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## The Best Possible

# 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, and they live in England, Wales or Northern Ireland. Note that some of the procedures are different in Northern Ireland. 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.

## Scotland

The government in Scotland is taking over responsibility for certain social security benefits. DLA for children, renamed Child Disability Payment (CDP) is the first that has seen significant changes in Scotland.

The main differences are as follows –

- You can claim until the age of 18
- You will not be required to claim PIP, renamed Adult Disability Payment in Scotland, until you are 18.
- Social Security Scotland can help you complete the form, either at home, at a local public venue, or by phone or video link.
- There are no face-to-face assessments.
- You can get help and support with applying for disability benefits from VoiceAbility – 0300 303 1600
- The clearest difference to the DLA rules relates to terminally ill children. Firstly, the definition of 'terminally ill' is itself different. A child will be treated as terminally ill if: '... having had regard to ... guidance..., it is the clinical judgement of [an appropriate healthcare professional] that the individual has a progressive disease that can reasonably be expected to cause the individual's death.' In effect this abolishes the 'six-month rule for terminally ill claimants.

For further information see: [www.mygov.scot/browse/benefits/child-disability](http://www.mygov.scot/browse/benefits/child-disability)

## 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.

The guide is 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.

### **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 benefit decision you can generally appeal to a tribunal. You will first need to request a Mandatory Reconsideration of the decision. See our appeals 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 Personal Independence Payment.
- 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. *16.01.23 Spoke to Gemma at the DLA helpline. 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](http://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.

If you telephone for a form, 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.

The form should arrive in 7-10 days. 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. 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, 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 39 and questions 73 to 88 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 download another claim pack – you can download one from the Gov.uk website or phone and order another one - and complete questions 40 to 72 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, date of birth 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. There's more on this below.

## 2 How to fill in the main boxes

On most pages, there are specific questions with tick boxes and boxes for saying how long your child needs help for and how often. 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.

In the past, the DLA form had additional information boxes for you to give more details about the help your child needs with each activity. These have now largely been removed.

However, we strongly recommend that you use additional sheets to give much more detailed information about your child's needs. Otherwise it is very easy for the decision maker to say that whilst your child prefers to have help with activities, it is not reasonably required in connection with their condition. Your evidence will also be of great value to you if you have to challenge the DWP's decision.

Make sure each additional sheet includes your child's name, and national insurance number if you have it 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.

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.

## **Four Step System**

### **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 often and how long

You are also asked you to say how often each day or night and how long each time your child needs help with most activities. 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. Night is when the adults in the household are normally in bed. 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 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

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 1-9 About the child

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

Don't worry if you don't know your child's National Insurance number 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.

### Special Rules

#### *Claiming under the Special Rules*

These special rules are for children who are terminally ill and not expected to live longer than twelve months. In Scotland the definition of 'terminal illness' is 'can reasonably be expected to die'. You will need to send in a medical report called a Form SR1 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.

### Questions 9-20 About the child's nationality and where the child lives

If your child does not normally live in England or Wales, or if they have been abroad for a long period, this may affect their entitlement to benefits, known as the 'residence and presence test'. The requirement to be present as it applies to under 16-year-olds is 26 out of the previous 52 weeks. If this proves to be a problem, get advice from one of the agencies listed in the *Help!* section.

If your child lives in Scotland, they will need to claim a similar benefit called Child Disability Payment

### Questions 21-22 About nights in hospital, hospice or residential school

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.

You will also need to give dates of any stays in residential care and who paid for the stay in residential care.

### **Question 23 Assessments by a health professional**

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 24 Letters or assessment reports**

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 inaccurate 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 25 Health professionals who are not their GP**

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 72 or on an additional sheet. But if using an additional sheet remember to put your child's name and national insurance number on all extra sheets.

### **Questions 26-29 The child's family GP**

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 30-36 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 37 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 38 More information from someone who knows the child**

*Is there anyone else who knows the child and can tell us about their difficulties?*

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 39 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 40 About the child's health conditions or disabilities**

*Column 1 Health condition 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 41 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 42 When the child needs help**

See notes above on fluctuating conditions. There is not a lot of space to explain fluctuating conditions in detail. If necessary, continue at question 53 or on additional sheets

### **Questions 43-48 Mobility due to physical health**

Questions 43-48 relate to the difficulties a child with a **physical health condition** may have when they are walking out doors.

#### **Question 43 Can the child 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 on an additional sheet.

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 44-47**

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.

**45 How far can they walk without having severe discomfort and how long does it take**

Remember, this is about how far your child can walk without severe discomfort, not how far they can walk in total. So, if your child can walk 150 yards but they are actually in severe discomfort after 100 yards but keep walking anyway, then 100 yards is their walking limit.

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.

*How long does it take them?*

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

**46 Please tell us about their walking speed**

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

**47 Please tell us about 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 question 53 or an additional sheet to describe exactly the way that they walk.

**48 Does the child have any other difficulties either during or after standing and moving around that affects their health?**

This is a very small box and you may want to use question 53 or an additional sheet to give more details.

We don't use the four-step system for this. 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?

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.

Is there any equipment that your child uses to enable them to walk and do they have any difficulty 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?

### **Question 49 Guidance or supervision walking outdoors**

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

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.

Consider using question 53 or an additional sheet to provide more information. It is really helpful to give examples of when things have gone wrong or an accident has been narrowly averted to give the decision maker a clear picture of why your child needs supervision.

### **Question 50 Do they fall due to their health condition or disability?**

This is another tick box question about whether your child has fallen due to their disability. You can give more details at 53.

## **Question 51 When did the child's mobility needs start?**

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

## **Question 52 Motability**

Tick Yes if you would like information about the Motability scheme.

## **Question 53 More information**

If you have not had room to add all the information you need, you can use this box and/or additional sheets to give further details. We have a four step system which you may find helpful in giving evidence.

### **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?

**Questions 54-72 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.

All the questions with the exception of question 70 are about daytime care needs.

Daytime is the period when the adults in the household are not in bed. It will usually be from about 7am to 11pm.

**Question 54 Getting in and out of bed or settling in bed during the day**

***Does the child need encouragement, prompting, or assistance to settle in bed during the day?***

This question is misleading as it is not just about settling in bed, but also about getting out of bed as the form goes on to explain in much smaller print:

Tick **Yes** if, in connection with waking, getting up and going to bed and settling in 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.

*How often each day do they need encouragement, prompting or assistance to help them get out of bed?*

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

*How many minutes does this take each time?*

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. If the time taken varies, give an average or a range.

*How often each day do they need encouragement, prompting or assistance to help to get into bed?*

Once again, 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.

*How many minutes does this take each time?*

If this varies, give an average or a range.

*How often each day do they need encouragement, prompting or assistance to help settle in bed?*

You may need to do this repeatedly if your child is in bed for most of day but gets up to eat, go to the toilet or undertake any other activities.

*How many minutes does this take each time?*

If it takes a long time and repeated visits to settle your child, include the whole period until they are settled. If this varies, give an average or a range.

## **ADDITIONAL SHEET**

We would strongly recommend that you don't just rely on the tick boxes to give evidence, but use additional sheets to give detailed information about the difficulties your child has with this activity.

### **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.

**Question 55 Help with toilet needs**

***Do they need encouragement, prompting or assistance to manage their toilet needs?***

Tick **Yes** 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.

Only tick **No** if your child does not have any difficulty with these activities compared to other children of the same age.

If you have ticked Yes, tick any of the boxes that apply

**ADDITIONAL SHEET**

We would strongly recommend that you don't just rely on the tick boxes to give evidence, but use additional sheets to give detailed information about the difficulties your child has with this activity.

## **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.

### How often and how long

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. It's important that you do give this information, especially as help with toilet needs may well be frequently and throughout the day, which could by itself lead to an award of the middle rate of the care component.

### **Question 56 Moving around indoors**

***Do they need encouragement, prompting, or assistance to help move around indoors, use stairs or get into or out of a chair during the day?***

*Indoors is in their home, a friend's home, school, college, or anywhere else inside.*

Tick **Yes** 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.

Tick Yes to any of the boxes that apply:

## **ADDITIONAL SHEET**

We strongly recommend that you don't just rely on the tick boxes to give evidence, but use additional sheets to give detailed information about the difficulties your child has with this activity.

### **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.

How often and how long for

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. It's important that you do give this information, especially as help with moving around indoors may well be frequently and throughout the day, which could by itself lead to an award of the middle rate of the care component.

Equipment

If your child uses any equipment to help with this activity, give details here. This might include a wheelchair, a frame, a stairlift, raised chairs, grab bars or furniture arranged so that your child can lean on it. Make sure that you include details of any help your child needs to use this equipment.

**Question 57 Washing and bathing**

***Do they need encouragement, prompting, or assistance with washing, bathing, showering and cleaning themselves during the day?***

Tick **Yes** 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** and move on to the next numbered question if your child does not have any difficulty with these activities compared to other children of the same age.

There are a number of 'How often' and 'How many minutes' questions. Complete any that apply

### **How often**

If you have answered Yes above, for each of the '*How often*' questions put a zero if your child doesn't need help otherwise give an average or a range. You should say if this is spread throughout the day. For example, 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 many minutes'**

For the '*How many minutes*' questions give an average or a range. If this is significantly longer than children without a health condition, give details of why.

## **ADDITIONAL SHEET**

We strongly recommend that you don't just rely on the tick boxes to give evidence, but use additional sheets to give detailed information about the difficulties your child has with this activity.

### **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.

## **Question 58 Dressing and undressing**

***Do they need encouragement, prompting, or assistance to dress and undress during the day?***

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** and move on to the next numbered question if your child does not have any difficulty with these activities compared to other children of the same age.

### **How often**

If you have answered Yes above, for each of the 'How often' questions put a zero if you child doesn't need help otherwise give an average or a range. You should say if this is

spread throughout the 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.

### **How many minutes**

For the '*How many minutes*' questions give an average or a range. If this is significantly longer than children without a health condition, give details of why. Remember to include any time your child spends resting, if they need to do so during the process of dressing or undressing.

### **ADDITIONAL SHEET**

We strongly recommend that you don't just rely on the tick boxes to give evidence, but use additional sheets to give detailed information about the difficulties your child has with this activity.

### **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.

## **Question 59 Eating and drinking**

***Do they need encouragement, prompting, or assistance to eat and drink during the day?***

Tick **Yes** 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** and move on to the next numbered question if your child does not have any difficulty with these activities compared to other children of the same age.

### **How often**

If you have answered Yes above, for each of the '*How often*' questions put a zero if you child doesn't need help otherwise give an average or a range. You should say if this is

spread throughout the 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.

### **How many minutes**

For the '*How many minutes*' questions give an average or a range. If this is significantly longer than children without a health condition, give details of why.

## **ADDITIONAL SHEET**

We strongly recommend that you don't just rely on the tick boxes to give evidence, but use additional sheets to give detailed information about the difficulties your child has with this activity.

### **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.

### **Question 60 Medication and Therapy**

***Do they need encouragement, prompting, or assistance with managing their medication or monitoring or managing any treatments carried out at home during the day?***

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** and move on to the next numbered question if your child does not have any difficulty with these activities compared to other children of the same age.

### **How often**

If you have answered Yes above, for each of the *'How often'* questions put a zero if you child doesn't need help otherwise give an average or a range. You should say if this is spread throughout the day.

### **How many minutes**

For the *'How many minutes'* questions give an average or a range. 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.

### **ADDITIONAL SHEET**

We strongly recommend that you don't just rely on the tick boxes to give evidence, but use additional sheets to give detailed information about the difficulties your child has with this activity.

### **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**

Give details of any difficulties your child has with using medical equipment.

**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.

### **Question 61 Difficulty with seeing**

#### ***Do they have difficulties seeing?***

*This includes when using their 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.

*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 at question 72 or on an additional sheet..

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 62 Difficulty with hearing**

### ***Do they have difficulty with hearing.***

*This means hearing sounds 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 they do not have difficulty with these specific activities your child may have difficulties with hearing which you can explain at question 72 or on an additional sheet.

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 63 Difficulty with speaking**

### ***Do they have difficulty speaking?***

*This means the ability to say words out loud and talk 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 they do not have difficulty with these specific activities your child may have difficulties with speaking which you can explain at question 72 or on an additional sheet.

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 64 Communicating with other people**

***Do they have difficulty and need help communicating?***

Tick **Yes** if your child has any difficulties with communication.

Only tick **No** if your child does not have any difficulty with communicating with other people compared to other children of the same age.

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 question 72 or on an additional sheet to describe their difficulties with communication.

### **ADDITIONAL SHEET**

For the purpose of giving evidence, we've divided communicating up into three separate activities:

- Understanding other people
- Being understood by other people
- Being willing to communicate with other people

### ***Difficulty understanding other people***

**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.

### ***Being willing to communicate with other people***

**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 65 Blackouts, fits, seizures**

### ***Do they have fits, blackouts, seizures, or something similar?***

*This means epileptic, non-epileptic or febrile fits, faints, absences, loss of consciousness and 'hypos' (hypoglycaemic attacks).*

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. Give an average or range if necessary.

### **ADDITIONAL SHEET**

Explain at question 72 or on an additional sheet what health condition or medication causes the attacks.

- 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: *49 Do they need guidance or supervision most of the time when they walk outdoors* and

66 Do they need to be supervised during the day to keep safe? and: 70 Do they need someone to be awake to watch over them at night?

### **Question 66 Supervision during the day**

***Do they need to be supervised during the day to keep them safe?***

*This means they need someone to keep an eye on them because of how they feel or behave, or how they react to people, changing situations and things around them.*

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.

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 not receive this supervision.

Tick all the boxes that apply.

### **ADDITIONAL SHEETS**

We strongly recommend that you don't just rely on the tick boxes to give evidence, but use additional sheets to give detailed information about the reasons your child needs 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 cannot cope with changes of routine;
- 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 67 About the child's development**

***Do they need extra help with their development?***

Tick **Yes** if your child has any difficulties with their development.

Only tick **No** and move on to the next numbered question if your child does not have any difficulty with these activities compared to other children of the same age.

The form has a series of Yes, No questions covering: Understanding the world, recognising surroundings, following instructions, playing with others, playing alone, joining in activities, behaving appropriately, understanding and reacting to other people's behaviour.

Tick Yes to all those that apply. But for such complex issues additional information is almost certainly needed.

**ADDITIONAL SHEET**

We strongly recommend that you don't just rely on the tick boxes to give evidence, but use additional sheets to give detailed information about the difficulties your child has with this activity.

**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?

***Development of 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?

***Development of 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?

***Development of play skills***

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 68 School or nursery**

*Do they need encouragement, prompting or assistance at school or nursery?*

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 may be 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.

If your child is home educated answer the questions as best you can as they relate to any education your child undertakes at home, at home education groups or in other settings that form part of their education such as leisure centres, museums and parks.

Only tick **No** if your child does not have any difficulty with these activities compared to other children of the same age.

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.

There are a series of Yes, No questions covering using the toilet, changing clothes, eating meals, taking medicine and managing therapy, and communicating.

It will probably be necessary to add additional information and refer to other parts of the form to cover these issues.

*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.

### **ADDITIONAL SHEET**

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 69 Hobbies, interests, social or religious activities**

***Do they need encouragement, prompting or assistance to take part in hobbies, interests, social or religious activities?***

*Tell us:*

- *what they do or would do if they had help*
- *what help they need or would need to do this*
- *how often they do it or would do it if they had the help, and*
- *how long they need or would need help each time.*

**Please note:** these pages are about help your child needs – even if they don't get it - with social and leisure activities at home, as well as when they go out. Your answers can be very important if your child needs support and encouragement with play, socialising or other leisure activities. This section could make the difference between lower and middle rate care if it adds help needed during the middle of the day when most of your child's other needs are at the start and end of the day. Use additional 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:

### **Activity - 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.

### **Activity - 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.

#### Help needed?

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

#### 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 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?

### ***When they go out***

#### When they go out

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.

#### 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?

#### 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.

## **Question 70 Help needed during the night**

### ***Due to a health condition or disability do they wake and need assistance or supervision during the night?***

This is the only place on the form where you can record information about the help your child needs at night. You may 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 are normally in bed).*

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, resettle. 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 many nights, how many minutes and how many times a night. 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.

### **ADDITIONAL SHEET**

If your child has night time care needs, because they can make such a difference to an award, it is really worth giving as much information as you can. 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:

### ***Attention at night***

#### **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



## ***Supervision 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 71 Start date**

***What date did the child's difficulties with their care needs start?***

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

### **Question 72 Anything else about care needs**

***Tell us anything else we need to know about their difficulties with their daily living and care needs or how their needs change from day to day.***

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.

### **Questions 73-81 About you**

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.

### **Questions 82-83 About Income Support**

Complete this section if you or anyone in the household are getting or waiting to hear about Income Support. Please note that DLA for a child is not considered 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.*

### **Questions 84-88 How we pay you**

The DWP pays all benefits direct into a bank account and this section asks for details of your bank account.

### **Question 89 More information**

This is a further page for adding additional information, but extra sheets are also fine.

### **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

## Who gets a face-to-face assessment?

Most face-to-face assessments were suspended due to coronavirus, though they have been reintroduced from May 2021 for claimants who 'cannot be assessed by other means'. You are most likely to have a telephone assessment instead, though some assessments will be on paper only and video assessments are being introduced. When the DWP make announcements such as this they routinely seem to forget about DLA, and refer only to PIP. It is reasonable to assume that despite this, the same procedures will apply to DLA.

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.

If you want the assessment to be recorded you will need to request this in advance.

## Who does the assessment?

Health professionals, work for a company called the Health Assessment Advisory Service (HAAS).

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.

## **Telephone Assessment**

### **Getting an appointment for a telephone assessment**

The information on telephone assessments has been created in part by using almost 300 responses to our survey of claimants who have actually been through the telephone assessment process. The survey has highlighted a number of issues that you need to be aware of.

### **Legal notice of a telephone assessment**

DLA regulations state that if you are to have either a face-to-face assessment or a telephone assessment you must be sent written notice of the date and time at least 7 days in advance.

While there have been some legal arguments over what 'sent' means, in CIB 4012 2004 the upper tribunal held that the DWP need to show that they posted an appointment letter so that it would normally arrive at least 7 days before the appointment.

### **If you get less than 7 days**

So, if you don't get 7 days' notice in writing and this going to cause you difficulties, contact the assessment provider straight away and explain that you need proper notice.

If they refuse to give you a new appointment, in writing, make a formal complaint and contact your MP.

However, you will need to think very carefully about whether, in these circumstances, you refuse to take part in the scheduled assessment.

If you do refuse, it is likely that your case will be returned to the DWP. It will then be up to you to prove that you were not notified correctly. It is very likely that in order to win the argument you would have to go to Tribunal, which is likely to be a long-drawn-out process. Even if you think you have a good case regarding the lack of the appropriate notification, you should strongly consider submitting a fresh DLA claim. If you, don't you are relying on winning the original argument, and if you lose the argument, you will have lost the right to PIP in the meantime.

### **If you get no warning at all**

If you get a call without warning from a health professional asking questions about your child's condition and how it affects them, this is not necessarily a telephone assessment. Instead, it may be a that a paper assessment (see [Paper-based assessment](#) above) is being carried out, but the health professional needs to clarify a small number of points before they can complete their report.

In these circumstances you do not have the right to 7 days' notice.

However, it would still be perfectly reasonable to ask the health professional to call back at an agreed time. You might, for example, be feeling unwell or expecting an important call from someone else or find calls without notice very unsettling.

You could ask the HP how long the call is likely to take and what issues they need information on, so that you can be properly prepared.

The call itself should only be a short one. If the health professional needs to ask a lot of questions, then clearly a paper assessment is not appropriate.

Guidance to health professionals, [PIP assessment guide part 1: the assessment process](#), states:

*1.4.15 Where necessary, HPs may seek further information from claimants by telephone. Such telephone calls should be made by approved HPs, not by clerical staff.*

*1.4.16 HPs should identify who they are and the purpose of the call. A written record should be taken of any telephone discussion seeking further information, using the claimant's own words as precisely as possible. This information should be included in the assessment report provided to DWP or via the PIPAT [software]. The HP should always ask if there is anything else that the claimant wishes to say before concluding the call. The call should conclude by reading back what has been documented and advising the claimant that this information will be added as evidence to the file.*



It is clear then, that this is very different from a full assessment which will last much longer and would not include having the evidence read back to the claimant.

If, on the other hand, the health professional says it is a full assessment, then you have the right to 7 days warning. The risks of refusing to continue if the health professional does not agree to reschedule are, as above, that your case may be returned to the DWP and you may have to go to a tribunal to argue that you were not notified correctly.

### **Recording a telephone assessment**

The HAAS will record a telephone assessment if you request that they do so.

It would be wise to ask as soon as possible after getting notice of a telephone assessment for it to be recorded and to bear in mind that it may result in your appointment having to be rebooked.

Even if you have your child's assessment recorded, we would still recommend that you consider making a covert recording of your assessment, just in case the DWP's copy goes astray when you challenge a decision.

If you ask for permission to record your child's telephone assessment it will almost certainly be refused because you will not be able to use dual recording equipment and immediately provide the health professional with one copy as the DWP require.

But there is no legal reason why you should not covertly record your child's telephone assessment, provided the recording is only for your own use in the same way you might make and use handwritten notes. This includes offering a copy of the recording, or a transcript, to an appeal tribunal.

Guidance given to HPs carrying out face-to-face assessments states that if you are found to be secretly recording the assessment you should be asked to stop. If you do so the assessment can continue. If you refuse, the assessment will be halted and the DWP informed of the reason why and it is likely that you will be refused an award of DLA.

It is difficult to see how the health professional could tell that you were recording your assessment or how you could show you had stopped.

But the HP may ask at some point if you are recording the assessment, so give some thought to how you would deal with that situation.

If you do decide to record your assessment, it is definitely worth practising recording a phone call a few times so that you are familiar with the technology. You might choose to use a mobile phone's call recording function or to put your phone on speaker and use a separate recording device.

Whatever method you choose, make sure you are comfortable with using it. The last thing you want to do is spend the assessment in a state of even higher anxiety because you are worried about whether the recording is working or because you are concerned you might be questioned about whether you are recording.

It is still worth considering taking a few notes, just in case the recording doesn't work properly.

## Having someone with you at a telephone assessment

It's really important that if you need someone to help you with your telephone call, that they are able to take part. The fact that this is a telephone assessment should not in any way prevent you getting support from family or friends. Yet we have heard from members who have been told by the assessment provider that they can't have anyone else take part in the call.

One member told us:

*"My partner has a telephone assessment on Thursday. Told him it could last for 1 hour. He has COPD and heart problems. I asked could I speak for him as he gets very breathless, they said no he has to speak himself."*

Guidance to health professionals, [PIP assessment guide part 1: the assessment process](#) says for face-to-face consultations:

*1.6.51 Claimants have a right to be accompanied to a face-to-face consultation if they so wish. Claimants should be encouraged to bring another person with them to consultations where they would find this helpful – for example, to reassure them or to help them during the consultation. The person chosen is at the discretion of the claimant and might be, but is not limited to, a parent, family member, friend, carer or advocate.*

It goes on to say:

*1.6.53 Consultations should predominantly be between the HP and the claimant. However, the companions may play an active role in helping claimants answer questions where the claimant or HP wishes them to do so. HPs should allow a companion to contribute and should record any evidence they provide. This may be particularly important where the claimant has a mental, cognitive or intellectual impairment. In such cases the claimant may not be able to give an accurate account of their health condition or impairment, through a lack of insight or unrealistic expectations of their own ability. In such cases it will be essential to get an accurate account from the companion.*

We would argue very strongly that this all applies equally to telephone consultations.

And on 23 April, Justin Tomlinson, minister for disabled people, agreed with this. He told the Commons Work and Pensions Committee:

*"If you are having a telephone assessment, we are allowing your friend, family, trusted partner to be part of that process which is something we introduced a few years ago for face-to-face assessments which has made a huge difference to the quality of the outcome of the assessments."*

### **If the person is in the same household as you**

If the person you want with you lives in your household, then this is very straightforward. Make sure you introduce them when the call begins and explain why they are there.

If the health professional objects, read out the guidance above and the minister's statement to them.

If they still object, suggest that they ring Capita or IAS for advice before they continue with the assessment.

### **If the person is in a different household to you**

If the person lives elsewhere, they are unlikely to be able to join you because of the lockdown. It should be absolutely no problem for Atos or Capita to arrange a conference call to include your accompanying person.

Contact them as soon as you receive notice of the call and ask for this to be done.

If they refuse to do so, make a complaint immediately and tell them that you will be contacting your MP and getting advice on bringing a claim for breach of the Equality Act 2010.

Just in case of technical problems on the day, you might want to look into whether you can join a third party into a call yourself when it has already begun. There are some phone providers that make this possible.

Alternatively, if you have two telephones, you may be able to have them both on speakerphone and get round the problem that way.

We would not advise you to refuse to go ahead with a call if your accompanying person cannot be joined in, unless the health professional is happy to agree to rearrange for a different date. If you simply refuse to take part, your claim is likely to be returned to the DWP and you will then have to try to show that you had good cause for not taking part in the assessment.

It is likely to be safer to take part in the assessment and make a formal complaint afterwards. If your child does not receive the correct DLA award, one of your grounds of appeal would be the failure to allow you to have your accompanying person at your assessment.

### **Things you will need at your assessment**

The better prepared you are for your child's assessment, the more you will be able to concentrate on giving accurate, detailed evidence. The list below covers what we think are the main things you need to have for your assessment.

**Private space.** It can be hard in a lockdown to find somewhere quiet and undisturbed in your home for a call that could well last over an hour. But this really is essential if you are to give detailed and accurate evidence.

**Your National insurance number:** You may be asked for this as proof of ID. We had one member who had to go and find a letter with it on at the start of her assessment and was then grilled on where it was and how she had got there and back.

**Letter with details of your assessment date and time.** This should also have contact details of the assessment provider; you'll need these if the call doesn't come through or you get cut off and they don't call back.

**Copy of your child's DLA form.** It's definitely worth looking through this before the assessment. Are there points you think it's really important to make, or things that you didn't put in that you want to tell the health professional?

**Bullet point list** of the most important points you want the health professional to be aware of.

**Notebook and pen**, even if you are recording the assessment, it might be worth making notes if there is anything you are concerned about.

**Phone with speakerphone.** Around half of all telephone assessments last an hour or more, so it is definitely worth having speakerphone on if at all possible. Either use a landline or make sure your mobile battery is fully charged. If possible have it plugged in, because some mobile phones will not stay charged for a call lasting over an hour. Also try to be in the area of your house with the strongest signal, so you can clearly hear and be heard.

**A separate phone on a different number, if possible.** This will be useful if you need to call the assessment provider because the call has not come through. (See 'No caller ID' calls blocked, below).

**Water.** It's going to be a long call and you are going to do a lot of talking.

**Recording equipment.** Whatever method you are using to record the assessment, if you are doing so, make sure it's tried and tested.

**List of medication and treatments.** If there is an up-to-date list in your form, that's fine, otherwise make sure you have one.

**Last minute medical evidence.** It's not possible to show further written evidence at a telephone assessment, so if you haven't already sent it in try to get the DWP address that you can post it to immediately after the call. If the evidence is very short, offer to read it out to the assessor or read out key points from longer evidence, but keep it short and relevant.

### **Problems to be ready for 'No caller ID' calls blocked**

We are hearing from an increasing number of members who have missed their PIP telephone assessment because they block calls where the caller hides their ID.

Most health professionals carrying out telephone assessments are working from home and using their own telephone, so they are hiding their number from claimants.

However, many people have set up their phones so that they either do not accept calls where the caller's number is hidden, or the call goes straight through to their answering service.

The result is that the health professional calls the claimant, can't speak to them and hands the issue back to the assessment provider, IAS or Capita.

IAS or Capita will either then contact the claimant to try to rearrange the appointment and ensure that calls are not blocked or, in the worst cases, gives the case back to the DWP on the grounds that the claimant failed to attend their telephone assessment.

So, if you are due a telephone assessment, please make sure that callers who have hidden their number can still get through to you.

### **The call may come early**

70% of people in our survey say that their call came on time.

However, we have heard from people who were called up to three hours before the appointment time. This probably happens where a claimant doesn't answer the phone and the assessor then moves on to the next available claimant.

Some people were taken by surprise by an early call, left flustered and without a copy of their form. They fear the assessment went badly as a result. So, it's a good idea to have a strategy ready in advance.

One option is to have everything ready in case the call comes early.

Another option is to not answer the phone, although there is clearly an element of risk to this.

Another is to answer and insist that the call takes place at the agreed time, especially if you have arranged to have someone join you on the call. If the health professional is reluctant, tell them you wish to speak to the office you received the appointment letter from and verify if they are insisting you accept an early call. If they do insist, tell them you will be contacting your MP and making a formal complaint

### **The call may come late**

Some people received calls half an hour or more after the appointment time. Sometimes the call was from a central office to say that the health professional was running late.

Our advice would be to leave it no longer than 10 minutes after the appointment time to call the assessment company, (See 'The call may not come at all' above for more on this).

Again, it is good to have a strategy in place for dealing with a late call. If you have to have therapy or a visit from a carer which will interrupt a late-running call, then the sooner you make this clear to the assessment provider the better.

### **The call may not come at all**

We have heard from one member who told us:

*"Capita did not call. My appointment was at 11.45, I waited and no call was received. I phoned them at 12.15hrs and was told that I had failed to attend for my assessment and that they had called 3 times! I was sat with my phone waiting for the call. They then blamed it on Vodafone saying they must have blocked them. I confirmed with Vodafone that no blocks are on my line."*

We have heard from people who were not called and, when they contacted the assessment providers later in the day their case had already been returned to the DWP marked that they failed to answer. In these circumstances it can be a long, hard fight to get the assessment reinstated.

We have no way of knowing how often this happens. But it is best to be prepared.

We would suggest that you leave it no longer than 10 minutes after the appointment time to chase up a missing call. If possible, do this on a separate line, so that the health professional can get through if they try whilst you are calling IAS or Capita.

Call every 10 minutes until you get confirmation of the new time of your child's assessment. If it still doesn't happen on time, repeat the whole process. If the

assessment is cancelled ask for a new date to be given to you whilst you are on the phone.

If they won't do that and you are not recording the call, ask for the name of the person you are speaking to and make careful notes of the conversations and the times they took place, in case you need to challenge a decision that you failed to take part in an assessment without good cause.

### **Guidance on missed calls**

In their document: Coronavirus (COVID-19) DA Telephone Guidance Capita tell assessors what to do in the event that they cannot reach a claimant at the appointed time for their telephone assessment.

Assessors are told that the call should take place at the prescribed time and the claimant should be given a minimum of 12 rings, unless the voicemail kicks in sooner.

Two more attempts should be made, one after another 10 minutes and one ten minutes after that.

If there is no response a message should be left on the answering machine telling the claimant to rebook.

However, we have heard from claimants whose case has simply been returned to the DWP after they allegedly failed to answer the phone.

So, it is important to know that the assessor is required to take a screen shot of their call history and send this immediately via email to their line manager.

If you find yourself accused of failing to be available for a Capita telephone assessment you can write and ask for a copy of this screenshot.

If the screenshot cannot be provided, you would have very strong grounds to argue at an appeal that, on the balance of probabilities, the tribunal should find that there was no evidence that the calls had ever been made.

IAS do not require their assessors to take a screenshot of their phone. However, they are required to leave a voicemail message asking you to rebook and to add a 'Contact record' in their PDS software. Again, you can request a copy of this, although clearly it is easier to falsely record details of calls that were not made if a screenshot is not required.

### **The call may be very long**

Almost half the people who completed our survey said the assessment lasted over an hour. For some it was over two hours and we even heard from someone for whom it was three and a half hours.

Give some thought to how you will deal with a very long call.

Will you need to ask for a break, either short or longer?

Do you need to ensure that you have drinks, food or medication to hand?

### **There may be technical problems**

The main technical problem that people encounter is poor reception on phones. Not being able to hear the assessor's questions and/or the assessor not hearing your responses was a frequent issue.

*"I frequently couldn't hear him and had to ask him to repeat himself again and again. He seemed to be mumbling and too far away from his phone. He became annoyed and rude just because I couldn't hear or understand him."*

It would be worth ensuring that, if you are using a mobile phone, you are in a place in your home that gets a good signal. You may want to look at the possibility of using a headset or external speaker to help with volume problems.

Getting cut-off was a common occurrence too. At the start of the call, consider asking the health professional what the procedure will be if you get cut off. Will they call you back immediately? Do you have another number they can call in case there are problems getting through?

Some health professionals also had problems logging into their company's online system. There's not a lot you can do about this except be aware it may happen and be prepared to be patient whilst the problem is resolved.

### **There may be breaches of your privacy**

It may seem astonishing, but we have been contacted by a number of claimants who heard other people talking and laughing in the background. Others told us the health assessor said they had a child with them.

In other cases, claimants have suspected someone else is there because they have heard doors opening and closing.

These sorts of breaches of confidentiality should never take place. If an assessor has not got a private space in which to work, then they should not take on clients.

It is worth thinking about how you will respond if this happens to you. Clearly it is a very difficult position to be placed in.

If you feel able, raise it with the health professional and say you would like an assurance that the assessment can be conducted confidentially or you would like it to be rescheduled.

You may wish to make a complaint about any breach of confidentiality. If so, be sure to copy it to your MP.

### **You may not be asked enough relevant questions**

Around a quarter of respondents to our survey said they had not been asked enough questions at their assessment. This particularly applied to the mobility component and especially in relation to mental health.

It is worth having a bullet point list of the most important points you want to make to the assessor and ticking them off as you go through them

A very common technique of assessors when you try to raise issues is to say '*We will deal with that later*' and then never return to it.

So, at the end of the assessment, if there are points left on your list, tell the assessor there are some important points that have not been covered and you wish to briefly deal with them now.

If the assessor refuses, make a note of this as evidence for any appeal.

If you have recorded your assessment then you will have evidence of what you told, or tried to tell, the assessor.

**The assessor may not have read your form**

Six out of ten people thought the assessor had read their form. The rest either weren't sure or knew that the assessor hadn't.

*"He actually said 'I haven't read it, have I?' when I referred to my claim form and supporting evidence as if he thought I was stupid to think he had."*

Sometimes the health professional said they had read the form, but it was clear from their questions that they hadn't or that they were reading it for the first time as they carried out the assessment.

*"Did not know my health condition kept naming condition not on the form."*

So, please don't assume that the health professional actually knows anything about your child, other than their name, before the assessment begins.

Again, it's a very good reason to have that set of bullet points that are the most important things you want the health professional to know.



# 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 PIP.

If the award is for a specified time, then you will be invited to re-claim as that time approaches.

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](http://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.

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 **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](http://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](http://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](http://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/](http://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.





# 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 about 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	
Needing someone with them when they are outdoors	
Getting in and out of bed and settling	
Toilet needs	
Moving around indoors	
Washing and bathing	
Dressing and undressing	
Eating and drinking	
Medication and therapy	
Seeing	
Hearing	
Speaking	
Communicating with other people	
Blackouts, fits seizures	
Supervision during the day	
Your child's development	
At school or nursery	
Hobbies and interests	
Anything else	