as tube feeding equipment or blood transfusion equipment checking.
- often wake up in distress during the night, meaning that you go and check on them repeatedly;
- need someone to listen out for signs of distress during the night;

- need someone to help them settle if they sleep poorly as a result of their condition.

Step 2 Say what help your child gets, or would benefit from.

For example, do you:

Physical Health

- bring them medication, drinks or anything else during the night; (if so explain at step 3 why these can't just be left within reach for them, in case they need them);
- help them with changing position or rearranging the bedding;
- strip the bed, put on fresh bedding and put the soiled bedding on to soak or wash after an episode of incontinence;
- make a hot water bottle for them to put on a painful joint or on their abdomen;
- provide physiotherapy;
- massage painful areas of their body;
- give them comfort and reassurance to help them go back to sleep.

Step 3 Say why your child should not be expected to manage without this help.

- Would they be unable to sleep without it?
- Would they become emotionally distressed if they did not receive it?
- Might they come to harm if they did not receive it?

Step 4 Say how your child's needs are different from those of other children of the same age.

For example, can other children of the same age get through the night:

- with less help or with no help at all;
- without pain or discomfort;
- without becoming distressed;
- with less supervision or without being supervised at all.

Equipment

If your child uses any equipment to help them during the night, give details here.

How often

If this varies, give an average or a range. To qualify for middle rate care, it needs to be either at least two (and preferably three or more) times a night or for a period of at least twenty minutes.

How long

If this varies, give an average or a range. To qualify for middle rate care, it needs to be either at least two (and preferably three or more) times a night or for a period of at least twenty minutes

Needing someone to watch over them at night

The test for night time supervision is that your child needs someone awake to 'watch over' (or listen out for) them for at least twenty minutes a night or at least twice, and preferably three times, or more a night.

Step 1 Say why your child needs someone awake to watch over them, giving specific instances if you can.

For example:

- do you need to check if your child has had an episode of incontinence;

- do you need to check your child's medical equipment, e.g. tube feeding or blood transfusion equipment;
- is your child often awake in pain or distress during the night, meaning that you go and check on them repeatedly;
- do you have to check their blood sugar and give them something to eat or drink if required;
- do you need to check that they do not remain in the same position for too long, in case of bedsores;
- do you listen out for signs of distress during the night?

Step 2 Say how your child's needs are different from those of other children of the same age.

Would other children of the same age need supervising less closely, less frequently or not at all?

How often?

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

How long

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

Question 54 Extra information about care

This question box gives you an opportunity to provide any other information about your child's care needs. It is less than half a page. If you have completed all the other questions with the detail we have recommended it is possible that you will not have any further information to include, but read through the form and make sure that it gives an accurate picture of your child's needs, and if it does not you can add further information here.

For example, use this space to tell the Decision Maker anything else that will help to give a clearer picture of the effects their condition has had on your child's life.

Is their condition very unpredictable and difficult to manage?

Do they miss out on a lot of things, such as school trips and holidays, because of their condition?

If they have had hospital admissions or surgery you can give more details here.

Middle rate care

Although the claim pack asks lots of questions about how often your child needs help and how long for, it doesn't ask you about *when* in the day they need help. However, this information can be very important. If your child needs 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 – they are likely to qualify only for the lower rate of the care component. But if they need attention 'frequently throughout the day' they 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 my child needs throughout an average day

7.30am	Help with getting out of bed washing and dressing.
8.30am	Encouragement to eat and help taking medication.
12.30pm	Encouragement to eat and help taking medication.
4.00pm	Encouragement to spend time with other children outside school hours, because my child has become quite withdrawn and isolated because of their condition.
5.00pm	Additional help with school work because my child has missed so much due to time off when unwell.
6.00pm	Encouragement to eat and help taking medication.
9.30pm	Help with washing, undressing and getting into bed.

Question 55 When did the child's care needs you have told us about start?

Remember that this needs to be at least 3 months ago.

Questions 56-64 About the person claiming Disability Living Allowance for the child

These are straightforward factual questions about your name, address, contact details, etc. The form asks for a daytime contact number. You may not wish to give one if you would prefer not to be phoned about your child's claim particularly if, for example, you are likely to be at work during the day. You should bear in mind that the DWP may already have your phone number, however, and that if they have to write to you to ask questions your claim may take longer to decide.

Question 65-68 About Income Support and Tax Credits

Complete this section if you or anyone in the household are getting or waiting to hear about Income Support, Working Tax Credit or Child Tax Credit. Please note that DLA for a child is not taken into account as income when calculating any of the means-tested benefits or tax credits for a person who has responsibility for the child. DLA is paid on top of these benefits and tax credits, and the award of DLA can increase their amount. In theory DLA will inform Income Support or Tax Credits of your award and these benefits will be automatically increased as a result. This is why these questions are asked. **DO NOT RELY ON THIS.** The link to Tax Credits seems to break down with alarming regularity. Inform Income Support or Tax Credits yourself to be on the safe side. If you are receiving Universal Credit you will have to inform them yourself as the form doesn't ask you this.

Question 69 How we pay you

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

Question 71 Declaration

Read the declaration carefully before you sign it.

**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 child's claim succeeds. Detailed evidence from health professionals, such as your child's GP, specialist, nurse or therapist may also mean that your child's claim is dealt with more quickly and that they are less likely to have a visit from a health professional. (**Always** inform your child's GP that you are making a claim for DLA as it is quite likely the DWP will contact him or her without telling you first, even if the GP has very little to do with dealing with your child's condition).

Ask the doctors, consultants or other health workers most involved in your child's care if they will write a letter supporting the claim. Make an appointment to see them so you can answer any questions they might have and take the Health Professionals Sheet at the back 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). 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.

Non-medical evidence

Carers, friends or relatives who help to look after your child can also submit letters as supporting evidence, but they should give them 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. 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 about seven days detailing all the difficulties your child encounters and all the help they receive is very useful. If you keep a diary before you fill in the claim pack it can make the job a lot easier. In addition, you can send it in with your child's claim form as additional evidence. But **beware**: if your child's condition is a fluctuating one then don't keep a diary when they're having a much better or worse spell, because it may 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 your child had at the time you made the claim. Also, tribunals are generally very keen on hearing a day by day account of the sort of help you provide and the things your child finds difficult.

Don't forget: you must send your form before the deadline runs out, you can send other evidence later if necessary. Enclose a letter with your claim form telling the DWP that you intend to send further evidence and when you hope to be able to send it to them.

What happens next

You should receive an acknowledgement within five working days of the DWP receiving your claim pack. Your claim will then be looked at by a Decision Maker who may make a decision on the information you have sent or may decide he requires more. The Decision Maker may contact your child's GP, or more rarely their specialist, for further information and/or may ask the DWP to send a health professional to visit your child for a

face-to-face assessment. We tell you in the next section how to prepare for an assessment.

Dealing with a Face-to-Face Assessment

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 child's 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. They may contact your GP for further information and/or they may arrange for a health professional to assess your child.

Who gets a face-to-face assessment?

From March 17th 2020 for a period of at least 3 months until June 17th 2020 there will be no face-to-face assessments as a result of concerns about the spread of Coronavirus. If it is decided by the DWP that an assessment is needed it will either be done on the papers they hold, or over the phone. Given this, it has become more important that you include as much information as possible with the claim pack.

There's no way of knowing when you make the claim whether a face-to-face assessment will be required or not. The first you will know about it is when you receive a letter, or possibly a phone call, telling you that the DWP wish to send a health professional to your home or they wish you to visit an assessment centre with your child.

If you refuse to have an assessment your child's 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 assessed by a female health professional if your child would find a male health professional distressing, or vice versa.

Who does the assessment?

Health professionals, work for a company called Maximus, though contact from them will usually be from one of their subsidiary companies, the Centre for Health and Disability Assessments. (CHDA).

Some people are assessed by a polite and interested health professional who takes the time to listen and who writes an accurate account of their visit. Sadly, not everyone is so fortunate.

The assessment may be carried out by a nurse, occupational therapist or physiotherapist rather than a doctor and whoever carries out the assessment will be assisted by computer software

Face-to-Face Assessment Record sheet

At the end of this guide there is an assessment record sheet for you to record what happened at the face-to-face assessment. Look through it beforehand 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 assessment started and ended. If the assessment only lasts a short time you can use this as evidence that the report is less likely to be reliable.

The Assessment Record sheet will provide very valuable evidence if you later decide you wish to make a complaint about the health professional or if your child doesn't get the award of DLA you consider appropriate and decide to challenge the decision.

The face-to-face assessment

If your child has an assessment you will not be able to read the report at the time. However, you will automatically receive a copy of the whole report if you request a mandatory reconsideration and the decision isn't changed, as it will be sent to you as part of your appeal against the decision in your child's case. We advise you to ask for a copy for your records even if the claim is successful. (See *The decision* for more about this).

One of the most important features of the assessment is how your child spends a 'Typical day'. Questions on this will usually come early on in the assessment, after you've been asked about:

- your child's main medical conditions
- your child's medical history
- your child's medication
- your child's impairments and functional restrictions (how your child's condition affects them)

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

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

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

Preparing for the face-to-face assessment

If possible, before the assessment:

- read through the photocopy of the DLA claim pack to refresh your memory about the most important things you need to tell the health professional;
- have a look through the Assessment Record sheet so you know the kind of problems you need to be looking out for during the assessment.

The Decision

Eventually you will receive a decision letter telling you whether your child has been awarded DLA. If your claim has been successful the letter will tell you what components, care and/or mobility, your child has been awarded and at what rates. It will also tell you whether your child's award is for fixed number of years or whether it will continue until your child reaches the age of 16, when they will have to apply for Personal Independence Payment as an adult. In Scotland from an unspecified date in September 2020 they will not have to apply for PIP until their 18th birthday.

If the award is for a specified time then you will be invited to re-claim as that time approaches. From March 17th 2020 for a minimum of 3 months, until June 17th 2020 there is a special provision. This means that if the DLA award ends before a decision has been made on the new claim you will continue to be paid DLA at the existing rate.

If you are happy with the award then you need do nothing else, though there may be other benefits you can apply for or have increased as a result of your child receiving DLA. Try to get advice about this.

Caution!

If you had a visit from a health professional working for the Department of Works and Pensions you should consider asking for a copy of the medical report even if you are happy with the award. This is because the DWP are likely to shred the report before your child's current award runs out, even though it may provide very valuable evidence to support any future claim they make. Contact Disability Living Allowance (0800 121 4600) and ask for a copy of the report to be sent to you – it's likely to take several weeks, but there is no charge.

If the award is for a fixed number of years you should be sent another claim pack to complete several months before it runs out. If the award is until the age of 16 you may still receive forms to fill in every few years and the award can still be reduced or stopped depending on what you write in them. That's why you should always keep your child's original claim form for reference, whatever length of award you receive.

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

If you are not happy with the decision you can apply for it to be looked at again. But you must normally do this within one month of the date of the letter giving you the decision. You also need to be aware that the decision can be changed to increase or **decrease** your award, (though this is obviously not a problem if your child has been awarded nothing at all).

You should try to get help if you wish to challenge a decision, see *Help!* on the next page. You can download a guide to mandatory reconsiderations and appeals from our website at www.benefitsandwork.co.uk

Caution!

Just to remind you, because it is so important:

- there is a 'within one month' deadline for asking to have a mandatory reconsideration, although this can be extended by up to 12 months. You will need to explain why it is outside the one month time limit.
- if you do ask to have a decision looked at again, your child's award could be increased, reduced or stopped altogether.

What Happens When My Child Reaches Age 16?

DLA has been replaced by Personal Independence Payment (PIP) for all claimants aged between 16 and 64 inclusive.

In Scotland from September 2020, (exact date not known at present), children do not have to claim PIP until they reach their 18th birthday.

Since 28 October 2013, the DWP has invited people turning 16 and receiving DLA to claim PIP.

At age 15 years and 7 months you will receive a letter from the DWP explaining that your child will need to claim PIP at age 16. If you/your child make a claim for PIP at age 16 then their DLA will continue until they have had a decision on their PIP claim. The letter will also ask who benefit should be paid to once your child reaches age 16 and whether your child will need an appointee to help administer their benefits.

At age 15 years and 10 months you will receive a further letter from the DWP to explain that your child will shortly be invited to claim PIP and repeating the questions in the previous letter if an answer has not been received.

At age 16 your child or their appointee will be sent a letter by the DWP inviting them to claim PIP. It will explain:

- How to claim PIP and the deadline for claiming;
- That if they don't claim PIP by the deadline their DLA will stop;
- That if they do claim PIP their DLA will continue to be paid (even if their DLA award was due to end) as long as they send the DWP any information they ask for and go to an assessment with a Health Care Professional if required.

Please note that if your child receives DLA and is a hospital in-patient, they can continue to get DLA after the age of 16 (or 18 in Scotland, from an unspecified date in September 2020) **while they remain in hospital**. They do not have to claim PIP. When they are subsequently discharged they will need to claim PIP.

Claim to PIP is made

If you/your child make a claim for PIP, their DLA will continue to be paid until the DWP makes a decision on their PIP claim. When the decision on their PIP claim is made, their DLA will end four weeks after the decision is made, even if they currently have a long term or indefinite award. If the young person is awarded PIP, it may be the same amount or more or less than their current DLA.

Appointees

If a young person can't do things like tell the DWP if their condition gets better or worse, or about changes in address or bank details and so on, another person may need to act on their behalf, as their 'Appointee'. This must be because of their illness or disability and not just because they are still a young person.

An appointee is fully responsible for acting on the young person's behalf in all their dealings with the DWP. These responsibilities include:

- claiming, managing and spending benefits;

- completing and signing any forms;
- reporting any changes.

How to get Help with a PIP Claim

You can find information about making a claim for PIP from the Benefits and Work website:

‘The Best Possible Personal Independence (PIP) Claims on Physical Health, Mental Health and Learning Difficulties Grounds’

Help!

Advice agencies and advice workers

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, long queues and no public lavatory. If you can't get through to your local agency on the phone, try writing to them explaining your child's 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 on the internet or 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.

Please note: you may have to try repeatedly before you can get through to advice agencies on the telephone. You should also be aware that help from advice agencies is very much in demand, so the sooner you seek help the better.

Citizens Advice

This is a network of around 300 independent, local charities across England and Wales. Look under Citizens Advice 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 Scotland 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

Association of Independent Advice Centres (Northern Ireland)

AIAC is the umbrella body for independent advice centres in Northern Ireland. You can get details of your local independent advice centre in Northern Ireland from their website at: 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. Alternatively, call the Scope helpline on **0808 800 3333** or visit their website at <https://www.scope.org.uk/support/disabled-people/local/about> where you can find a directory of DIAL offices.

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

[illegible]

Date	Letter to from		Phone to from		Name and section	Details

Face-to-Face Assessment Record Sheet

Date of health professional's visit

Time health professional arrived

Time health professional left

Who else was present

Did the health professional arrive at the agreed time?

Yes / No

If no, please give details.

Did you feel relaxed and able to talk freely to the health professional?

Yes / No

If no, please give details.

Did the health professional listen to what you had to say and give you time to answer questions fully?

Yes / No

If no, please give details.

Did the health professional phrase questions in a way that suggested a particular answer?

Yes / No

If yes, please give details.

Did you discuss with the health professional whether your child has such a thing as a 'Typical day' and give a clear idea of the variability of your child's condition?

Yes / No

If yes, please give details.

Did the assessment distress or upset you or your child in any way?

Yes / No

If yes, please give details.

If your child had a physical examination did anything they did or the health professional asked them to do cause them pain?

Yes / No

If yes, please give details including whether you told the health professional they were in pain.

Did the health professional 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 relative who was present)

Date

Health Professionals' Sheet

Take this sheet with you when you go to see your child's health professional. By health professional we mean the doctor, nurse, consultant or other health worker you feel can best give information about your child's condition. (For convenience we have referred to your child's doctor throughout this sheet). When you see your child's doctor please try to follow the seven 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 child's doctor complete the checklist overleaf.

Step 2 Tell your child's doctor that you are making a claim for Disability Living Allowance (DLA) and that in Social Security law a 'disability' is a long term health problem that affects a person's 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 the doctor may make a big difference to whether your claim is successful or not.

Step 4 Explain that the evidence you need is:

- a) how long your child's doctor has been seeing them;
- b) diagnosis – what it is your child suffers from;
- c) prognosis – how your child's condition is likely to change in the future;
- d) how the symptoms of the condition affect your child's everyday activities. In other words, whether your child's condition means that they need more help with everyday activities or more watching over than other children of the same age.

Step 5 You may not have told your doctor before about all the problems your child has 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 your child carry out most of these activities and so may be reluctant to say what problems they 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 child's condition.

Step 7 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.

Check List – for you to complete concerning your child

Activity	Very brief details of the problem your child had with this activity, including variability. <i>‘Wakes up in night because of abdominal and joint pains. At least once a night, sometimes four or more times’</i>
Walking outdoors	
If your child needs someone with them when they are outdoors	
Difficulty seeing	
Difficulty hearing	
Difficulty speaking	
Supervision during the day to keep them safe	
Your child’s development	
Waking, getting up and going to bed	
Washing and bathing	
Dressing and undressing	
Help with toilet needs	
Communicating with other people	
Eating and drinking	
Help with medication	
Help with therapy	
Help with medical equipment	
Blackouts, fits and seizures	
Your child’s mental health	
Movement, co-ordination and moving about indoors	

When your child is in bed at night	
Social and leisure activities in the day and the evening	
Help at school or nursery	