



Cerebra

Positively Different

Claiming Disability Living Allowance for children under sixteen with brain related conditions

A step-by-step guide for parents, carers, support workers and advisers



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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 brain related condition. This includes conditions such as cerebral palsy, epilepsy, autistic spectrum disorders, learning difficulties, head injury, genetic syndromes, AD(H)D, degenerative diseases, behavioural and emotional problems or developmental delay. Throughout this guide, for convenience, we refer to 'your child' but we are aware that many of the people using this guide will be doing so in a professional rather than personal capacity.

This is a general guide covering a wide range of conditions, all of which may vary in their severity, 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 brain related condition 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, for example. But you should be aware that making a claim for DLA on behalf of a child can be just as long drawn out and emotionally draining as making a claim for an adult. In fact, the bad news is that the claim pack for children is actually several pages longer than the pack for adults.

How to use this guide

Use it slowly, bit-by-bit.

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

A very brief glossary

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

Attention: when deciding whether your child is eligible for DLA, one of the things decision makers look at is the amount of extra 'attention' and/or supervision your child needs because of their condition. Attention, for the purposes of DLA is when you are doing something active with your child. For example: physically helping them to get dressed or verbally encouraging them to get dressed.

Day: this is the period when the adults in your household are normally up and about, rather than in bed. For the purposes of DLA, a Commissioner has decided that day begins at about 7am and ends at about 11pm, though there could be leeway of about an hour either way. So when the DLA form asks about help your child needs 'during the day' this is the period they are referring to.

Decision makers: these are the people who make decisions about your benefits, they used to be called adjudication officers.

Department for Work and Pensions (DWP): the new name for what used to be the Department of Social Security (DSS).

Night: this is the period when the adults in your household are normally in bed. Like the definition of day, above, it will vary from household to household, but should still be somewhere in the region of 11pm to 7am. So, when the DLA form asks about help your child needs during the night, this is the period they are referring to.

Social Security Commissioners: if you are unhappy with a benefits decision you can generally appeal to a tribunal. If you are unhappy with the tribunal's decision you may be able to appeal further, to a Social Security Commissioner. 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.

In relation to the **care component**, their health condition has to result in your child needing substantially more attention or supervision than other children of the same age.

In relation to the **higher rate mobility component** (part 6 of the claim form), your child has to be unable, or virtually unable, to walk as a result of their health condition.

In relation to the **lower rate mobility component** (part 7 of the claim form), your child has to need someone with them when they walk outdoors in unfamiliar places.

N.B. The mobility component is sometimes confused with Motability, which is a scheme for putting higher rate DLA mobility payments towards the cost of hiring, adapting or buying a vehicle. See *Motability and Blue Badge schemes* for more details. To add to the confusion, some organisations still refer to 'mobility allowance', a benefit which no longer exists since the introduction of the DLA mobility components.

Age: if your child is under 16 you can make a claim on their behalf. Once they are 16 or over they can claim in their own right.

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 disability or long-term illness 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. 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 Incapacity Benefit, Income Support, Jobseekers Allowance or DLA)
- ◆ you have savings

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

The 2 Minute DLA Test For Children

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

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

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

For example, your child may have difficulties with walking outdoors in unfamiliar places because they do not clearly understand the danger from traffic; dressing and undressing because of muscle stiffness or spasms; eating and drinking because of problems with sucking and swallowing or sleeping at night because they wake every few hours or they need help to change position.

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*. See: *Completing the claim pack: handy hints and legal advice* for more on this.

My child can do it,

but it hurts them	<i>True or False?</i>
but only more slowly than other children of the same age	<i>True or False?</i>
but only by following a rigid routine	<i>True or False?</i>
but only with more help than other children of the same age	<i>True or False?</i>
but not as safely as other children of the same age	<i>True or False?</i>
but only because they've got a special technique of their own	<i>True or False?</i>
but they need more encouragement than other children of the same age	<i>True or False?</i>
but they need a closer eye kept on them than other children of the same age	<i>True or False?</i>

or

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

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.

Before You Begin

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 either be for a limited period, say three years, and you'll have to apply again towards the end of that period, or it will 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.
- ◆ If you're not happy with the result of the claim you will have difficulty challenging the decision effectively without a copy of your original form.

2 Keep every letter you receive from the DWP.

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

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

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

E.g. 16.02.06 Spoke to Gemma Watson at the DLA Unit. She said they have received my consultant's letter. Don't feel embarrassed about this. In the very unlikely event that anyone refuses to give you at least their first name and the section they work on, insist on speaking to their supervisor.

2 Arrange support

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

Getting A Claim Pack

The first step in making a claim is getting a claim pack. The best way to do this is to make a freephone call to the Benefits Enquiry Line on **0800 882 200** (Northern Ireland: 0800 220 674) and ask them to send you a DLA claim pack for a child under sixteen.

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

When you make the call don't forget to get the full name, or first name and department in which they work, of the person you speak to. Make a note of it, along with the date, in your claim file. 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 at www.dwp.gov.uk it won't be date stamped and your claim will start from when the DWP receives your completed form.

The form should arrive in 7-10 days. 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 the problems your child has with everyday activities.

Completing the claim pack:

Handy hints and legal advice

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

- 1 General tips on completing section 2
- 2 How to fill in the main boxes
- 3 How to fill in the smaller boxes
- 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 appeal, you will also have to explain to the tribunal why you are now saying that your child has problems that you didn't mention in your claim pack.

However, when you're filling out the DLA form you **don't** need to worry about handwriting (though it is important that people can read what you've written), spelling, punctuation, grammar or staying inside the boxes. Do whatever works best for you, including any or all of the following:

- ◆ write in note form
- ◆ write in bullet points
- ◆ write outside the boxes and up the side of the page if you can't fit everything inside the boxes
- ◆ write on additional sheets of your own paper. But if you do, always write your child's name (and reference 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.

2 How to fill in the main boxes

Parts 6-27 ask about various everyday activities. On most pages there is a main box for describing the problems your child has and smaller boxes for saying how long they need help for, how often and how many days or nights a week. You don't have to fill in pages relating to activities your child doesn't have problems with – but please check what we have to say about each page before deciding that you needn't complete it.

For the main boxes we recommend you use our four step system to ensure that you give detailed and relevant information. However, on some pages you will not need to use all four steps, and on some you will not need to use any, we will tell you which ones these are as we go through parts 6-27.

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

For example, does your child have difficulty with walking because of muscle stiffness and fatigue? Or do they have difficulty playing with other children because they are very withdrawn and unconfident?

If you can give specific instances of when they have had problems or needed help 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.

For example, do you have to spend a lot of time encouraging your child to eat a varied diet because their 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 bathe himself / eat meals without supervision / 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, 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.

In the same way 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 nine does not usually need monitoring and reminding that they should go to the toilet in order to prevent episodes of incontinence'.

'All one year old children need help with eating and drinking, but my child needs a great deal more because they cannot hold a spoon and they have difficulty swallowing'.

3 How to fill in the smaller boxes

Parts 6-27 also ask you to say how many days or nights a week, how often each day or night and how many times a day or night, your child needs help with each activity. Your answers will affect what rate of the care component they may be eligible for. We explain the rules below, but the important thing to remember is just to fill in the form in as much detail as possible, 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.

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. If they only need help at night they may get the **middle rate** care component. If they need help during the day and at night they may get the **higher rate** care component.

How many days / nights a week

As a general guide, if your child needs help less often than *four or five days / nights* a week they will be less likely to qualify for DLA.

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. 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 difficulties, 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. Having to think about this may be very distressing for you, so please make sure there is someone available to offer you support if you need it.

If 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 problem 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 really do have no problems during the periods of remission or whether they do still suffer from some difficulties. 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.

Completing the claim pack:

Getting started

We will take you through each part of the DLA claim pack, so you will need the form open in front of you. Some people prefer to fill the form in with a pencil first. Others just get stuck in – it's up to you. But do please remember that this guide covers many different conditions and your child may have very few of the symptoms or problems we list. This does not mean that they are not eligible for DLA. But do try to check what we say about each activity: you may be surprised at how much does apply to your child.

Part 1 – About the child

These are straightforward factual questions about your child's name, address, date of birth, etc. The form asks for a daytime contact number.

Child reference number. If you know it.

You should be able to find this in your child benefit book, or on a bank statement if your child benefit is paid straight into a bank account. If you can't find it, just write that you don't know it.

Part 2 – About the person claiming Disability Living Allowance for the child

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

Claiming under the special rules

These special rules are for children who are terminally ill and not expected to live longer than six months.

Part 3 – About where the child lives

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

Part 4 – About the child's illnesses or disabilities

What are the child's illnesses or disabilities?

List all your child's health conditions. 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. If necessary, use an additional sheet of paper, but make sure you write your child's name, address and reference number if you know it, at the top of the sheet.

If medicines, tablets or other medical treatments are prescribed for the child's illnesses or disabilities, tell us about them here.

Although the question only refers to prescribed medication and treatments, you may also wish to list any alternative, complementary or non-prescription medication or treatments your child has. Continue on a separate sheet if necessary.

Part 5 – More about the child

Tick all of the boxes that apply to your child.

Part 6 – Walking outdoors [higher rate mobility]

Does the child have difficulties walking?

Age limit. This is the page on which you can make your case for higher rate mobility if your child is unable, or virtually unable, to walk. The lower age limit for eligibility for higher rate mobility is three years old. Only tick **No** if you have read the examples on the form and read the box below and decided that your child doesn't have any such problems. You should also look at the next page: If the child needs someone with them when they are outdoors. If your child is awarded higher rate mobility, make sure you read the Motability and the Blue Badge scheme section.

Tell us about the difficulties they have with walking and about any equipment they use to help them

If your child:

- 1 is unable to walk at all; or
- 2 is virtually unable to walk (the commonest way to qualify, see below for more on this),
- 3 is both deaf and blind (100% disablement from loss of vision and 80% disablement from loss of hearing); or
- 4 has no feet (even if your child can walk with prosthetic feet); or
- 5 has a condition which means that the exertion required to walk would constitute a danger to their life or would be likely to lead to a serious deterioration in their health (for example, breathing or heart problems); or
- 6 is severely mentally impaired (this can include conditions such as autism, as well as learning difficulties); and is in receipt of higher rate DLA care; and because of unpredictable behavioural problems needs someone to watch over them whenever they are awake; and regularly requires physical restraint to prevent them harming themselves or other people;

they will be entitled to higher rate mobility.

Virtually unable to walk

Many children receive higher rate mobility because they are found to be virtually unable to walk. Although Decision Makers very often consider 'virtually unable to walk' as meaning that your child cannot walk more than 50 metres without pain or severe discomfort, the rules are actually less simplistic (and more generous) than that, as we explain below.

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.

Say what causes the problems

We don't use the four-step system for this page, but you should still begin by saying what health condition, cerebral palsy for example, causes your child's problems with walking. The problems have to be caused by a physical condition, but this can include conditions such as autism or learning difficulties if they have their origin in something physical, such as a genetic defect.

Explain what the problems are

What problems does your child's health condition cause with walking? Imagine you are explaining your child's walking problems to someone very sceptical and give as much information as you can. For example, do they experience severe discomfort, pain, muscle stiffness, breathlessness, dizziness or extreme fatigue? Alternatively, is your child virtually unable to walk because they have behavioural problems linked to a physical condition which mean that they either remain motionless or move in random directions? Is your child confined to bed for most of the time and so rarely able to walk outdoors?

How fast can your child walk?

Does your child walk much more slowly than other children of the same age? If possible try timing your child walking over a short distance and see how that compares with other children of the same age.

>> Box continued on next page

How long can your child walk for?

Even if your child can walk at a reasonable speed, how long can they continue walking for? Are they virtually unable to walk because they can only walk for say one minute? If they have to stop, how long do they have to stop for before they can begin walking again?

In what way does your child walk?

Is the manner in which your child walks very different from other children of the same age? For example, do they have problems lifting their feet off the ground so that they shuffle rather than walk or do they experience involuntary movements which affect the manner in which they walk?

What effect does walking have on your child after they have stopped?

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?

Equipment

Does your child use a buggy although other children of the same age do not?

How many days a week does the child have these difficulties?

If your child always has these difficulties then the answer is 7 days, even if they don't actually walk outdoors very often. If there are days when they wouldn't have difficulties walking, then give an average. However, bear in mind that, in order to be eligible, you need to show that your child has been unable or virtually unable to walk for three months and is likely to remain so for at least another six months. If there are days on which your child is able to walk then the decision maker may decide that this is not the case.

How far can the child walk before they have to stop because of severe discomfort?

There is no precise definition of severe discomfort except that the law says it is less than severe pain. Can your child walk at all on their worse days? Are they in severe discomfort all the time when they walk, even if the discomfort is not caused by the walking itself, or does it begin after a certain distance? People tend to have difficulty estimating distances so, if possible actually measure how far your child can walk before you judge that they are in severe discomfort.

The case law on what distance people can walk and still be eligible for higher rate mobility is constantly changing as different Social Security Commissioners make different decisions. For a long time people who couldn't walk more than 100 yards stood a good chance, but more recently awards were unlikely for people who could walk more than 50 yards. However, a Commissioner has recently 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, the manner in which they walk and how long they have to rest for before they can walk again, as we have suggested you explain in the box above. 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 to walk this far?

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

Part 7 - If the child needs someone with them when they are outdoors [lower rate mobility]

Does the child need to have someone with them when they are outdoors in places they do not know well?

Age limit. To be eligible for lower rate mobility (this page 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.

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Although the form does not make it clear, this page is about problems your child has when they are walking outdoors in unfamiliar places, not just on routes that they are used to. So, for example, if your child has a visual impairment or learning disability 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?

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 guidance or supervision than another child of the same age they may be eligible for lower rate mobility.

If your child's condition means that they meet the requirements for both lower and higher rate mobility, they will only receive the higher rate. If your child is awarded the lower rate, but you think they should have got the higher rate, please try to get advice before challenging the decision, (see *The Decision* section).

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

Tell us why the child needs someone with them when they are outdoors in places they do not know well.

Remember, unlike higher rate mobility, this page is not about problems your child has with the physical act of walking, rather it is about why your child needs someone to provide guidance or supervision when they are walking outdoors in unfamiliar places. Supervision could be things like watching your child to see when they are becoming frightened, exhausted or about to fall over, so that you can intervene and help them. Guidance could be things like holding their hand to keep them safe crossing the road, telling them which direction to walk in or warning them of an obstacle in their path. According to the law guidance can also include talking to your child, for example to calm them down if they become too distressed or anxious to carry on walking.

Step 1 Say what problems your child has with this activity and what guidance or supervision they would benefit from.

For example, does your child:

- ◆ need guidance in the form of encouragement to give them the confidence to walk;
- ◆ need supervising to ensure that they do not over exert themselves and run out of energy too quickly;
- ◆ need supervision to watch for signs of fits, blackouts or something similar, so that you can ensure that they remain safe whilst having a seizure and are able to carry on walking afterwards;
- ◆ have balance problems which mean they fall frequently and need supervision and guidance to ensure they cross roads safely;
- ◆ have a visual impairment which means they cannot see obstructions or safely cross roads and so need supervising and, where necessary, guiding;
- ◆ have a hearing impairment which means they cannot hear warnings or safely cross roads and so need supervising and, where necessary, guiding;
- ◆ have difficulty judging distance or speed which means they cannot safely cross roads and so need supervising and, where necessary, guiding;
- ◆ need supervision and guidance because they become distracted or lack a sense of danger around traffic or other hazards they may encounter walking outdoors in unfamiliar places;
- ◆ need supervision to watch for signs of tantrums or attempts to run off if they are not allowed to go where they wish to go and guidance to ensure they remain safe;
- ◆ need supervising to watch for panic attacks or guidance to help them to calm down and carrying on walking if they have a panic attack;
- ◆ get confused, disoriented or have difficulty finding their way in unfamiliar places without guidance;
- ◆ sometimes approach or become confrontational, aggressive or abusive towards strangers, so that they may be at risk unless they are supervised;

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- ◆ behave in inappropriate ways in public places, for example, touching their genitals, kicking cars or shouting, so that they may be at risk unless you supervise them and are ready to intervene to prevent such behaviour;
- ◆ behave in compulsive ways; for example; trying to touch people with long hair or stopping for long periods to count particular objects, unless you supervise them and are ready to intervene to prevent such behaviour;
- ◆ need supervising for signs that they are about to have an episode of incontinence and guidance to help them get to the nearest lavatory, cope with distress, get clean and changed and continue walking;

A change in the law in April 2002 means that if your child doesn't walk outdoors alone in unfamiliar places without guidance or supervision because of 'fear or anxiety' related to a physical health condition 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. (However, if you offer the guidance and supervision detailed above, then this should still count). If, on the other hand, their fear or anxiety is related to their mental health or to a learning disability, then they should still qualify. 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 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 3 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?

Part 8 - Someone keeping an eye on the child

Does the child need someone to keep an eye on 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 or at night, or the higher rate if they need both. 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. The tests for day and night time supervision are different (only 20 minutes may be required at night), so please make sure you look at both the main boxes below.

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

*Why the child needs someone with them. **During the day.***

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

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

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

- ◆ 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;

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- ◆ they dribble saliva or other bodily fluids and may develop sore patches and ulcers if you do not ensure that they are not constantly wet;
- ◆ they may have fits, seizures, blackouts or something similar;
- ◆ they experience sudden, uncontrolled movements or spasms which could cause accidents depending on what they are doing and where they are when they occur;
- ◆ any falls, cuts or bumps could have serious consequences;
- ◆ they may develop breathing difficulties;
- ◆ they self-harm, for example, banging their head against a wall or pulling at their hair;
- ◆ they become anxious or distressed if left alone;
- ◆ they behave dangerously or aggressively towards other children or adults;
- ◆ 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?

How many days a week does the child need someone with them?

If this is variable give an average. Even if it is less than five days a week it may still be sufficient.

How much of the day do they need someone with them?

During the day the supervision needs to be continual, which means that you need someone available for most of the time, though not necessarily without any breaks.

Roughly how long do they need someone with them each time during the day?

You need to show that someone needs to be available for most of the time.

*Why the child needs someone awake with them. **During the 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.

(Remember, 'night' means the time when the adults in your house normally go to bed).

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 equipment;
- ◆ is your child often awake in pain or distress during the night, meaning that you go and check on them repeatedly;
- ◆ do you need to check that they do not remain in the same position for too long, in case of bedsores;
- ◆ does your child get up in the night or early in the morning and would be in danger of harming themselves or other people – perhaps for the reasons listed in the daytime box above;
- ◆ does your child sleep walk;
- ◆ do you listen out for signs of distress during the night, perhaps because your child has nightmares or panic attacks?

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 many nights a week does the child need someone to be awake with them?

If this is variable, give an average. Even if it is less than five days a week it may still be sufficient.

How much of the night does someone have to be awake with them?

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

Roughly how long do they need someone awake with them during the night?

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

Part 9 - About the child's development

Has the child's development of physical and sensory skills been delayed?

Tick **Yes** and give details in the main box below if your child physical or sensory skills are not developing as quickly as those of other children of the same age: we explain more about what is meant by physical and sensory skills below.

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

Empty box

Step 1 Say what problems your child has with this activity, 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; judging distances and speed;
- ◆ 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 a lot more encouragement than other children 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;
- ◆ 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

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

Roughly how many times a day does the child need help?

If this varies, give an average or a range. If your child needs help with sensory skills at night, give details here as well.

Roughly how long does it take each time?

Again, if this varies, give an average or a range.

Has the child's development of learning skills been delayed?

Tick **Yes** and give details in the main box below if your child does not learn new skills as quickly as other children of the same age.

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

(Empty box)

Step 1 Say what problems your child has with this activity, 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, draw or do simple maths;
- ◆ understanding instructions, particularly if people give too much information at once; use figures of speech, examples or humour.

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;
- ◆ monitoring to ensure that they do not become overtired, angry, discouraged or frustrated because of the difficulties they have with learning skills;
- ◆ help with expressing themselves through speech or in other ways, so that they can participate in classes and learn more effectively;
- ◆ 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?

Roughly how many times a day does the child need help?

This might be frequently and throughout the day if, for example, they need extra help in lessons or whilst studying. If your child needs help with learning skills at night, give details here as well.

Roughly how long does it take each time?

If this varies, give an average or a range.

Has the child's development of social skills been delayed?

Tick **Yes** and give details in the main box below if your child has difficulty getting on with other children or with adults, as a result of their health problems.

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

(Empty box)

Step 1 Say what problems your child has with this activity, 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.

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?

Roughly how many times a day does the child need help?

This might be frequently and throughout the day if, for example, they need support in connection with being bullied or because they are very withdrawn.

Roughly how long does it take each time?

If this varies, give an average or a range.

Does someone need to help the child develop through play?

Tick **Yes** and give details in the main box below if your child needs more help or help of a different sort in order than other children of the same age to develop through play, as a result of their health problems.

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

Empty box

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 this activity, giving specific instances if you can.

For example, 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. Or do they need to receive more attention in connection with certain play activities to help them develop.

For example, do they:

- ◆ 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;
- ◆ play wildly and dangerously.

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

For example,

- ◆ helping them to explore play equipment through touch because they cannot see it;
- ◆ explaining play equipment through gestures and demonstration because they cannot hear;
- ◆ explaining play activities in a variety of different ways and repeatedly, perhaps because your child has learning difficulties, poor concentration or poor memory;
- ◆ helping your child to carry out a play activity or use play equipment because they are physically unable to 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.
- ◆ encouragement to play in a more varied and stimulating way;
- ◆ 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?

Roughly how many times a day does the child need help?

If this varies, give an average or a range.

Roughly how long does it take each?

Again, if this varies give an average or a range.

Part 10 - Waking, getting up and going to bed

Does the child have difficulties waking, getting up and going to bed?

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

- ◆ suffers pain, discomfort or distress;
- ◆ takes longer than other children of the same age;
- ◆ needs more help, or help of a different kind, than other children of the same age;
- ◆ needs to be watched over more closely than other children of the same age.

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

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

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

Tell us about the help the child needs to wake up or get up or go to bed. Tell us about any equipment the child uses and how it helps them.

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:

- ◆ 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 or have nightmares caused by their medication or fears 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:
 - ◆ 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 are unable to get out of bed without physical help;
 - ◆ they experience exhaustion, pain or stiffness in the morning, making getting up difficult;
 - ◆ they resist getting up in the morning because they are worried about being bullied at school because of their condition;

>> Box continued on next page

- ◆ they take medication which makes it hard to wake them on a morning;
- ◆ 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.

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

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

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

Equipment

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

How many days a week does the child need this help?

If your child always has difficulties then the answer is seven days. If not then give an average which takes into account bad or worse spells. Under 5 days is less likely to count.

How many times a day does the child need this help?

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

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

If 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 you want them to get out of bed to the time when they are actually able to get out of bed.

>> Box continued on next page

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, then getting out of bed should include the time from when they want to get out of bed to the time when they are actually able to get out of bed. Bear in mind that children without health conditions can get out of bed as soon as they are woken. At bedtime, if it takes a long time and repeated visits to settle your child, include the whole period until they are settled. Add together the time they need help to get out of bed in the morning and into bed at night and give this as an average, or give separate times for getting into bed and getting out of bed.

Part 11 - Washing and bathing

Does the child have difficulties washing or having a bath or shower?

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

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

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

Does someone have to tell or encourage the child to wash or have a bath or shower?

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

Tell us about the help or encouragement the child needs washing or having a bath or shower. If they have bed baths, tell us about this here. Tell us about any equipment the child uses and how it helps them.

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

For example, does your child:

- ◆ 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.
- ◆ 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, for example, leave taps running, scald themselves, drink bathwater or shampoo or eat the soap.

>> Box continued on next page

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

For example:

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

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

For example:

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

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

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

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

Equipment

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

How many days a week does the child need this help?

If your child always has difficulties then the answer is seven days. If not, then give an average which takes into account bad or worse spells. Under 5 days is less likely to count.

How many times a day does the child need help with washing or having a bath or shower?

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? If their condition varies give an average or a range.

Roughly how long does the child take to have a bath or shower?

Remember this includes the time to get undressed, bathe, dry and dress again and includes any time spent resting in-between.

Part 12 - Getting dressed or undressed

Does the child have difficulties getting dressed or undressed?

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;

>> Box continued on next page

- ◆ you have to provide more help, or help of a different kind, than for other children of the same age;
- ◆ your child has to be watched over more closely than other children of the same age.

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

Does someone have to tell or encourage the child to get dressed or undressed?

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

Tell us about the help or encouragement the child needs getting dressed or undressed. Tell us about any equipment the child uses and how it helps them.

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

For example, does your child:

- ◆ have very stiff muscles or experience sudden involuntary movements, so that helping them with dressing and undressing takes much more time than with other children;
- ◆ 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.
- ◆ need telling or encouraging to get dressed or undressed;
- ◆ need help selecting appropriate clothing, perhaps because of a learning difficulty;
- ◆ 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;
- ◆ 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 and emotional well-being 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.

>> Box continued on next page

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.

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

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

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

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

Equipment

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

How many days a week does the child need this help?

If your child always has difficulties then the answer is seven days. If not then give an average which takes into account bad or worse spells. Under 5 days is less likely to count.

How many times a day does the child need this help?

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

Roughly how long does it take the child to get dressed or undressed?

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

Part 13 - Help with toilet needs

Does the child have difficulties coping with their toilet needs?

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

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

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

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

Does someone have to tell or encourage the child to attend to their toilet needs?

If most children of the same age would need telling or encouraging, tick Yes. If your child needs more telling or encouragement, or needs to be told or encouraged in a different way to other children, also tick Yes. Give details in the main box. If your child needs encouraging to use the toilet because it is painful or distressing for them, or they need reminding because they have a condition which means they cannot tell when their bowels or bladder are full, tick Yes and give details in the box below

*Tell us about the help or encouragement the child needs and any equipment they use. **During the day.***

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

For example, does your child:

- ◆ 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; 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;
- ◆ 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;
- ◆ suffer from frequent constipation;
- ◆ 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;
- ◆ sometimes empty their bowels or bladder in different parts of the house;
- ◆ 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 or why they would still need help even if they used a potty or commode? 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.

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

For example, do you:

- ◆ encourage or remind them to use the toilet;
- ◆ 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 or empty a potty or commode immediately after use;
- ◆ help them change their stoma appliance;

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

For example:

- ◆ would they be physically 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 many days a week does the child need this help?

If your child always has difficulties then the answer is seven days/nights. If not then give an average which takes into account bad or worse spells. Under 5 days is less likely to count.

How many times a day does the child need this help?

If this varies give an average or a range.

Roughly how long does it take each time?

Include time getting to and from the lavatory, time needed to wash themselves and to clean the toilet if necessary.

*Tell us about the help or encouragement the child needs and any equipment they use. **During the night.** (Remember, night means the time when the adults in your house normally go to bed).*

Go through the steps in the daytime box above, only now writing about what help your child needs at night. It's very important that you fill this box in carefully – a relatively small amount of help at night can entitle your child to a higher rate of DLA.

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In addition, to the help detailed in the daytime box:

- ◆ does your child need waking and taking to the toilet at night to prevent episodes of incontinence;
- ◆ does your child need help getting into or out of bed to use the toilet or a potty or commode;
- ◆ does your child need help settling back to sleep;
- ◆ do you sometimes need to change the bedclothes after an episode of incontinence or leakage from a stoma device;
- ◆ do you have to empty the potty or commode immediately.

Once again, if you do not think your child should be obliged to use a commode or potty you will need to make a strong case. If there are other children who share the bedroom, this is obviously an important factor.

How many nights a week does the child need this help?

If your child always has difficulties then the answer is seven days/nights. If not, then give an average which takes into account bad or worse spells. Under 5 days is less likely to count.

How many times a night does the child need this help?

If this varies give an average or a range.

Roughly how long does it take each time?

Include time spent helping your child to and from the lavatory, cleaning the toilet if necessary, helping your child wash and settling them back in bed again.

Part 14 - Communicating with other people

Does the child need help understanding other people?

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

Tell us about the child's difficulties understanding other people. Tell us about anything the child needs to help them understand other people and how useful this is. Tell us if they need to have physical contact or some other sign to attract their attention.

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

For example does your child:

- ◆ lip read, but have difficulty doing so with people they do not know well;
- ◆ use sign language and need an interpreter to understand spoken language;
- ◆ have difficulty reading books, text on computer monitors or mobile phones, instructions at school, etc. because they are deaf and English is not their first language or because they have a visual impairment or learning disability;
- ◆ 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.

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

For example, does your child need:

- ◆ people who understand your child and their condition to communicate with them effectively;

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- ◆ an interpreter;
- ◆ to sometimes have things written down;
- ◆ 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;
- ◆ people to speak slowly, enunciate clearly, keep their hands and other objects away from their face;
- ◆ information presented in a variety of ways, for example with pictures and gestures, before they fully understand it;
- ◆ 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 here. 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.

How many times a day do they need someone to help them understand other people?

This may be very frequently throughout the day.

Roughly how long does it take each time?

If this varies, give an average or a range.

Does the child need help being understood by other people?

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

Tell us about the child's difficulties being understood by other people. tell us about any equipment the child uses to help them and how useful this is.

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:

- ◆ have a physical impairment which means they are unable to speak or which makes their speech difficult to understand;
- ◆ have difficulty producing written or typed communications;
- ◆ mainly or only use sign language and have difficulty making themselves understood in spoken language;

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- ◆ communicate via a touch pad or computer screen;
- ◆ become very nervous, anxious or self-conscious when trying to talk to other children or adults;
- ◆ shout, 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.

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

For example, does your child need:

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

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.

How many times a day do they need help to make themselves understood by other people?

This may be very frequently throughout the day.

Roughly how long does it take each time?

If this varies, give an average or a range.

Is the child unwilling to communicate with other people?

Tick **Yes** and give details in the main box below if your child is, for example, less confident or shyer or more withdrawn than other children of the same age.

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

Tell us about the encouragement the child needs to help them communicate with other people. Tell us about any equipment the child uses to help them and how useful this is.

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

For example:

- ◆ have they become solitary, shy or withdrawn because of their condition or the effects of their medication;
- ◆ 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.

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
- ◆ might their ability to learn suffer.

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.

How many times a day do they need help to communicate with other people?

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

Roughly how long does it take each time?

Include any time you spend supervising your child to ensure they are not teased or bullied or do not become anxious or aggressive.

Part 15 - Eating and drinking

Does the child have difficulties eating or drinking?

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

your child takes longer than other children of the same age, or it causes them pain, discomfort or distress;

you have to provide more help, or help of a different kind, than for other children of the same age;

your child has to be watched over more closely than other children of the same age.

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

Does someone have to tell or encourage the child to eat or drink?

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

Tell us about the help or encouragement the child needs, and any equipment they use. During the day.

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

For example:

- ◆ do they have difficulty sucking, swallowing or chewing, so that feeding, including breastfeeding, is more difficult and time consuming than with other children of the same age;
- ◆ does their food need additional preparation to allow them to chew or swallow it;
- ◆ are they unable to hold cups, mugs or cutlery or do they find it difficult or painful to do so;
- ◆ do they take much longer to eat than other children;
- ◆ do they have to stick to a special diet, avoid certain foods or require precise measuring and monitoring of their food intake;
- ◆ do they have a very small appetite or associate eating with pain, discomfort or nausea, so that they need encouragement to 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;
- ◆ are they receiving parenteral nutrition or tube feeding;
- ◆ is there a risk of them eating dangerous or inedible things, so that they need constant supervision;
- ◆ are they only willing to eat a very narrow range of foods or only at a specific time of day;
- ◆ will they only eat food if it is arranged in a certain way on a particular plate, or only drink from a specific mug;
- ◆ do they use their fingers rather than cutlery or eat in socially unacceptable ways – very noisily or messily, for example;
- ◆ do they have a visual impairment which means that they cannot see what food is on their plate.

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

For example:

- ◆ 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;

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- ◆ 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;
- ◆ do you have to prepare special food or drinks for them or arrange food in a particular way;
- ◆ because of a visual impairment, 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?

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

For example:

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

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

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

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

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

Equipment

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

How many days a week does the child need this help?

If your child always has difficulties then the answer is seven days. If not then give an average which takes into account bad or worse spells. Under 5 days is less likely to count.

How many times a day does the child need this help?

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

Roughly how long does it take each time?

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

*Tell us about the help or encouragement the child needs, and any equipment they use. **During the night.** (Remember, night means the time when the adults in your house normally go to bed).*

Go through the steps in the daytime box above, only now writing about what help your child needs at night. It's very important that you fill this box in carefully – a relatively small amount of help at night can entitle your child to a higher rate of DLA.

In addition to the help detailed in the daytime box:

- ◆ do they often get hungry at night if they have been unable to eat adequately during the day;
- ◆ does their tube feeding equipment need checking, get blocked, or start beeping every time they roll over.

How many nights a week does the child need this help?

If your child always has difficulties then the answer is seven days. If not then give an average which takes into account bad or worse spells. Under 5 days is less likely to count.

How many times a night does the child need this help?

If their condition varies give an average or a range.

Roughly how long does it take each time?

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

Part 16 - Help with medication

Does the child need help with medication?

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

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

Tell us about the help and encouragement the child needs with medication. During the day.

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.
- ◆ If your child needs help with medication at school, give details, including whether the help is provided by you or by a member of staff at the school.

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.

How many days a week does the child need this help?

If your child always has difficulties then the answer is seven days. If not, then give an average which takes into account bad or worse spells. Under 5 days is less likely to count.

How many times a day does the child need this help?

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

Roughly how long does it take each time?

Remember to include any time spent making medication more palatable.

*Tell us about the help and encouragement the child needs with medication. **During the night. (Remember, night means the time when the adults in your house normally go to bed).***

Go through the steps in the daytime box above, only now writing about what help your child needs at night. It's very important that you fill this box in carefully – a relatively small amount of help at night can entitle your child to a higher rate of DLA. Be sure to explain why you can't just leave medication out for your child to administer themselves.

In addition, to the help detailed in the daytime box:

- ◆ does your child need soothing back to sleep after taking medication at night.

How many nights a week does the child need this help?

If your child always has difficulties then the answer is seven nights. If not then give an average which takes into account bad or worse spells. Under 5 days is less likely to count.

How many times a night does the child need this help?

If this varies, give an average or a range.

Roughly how long does it take each time?

Remember to include any time spent making medication more palatable.

Part 17 - Therapy

Does the child need therapy?

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

*Tell us about the help and encouragement the child needs with therapy. **During the day.***

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.

Remember that information about therapies your child receives could theoretically be passed on by the DWP to one or more of the people named in this claim pack. See the entry at *Part 36 -Consent*.

How many days a week does the child need this help?

Include the days on which your child has therapy with someone else and any days on which you help them with exercises related to the therapy or provide therapy yourself.

How many times a day does the child need this help?

If this varies give an average or a range.

Roughly how long does it take each time?

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

*Tell us about the help and encouragement the child needs with therapy. **During the night.***

See the daytime box.

How many nights a week does the child need this help?

If this varies give an average or a range.

How many times a night does the child need this help?

At night, the help your child needs has to be for at least twenty minutes or at least twice a night to count.

Roughly how long does it take each time?

At night, the help you need has to be for at least twenty minutes or at least twice a night to count

Part 18 - Help with medical equipment

Does the child need help with medical equipment?

Tick **Yes** if your child needs any help at all with medical equipment.

Only tick **No** if you have read the examples on the form and read the main box below and decided that none of them apply.

*Tell us about the help and encouragement the child needs with medical equipment. **During the day.***

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:

>> Box continued on next page

- ◆ injections;
- ◆ stoma devices, catheters or something similar;
- ◆ enzyme replacement treatment;
- ◆ measuring lung function;
- ◆ checking their temperature;
- ◆ checking their weight;
- ◆ emptying or changing a stoma appliance;
- ◆ tube feeding equipment;
- ◆ suctioning equipment.

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

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

- ◆ helping your child to use it;
- ◆ monitoring it whilst it is being used;
- ◆ cleaning, refilling or disposing of it safely;
- ◆ recording measurements;
- ◆ offering your child support, reassurance and encouragement in connection with using the equipment.

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

For example:

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

How many days a week does the child need this help?

If your child always has difficulties then the answer is seven days. If not then give an average which takes into account bad or worse spells. Under 5 days is less likely to count.

How many times a day does the child need this help?

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

Roughly how long does it take each time?

Include any time spent preparing and cleaning equipment.

*Tell us about the help and encouragement the child needs with medical equipment. **During the night. (Remember, night means the time when the adults in your house normally go to bed).***

Go through the steps in the daytime box above, only now writing about what help your child needs at night, include any help your child needs with settling back to sleep again. It's very important that you fill this box in carefully – a relatively small amount of help at night can entitle your child to a higher rate of DLA.

How many nights a week does the child need this help?

If your child always has difficulties then the answer is seven nights. If not then give an average which takes into account bad or worse spells. Under 5 nights is less likely to count.

How many times a night does the child need this help?

If their condition varies give an average or a range.

Roughly how long does it take each time?

If their condition varies give an average or a range.

Part 19 - Blackouts, fits, seizures or something like this

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

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

*Tell us about the help the child needs. **During the day.***

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

How long has your child been having attacks?

Does your child get any warning of the attacks that either you or the child can recognise? Are the warnings clear and reliable enough to allow you or the child to make themselves safe before an attack occurs?

Is there a particular time of the day when the attacks happen? Do they only happen when your child is in bed? Or only during the day, or both?

How severe are the attacks? Does your child lose consciousness? Have convulsions? Do they become incontinent? Have they suffered injuries during the attacks? For example, have they had falls, concussion, cut or bitten themselves?

What happens after the attacks? Are they confused, dazed, distressed, exhausted or aggressive? How long before they are fully recovered?

What help can an adult provide during and after the attack? For example, making sure your child doesn't injure themselves during an attack; making them safe and comfortable after an attack; changing soiled clothing or bedding; giving medication; giving comfort and reassurance.

Has your child ever had a series of fits with only brief intervals of consciousness, or no intervals of consciousness at all?

Tell us roughly how often this happens.

Do attacks happen most days, most weeks, several times a month? If it varies give an average or a range.

Roughly how long does the child need help each time?

Include any time spent watching over them after they have had an attack, giving reassurance, changing clothing, bedding, etc. If your child needs continual watching over during the day in case they have an attack, say so here and give details on page 5 of the form: *Someone keeping an eye on the child.*

*Tell us about the help the child needs. **During the night.***

See the daytime box above.

Tell us roughly how often this happens.

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.

Roughly how long does the child need help each time?

Include any time spent watching over them after they have had an attack, giving reassurance, changing nightclothes, bedding, etc. If your child needs watching over at any time of the night, even only brief checks, say so here and give details on page 5 of the form: *Someone keeping an eye on the child.*

Part 20 - The child's mental health

Does the child have difficulties because of the way they feel?

Even if the major symptoms are physical, most brain related conditions are likely to affect a child emotionally as well. Only tick No if you have read the examples on the form and read the two boxes below and decided you don't have any such problems.

Tell us about the help the child needs and the things the child does because of their mental health problems.

Because your child has a brain related condition you may feel you have covered all of the relevant items already as you completed the claim form. But if your child's condition mainly has physical effects, you might want to consider going through the steps below.

Step 1 Say what emotional effects the condition has had on your child, giving specific instances if you can.

For example,:

- ◆ does it make them anxious, depressed, angry, rebellious, afraid;
- ◆ do they get very angry, have tantrums or refuse to listen to what's being said to them;
- ◆ do they suffer from prolonged periods of crying;
- ◆ do they have nightmares;
- ◆ have they tried to hurt themselves;
- ◆ have they become uncooperative in managing their condition, for example: failing to take medication; eating and drinking the wrong things; over exerting themselves.

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

For example:

- ◆ do you offer them comfort, support or reassurance when they are upset;
- ◆ do you find ways to try to boost their self confidence;
- ◆ do you encourage them to do things when they are depressed and unable to motivate themselves;
- ◆ do you monitor their food or medication or other treatment, even though they may have been able to manage it themselves in the past;
- ◆ do they see a counsellor, psychiatrist or someone similar.

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;
- ◆ might they come become gradually more ill or risk a sudden serious deterioration 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

Do other children who do not have this condition need the same amount of emotional support as your child?

Tell us roughly how often this happens and how long the child needs help when this happens

Does your child need more emotional support than other children every day or most days? How much more time a day do you think you spend supporting your child emotionally, because of the effects of their condition?

Part 21 - Movement and co-ordination

Does the child have difficulties with movement and co-ordination?

Tick **Yes** if, for example, your child has only a limited range of movement, experiences pain when they move or can only move slowly.

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

Tell us about the help your child needs with movement and co-ordination.

Step 1 Say what problems your child has with movement or co-ordination, giving specific instances if you can.

For example:

- ◆ does your child suffer pain when they move;
- ◆ do your child's muscles become very stiff and difficult to move and/or floppy and unresponsive, so that you have to help them with their movements;
- ◆ does your child experience shaky or sudden uncontrolled movements of parts of their body;
- ◆ does your child have balance problems;
- ◆ is your child very easily exhausted by even small amounts of movement;
- ◆ does your child have a very limited range of movements;
- ◆ does your child sometimes need to be distracted from making repetitive movements;
- ◆ does your child have a lot more accidents and falls than other children of the same age.

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

For example:

- ◆ do you help your child to move around;
- ◆ do you do exercises with your child to help their movement or co-ordination;
- ◆ do you offer your child comfort, support or reassurance to help them deal with the problems they have with movement or co-ordination;
- ◆ do you move parts of their body for them to make sure they do not remain for too long in the same position;
- ◆ do you watch over your child in case they fall or hurt themselves;
- ◆ do you make sure your child does not over-exert themselves;
- ◆ do you massage your child's limbs when they are stiff or painful.

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

- ◆ 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

Do other children of the same age have similar problems, or need the same amount of help with movement.

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

Part 22 - Moving about indoors

Does the child have difficulties moving about indoors?

Tick **Yes** and give details in the main box below if, in connection with moving about indoors:

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

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

Does someone have to tell or encourage the child to move about indoors?

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

Tell us about any help or encouragement the child needs moving about indoors. Tell us about any ways the child's home has been adapted, or about any equipment they use to help them move about indoors. This could be a wheelchair, a frame, a stairlift, or something like this.

Indoors can include at home, school or college. If your child needs help when moving around indoors whilst pursuing leisure activities, such as going to the cinema, give details of these in the 'Help the child needs when they go out ...' at parts 24 & 25 of the form.

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

For example:

Moving around:

- ◆ does your child have to hold onto furniture and lean on walls to steady themselves;
- ◆ do they have to move very slowly;
- ◆ are they unable 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 have lots of accidents, such as falling over, bumping into furniture and knocking things down;
- ◆ do they move around in unusual ways, rolling along the floor, for example.

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):

- ◆ are they unable to get in or out of chairs, or do they take a long time to do so;
- ◆ do they stiffen up if they sit or lay too long;
- ◆ have they developed special techniques such as rolling off sofas onto their knees;
- ◆ do they have to hold onto things to get upright;

>> Box continued on next page

- ◆ are they sometimes too exhausted to get up;
- ◆ is rising from sitting painful;

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;
- ◆ help them manoeuvre a wheelchair;
- ◆ open and close doors;
- ◆ help them in and out of chairs;
- ◆ have to watch over them in case they fall;
- ◆ provide them with encouragement, comfort, reassurance or support in connection with moving around.

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

For example:

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

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

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

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

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

Equipment

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

Part 23 - When the child is in bed at night

Does the child need help when they are in bed 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. **(Remember, night means the time when the adults in your house normally go to 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.

Tell us about any help the child needs when they are in bed at night.

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

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

For example, do they:

- ◆ have episodes of incontinence;
- ◆ have fits;
- ◆ suffer pain;
- ◆ have distressing bouts of coughing or breathlessness;
- ◆ sleep only intermittently or in an unusual pattern, such as two hours sleep followed by two hours of wakefulness;
- ◆ need medication;
- ◆ need turning to avoid bedsores;
- ◆ have nightmares or anxiety attacks and need reassuring and soothing back to sleep;
- ◆ sleepwalk;
- ◆ sometimes get up very early in the morning, before the rest of the household is awake and would be at risk of harm if not supervised or returned to bed.

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

For example, do you:

- ◆ 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;
- ◆ check medical equipment, such as tube feeding equipment;
- ◆ 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 many nights a week does the child need help?

If they always have difficulties then the answer is seven days. If not then give an average which takes into account bad or worse spells. Under 5 days is less likely to count.

How many times a night does the child need help?

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.

Roughly how long does it take each time

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.

Parts 24 - Help the child needs when they go out during the day or in the evening

Please note: in spite of the title, these pages are about help your child needs with social and leisure activities at home, as well as when they go out. What used to take up nine pages in the old DLA form has now been shrunk down to two very cramped and confusing pages. But these two pages can be very important if your child needs support and encouragement with play, socialising or other leisure activities. Use separate sheets if you need to.

What they do or would do if they had the help they need

When they go out during the day or in the evening

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

Does your child need more help or encouragement to go out than other children of the same age. Anywhere your child might go to is relevant. For example:

playing outdoors, doctors, hospital, physiotherapist, counsellor, library, going shopping for pleasure, holidays, cinema, church, local park, clubs, day-trips, visiting friends and relatives, swimming, gym, sports centre.

How many days a week?

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

How many times a day?

Is this something they would do more than once a day?

How long do they usually need help for 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.

What help do they need from another person?

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?

Do they need supervising to ensure they are not a danger to themselves or other children? Do they need someone to ensure that they are not bullied or teased or that they do not become distressed?

What they do or would do if they had the help they need

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, 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 or have difficulty maintaining concentration.

How many days a week?

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

How many times a day?

Is this something they would do more than once a day?

How long do they usually need help for each time?

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

What help do they need from another person?

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

Part 25 - Who would you like to tell us about the child's illnesses or disabilities?

Give details of the professional person who you think knows most about the way your child's condition affects their everyday life. This can be their paediatrician, GP, occupational therapist, health visitor, community nurse, etc. Make sure you tell the person that you have given their name on the form and that you have explained to them in detail the problems that your child has in relation to everyday activities.

However, you need to be aware that, in spite of asking the question above, the DWP hardly ever contact anyone other than your child's GP, and they may not even do that. If there are people you think could support your child's claim you need to contact them yourself. (See *Including supporting evidence*). If the DWP do contact your GP, or any other health professional, they will do so using a standard form of their own, rather than sending them a copy of your completed claim pack to comment on.

Part 26 - Anything else about the way the child is affected by their illness or disabilities

Tell us about any ways that the child's illnesses or disabilities affect them that you have not been able to put anywhere else on this form.

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?

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

>> Box continued on next page

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. Accompanied to school.
12.30pm	Encouragement to eat and help taking medication.
9.00- 4.00pm	Additional support from teachers and learning support staff . Things often need explaining in a different way to my child and they need extra help with some tasks
4.00pm	Accompanied home from school. Encouragement to spend time with other children and intervening when my child plays too roughly, gets upset or confused.
5.00pm	Additional help with school work because my child has difficulty following a lot of what goes on in the classroom.
6.00pm	Encouragement to eat and help taking medication.
9.30pm	Help with washing, undressing and getting into bed.

Part 27 - About the child’s condition

Tell us when the child started to have the problems you have told us about.

This may be many months or years before they were actually diagnosed. DLA is only payable when the condition has lasted for at least 3 months.

Part 28 - About nights in hospital

Complete this section if your child is currently an in-patient, otherwise tick No.

Part 29 - About nights in residential care

Complete this section if your child is currently in residential care, otherwise tick No.

Part 30 - About nights in hospital and nights in residential care

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

Part 31 - For children on kidney dialysis

Only complete this if it applies to your child.

Part 32 - 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.

Part 33 - The child’s hospital doctor or specialist

Give details of all the hospital doctors or specialists your child has seen in the last 12 months, for any of the conditions they have. If there isn’t room to list all of them here put them on an extra sheet.

Part 34 - The child's family doctor or health centre

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

Part 35 - 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 consent box' or adding extra conditions to your consent.

Part 36 - Statement from someone else who knows the child

How often do you see the child this form is about?

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

Please tell us what their illnesses and disabilities are, and how they are affected by them.

Photocopy this sheet and give the copy to the person you want to complete it. 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.

Tell us your job or profession or relationship to the child this form is about.

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.

Part 37 - About Income Support, Jobseeker's Allowance or Pension Credit

You may be entitled to additional amounts of these benefits if your child receives an award of DLA.

Part 38 - About tax credits

You may be entitled to additional amounts of tax credit if your child receives an award of DLA.

Part 39 - Making payments to you

The DWP now prefers to pay all benefits direct into a bank account and this section asks for details of your bank account. If you are not happy with this, or it would be a problem for you, tick Box 2 in part 40 C 'I would like information about how I can be paid by other means', return the form and get advice from an advice agency.

Part 40 - Declaration

Read the declaration carefully before you sign it.

Part 42 - How we collect and use information

This tells you what the DWP will do with the information you provide. There is nothing for you to complete.

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.

Including 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, occupational therapist, paediatrician or speech and language 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 DWP doctor. (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 professionals 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.

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 for further information and/or may ask the DWP to send a doctor to visit your child for a medical. We tell you in the next section how to prepare for a medical.

Preparing For A Medical

There's no way of knowing when you make your claim whether your child will have to have a medical or not. The first you will know about it is when you receive a letter, or possibly a phone call, telling you that the DWP wish to send a doctor to your home. If you refuse to allow your child to be examined, their claim for DLA will automatically be turned down.

However, you can tell the DWP that you want to have a friend or relative present and make sure that the visit is arranged for a time when they can be there. We very strongly advise you to do this for reasons we're about to explain.

Some people are visited at home by a polite and interested doctor who takes the time to listen and who writes an accurate account of his visit. Sadly, not everyone is so fortunate. Many people we've spoken to reported that the visiting doctor seemed in a rush, stayed only a very short time and wasn't interested in what they had to say. Some found the doctor positively rude. Others reported that although the doctor seemed sympathetic and encouraging, they later discovered that the medical report was very dismissive of their child's needs. Having a friend or relative with you can make it much easier to deal with these situations.

Having someone else present not only provides moral support, it can also provide you with a witness to what happened at the medical. Please also use the Medical Visit Record Sheet at the end of the guide to record what happens. It can be used as evidence at an appeal. Look through it before the medical and fill it in afterwards if you want to have a record of what happened. Remember to make a note of the time the doctor arrived and left: if the doctor stays only a short time you can use this as evidence that their report is less likely to be reliable.

The medical and the medical report itself are divided into two parts.

Part One of the examination

This is supposed to be a statement of your child's needs in your own words. The doctor should ask you about most of the activities in the claim pack, what difficulties your child has with them and what attention or supervision your child requires.

Read through your photocopy of the DLA form and refresh your memory on all these points before the doctor arrives. 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. The doctor should write down what you tell him and then either read the statement back to you or give it to you to read. You then sign to say that you agree with what has been written.

Do not sign unless you are completely happy with what is written.

This is a signed statement saying what you consider your child's problems to be. If it differs from what you've written in your claim pack it may be used by the DWP as grounds for refusing your claim.

If you need to read the statement, or have it read to you, two or three times in order to check it fully then do so. Don't be hurried, the doctor is being paid £104 per visit by the DWP. If there is anything you disagree with, ask the doctor to change it. If there is anything missing, ask the doctor to put it in. Carry on until you are completely happy with the statement. If the doctor won't write what you ask then politely refuse to sign, but still co-operate in every other respect with the medical. If the doctor tells you that you must sign or the claim will fail, tell them politely that they are mistaken and show them this section of the guide if you wish. Point out that it was written by a barrister and that you feel it is best to follow her advice. If the doctor says they are running out of time and have to be somewhere else, politely suggest that they arrange a further appointment to come back and finish the medical. But whatever you do, don't sign until you're satisfied.

We do understand how difficult disagreeing with a doctor can be. That is why we strongly recommend you consider having another adult with you to give you support.

Part 2 of the examination

In the second part of the medical the doctor may ask you or your child more questions, may carry out a brief physical examination and may ask your child to carry out simple activities such as standing up and walking across the room. If you know that something will cause your child pain you should tell the doctor you do not wish your child to do it and explain why.

While the doctor examines your child they fill out their own report stating what, in their opinion, your child's needs are. This is the doctor's part of the report, they are entirely free to disagree with everything you have told them and they do not show you at the time what they have written.

We don't want to leave you feeling terrified about having a visit from a DWP doctor. But many people say they had no

idea what to expect before they had their medical and that they were very disappointed with how quick and irrelevant the whole thing seemed to be. We also know that very many DLA claims are turned down because of the visiting doctor's report. By being properly prepared for the medical you can reduce the chances of this happening to you.

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 again as an adult). 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.

If you had a visit from a doctor 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 department 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 the Disability Benefits Unit (0845 712 3456) 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 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.

Caution!

Just to remind you, because it is so important:

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

Motability & Blue Badge schemes

If your child receives an award of the higher rate of the mobility component, you may be able to use the Motability scheme to put part or all of the payments towards:

- ◆ a new car on a three-year contract hire lease.
- ◆ a new or used car on hire purchase, over a term of two to five years.
- ◆ a new or used powered wheelchair, or scooter on hire purchase, over a term of one to three years.

The car can be specially adapted to suit your child's needs. In order to be eligible, your child's award should last for at least as long as the contract or hire purchase agreement you wish to take out with Motability. However, it's worth talking to them even if it doesn't, as they may be able to come to an agreement with you.

The contract hire lease includes breakdown cover, maintenance, servicing and roadside recovery and a mileage allowance of 45,000 miles over three years. The hire purchase price doesn't include breakdown cover, maintenance, servicing or roadside recovery, but you do own the vehicle at the end of the agreement.

Caution: you must purchase the car through Motability, you can't purchase the car first and then try to draw up a repayment plan with Motability.

For enquiries about the Motability Car Schemes, contact:

Motability Operations, City Gate House, 22 Southwark Bridge Road, London SE1 9HB

Telephone: 0845 456 4566. Minicom: 01279 632273

For enquiries about the Motability Wheelchair and Scooter Scheme, contact:

route2mobility, Enham Place, Enham Alamein, Andover, Hampshire SP11 6JS

Telephone: 01264 384480

Alternatively, visit the Motability website at www.motability.co.uk

Queen Elizabeth's Foundation Mobility Centre

Whether you get a vehicle via the Motability Scheme or not, the Mobility Centre's services may be useful for you. As well as providing tuition for disabled people who wish to learn to drive, the Mobility Centre also provides passenger consultations, particularly in relation to disabled children travelling in cars. Advice is given on the best way to help your child into a car seat, and where required, on loading a wheelchair or choosing a wheelchair accessible vehicle. The Mobility Centre also has a wide range of battery powered wheelchairs and scooters which, if appropriate, your child can try out. A therapist is available help you decide which product would be best for your child and you will also be offered advice on the use and maintenance of the vehicle.

There may be a fee for the Mobility Centre's services. For more information, contact:

The Mobility Centre, Damson Way, Fountain Dr, Carshalton, Surrey SM5 4NR

Telephone: 020 8770 1151

Alternatively, visit their website at www.qefd.org

Mobility Advice and Vehicle Information Service (MAVIS)

A similar service is provided by MAVIS, which is part of the Department for Transport. It provides practical advice on driving, vehicle adaptation and suitable vehicle types for both drivers and passengers. It provides information for free, but there is a fee for assessments. For more information contact:

Mobility Advice and Vehicle Information Service, Crowthorne Business Estate, Old Wokingham Road, Crowthorne Berkshire RG45 6XD

Tel: 01344 661000

Alternatively, visit the MAVIS website at www.dft.gov.uk/access/mavis

Blue Badge Scheme

The Blue Badge Scheme (which used to be called the orange Badge Scheme) provides concessions relating to on-street car parking throughout the UK. Bear in mind that you don't even need to own a vehicle to be issued with a Blue Badge. This is because the badge is issued not for a particular vehicle, but to the eligible adult or child, whether they are a driver or passenger in the vehicle.

Your child will be automatically eligible for a Blue Badge if they are over two years old and they are registered blind, or they receive the higher rate mobility component of disability living allowance.

Alternatively, your child will be eligible if you can show that they have a permanent and substantial disability that means they are unable to walk or have very considerable difficulty walking. However, the final decision about whether this applies to your child rests with the local authority and there is no appeal.

In England and Wales you need to apply to the Social Services Department of your County, Unitary, Metropolitan District or London Borough Council. In Scotland apply to the Chief Executive or Social Work Department of your local Council. There is a £2.00 administration charge for all applications, whether the application is successful or not.

To find out more, visit the Department for Transport website at www.dft.gov.uk

As your child gets older

Even if your child's condition does not change, as they get older the amount of attention or supervision they need compared to other children of the same age may alter significantly. For example, your child may have very little sense of danger. As a two year old they may not need a great deal more supervision than other two year olds, who also have little sense of danger. If this is the case, your child may not be eligible for middle rate care on the grounds of needing continual supervision throughout the day. But as an eight year old, they may still need continual supervision to keep them safe, whereas other children of eight years old can be safely left to play alone or with friends. In this case your child may now be eligible for middle rate care, even though they weren't before.

Your child's needs may also change as they get older, without actually reducing. So, for example, they may need less physical assistance with tasks such as washing and dressing. But on the other hand, they may become more angry and resentful about the limits imposed on them by their condition and frequently rebel against treatment or diet regimes. Puberty may also bring with it new attention and supervision needs.

When your child reaches 16

When your child reaches the age of sixteen, they have to claim DLA as an adult rather than as a child. The test for adults is slightly less demanding. The main difference is that there is no longer a requirement to show that their needs are greater than the needs of other children or young adults of the same age. So for example, if your child of 16 needs help with eating and drinking, that's all you need to show, you don't have to also show that they need more help than other children of the same age.

The claim pack for adults is very slightly shorter, though it does include an additional page which asks whether, if you had all the ingredients, you would be able to prepare a cooked main meal for yourself. If at the age of 16 or older your child would be unable to do this, for example because of poor concentration or because they couldn't hold a knife to peel vegetables, then they will be entitled to the lower rate of the care component on these grounds alone.

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 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.

CLS Direct helpline and website

The Community Legal Service offers free initial (30 minutes) advice from a qualified legal adviser about Welfare Benefits between 9am and 5pm weekdays. And if you call outside office hours, just leave a message and they say they'll call you back. If you are eligible for Legal Aid you can then get further free legal help with your case by phone and post. To use the helpline call 0845 345 4345. After you choose the welfare benefits option you will be advised to listen to recorded messages about benefits. We recommend that you don't, the messages are long, sometimes confusing and you can read them at your leisure on the CLS website at www.clsdirect.org.uk if you wish to. Instead go straight for the option of speaking to an adviser.

You can also get information about your nearest CLS funded advice providers by visiting the CLS website at: www.clsdirect.org.uk or calling the CLS Directory Line on 0845 608 1122.

Citizens' Advice Bureaux (CAB)

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

Citizens Advice Scotland

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

AdviceUK

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

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.aiac.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 national office on 01302 310 123 or visit their website at www.dialuk.info 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.

Medical Visit Record Sheet

Date of doctor's visit

Time doctor arrived

Time doctor left

Who else was present

Did you feel you had time to answer questions fully? **Yes / No**

If no, please give details.

Did the doctor phrase questions in a way that suggested a particular answer? **Yes / No**

If yes, please give details.

Did anything the doctor did, or asked your child to do, cause your child pain? **Yes / No**

If yes, please give details including whether your child told the doctor they were in pain.

Anything else you wish to record (continue overleaf if you need to).

Signed (your signature)

Date

Signed (friend or carer who was present)

Date

Health Professionals' Sheet

Take this sheet with you when you go to see your 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 use with the Health Professionals sheet

Activity	Very brief details of the problem your child had with this activity, including variability. <i>'Wakes up in night because of muscle stiffness and spasms. At least once a night, sometimes four or more times'</i>
Walking outdoors	
If your child needs someone with them when they are outdoors	
Someone keeping an eye on your child	
Your child's development	
Waking, getting up and going to bed	
Washing and bathing	
Dressing and undressing	
Help with toilet needs	
Communicating with other people	
Eating and drinking	
Help with medication	
Help with therapy	
Help with medical equipment	
Blackouts, fits and seizures	
Your child's mental health	
Movement, co-ordination and moving about indoors	
When your child is in bed at night	
Social and leisure activities in the day and the evening	



Cerebra, for Brain Injured Children and Young People, is a registered charity working to ensure that up-to-date, evidence based knowledge is available and applied for the prevention of brain-related conditions and for proven treatments. We search worldwide for effective preventions and treatments and then test them scientifically, managing and sponsoring research in universities, hospitals, treatment centres or in-house.

Although neurological problems are widespread, families often feel alone and unsure where to turn. Cerebra offer a supportive information exchange network for families and others caring for any child with a condition relating to the brain. Parent Support includes an in-depth enquiry service, a parent-to-parent contact service, a newsletter (the Bulletin), and a postal lending library. Services are free. The phone help-line is manned from 9.30am to 4.30pm with an answer phone at other times and public holidays.



Cerebra

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