

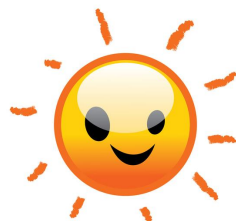
Disability Living Allowance

A Guide to Applying for
Disability Living Allowance



dish
benefits you

We have received support from the



Cambridgeshire
Community
Foundation

Disability Huntingdonshire

This booklet is designed to help you claim for Disability Living Allowance.

It was produced by Disability Huntingdonshire (DISH). DISH provides information, advice and support for disabled people in Huntingdonshire and South Cambridgeshire. We also support you filling in forms, support you with benefit information and appeals.

This booklet will explain how to fill in each question. If you need help, you can contact us at:

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We have received support from the Cambridgeshire Community Foundation.

Disability Huntingdonshire

Pendrill Court

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About this Guide

The DLA claim form is huge and it can seem daunting at first glance - **but don't panic**. Take your time, use this guide and you should be able to complete it without too much trouble.

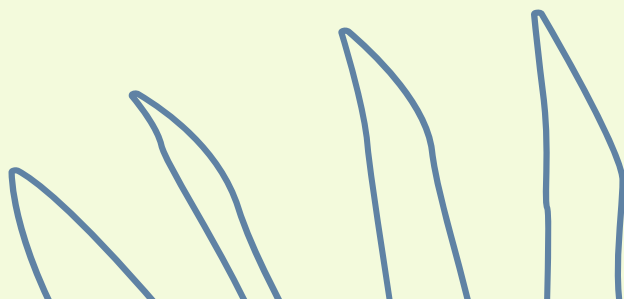
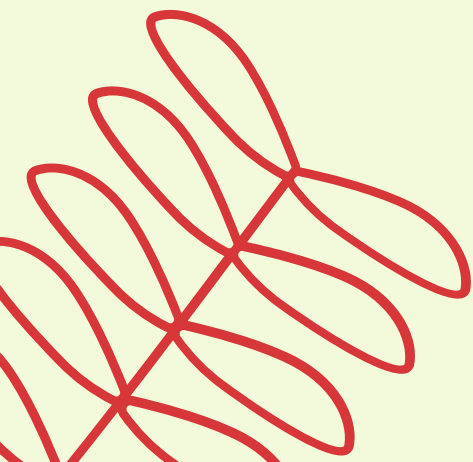
Read through it first before putting pen to paper so you have an idea of what is needed. If possible, get **specialist advice** from a welfare benefits adviser or someone else who is familiar with completing the form. This will increase the likelihood of your child being awarded the right level of DLA.

Keep a diary for a week before tackling the form. Include details of the amounts and types of care your child needs during the day and night. This will be useful when you fill in the form and can be used as evidence. It will also be a useful aid in **helping you think about all the extra help** your child needs.

Give as much information as possible. You can write outside of the boxes and attach extra sheets if you run out of space. Don't play down your child's condition.

Although it's hard, try not to overplay details of your child's abilities and achievements. **Include the bad days**, as these will give the decision makers an insight into **the full extent** of your child's needs. If your child has a fluctuating condition use the terms **'bad days'** and **'better days'** to describe the changes in their condition. Using terms like **'good days'** or **'normal days'** can imply your child needs no extra help on these days. Say how often your child **needs** help, rather than how often they get help.

Remember that your aim in filling in the form is to give **as clear a picture as possible** of your child's difficulties.



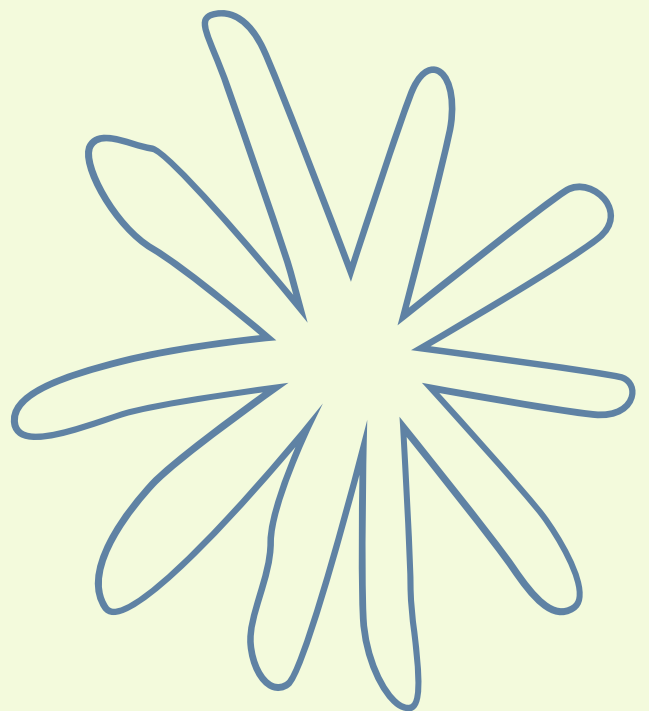
Much of the form consists of tick boxes with a few lines for you to describe their problems more clearly. However, **you do not have to be constricted by this structure** and can carry on writing below the lines if necessary, or even attach an extra piece of paper.


Show **how your child's needs are different** to those of other children of the same age. Is your child's level of competence age-appropriate for different tasks? If you have older children compare their needs at the same age or compare your child's needs with those of a friend or family member's child. Ask yourself – have you included enough detail to convince someone who hasn't met your child?

The application will be assessed by someone who **hasn't met your child** and who may not be familiar with your child's condition. If they have a rare condition, you may have information about it you can include to help the decision maker understand more.


Include **supporting evidence** with the form if you have it. This can be medical reports, speech and language assessments, psychological reports, and a statement of special educational needs – **anything that supports** what you've said in the form.

But **don't delay making a claim** if you haven't got these reports yet, as DLA can't be backdated and you could lose out. If you write on the form that you'll be sending further information the decision makers should accept it.





A Step-by- Step Guide to Filling in your DLA Form



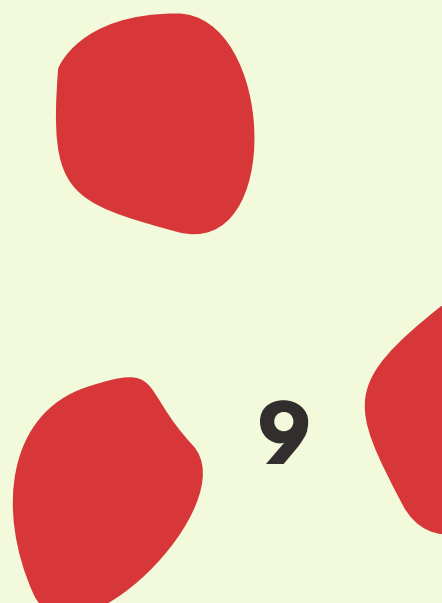
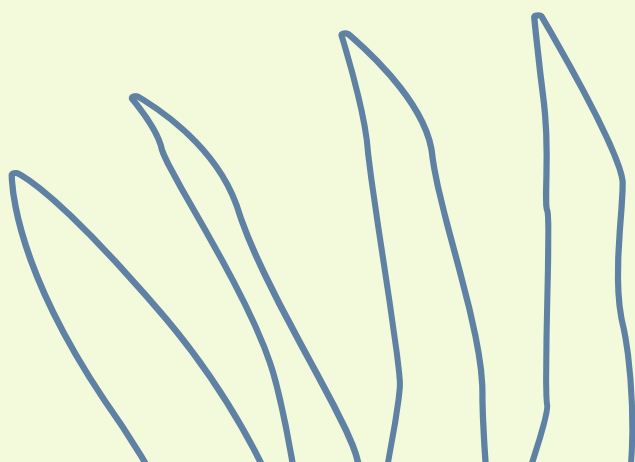
Introduction



The first parts of the claim form (parts 1 – 24) are fairly straight forward: they are asking for **basic information** about your child and the people involved in their care.

Parts 25-36 are the **mobility questions**, and parts 37-55 are the **care questions**. This guide begins with Question 25.

This guide is designed so that you can dip in and out of it as necessary and **just refer to the parts you need**. Equally, you can work through it page by page as it reflects the arrangement of the new DLA child claim form. In either case, **read through these introductory notes before you start**.



DLA Q.25 - Can they physically walk?

If the child **cannot physically walk at all** then tick no under Q.25 of your DLA claim pack and continue to Q.36 – you **do not** need to fill out any of the other sections in between.

Tick yes if the child **can physically walk** and continue onto Q.26.1.

DLA Q.26 - Do they have physical difficulties walking?

If the child has difficulties walking which affects their speed, health, the way they walk, how long it takes them, how far they can walk, or if they require a considerable amount of effort to walk, then tick yes under Q.26 of your DLA claim pack then **move onto the following questions.**

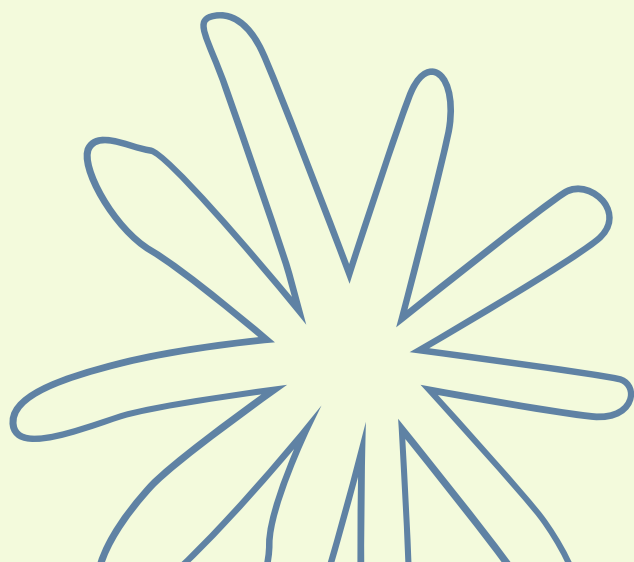
Tick no if the child **doesn't have any physical difficulties** walking, and move onto Q.32 (behavioural difficulties walking). Some children with learning disabilities or autism spectrum disorders can qualify for higher rate mobility because of **severe behavioural problems** from age three. Think about why your child needs more guidance or supervision than children the same age.

Virtual inability to walk due to refusal episodes

Some children, because of their condition, **regularly refuse to walk**. If these episodes are regular and unpredictable enough then you may be able to claim the higher rate as they can be said to render your child 'virtually unable to walk'. However, the refusals must be as a result of the child having a physical disability.

Some conditions, such as autism and Downs Syndrome, have been considered physical by DLA case law as they stem from the brain which is a **physical organ** of the body. Other conditions may not be considered in this way, and certainly **higher functioning children** with conditions such as Asperger's Syndrome, Dyspraxia, ADHD etc will be very unlikely to qualify under the criteria in this appendix.

If your child has **severe behavioural problems and a severe mental impairment**, or regularly refuses to walk due to a neurological condition, please tick **yes** to Q.26 and use the following guide to complete Q.27-36 (refer to the notes on mental health below these questions).



DLA Q.27

Don't tick any of the boxes! Write in the space between the suggestions and the tick boxes something to the effect of 'Regularly and unpredictably refuses to walk'.

DLA Q.28

As for Q.27, don't tick any boxes and just write 'regularly and unpredictably refuses to walk'.

DLA Q.29

Again, don't tick any boxes but you can use the small text box at the bottom to say that your child regularly and unpredictable refuses to walk.

DLA Q.30

Tick 'no' (unless they have a co-morbid condition that means that it does).

DLA Q.31

This is where you need to **describe the refusal episodes**. Start by saying that they are caused by your child's condition; that they happen regularly and unpredictably; that they are not just naughty behaviour (suggest what causes them, e.g. inflexibility of thinking, sensory overload etc); that they cannot just be overcome by punishment or reward; what happens if you try to move your child (e.g. hits you, smashes their head on the ground etc); how long they last for; how difficult/impossible it is to make any further progress; and, finally, how you consider your child to be **'virtually unable to walk' as a result**.

Anything else you want to tell them? (use the suggestions below to help fill in the additional information box at the bottom of the claim form).

High Rate DLA

Severe mental impairment is not a nice thing to have to say about your child, but remember it's just **benefits terminology**. It is a technical and complex regulation, and they have to satisfy a **five point test**:

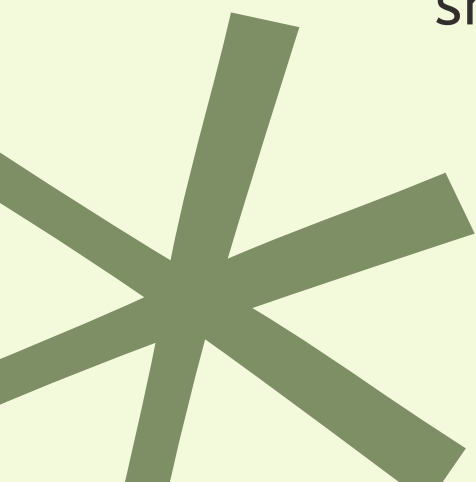
1. They must be entitled to the **higher rate of the care component**. If this is a new claim you will not know what award of care component they will have, but if they have care needs day and night then you will just have to assume that they will. Don't wait for the award of the care component first and then try to claim under this route later.

2. They suffer from 'a state of arrested or incomplete physical development of the brain which results in **severe impairment of intelligence and social functioning**'.

Again, some conditions are considered as fulfilling this criteria and others are not, as described earlier.

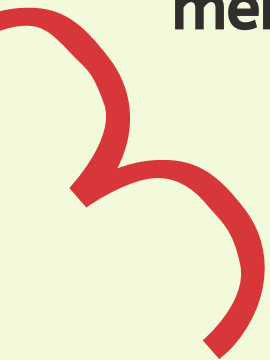
You still have to show that your child has a **severe impairment of intelligence** and social functioning. For some children this is easy and can be related to their IQ, however some children can be reasonably intelligent but unable to use that intelligence (eg non-verbal children) and so could still qualify. Impairment of social functioning relates to how your child interacts with others, how they are able or unable to cope in society. Generally, children who attend mainstream school would not pass this part of the test, although this is not always the case.

3. They **exhibit disruptive behaviour which is 'extreme'**. This relates to your child's behaviour outside of the home, whilst trying to get about. Extreme means wholly out of the ordinary: things like running off and shouting are not enough.




4. They must regularly need another person to intervene and physically restrain them to prevent them causing **physical injury to themselves or others or damage to property**. This is fairly self-explanatory, and demonstrates the extremity of behaviour that is required to be shown to achieve higher rate mobility by this route. However, physical restraint can just be a hand on the arm, rather than literally pinning your child down.

5. Their behaviour must be so unpredictable that they **require another person to watch over them** whenever they are awake. In other words, your child can never be left alone due to the severity of their behaviour. This will include demonstrating that they need this level of supervision at school as well as at home. So, if you've decided that your child may qualify via this route you need to show that on the claim form!



These points are a way to think about how you might complete **Q.26-31 for the severe mental impairment and severe behavioural problems route.**

DLA Q.32



Do they need **guidance or supervision most of the time when they walk outdoors?** Read through the examples and explanations below and if you decide your child needs extra supervision or guidance when outdoors then tick 'yes' at the top of the page for Q.32. Only tick 'no' to Q.32 if you have looked at the examples below and **decided you don't have such problems**, and then move to Q.33.

Answer 'no' if they cannot:

- **find their way around places they know;** or if in familiar places the child would get lost and if on their own they would not be able to find their way without any assistance
- **ask for and follow directions;** the child cannot communicate clearly enough to ask for directions, or understand what is being said to them. If lost they could not follow directions to find their way
- **walk safely next to a busy road;** the child doesn't know how to behave next to a busy road at all times; they may run off or get distracted by things.
- **cross a road safely;** they don't know how to check for traffic and use pedestrian crossings on their own in all contexts and situations

- **Understand common dangers outdoors;** cannot behave safely around traffic, ponds etc. Child is unaware of stranger danger. Child is not able to read and understand warning signs and signals

The phrasing of the question has now changed! **Answer 'yes' if they regularly...**

- **Become anxious, confused or disorientated;** worry about things that would not normally bother other children, not know where they are or what they are doing
- **Display unpredictable behaviour;** may have tantrums, run off, invade another person's space, get very upset, and be aggressive or verbally abusive
- **Need physical restraint;** in order to protect the child or others they may need to be strapped into a buggy, on reins, or have someone holding onto them

- **Refuse to walk;** the child will not walk due to behavioural issues, they throw themselves on the floor and have a tantrum, changes to routine or anxieties result in the child refusing to walk
- They need **lots of encouragement** to walk
- **Need supervision** to ensure they don't use too much energy or hurt themselves
- **Need to be supervised as they have seizures;** you have to monitor them, keep them safe during and help with recovery afterwards
- **Have a visual or hearing impairment** and need someone to help guide or supervise them
- **Cannot judge speeds or distance** and need help crossing roads
- **Child is easily distracted and has a lack of danger awareness,** e.g. if they saw someone on the other side of the road they would run without looking

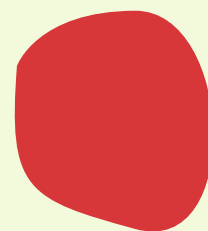
- **Have episodes of incontinence;** need guiding to the nearest toilet, and/or help with toileting needs. Child is scared to go outside alone due to fears and anxieties related to their condition
- **Inappropriate behaviour** such as shouting, kicking, being destructive etc.
- **Can be compulsive** and want to count things, touch things smell things etc. before walking on
- **Have panic attacks** and need someone to watch for them and help calm them down
- **Sensory overload** e.g. loud sounds, strong smells etc. can distress the child resulting in refusal episodes
- **A rigid routine** has to be enforced when outdoors and the environment controlled as much as possible
- **Balance problems** mean the child falls over frequently

- **Any bumps or bruises** can have a serious affect to their health
- Need supervision to watch for **signs of tantrums** and/or attempts to run off
- They can become **confrontational, aggressive and abusive** towards strangers

DLA Q.33



Do they **fall** due to their disability? If your child **often trips and falls** due to their condition then tick yes and record the number of falls each month. If they do not fall due to their condition continue onto Q.34. Answer yes if they can get up **without help**, or if they can get up on their own and don't need someone to **physically help them get up**, or give them encouragement.



DLA Q.34

If you want to tell them **why** you have ticked the boxes, how their needs vary or anything else you think they should know, then record it here.

For example: Has your child had injuries needing **hospital treatment**? Has the child has had a trip or fall that is directly related to their condition and as a result has needed to have treatment in a hospital e.g. stitches, casts, brain scans, etc?

DLA Q.35

Use this box to put down any additional information that you couldn't fit in **boxes 31 or 34**: use the previous section of the guide to help with this.

DLA Q.36

When did the **child's mobility needs** you have told us about start? State the age at which you **first noticed your child's mobility difficulties** e.g. the child not meeting developmental milestones, experiencing pain, refusing to walk, or severe behavioural problems.

DLA Q.37

Getting into or out of or **settling in bed** during the day:

Do they need encouragement, prompting or physical help to get into or out of or settling in bed during the day? If your child gets any extra help or encouragement waking up, lifting their legs into or out of bed, sitting up, or settling in bed, please tick yes at the top of the page under Q.37.

Only tick 'no' if you have read the boxes and examples on the form and have looked at the examples and decided your child **doesn't** have such problems.

'During the day' includes putting the child to bed at bedtime and waking them in the morning plus any sleeps during the day but does NOT include any **awakenings during the night** (when the rest of the household is in bed) – this will be dealt in Q.53.

If you have answered **yes**, how often each day and how long for? (use this column to decide how often each day and how long each time the child needs help with each task):

Fill in timings if they need **encouragement, prompting or physical help** to...

Wake up

Include:

- Waking the child up in the morning and from any daytime sleeps
- The time it takes from first trying to wake the child until they are fully awake and conscious
- How often each day; how long each time (mins)?

Get out of bed

Include:

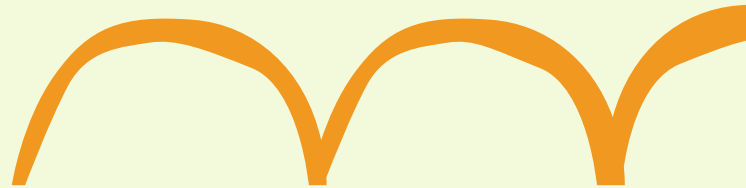
- Physically helping the child out of bed, and encouraging/prompting the child to get out of bed
- The amount of time it takes from deciding it is time to get the child up until the child is out of bed (including following a routine or refusals).
- How often each day; how long each time (mins)?



Get into bed

Include:

- Physically helping the child into bed and encouraging/prompting the child to get into bed, both at bedtime and for any daytime sleeps
- The amount of time it takes from deciding it is time for the child to go to bed (after any care needs such as bathing or toileting) until the child is in bed (include following a routine or refusals)
- How often each day; How long each time (mins)?



Settle into Bed

Include:

- Settling the child at bedtime and for any sleeps during the day
- The amount of time it takes from when the child is first in bed until they are settled and starting to fall asleep
- How often each day; How long each time (mins)?

DLA Q.38

Toilet needs during the day

Do they need encouragement, prompting or physical help to go to or **use the toilet** during the day? If your child gets any extra help going to the toilet, managing clothes, getting on or off and using the toilet, cleaning themselves and coping with continence care please tick **yes** at the top of the page under question 38.

Only tick 'no' if you have read the boxes and examples on the form and have decided your child **doesn't** have such problems. (Do NOT include any issues with toileting that occur during the night, such as bed wetting - this will be dealt with in section 53.)

Tick the box if they need encouraging, prompting or physical help...

- **Going to the toilet** - to go to the toilet during the day, including reminding the child to go to the toilet, guiding them to the toilet or supervising them while going to the toilet
- **Managing clothes** - When dressing or undressing when going to the toilet, including when managing nappies, pads, catheters, stomas etc., or changing/cleaning clothes after accidents.

- **Getting on and off the toilet** - when getting on and off the toilet, including supervision and transferring from a wheelchair onto/off the toilet (incl. hoists.), and supervision whilst using the toilet.
- **Wiping themselves** - help the child to wipe themselves after going to the toilet, include supervising and checking that they have wiped themselves properly.
- **Washing and drying their hands** - help the child to wash and dry their hands, including supervising (eg. making sure child does not burn themselves on hot water, eat soap etc.), and physically helping the child to reach taps.
- **Managing a catheter, ostomy or stoma** - Help the child to manage any continence aids, include emptying, cleaning, checking etc. Instructing/explaining to the child how to use them and/or what they are for.

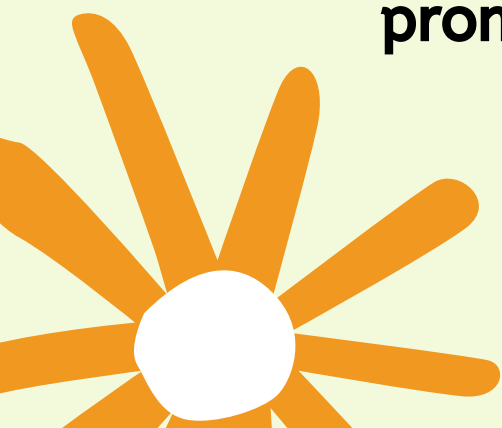
- **Managing nappies or pads** - Help the child with nappies and pads, include physically changing nappies (including cleaning the child), and helping/supervising a child with pads.

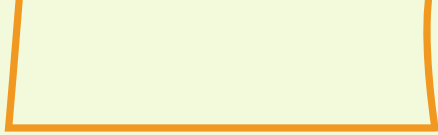

DLA Q.39


Do they need encouragement, prompting or physical help to **move around indoors**, using stairs or getting in or out of a chair?

If your child gets any extra help to move from one place to another when indoors please tick **yes** at the top of the page under question. Only tick no if you have read the examples on the form and decided your child **doesn't** have such problems.

Tick the box if they need encouragement, prompting or physical help...



- 
- **Go up and down one step** - while moving up and down one step to ensure their safety, help with movement and co-ordination, to enable them to get from one place to another and/or to use any aids.
 - **Go upstairs** - while moving up a flight of stairs to ensure their safety, help with movement and co-ordination and to enable them to get from one place to another and/or to use any aids.
 - **Go downstairs** - while moving down a flight of stairs to ensure their safety, help with movement and co-ordination and to enable them to get from one place to another and/or to use any aids.
 - **Move around safely** - while moving around indoors to ensure their safety, trying to prevent falls and accidents, guiding the child and making sure they know where they are going and making them aware of their surroundings.
- 

- 
- **Get into or out of a chair** - to get into or out of a chair as they may be unable to do it alone, to ensure their safety and/or because it takes them a long time.
 - **Sit in a chair** - to sit safely in a chair, including the use of specialised seating or postural support equipment, regularly moving the child because sitting for prolonged periods may cause pain or stiffness.

DLA Q.40

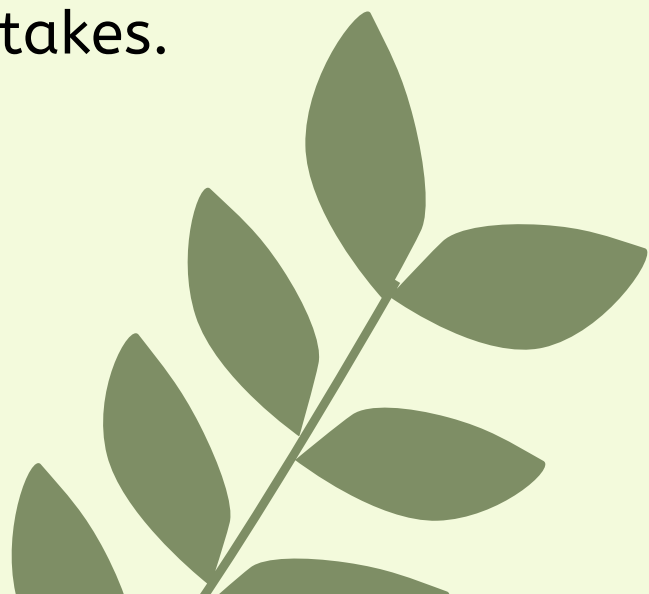
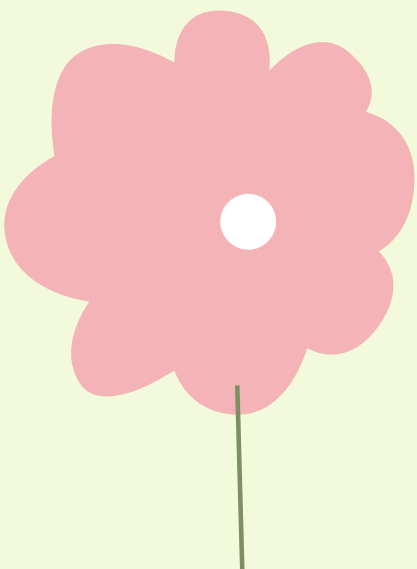
Washing, bathing, showering and checking appearance during the day

Do they need encouragement, prompting or physical help to **wash, bath, shower and check their appearance** during the day? If your child gets any extra help getting in or out of a bath or shower, washing or drying themselves, brushing their teeth, or checking their appearance, please tick **yes** at the top of the page under Q.40.

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

Fill in how often each day and how long the following tasks take. Use this column to decide how often each day and how long each time the child needs help with each task. Fill in timings if they need encouragement, prompting or physical help to **have a wash, clean their teeth, wash their hair, get in or out the bath/shower, clean, and dry themselves.** It is important to detail each of these actions in as **much detail as possible.**

Keeping a diary will help you clearly document how much time each action takes.




For each action, include:

- All the times that the child needs to perform a hygiene action during the day including washing, cleaning, brushing teeth, bathing/showering, drying, washing/brushing hair, shaving, applying cosmetics etc.
- The time it takes the child to perform these actions from **start to finish** (including any prior prompting and encouragement) and including following a routine or refusals.
- How **often** do they need to do them each day and how **long** does each action take (mins)?

DLA Q.41

Dressing and undressing during the day

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



If your child gets any extra help with any form of dressing or undressing (except when using the toilet) please tick **yes** at the top of the page under Q.41. Only tick 'no' if you have read the boxes and examples on the form and have decided you **don't** have such problems.

Like Q.40, you must fill in **how often** each day and **how long** the following tasks take. Use this column to decide how often each day and how long each time the child needs help with each task. Fill in timings if they need encouragement, prompting or physical help to **dress, undress, managing zips and fastenings, or choose appropriate clothes**. It is important to detail each of these actions in as much detail as possible.

Keeping a diary will help you clearly document how much time each action takes.

For each action, include:

- All the times that the child needs to perform a dressing action during the day including dressing, undressing, managing zips/buttons/fastenings, and choosing appropriate clothing (including sports/changing soiled clothes).
- The time it takes the child to perform these actions from **start to finish** (including any prior prompting and encouragement) and including following a routine or refusals.
- How **often** do they need to do them each day and how **long** does each action take (mins)?

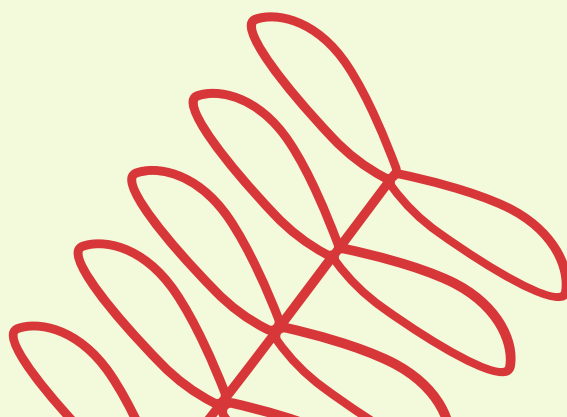
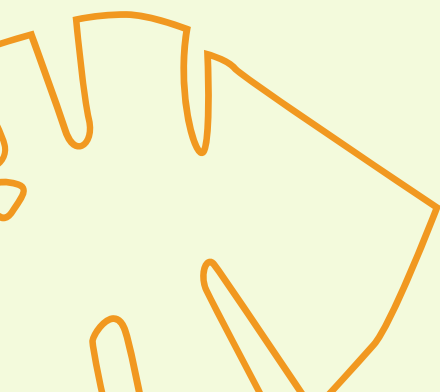
DLA Q.42

Eating and drinking during the day

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

If your child gets any extra help getting food into their mouth, chewing and swallowing, using cutlery, cutting up food, holding a cup and drinking please tick **yes** at the top of the page under Q.42. Only tick 'no' if you have read the boxes and examples on the form and have decided you **don't** have such problems.

Like Q.41, you must fill in **how often** each day and **how long** the following tasks take. Use this column to decide how often each day and how long each time the child needs help with each task. Fill in timings if they need encouragement, prompting or physical help to **eat, use a spoon, cut up food on their plate, drink using a cup, or be tube/pump fed**. It is important to detail each of these actions in as much detail as possible.




For each action, include:

- All the times that the child needs to perform a food or drink action during the day including cutting up their food, using a spoon, eating meals and snacks, drink using a cup, and tube or pump feeding.
- The time it takes the child to perform these actions from **start to finish** (including any prior prompting and encouragement) and including following a routine or refusals.
- How **often** do they need to do them each day and how **long** does each action take (mins)?


DLA Q.43

Taking medication or having therapy during the day

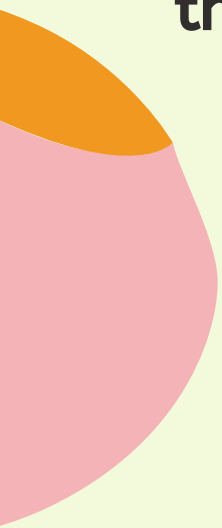
Do they need encouragement, prompting or physical help to take medication or have therapy during the day?



If your child gets any extra help to take their medication, be reminded of when, how and the quantity to take or have their therapy please tick **yes** at the top of the page under Q.43. Only tick no if you have read the boxes and examples on the form and have decided you **don't** have such problems.



Like Q.42, you must fill in how often each day and how long the following tasks take. Use this column to decide **how often** each day and **how long** each time the child needs help with each task. Fill in timings if they need encouragement, prompting or physical help to **take the correct medicine, know when to take their medicine, do their therapy, or know when to do their therapy.** It is important to detail each of these actions in as much detail as possible.



For each action, include:

- All the times that the child needs to perform/take medicine/therapy during the day including **taking the correct medicine, when to take their medicine (including reminding/reassuring), needs help during their therapy (including physical help, preparation, supervision, encouragement), and when to do their therapy (including reminding/reassuring).**
- The time it takes the child to perform these actions from **start to finish** (including any prior prompting and encouragement) and including following a routine or refusals.
- How **often** do they need to do them each day and how **long** does each action take (mins)?

DLA Q.44

Do they have difficulty seeing?

If your child has **difficulty seeing** when using their aids like glasses or contact lenses then tick **yes** at the top of the page under Q.44. Only tick 'no' if your child **does not** have a Certificate of Vision Impairment and any difficulties they do have are **corrected perfectly** by aids such as glasses.

Are they certified sight impaired or severely sight impaired?

Certified severely sight impaired

An examiner would have certified your child sight impaired or severely sight impaired, you would have been made aware of this and given a Certificate of Vision Impairment (CVI). If your child has a severe sight impairment then tick the box and move onto the next question.

Remember to tell them if you want the copy of your CVI **returned to you** – write this anywhere on the page.


Certified sight impaired

If your child is certified sight impaired (not severely) **tick the box** and mark the boxes that apply. Only tick 'yes' to these boxes if the child can see each thing clearly and **does not** need, support guidance or any extra help with their vision.

DLA Q.45

Do they have difficulty hearing?

If your child has difficulty hearing sound or someone speaking when using their hearing aids then tick **yes** at the top of the page under Q.45.



If your child has **not been issued hearing aids** but still has problems hearing after any other aid or adaptation they have then also tick **yes** e.g. the child may have grommets or a cochlear implant but still has difficulty hearing. Only tick 'no' if you have read the boxes and examples on the form and have decided you **don't** have such problems.

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

If they have had an audiology test due to a difficulty in hearing please tick **yes**. If you have any reports confirming the child's difficulty in hearing then **attach a copy** if you can.

Remember to tell them if you want the copy of your audiology report returned – write this anywhere on the page.

Answer 'yes' if they can hear...

- A whisper in a quiet room
- A normal voice in a quiet room
- A loud voice in a quiet room
- A TV, radio or CD but only at a very loud volume

DLA Q.46

Do they have difficulty speaking?

If your child has **difficulty saying words out loud and talking clearly** then tick yes at the top of the page under Q.46. Only tick no if you have read the boxes and examples on the form and have decided you **don't** have such problems.



Answer 'yes' if they can...

- Speak clearly in sentences - in clear sentences that have meaning and are relevant to the situation
- Put words together to make simple sentences - a few words joined to make a meaningful sentence such as 'I want banana'
- Speak single words - if the child can speak single words 'dog', 'ball' etc., but cannot build them into sentences

Answer 'yes' if they can communicate using speech...

- With someone they know - effectively communicate with someone who is familiar to them using speech. They may use simple sentences or single words but these can easily be understood by someone who knows them.

- With someone they don't know – Child's speech is clear and complex enough to effectively communicate with a stranger. They can talk out loud, clearly and be easily understood by someone who does not know them.

DLA Q.47

Do they have difficulty and need extra help communicating?

If your child has difficulty and needs extra help **passing on information, asking and answering questions, telling people how they feel and giving and following instructions** please tick yes at the top of the page under Q.47. Only tick no if you have read the boxes and have decided you **don't** have such problems.


Answer yes if to communicate they use...

- Writing - the child may sometimes need to write or have things written down in order for them to communicate effectively
- BSL (British Sign Language) - use sign language and have difficulty understanding and making themselves understood in spoken language
- Lip-reading - the child communicates by reading lips.
- Using hand movements, facial expressions and body language - the child uses a series of movements, expressions, gestures etc. to communicate (not Makaton or BSL), these may be specific to an individual, family, group of people or area.
- Makaton - Communicating using more basic signs and symbols.

- Other forms of communication - Touch pad or computer screen, Picture Exchange Communication System (PECS), use an interpreter or other specially designed communication aid.

Answer 'yes' if they can communicate...

- With someone they know - the child can **effectively communicate their thoughts, needs, and feelings** with someone who is familiar to them. They may have their own specific way of communicating using sounds, signs and expressions that **only certain people** understand. Or they may need someone to communicate in a certain way so they can understand, e.g. slowly and clearly. The child may be **shy, withdrawn, and anxious** and only communicate with people they know.

- 
- With someone they don't know - the child can effectively communicate their thoughts, needs and feelings with people **they don't know**. They do not need help with interpretation (including parents), and can be understood by others. Child is not withdrawn or shy and does not need to be familiar with someone in order to communicate.

DLA Q.48

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

If your child has fits, blackouts, seizures or similar, including **epileptic, non-epileptic or febrile fits, faints, absences, loss of consciousness and hypoglycaemic attacks** tick **yes** at the top of the page under Q.48 (you have more space below to explain what happens). Only tick no if you have read the boxes and examples on the form and have decided you **don't** have such problems.

Tell us what **type** they have and what **happens**: for instance, are they absences or tonic clonic seizures? Give a brief description of what happens e.g the child collapses, is unaware of their surroundings, etc.

Answer 'yes' if they...

- Can recognise a warning and tell an adult - warning signs are clear and reliable; the child can recognise a warning and have enough time to let an adult know
- Can recognise a warning and take appropriate action -Warning signs are clear and reliable; the child can recognise a warning and have enough time to make themselves safe etc.
- Have no warning -They have no warnings or warnings are unreliable.

- Have had a serious injury in the last 6 months because of a fit, blackout, or seizure. A serious injury may be concussion, a cut, they may have bitten themselves, bad bruising or been hospitalised
- Display dangerous behaviour after a fit, blackout or seizure. The child may be confused, upset, exhausted, dizzy, sick, and aggressive after a seizure and need time to recover. This could be 1 hour or 1 day

You will also need to tell them...

- The number of days affected each month: when putting in numbers try to **work out an average**. If you have a child who on a good day/night fits once but on a bad day/night fits 10 times put down around 5 times.
- How many fits they have on these days

- The number of nights affected each month
- How many fits they have on these nights
- If they have had an episode of status epilepticus in the past 12 months
- Persistent epileptic activity for more than 30 minutes
- Continued seizures without regaining consciousness

DLA Q.49

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

If your child needs supervising because of **how they feel or behave, or how they react to people, changing situations and things around them** please tick 'yes' at the top of the page under Q.49. Only tick no if you have read the boxes and examples on the form and have decided you **don't** have such problems.

Answer 'no' if they cannot...

- Recognise and react to common dangers: they cannot behave safely around cookers, knives etc. The child is unable to read and understand warning signs and signals
- Cope with planned changes to daily routine - even if they are given notice of changes in routine, the child reacts badly: routines cannot be changed easily with prior notice
- Cope with unplanned changes to daily routine: any changes to routine cannot be coped with, and it is hard to make changes to routine without serious consequences, distress, anger etc.



Please note the phrasing of the question has now changed. **Answer 'yes' if they regularly...**

- Feel anxious or panicky - worry about things that would not normally bother other children
- Become upset or frustrated - get upset and frustrated over things other children wouldn't. They struggle to understand things or get their point across
- Try to harm themselves or others - banging their head against things, biting, pinching, scratching, hitting themselves etc.
- Feel someone may harm them - a fear of being alone with and meeting different people, paranoia, attachment disorders
- Become verbally, physically aggressive or destructive - shouting and swearing, hitting, kicking, pulling hair, punching, biting, throwing and hitting with the use of objects

- Act impulsively - running off or unpredictable behaviour
- Have tantrums - get very angry, refuse to listen to what is being said, ignoring instructions, are uncooperative, and cry/scream uncontrollably for prolonged periods of time.

DLA Q.50

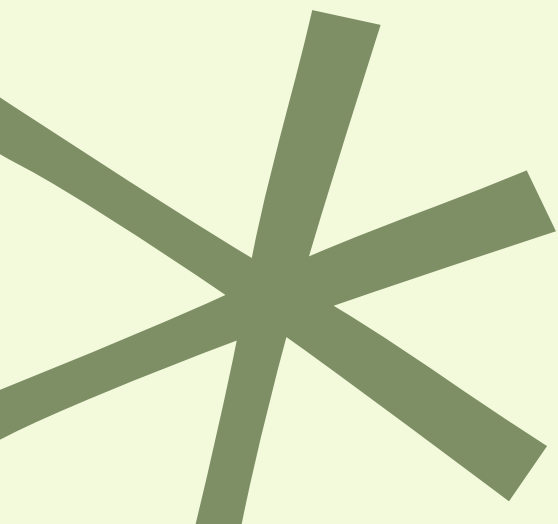
Do they need extra help with their development?

If your child gets any extra help they need to **improve their understanding of people and their surroundings** please tick yes at the top of the page under Q.50. Only tick no if you have read the boxes and examples on the form and have decided you **don't** have such problems.

Answer 'yes' if they need help to...

- Understand the world around them - you need explain things in a variety of ways, to provide lots of support and encouragements as the child regularly feels confused or does not take an interest in the world around them
- Recognise their surroundings - they need assistance and prompting as they are often confused and disorientated, they struggle to remember places or notice things around them
- Follow instructions - they need things to be explained in short clear sentences. You have to spend time explaining things in different ways
- Play with others - they need help and encouragement to interact with others physically, socially and communicatively. You need to assist with rules and monitor behaviour

- Play on their own - they need encouragement to play in a more varied and stimulating way. You help them to use play equipment and explain play activities in a variety of ways
- Join in activities with others - they need help interacting with others, for example playing games in a group
- Behave appropriately - they need help to understand social situations, they often act inappropriately e.g. invade personal space, try and touch people, have tantrums and melt downs, and can be verbally aggressive/inappropriate
- Understand other people's behaviour - they need help to interpret what others mean or want, often get mixed messages, take things the wrong way or are left out due to a lack of understanding.



DLA Q.51

At school or nursery

If your child needs encouragement, prompting or physical help **at school or nursery** tick 'yes' at the top of the page under Q.51. Only tick no if you have read the boxes and examples on the form and have decided you **don't** have such problems.

Answer 'yes' if they need encouragement, prompting or physical help to...

- Go to and use the toilet - the child needs help with toileting needs, including physical help, preparation, supervision, encouragement. They need help managing clothes, reminding them to go, checking they have cleaned themselves etc.

- Safely move between lessons - they need assistance to find their way as they get confused and disorientated, physical help to move around, supervision and encouragement to ensure they do not get hurt or distracted

Change into different clothes for PE and other school activities - they cannot change on their own and need help with buttons, zips, laces etc. Changing can take a long time and they need prompting and encouraging. They need reassuring as they get anxious and upset about getting changed

- Eat meals - They need to be encouraged to eat, monitoring for special dietary requirements or to make sure they eat the right things, help manipulating cutlery and cutting food up
- Take medicine or do therapy - The child needs help with medicine/therapy e.g knowing when and how to take/do it, applying creams, changing dressing etc. including physical help, preparation, supervision, and encouragement.

- Communicate - the child has difficulty and needs extra help passing on information, asking and answering questions, telling people how they feel and giving and following instructions.
- What extra help do they need with learning? They need help with reading, writing and simple maths. They have difficulty concentrating and staying on task. Things need to be written down, in pictures or another adapted format. They are put into smaller groups, instructions are simple and repeated
- What is their behaviour like at school or nursery? They get upset and frustrated. They don't have many friends and are lonely/isolated. They have to follow a very strict and rigid routine. They get angry and aggressive, they have been excluded or have to be removed from classes.

- How do they usually get to and from school or nursery? - You walk with them, take them in the car, they go on a school bus, walk with siblings/friends etc.

DLA Q.52

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

If your child gets any extra help with hobbies and activities please tick 'yes' at the top of the page under Q.52. These can be hobbies and activities that they are already doing, or **things they would like to do** if they had the help they needed. Tick no if you have read the boxes and examples on the form and have decided you **don't** have such problems.

Activities include ones that can be done **at home** and others that you need to **go out** for. Use this column to decide how often each day and how long the child needs help with the following tasks:

- Painting, drawing, arts and crafts, playing with toys, playing in the garden, riding a bike, cooking and baking, messy play, imaginary play, playing board games, interacting with other children, watching films or cartoons
- Encouragement to use equipment, help getting equipment set up, motivation to keep interested, facilitation of play, help explaining and understanding games and rules, supervision for safety reasons, help or encouragement to clean up after themselves, help doing the activity e.g. using scissors or lifting things.

- Dance classes, the play park, go to the cinema, soft play areas, swimming, after school clubs, drama clubs, visiting friends, day trips, church, holidays, shopping for pleasure, playing outdoors, going to the library, brownies, cubs, scouts etc.

Is this something they do or would do every day **if they had the help?**

If not, how many times a week would they like to be able to do this activity?

How often each day and how long each time (mins)?

When thinking about outside activities, consider help getting to the activity or hobby, supervision and help with care needs when out e.g. reminding them to go to the toilet, help them with eating, staying with them during the activity, simple instruction or one to one support in clubs and classes, and help with communication.

Remember to include time needed for encouragement, accompanying them there, and refusal episodes or tantrums.

DLA Q.53

Do they **wake and need help at night**, or need someone to be awake and watch over them at night? If your child gets **any extra help and supervision at night** please tick yes at the top of the page under Q.53. Only tick no if you have read the boxes and examples on the form and have decided you **don't** have such problems.

During the night, when everyone in the house is in bed (e.g. once the carer has gone to bed), how often each day and how long do you/the carer **help the child get in/get out/turn in bed, get up to use the toilet, manage nappies/pads, have treatment, settle or re-settle, or need watching over due to wandering about and behavioural problems?**

For each action, include:

- The amount of time it takes from the start of each action until it has been done (including following a routine or refusals)
- How often each night and how long each time (mins)
- For **toilet needs**, from first identifying a need (including checking) until the need is complete (including refusal)
- For **settling**, do not include first putting the child to bed (covered in Q.35)
- **For behavioural problems**, include any time the child needs supervision due to wandering, a lack of awareness of dangers (water, plugs, sharp objects), and comforting/reassuring due to aggressive behaviour.

DLA Q.54 - Q.71

Most of these questions are just simple yes or no answers, so we have just listed a few here, with a few hints and tips where needed:

Q.54

If you want to tell us **anything else about their care needs**, use the box below – If there is anything you haven't had room to explain in Q.37–53 it's important that you use this box to do so, and reference your comments back to the relevant question.

Q.55

When did the child's care needs you have told us about **start**? – The date when you **first noticed** that your child had care needs greatly in excess of typically developing children of their own age. This may be from birth in some cases, later in others.

Q.70

Extra information – This can be used as a continuation box for **anything you couldn't fit** in to Q.35 or 54, or to tell the DWP anything else you think is relevant to the claim that hasn't been covered in the rest of the form. **You can continue on a separate piece of paper.** Remember though that they won't have time to read large amounts so it's best to be **as brief but specific as possible.**

Q.71

Declaration – don't forget to sign and date the form before you send it in!

Once completed.... Read through the form before you send it.



Have you included enough information?

Have you answered all the relevant questions?

Are your contact details correct?

Have you missed anything?

Is the professionals' evidence complete?

Keep a copy of the form and any supporting evidence for your records. You might need it if you are unhappy with your award and wish to challenge the decision. It will also help you when the claim is due for renewal or if you want to apply for a different rate later on.

Reward yourself when the form is finished.

Filling in the DLA form can be time consuming, and because you're concentrating on the things your child can't do, **stressful and demoralising**. But if you get the DLA **it will be worth it in the end**.