

Welfare

R I G H T S

***Claiming Disability
Living Allowance
For a Child Under 16***

Claiming Disability Living Allowance for Children Under 16

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Introduction

Disability Living Allowance (DLA) is a benefit paid to children and adults under 65 who have problems with personal care and mobility. For more information on the rules governing DLA see the companion guide *Disability Living Allowance – What is it and How to Claim*.

For DLA to be paid your child must have a long-term (at least 9 months) illness or disability that means they need **substantially** more help with personal care and/or mobility than a child of the same age. This can be because of physical disability, mental health or behavioural problems.

It is worth considering anything the child does and assessing how it affects them compared to children of the same age. They may be able to manage relevant activities eg get dressed, eat a meal, walk, play, go to the toilet but:

- (i) It causes them considerable pain or discomfort
- (ii) They do it more slowly than other children
- (iii) They need more help than other children
- (iv) They need more supervision than other children
- (v) They need more encouragement than other children
- (vi) They have a special technique that helps them OR
- (vii) They cannot do certain things most children of their age take for granted

If any of the above applies then your child may be eligible for DLA. Even if it does not apply they may still qualify.

A claim for DLA is based on evidence and a Decision Maker's interpretation of evidence. The claim form that you complete is part of the evidence used to make a decision so it is important to complete the form as thoroughly as possible. The claim form may seem repetitive and time consuming but it is worth persevering. Not every page will apply, so if you are sure it is not relevant you can move on to the next relevant section or page. One major point is to not underestimate the amount of support you give as a parent/carer. You may do things that you take for granted because it is part of a parent – child relationship, but if it is more help than a child of the same age normally requires then it may mean the child is eligible for DLA. You can also include help from other people eg family members, nurses, special teachers, nursery workers etc.

The Department for Work and Pensions should also send for evidence from professionals who are involved with the child's medical and/or support package. It is advisable to inform these people that you are claiming DLA for the child and discuss the child's care and mobility needs so that they can give a comprehensive assessment of the child's condition and the help they require.

One point to remember is that the law states that DLA is awarded for the help that someone **"requires"** not what they receive. So when filling out the form it is important to stress the help that the child needs in an ideal situation rather than what they actually get.

It may be helpful to break down the process into parts:

- (i) What problems the child has with a particular activity
- (ii) What help the child requires with the activity
- (iii) Why the child needs help with the activity
- (iv) Why the child needs more help than a child of the same age

All of these parts may not apply to every question but they may help you to formulate a complete picture of the child's requirements.

The form asks how long, how many times and how many days a week the child needs assistance. If the child needs help for a total of about an hour per day they may be entitled to DLA

- (i) How long - It is important to consider the whole process from beginning to end.
- (ii) How many times – If it is continually throughout the day or night state this.
- (iii) How many days a week – Anything less than 4 or 5 days a week will normally not qualify. If the child's condition fluctuates take an average. If a condition is unpredictable and could reasonably happen without warning at any time you could argue that there is a risk 7 days a week

It is important not to describe "good" days. A child may have days when their condition is slightly better, but they are still in pain/discomfort/fatigue or their behaviour is unpredictable compared to other children and they still need some care or supervision.

Completing the Form

Part 1 – About the child (page 1)

This section requests factual information about the child including name address and date of birth. It also asks for the National Insurance number for the child. If you do not know this do not worry as one will be allocated as part of the claim process. Most children do not receive their NI number until their 15th birthday. Any future correspondence from the DWP will have the NI number printed on it.

Part 2 – About the person claiming DLA for the child (page 2)

Again these are factual questions about the person making the claim and what their relationship is with the child

Claiming under the *Special Rules* (page 3)

This section is for claiming for a child who is terminally ill. See the companion guide *Disability Living Allowance and Attendance Allowance for People who are Terminally Ill* in this series for more information.

Part 3 – About where the child lives (page 4)

This section deals with where the child normally lives and any prolonged periods spent overseas. There are certain residence and presence conditions that apply to DLA claims, if you are unsure seek advice.

Part 4 – About the child's illnesses or disabilities (page 4)

What are the child's illnesses or disabilities? – List all of the illnesses and disabilities the child suffers from. The award of DLA is based on the effects of all of their health problems.

If medicines, tablets or other medical treatments etc – List all of the medications and treatments prescribed for the child here. You can attach a repeat prescription slip if the list is long.

Part 5 – More about the child (page 5)

Tick all the box(es) that apply to the child's condition.

If you have copies of any assessments or care plans read through them and if you believe they will help your claim send with the claim form. If you feel that the assessment or care plan is unrealistic or too positive you are not obliged to send it but you can tick the "Yes" box. The DWP may obtain a copy of the assessment or care plan from the organisation that made any assessment to help them make a decision. You may wish to not answer the question at all and leave the box blank if you believe the care plan is not helpful at all.

High Mobility

Part 6 – Walking outdoors (page 6)

This section deals with the High Rate Mobility that can only be paid to children from the age of 3.

If the child cannot walk at all or has difficulties with walking tick yes. If not tick no and proceed to the next question.

High Rate Mobility can only be paid if the child is:

- (i) Because of physical disability unable to walk **or**
- (ii) Because of physical disability virtually unable to walk. This definition looks at:
 - a. *Distance*
 - b. *Manner or way of walking (limping, shuffling etc.)*
 - c. *Speed*
 - d. *Length of time*
 - e. *Severe discomfort caused by walking* **or**
- (iii) Born without feet, is a double amputee or otherwise without both legs **or**
- (iv) Both deaf and blind (100% blind and at least 80% deaf) **or**
- (v) Severely Mentally Impaired ie:
 - a. *Suffers from arrested or incomplete development of the brain that results in severe impairment of intelligence and social functioning* **and**
 - b. *Displays behavioural problems ie – disruptive behaviour* **and** *requires someone to physically restrain them in order to prevent physical injury to themselves or others or prevent damage to property* **and** *be so disruptive that someone has to be watching over them whenever they are awake* **and**
 - c. *Receives the Highest Rate Care Component*

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

When answering this question you need to explain any of the following that apply :

- Suffer pain – where? How bad is it?
- Get out of breath
- Suffer extreme fatigue
- Get dizzy
- Limp
- Shuffle
- Stumble
- Fall frequently
- Use an aid, ie: crutch, artificial limb,
- Have to take frequent breaks because of pain or any other reason
- Have to walk very slowly
- Walk very slowly

-
- Only manage to walk very short distances before they have to stop
 - Have days when they cannot walk at all
 - Have to use a wheelchair some or all of the time
 - Put their health at risk by walking
 - Have to take medication to enable them to walk or continue walking
 - Because of a learning disability or similar
 - *Refuse to walk*
 - *Endanger themselves*
 - *Become aggressive or violent*

Enter the number of days the problems with walking occur

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

There is no fixed walking distance beyond which the Mobility component is not payable. The time taken, manner of walking and speed should all be taken into account.

Any pain or discomfort that arises from walking is very important and you should explain how far the child can walk before they experience pain or breathlessness.

Do not guess at a distance – people often underestimate distances, 100 metres can be a lot further than you think. If necessary pace out the distance.

Question - How long does it take them to walk this far?

Indicate how long it takes the child to walk the distance entered in the box above. Again do not underestimate time, count or time them with a watch.

Low Mobility

Part 7 – If the child needs someone with them when they are outdoors.

This section deals with the Low Rate of Mobility which is only paid to children from the age of 5.

If a child can walk but needs someone to guide or supervise them when outdoors in unfamiliar places, they may be entitled to the Low Rate Mobility. Again it is important to remember it is the help the child needs over and above that a non-disabled child of the same age that is important.

Tick yes if the child needs extra guidance and supervision when outdoors, if the child does not need extra help tick no and proceed to the next question.

An award of Low Rate Mobility can be for physical, mental health, learning disability or behavioural problems and any combination of these.

Even if the child is not old enough to be allowed outdoors unaccompanied, still complete this section indicating the extra help they need compared to a child of the same age.

Question - Tell us why the child needs someone with them in places they do not know?

Does the child, because of their illness or disability:

- Get tired or fatigued easily and without warning
- Have fits or something similar
- Have poor co-ordination and frequently fall
- Have problems with seeing
- Have problems with hearing
- Become confused and disorientated easily
- Find it difficult to follow directions
- Act impulsively or run off
- Lack any awareness of danger
- Have panic/anxiety attacks because of emotional/mental health problems
- Refuse to walk
- Have poor road sense
- Get angry and hit out at people or damage property
- Display challenging behaviour

The sort of help the child may need could be that they need someone to:

- carry them to the destination
- Make sure they are safe
 - *Keep hold of them*
 - *Stop them running off or into the road*
 - *Look after them if they have a fit*
 - *Ensure they do not walk in the road*
 - *Keep a look out for obstacles and potential hazards*
 - *Help them if they fall/support to prevent a fall*
- Give comfort and reassurance
- Keep them calm
- Guide them to their destination or a place of safety
- Coax or encourage them to walk

Also compare the help needed to what a child of the same age needs.

Example 1

Archie is 11 and has a learning disability. His concentration and memory are poor and he lacks insight into any potential dangers. He sometimes displays challenging behaviour and often refuses to walk.

Clearly Archie's needs are greater than other 11 year olds. He will need supervision to make sure he gets to his destination, ensure he is safe around roads and encouragement to begin walking. He will also need someone to intervene when his behaviour is challenging to ensure he stays calm.

Care Component

The next sections on the form concern the care and/or supervision the child needs on a regular basis. Again there is a comparison between the disabled child and a non-disabled child of the same age.

Part 8 – Someone keeping an eye on the child

This section deals with the supervision the child needs.

When answering the questions think about all of the time that is spent watching over the child to ensure their safety, again it is about the help they **require** rather than the help they receive.

For Daytime – Focus on these issues:

- They act impulsively and are unaware of potential danger
- They need someone to monitor what they eat and drink
- They need someone to ensure they remain conscious
- They need someone to monitor their condition constantly to be aware of any change in their condition and administer treatment or medication if needed
- They behave in a destructive or aggressive manner
- They suffer from fits or something similar
- You have to ensure that any equipment they need throughout the day is working and functional

Use examples of incidents to show the problems the child has.

For Night time – Focus on these issues:

- They suffer pain and distress and you need to check on them repeatedly
- You need to check any equipment they need (eg for breathing)
- They sleep intermittently and they behave in a destructive, aggressive, impulsive manner when they wake up
- They are prone to fits or something similar
- You need to be awake to regularly monitor their condition for any changes

Give examples of any incidents to illustrate the problems

Part 9 – About the child's development

This section deals with the child's development, physically, intellectually, socially and emotionally. Children develop at different speeds but if the child's development has been affected because of their illness or disability then you should document it here.

Consider whether the child's development of **physical and sensory** skills been delayed – detail the physical and sensory problems the child suffers from. For example, compared to other children of the same age, does your child have more difficulty with:

- manipulating objects:
 - picking things up,
 - holding things
 - kicking or throwing things
 - using a pen, pencil or a keyboard;
 - turning the pages of a book;
- movement:
 - sitting,
 - crawling,
 - standing,
 - walking,
 - running
- using their senses:
 - hearing,
 - identifying where sounds are coming from,
 - seeing,
 - follow moving objects with their eyes;
 - speaking;

Then document the type of help the child needs for example:

- Do they need physical help with the action in question, eg support to stand etc
- Do they need encouraging to practice these actions
- Do they need to develop new skills eg signing or lip-reading
- Do they need supervision when they perform these actions in case they cause themselves harm

Use accounts of incidents to illustrate these problems

State whether you have received any advice to assist in the child's development. If you have any written documents you can attach copies.

Indicate how many times and for how long the child needs the help for. If this varies give an average or a range.

Question - Has the child's development of learning skills been delayed – detail how the child's ability to learn has been affected compared to children of the same age.

Does the child have difficulty with:

- Learning everyday skills such as:
 - Washing
 - Dressing
 - Using the toilet
 - Using knives and forks
- Learning potential dangers in everyday situations such as
 - Traffic safety
 - Gas fires
 - Cookers
 - Electrical appliances
- Problems with basic literacy and numeracy
- Problems keeping up with children in their class

Then document the help the child needs, for example:

- Extra help at home learning daily living skills
- One to one help at school, or SEN support
- Extra help or encouragement from you with school work
- Extra tuition at home

Use any incidents to show the problems

If the child has had an assessment of their problems in this area you may want to attach a copy of any reports.

Question - Has the child's development of social skills been delayed? – detail how the child's ability to interact and communicate with others has been affected compared to children of the same age.

For example the child:

- Has difficulty communicating with other children or adults
- Is much more aggressive or shy than other children
- Has problems trusting other children
- Tends to isolate themselves and spend much of their time alone
- Relates far better to adults than children
- Has difficulty making friends because of embarrassment/awkwardness due to their illness/disability

Use accounts of any incidents to illustrate these problems

Then document the type of help the child needs, for example:

- Help with communicating
- Close supervision when with other children
- Encouragement to spend time with other children
- Extra support to help prevent bullying and victimisation at school

Indicate how many times a day the child needs help for, this could be quite frequently if the child needs help because of bullying or the child is extremely withdrawn, this would be throughout the day. Indicate how long the help takes; if this varies give an average or a range.

Question - Does someone need to help the child develop through play –

Play is a very important part of a child's development and almost all play can be said to help a child develop physically, mentally or socially. Detail the problems the child has with their development through play compared to other children of the same age. For example does the child have problems with certain types of play/activities because

- They cannot hear
- They cannot see
- They have problems with co-ordination and movement
- They cannot grasp or hold things
- They need more attention with certain activities to ensure they develop
- They get bored or aggressive or frustrated very quickly

Then document the type of help the child needs to help them develop through play, for instance:

- Helping explore play equipment through touch because of visual impairment
- Demonstrating play activities through gesture because of hearing impairment
- Assisting with play activities/equipment because the child cannot manage without help
- Devising and participating in play activities that address the difficulties the child has in order to develop
 - Co-ordination
 - Stamina
 - Language skills

Detail any incidents to illustrate these needs

Include any reports from professionals involved to back up your evidence

Indicate how many times a day the child needs help for if this varies give an average or a range. Indicate how long the help takes; if this varies give an average or a range.

Part 10 – Waking, getting up and going to bed

This section deals with the difficulties the child has with waking or getting in and out of bed.

You should cover issues such as:

- The child needs physical help with getting into bed eg
 - Pulling back the covers
 - Sitting on the bed
 - Getting their legs into bed
 - Arranging the bedclothes once in bed
 - Transferring from wheelchair to bed
- The child needs prompting, encouraging or reassuring to help them go to bed because:
 - They suffer pain or discomfort
 - They have night terrors/nightmares
 - They are anxious/worried
 - They cannot settle because of hyperactivity
- The child has problems waking and getting up in the morning because:
 - They have disturbed nights that mean they are so tired/exhausted that they find it difficult to get up
 - They lack motivation to get up
 - They suffer pain and discomfort that makes getting up a slow and painful experience
 - They cannot get up without physical assistance
 - They are frightened/anxious about going to school eg because of bullying or intimidation

Give any accounts to illustrate these problems

Equipment – If the child has equipment to help with getting in or out of bed indicate it here. Remember that if the use of equipment means the child does not have difficulties it will not count towards qualifying for DLA. Therefore if they use equipment (eg a hoist) and they still have difficulties, or if they need help to use the equipment make sure you explain these difficulties fully.

Question - How many days a week does the child need this help – If the child has problems every day the answer is 7, if the number of times varies put an average that takes into account worse spells.

Question - How many times a day does the child need this help – If the child just needs help getting up and going to bed the answer is twice. If the child spends prolonged periods in bed because they are ill they may need to get up and back into bed several times in a day.

Question - Tell us roughly how long does it take the child to get out of or into bed? – Document the whole process, if the child needs several visits/prompts after the initial attempt to wake them, time it from the first visit/prompt until the child is up, or if the child has to wait for the affects of pain/stiffness/medication to wear off, the time should be from when the you begin to get the child up until the time they physically get up. Children without a disability are ABLE to get up as soon as they are awake and would not be considered to need repeated prompting.

Add together the time to get up and go to bed and give the average, or if the times for each are very different put the time for each activity separately.

Part 11 – Washing and bathing

This section looks at the child's ability to wash, shower and generally take care of their personal hygiene.

Your answers should give details of if the child needs help in the following areas. The child:

- Needs physical help because of problems or pain/discomfort to
 - get to the bathroom
 - get in/out of the bath
 - stand to wash or shower
 - dry themselves (especially feet, hair & back)
- Gets too fatigued/exhausted to wash/bathe/shower
- Needs help with dressings/a line into a vein/stoma appliance that needs to be kept dry or sterile
- Needs help replacing pads or applying cream after bathing
- Needs help brushing teeth
- Have to wash more often than other children
- Tends to wash too often because of obsessive/compulsive behaviour or concerns about personal hygiene
- Needs help with shaving/applying cosmetics/styling hair
- Needs supervision when washing/bathing

Outline the help the child needs that is more than or different to children of the same age, for example, the child needs:

- Someone to physically help them to wash or bathe
- Someone to encourage/prompt them to wash or bathe
- Someone to supervise them wash or bathe to ensure their safety
- Someone to offer support, reassurance, comfort or encouragement if they suffer pain or discomfort when washing or bathing or if they are anxious about washing or bathing

Finally explain why the child should not be expected to manage without this help and support, for instance the child:

- Would not be able to physically wash or bathe without it
- Would become emotionally distressed/upset without the help
- Might injure themselves or come to harm without the help

Equipment – If the child needs to use any equipment, give details. Equipment could mean support rails to get in and out of the bath, a bath seat, a bath hoist. Remember that if using the equipment means the child does not need any extra help then it will not count towards qualifying for DLA. Therefore if they use equipment (eg a hoist) and they still have difficulties, or if they need help to use the equipment make sure you explain these difficulties fully.

Question - How many days a week does the child need this help? – if the child needs help every day put 7, if the child's condition fluctuates put an average that takes into account bad or worse spells.

How many times a day does the child need help with washing or having a bath or shower? – Does the child need to bathe/wash or shower more than once a day because of:

- Incontinence
- Excessive sweating
- Bathing helps relieve pain
- Skin complaints

Question - Roughly how long does the child take to have a bath or shower? – This is the time taken for the whole process each time, and includes time taken to get undressed, clean, dry and dressed again plus any time resting in between each activity.

Part 12 – Getting dressed or undressed

This section deals with the child's ability to get dressed or undressed.

Explain the problems the child has with dressing and undressing, this could be because they:

- Have difficulties or pain when
 - Reaching to put on underwear or socks
 - Reaching up to put on or take off vests/t-shirts/jumpers
 - Doing up buttons or zips etc.
 - Putting on outdoor clothing
- Have to wear loose-fitting clothing or clothes that are easy to get on or off
- Have to change their clothes several times during the day because of incontinence or something like this
- Have a visual impairment that makes it difficult for them to choose appropriate clothing, and to put the clothing on correctly
- Find it distressing/upsetting if they have to get dressed/undressed in front of other children because of a physical difference or an aid/appliance they have to wear.
- Are resistant/anxious when dressing

- Then document the help that the child requires.

Finally explain why the child should not be expected to do without this help, for instance the child:

Use any incidents to illustrate these problems

Equipment – if the child uses equipment to help them get dressed/undressed document it here.

Question - How many times a week does the child need this help? – If the child needs help every day then the write 7 days, if the child's condition fluctuates give an average or range that includes any bad spells.

Question - How many times a day does the child need this help? – This includes any times that the child needs to change their clothes during the day because of incontinence, changing dressings, applying creams or the need to go to bed during the day.

Question - Roughly how long does it take the child to get dressed or undressed? – this includes any time the child needs to rest during the dressing/undressing process.

Part 13 – Help with toilet needs

This section deals with any difficulties the child may have with using the toilet.

During the day – Explain the help or support the child needs in connection with their toilet needs, for example the child:

- Needs someone to help guide/help them to and from the toilet
- Has difficulty getting to and from the toilet because of pain/fatigue
- Has difficulty doing/undoing buttons, zips, pulling clothing up or down
- Experiences bowel/bladder incontinence
- Experiences pain/discomfort with bowel movements or urinating
- Has more frequent bowel movements
- Becomes exhausted by the frequency of bowel movements
- Has particularly noisy/smelly or explosive bowel movements
- Sometimes needs to wash, bathe or shower after bowel movements
- Needs to apply cream or change pads after bowel movements
- Has difficulty wiping themselves after a bowel movement
- Needs someone to check their clothing after using the toilet
- Needs help with changing the bag of a **stoma** appliance or if it leaks
- Needs prompting to use the toilet
- Uses nappies at an older age than other children

NB: - Decision Makers may argue that a child who needs help to get to and from the toilet should be using a potty or commode. If you disagree with this you should make your case as strongly as possible. You may consider such arguments as:

- The child still needs to wash after a bowel movement
- The child needs help getting on and off the commode
- The commode will need to be placed and removed
- The potty/commode needs to be emptied immediately because of strong smells/hygiene reasons
- If the child is old enough it adds to the emotional distress their condition already causes them
- Are they able to empty the commode

Next explain what help the child requires, such things as the child:

- Needs someone to help them to and from the toilet
- Needs someone to help them bathe/wash/shower and change after episodes of incontinence
- Needs comfort/reassurance/support because of pain/discomfort when using the toilet
- Needs help to apply cream change pads
- Needs help to check stools for blood or excessive mucus
- Needs help to clean the toilet immediately after use
- Needs help to change their stoma appliance
- Needs help to empty a potty/commode

Equipment – if the child uses equipment to help them with their toilet needs document it here. Remember that if the child does not need help because they use equipment it will not count towards qualifying for DLA.

During the night – explain the help needed with using the toilet during the night. Look through the steps in the daytime list above and document it if the problems occur during the night. In addition to the daytime list you may consider the child might need help to:

- Get in and out of bed
- Settle back to sleep
- Help to change bedclothes after an episode of incontinence or stoma appliance leak
- Empty a potty/commode
- Prompt to use the toilet/potty to prevent incontinence

NB: - As with the daytime help you may need to argue why the child should not have to endure using a potty/commode, in addition to the arguments above the disabled child may share a bedroom which is an important issue.

It is very important to realise that a relatively small amount of help (20 minutes or so or two or more visits) during the night can entitle the child to DLA for night time care.

Part 14 Communicating with other people

This section looks at any problems the child has understanding and being understood by other people.

Explain the problems the child has understanding other people, for example the child:

- Uses sign language and needs an interpreter to understand spoken language
- Lip reads, but has difficulty with strangers or people they do not know well
- Needs someone to attract their attention to let them know they are being spoken to
- Needs someone to explain what is being said on the telephone
- Has difficulty reading books, text on PC's or phones as they have a visual impairment
- Needs someone to explain what people mean

This could be because they need:

- An interpreter
- Someone to attract their attention
- Someone to ensure others speak slowly and clearly and not cover their face when speaking
- Someone to write things down

Equipment – if the child uses equipment to help them understand other people, for example a hearing aid, document it here.

Explain the child's difficulties in being understood by other people and any equipment the child uses to help them, and how useful this is.

Describe the problems the child has with being understood by other people, giving examples if you can. This could be that the child:

- Has a physical impairment that means
 - They are unable to speak
 - Their speech is difficult to understand
- Has difficulty producing written or typed communications
- Uses sign language or gestures and have difficulty making themselves understood
- Communicates with a touch pad or computer screen
- Has delayed language development so they have a limited vocabulary or misuse or mispronounce words.

Then outline the help the child requires:

- They need an interpreter
- They need someone who knows them well to explain what they are saying
- They need someone to help them type/write/use a touchpad

Equipment – if the child uses equipment to help other people understand them, for example a voice synthesizer, textphone or minicom document it here. Remember that if the child does not need help because they use equipment it will not count towards qualifying for DLA.

You should explain the problems the child has with their willingness to communicate with other people, for instance, the child

- Has become solitary/shy/withdrawn because of their condition or effects of their medication on their appearance
- Becomes frustrated/angry because they find it difficult to understand others or be understood by them
- Finds it easier to talk to adults rather than children of their own age
- Is teased/bullied by other children because of their condition
- Can become aggressive/anxious when talking to people because of emotional problems caused by their condition

Then go on to say what help the child needs, for example, the child:

- Needs a parent/carer to spend more time talking to them than a child of the same age to:
 - Comfort
 - Reassure
 - Boost self esteem
 - Encourage to talk to people
 - Offer support if bullied/teased

Part 15 – Eating and drinking

This section concerns any problems the child has with eating or drinking and any help they need.

For help during the day you need to outline the problems the child has with eating and drinking, for example the child:

- Has a very small appetite
- Associates eating/drinking with pain & discomfort
- Becomes nauseous when they eat
- Has problems eating because of medication
- Suffers or has suffered from malnutrition/weight loss because of not eating
- Has to eat small amounts but more often than other children
- Has to adhere to a special diet or avoid certain foods
- Has joint pain or other problems that mean they cannot hold mugs/cups/cutlery safely or without pain
- Has joint pain or other problems that mean they cannot cut up food safely or without pain
- Cannot feed themselves at all
- Has a visual impairment and needs someone to:
 - Tell them what food is on the plate
 - Tell them what food is available in café/canteen
 - Tell them where the food is on the plate
 - Tell them where on the table any condiments, drinks cutlery is
 - Check if they have spilt any food or drink
- Is receiving parenteral or tube feeding
- Has an eating disorder
- Has behaviour problems when eating

Next describe the help the child requires that is more than or different to children of the same age, for example the child:

- Needs encouraging/reminding to eat
- Has to have special food or drinks prepared for them
- Need someone to offer comfort/reassurance because of pain or discomfort associated with eating or drinking
- Needs someone to ensure they avoid certain foodstuffs/eat appropriately
- Needs help with parenteral or tube feeding with things like
 - Keeping the equipment sterile
 - Clearing blockages

Finally explain why the child should not be expected to cope without this help. For example the child:

- Would be physically unable to eat without the help
- Would become distressed without the help
- May come to harm without the help ie they may become
 - Weak
 - Malnourished
 - Underweight
 - Underdeveloped physically for their age

For night time needs go through all of the daytime prompts above to check if they apply, if so document it here. Also the child may have problems at night because:

- The child gets hungry at night because they have been unable to eat properly during the day
- The child has to be woken up and given food or drink to maintain their blood sugar level or for other health related reasons
- Does any food tube feeding equipment need checking or get blocked during the night

Part 16 – Help with medication

During the day

You need to explain issues such as the child is too young to take their medication without help, go into detail about all of the help they need in connection with their medication, including:

- Making taking medication more palatable
- Offering comfort and reassurance
- Reminding or encouraging to take medication
- Monitoring condition to know when medication is needed
- Administer any medication the child is unable to manage themselves
- Dress wounds
- Calculate the amount and frequency of medication required
- Keeping medication in the appropriate place/conditions (eg fridge)

Equipment – If the child uses equipment to help them document it here

During the night

Look at the daytime needs and if any of them apply document them here, also it may be worth considering the child:

- Needs soothing back to sleep after taking medication
- Needs waking up to take medication

Part 17 – Therapy

During the day

Explain what therapy the child receives and what it involves, this could be:

- Physiotherapy
- Hydrotherapy
- Speech therapy
- Play therapy
- Counselling
- Psychiatric treatment

If you are involved in any way even if it is just encouraging the child to do exercises document it here.

Question - How many days a week does the child need this help? – Include the days the child does therapy and any additional days they exercise that relates to the therapy

Question - How many times a day do they need help with therapy– If the child's condition varies give an average or range

Question - Tell us roughly how long does it take each time? – If this varies give an average or a range, include any time spent with the therapist and any time spent exercising with help related to therapy.

During the night

Check the daytime needs and if any apply during the night document them here.

Part 18 – Help with medical equipment

During the Day

You need to explain what help with medical equipment the child needs, for example help with:

- Stoma devices, catheters
- Injections
- Blood transfusions
- Oxygen treatment
- Kidney dialysis
- Nebuliser
- Peak flow meter
- Enzyme replacement treatment
- Measuring blood sugar
- Measuring lung function
- Checking the child's temperature
- Checking the child's weight
- Tube feeding

Then go on to say what help the child requires with the equipment, eg:

- Assisting the child to use the equipment
- Monitoring the equipment when in use
- Cleaning the equipment
- Refilling the equipment
- Disposing of the equipment safely
- Recording any measurements
- Offering comfort/reassurance/support to the child in connection with the equipment

Finally explain why the child should not be expected to manage without this help, for instance the child would:

- Be physically unable to manage without the help
- Become emotionally distressed if they did not receive the help
- May come to harm if they did not receive the help

During the night

Check the daytime lists above and if any of these apply during the night mark this down. Include any help the child needs to get back to sleep and settle down again.

Question - How many nights a week does the child need this help? – If the child needs help every night write 7 nights, if their condition varies put an average or range taking into account bad or worse spells

Part 19 Blackouts, fits, seizures or something like this

This section applies if the child suffers any of these problems, these include:

- Fits
- Seizures
- Fainting
- Asthma attacks
- Dizziness
- Hypoglycaemia

We will call them attacks for our purposes in this guide

During the day

Give a complete a picture as possible, for instance:

- What causes the attacks (condition/medication)
- How long has the child suffered these attacks
- Is there any warning when an attack will occur – are any warnings clear and reliable enough to allow the child to make themselves safe?
- Do they happen at particular times
- How severe are the attacks, does the child
 - Lose consciousness
 - Have convulsions
 - Become incontinent
 - Fall and injure themselves
 - Suffer concussion
 - Bite themselves
- What happens after the attack, is the child distressed, confused, dazed exhausted or aggressive?
- How long does it take the child to recover
- What help does the child need before – during – and after the attack, eg:
 - Protecting them physically during an attack
 - Making them safe and comfortable after an attack
 - Changing soiled clothing/bedding
 - Giving medication
 - Giving comfort and reassurance

Explain any incidents or examples to illustrate the problems

During the night

Question - Check the daytime list above and document any of the child's needs through the night in respect of an attack.

Tell us roughly how often this happens – Does the child suffer attacks

- Most nights
- Most weeks
- Several times a month

If the number of times varies give a range or an average

Part 20 – The child’s mental health

This section deals with any mental health problems the child may have, including the emotional effects a long term disability may have on their mental well being.

Mental health problems can include:

- Anxiety/Panic
- Low mood/depression/low self-esteem
- Hyperactivity
- Feeling that someone may harm them
- Thoughts of self-harm
- Aggressive behaviour (verbal and physical)
- Impulsive and destructive behaviour
- An inability to cope with change however small

Firstly document the problems the child has that are more than or different to children of the same age in respect of their mental health, for instance the child:

- Gets anxious/depressed/angry/afraid
- Lacks self esteem
- Suffers nightmares
- Attempts to hurt themselves
- Acts without thought of any consequences
- Lacks motivation to do things

Next say what extra or different help the child needs, this could be:

- Comfort and reassurance
- Encouragement and motivation
- Watch over them to ensure they do not deliberately hurt themselves or others
- Monitor their mental health regularly

Finally state why the child should not be expected to do without this help, it could be because:

- They would become emotionally distressed without the help
- Might harm themselves or others

Part 21 – Movement and co-ordination

In this section explain the problems the child has with movement and co-ordination, for example:

- They cannot move at all
- They can only move slowly
- They experience pain/discomfort when they move
- They cannot co-ordinate their movements
- They cannot control their movements
- Their limbs become stiff and difficult to move
- They suffer sudden uncontrolled movements of parts of their body
- They become exhausted after only small amount of movement

Next state what help the child requires that is more than or different to children of the same age, for instance the child needs:

- Someone to help them move
- Someone to do exercises with them to help with movement or co-ordination
- Someone to give comfort and reassurance when they have problems they have with movement or co-ordination
- Someone to watch over the child to ensure they do not come to harm
- Someone to make sure the child does not exert themselves
- Someone to massage the child's limbs when they are stiff/painful

Finally say why the child should not be expected to manage without the help needed, this could be because the child:

- Would be physically unable to move around
- Would be extremely limited in how they could move
- Would be in pain/ more pain
- Would become emotionally distressed
- May come to harm

There are no questions about how many days or for how long the child needs this help. It may help the claim if you put this information in, especially if the child needs lots of help with movement and co-ordination.

Part 22 – Moving about indoors

Describe the problems the child has with moving around indoors, this could be:

Moving Around

- They have to support themselves on furniture and walls when they move around
- They need someone to support them when they move around
- They have to move very slowly
- They need someone to open and close doors
- If they walk or stand for any length of time they suffer:
 - Pain
 - Discomfort
 - Fatigue/exhaustion
- They need someone to push/manoeuvre a wheelchair
- They need help transferring to and from a wheelchair

Stairs – Describe the problems if the child

- Has difficulty, pain or fatigue using stairs
- Becomes dizzy/unsteady and need watching over when using stairs
- Has to move very slowly, one step at a time
- Has to go up and down the stairs on their bottom
- Needs someone to help them in and out of a stairlift

Using chairs/sofas (also bed if they have to go to bed during the day) – Include details such as the child

- Takes a long time to get in and out of chairs
- Get stiff/uncomfortable if they sit or lie down for too long
- Needs someone to help them get in and out of their seat
- Has a special technique (rolling or rocking) to get up or sit down
- Has to hold onto things to raise themselves up
- Is sometimes too tired/exhausted to get up
- Suffers pain or discomfort when getting up or sitting down

Next outline the help the child requires that is more than children of the same age, this could be:

- The child needs physical help to move around, give details of what help is needed
- The child needs watching over to ensure they are safe and secure
- The child needs help with moving around, this may be encouragement, comfort, support and/or reassurance

Finally explain why the child should not be expected to do without the help they need, this could be because the child:

- Would be physically unable to move around without the help
- Would be in pain, or more pain without it
- Would be emotionally distressed without it
- May come to harm without it

Again there are no questions on the frequency of the help needed; it may help the claim to include details of the frequency of the need for help.

Equipment – If the child uses any equipment to help with moving around indoors give details here. This could be:

- Grab rails
- Raised bars
- Stair rails
- Stair lift
- Furniture arranged so the child can lean on it

Part 23 When the child is in bed at night

This section deals with the help the child needs through the night. Even a relatively small amount of help through the night (20 minutes or 2 or 3 times in a night) may qualify the child for Middle or High Care Component of DLA. Some of the needs may have been covered in the "night" sections of previous questions, still document the needs here, do not be afraid of repeating yourself, it is best to make the strongest case for the child's claim for DLA.

Go back through the form and check all of the nighttime sections and repeat them in this box adding any other information about the child's nighttime needs that could be added, including if the child:

- Has episodes of incontinence
- Has fits
- Suffers pain
- Has distressing periods of coughing or breathlessness
- Has nightmares because of their condition or medication
- Needs to have their blood sugar checked
- Needs medication
- Needs turning to avoid bedsores
- Needs medical equipment monitoring/checking

Then go on to say what help the child requires that is greater than or different to other children of the same age, this could be the child needs:

- Someone to give them
 - Medication
 - Drinks
 - Anything else (State why they cannot be just left out)
- Someone to help them change position
- Someone to help them rearrange bedding
- Someone to strip and remake the bed and deal with any soiled bedding after an episode of incontinence
- Someone to make a hot water bottle to put on a painful joint/part of their body
- Someone to give physiotherapy
- Someone to give massages to painful parts of the body
- Someone to provide comfort and reassurance to help them settle and return to sleep.

Finally explain why the child should not be expected to manage without the help they require.

Part 24 – Help the child needs when they go out during the day or in the evening

This section deals with the help the child needs with leisure/social activities at home as well as when they go out, include, play.

Question - What they do or would do if they had the help they need.

You should describe the assistance needed with the activities.

Does the child need more or different help/encouragement to children of the same age?

The places they go could be anywhere including:

- Outdoors to play
- To the doctors
- Hospital appointments
- Physiotherapist
- Counsellor
- Library
- Going to the shops for pleasure
- Holidays
- Cinema
- Church/temple
- Local park
- Clubs
- Day trips
- Visiting friends/relatives
- Swimming
- Gym
- Sports centre

Question - How many days a week? – If this is something they do or would benefit from doing every day then write 7 days.

Question - How many times a day? – Is this something the child would need to do more than once a day?

Question - How long do they usually need help for each time? – This can include time spent:

- Encouraging the child to partake in the activity
- Getting the child ready and other preparation time
- Accompanying the child to the activity
- Staying with the child throughout the activity
- Accompanying the child back

Describe the help that the child needs to enable them to take part in the activity, for example:

- Encouragement
- Transport
- Carrying equipment
- Physical support
- Help using the toilet
- Monitoring their condition
- Help with communication
- Supervision to ensure their safety

At home – this covers the activities the child does or would like to that require more or different help/encouragement to children of the same age.

Does the child need more or different help with:

- School work – eg - due to missed lessons because of illness
- Physical help setting up or playing games
- Taking part in activities (encouragement because of pain/discomfort/distress)
- Supervision to monitor their condition or ensure their safety

Part 25 – Help the child needs when they go out during the day or in the evening continued (see above)

Part 26 – Who would you like to tell us about the child’s illnesses or disabilities?

This section asks for details of a professional person who knows the child’s disabilities or illnesses and how they impact on their life the best. This could be the child’s:

- Consultant
- GP
- Occupational therapist
- Health visitor
- Community nurse

It is advisable to inform the person that their name has been used and make sure that they are aware of the child’s care and mobility needs.

Part 27 – Anything else about the way the child is affected by their illnesses or disabilities

This space is to document anything that concerns the child’s care and mobility needs that has not already been written down. This can include things like the child’s condition is unpredictable or fluctuates, and is difficult to manage. Does the child miss out on things that other children take for granted because of their condition, eg school trips or holidays. You may document any hospital admissions or surgery the child has had to undergo or that are planned for the future.

Part 28 – About the child’s condition

When answering this question put the date (or even just the year if you are not exactly sure) when the problems started even if there was no diagnosis. DLA can only be paid if the child has had the condition for at least 3 months (and will have it for at least further 6 months).

Parts 29 – 31 – About nights in hospital and Residential Care

These sections ask factual questions about any stays the child has had in hospital or residential accommodation, as this can affect any payments of DLA.

Part 32 – For children on kidney dialysis

Only complete this if the child receives dialysis

Part 33 – The child’s school or nursery

Document the details of the child’s school. If you put a contact down make sure they are aware that you are putting their name down and that they are aware of how the child’s condition affects their everyday life.

Part 34 – The child’s hospital doctor or specialist

Give details of ALL of the hospital doctors or specialists who have seen the child for any of their conditions within the last 12 months. Use part 27 or extra sheets if there is not enough room, remembering to put the child’s name address and National Insurance number at the top of any extra sheets and staple them to the form.

Part 35 – The child’s family doctor or health centre

Give details of the family GP here. Do not assume the doctor knows all of the problems the child encounters because of their condition. If possible make an appointment with the GP and explain that a claim for DLA has been made and go through all of the problems the child has and the help they need. Make sure you do this before the DWP contact them.

Part 36 – Consent

Read the consent form carefully. It is advisable for consent to be given for the DWP to contact any professionals about the child’s condition as it will make it easier for them to make a decision. If you do not give consent it may cause a delay in the claim.

Part 37 – Statement from someone else who knows the child

This page is optional but if you wish to get someone to complete this part remember it can be completed by anyone who knows the child and knows the extent that their condition affects them. This could be a relative, friend, neighbour or GP. It is likely that more weight will be given to a professional involved in the child’s care eg GP, nurse, teacher or Social Worker. It may be best to photocopy this page and give it to the person to complete. If you are happy with what they write you can attach it to the form, if you are unhappy you can ask someone else.

The person should fill in the form detailing all of the problems the child has and the help they need that they know of.

Part 38 – About Income Support, Jobseeker’s Allowance or Pension Credit

This asks about any of the above benefits you receive or are waiting to hear about, as an award of DLA may mean an increase in one of these benefits.

Part 39 – About tax credits

This asks about any Tax Credits you receive or are waiting to hear about, as an award of DLA may mean an increase in Tax Credit.

Part 40 – Making payments to you.

The DWP likes to make all payments of benefit into nominated bank accounts. This section asks for the details of the account you wish DLA to be paid into. In certain circumstances payments can be made in an alternative way, if this is the case tick the box requesting more information and seek advice.

Part 41 – Declaration

Read the declaration and then sign.

Part 42 – What to do now

Check everything, make a photocopy of the form if possible and any evidence or extra sheets and then post the form.

What happens next?

The DWP may do one of three things

- i) Award DLA
- ii) Not award DLA
- iii) Request that a Medical Services doctor visit to assess the child to gather evidence and assist them in the decision making process

If i) you may be unhappy with the award and wish to request a review or an appeal, if this is the case seek professional advice. You may be quite happy with the award in this case you do not need to do anything else about the claim, although you may need to contact other departments as other benefits or Tax Credits may be affected by an award of DLA (See companion guides – Social Security Benefits: A Simple Guide, Working Tax Credit and Child Tax Credit Explained and Benefits for Carers or seek advice)

If ii) again if you are unhappy with this decision you can request a review or appeal, seek advice

If iii) read below to find out what may happen and how to prepare for the visit.

The first you will know about a proposed medical examination will be when you receive a letter or phone call that the DWP wish to send a doctor to examine the child in respect of the DLA claim.

If you refuse to allow the medical examination to take place the DLA claim will be refused. However you can ask for the medical to be delayed or explain what times are convenient to you to give you time to prepare for the medical. If the child may be embarrassed and needs a doctor of the same sex you have a right to ask for this.

Anecdotal evidence suggests that not all Medical Services doctors obtain a comprehensive and accurate account of the child's disabilities and care needs. It may be in your best interests to have someone with you when the doctor comes to provide moral support, help you explain things and act as a witness to what happened at the medical. Remember the doctor only knows what you tell them on the day. The doctor does not normally have a copy of the claim form with them.

The Medical

The medical is in two parts.

Part 1 – Statement of the child’s needs in your own words

This is meant to be a statement of the child’s needs in your words. The doctor should ask about the activities and difficulties experienced by the child covered in the claim form.

Familiarise yourself with the copy of the claim form before the doctor comes to refresh your memory about what the child’s disabilities and care and supervision needs are.

Beware of leading questions like

“They can manage can’t they?”

“They don’t have trouble with do they?”

Try to give an accurate account and do not be persuaded into trivialising or giving an inaccurate picture of the child’s condition and support needs.

The doctor should write down what you say and either read it back to you or let you read through the statement. You then sign the statement if you agree with what has been written.

DO NOT sign the statement unless you are happy with what it says

This is a statement covering what you consider the child’s problems to be, if it differs from the claim pack it may mean the DWP may use it as grounds to not make an award.

Take your time; check it several times if you need to. 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 (the doctor is being paid quite generously for his/her time). If the doctor will not change the statement or write what you ask you can refuse to sign the statement but you should continue to co-operate with the rest of the medical. The doctor may try to force you to sign by suggesting the claim will fail – this is not the case. Do not sign the statement until you are satisfied it reflects in your opinion the child’s condition and their care and supervision needs.

Part 2 – The medical examination

The doctor may at this point ask you or the child questions, carry out a physical examination or ask the child to perform certain activities (standing up, walking across the room etc). If any of these activities cause the child pain you can tell the doctor you do not wish the child to do it and explain why or ask for the activity to stop as soon as pain is experienced.

The doctor examines the child and fills out his/her own report that may contradict or disagree with what you have said. You are not entitled to see this report (but you will receive a copy if you later appeal the decision).

After the medical the doctor will send his report to the DWP and the child may or may not be awarded DLA. If you disagree with this decision you can ask for a review or an appeal as above (seek advice).