

Guide to Completing Disability Living Allowance for a child under 16

GENERAL INFORMATION:

DLA is a **non-means tested benefit** to help families meet the extra costs of supporting a disabled child: there are two components – **care and mobility**. There are various eligibility criteria but the main ones are age-related. Higher rate mobility can be paid from age 3 and lower rate mobility from age 5. Any of the three rates of care component (lowest, middle, highest) can be paid from 3 months. The level awarded depends on the amount help or supervision your child needs during the day and/or night. If your child is terminally ill then the **'Special Rules'** apply and the highest rate care is paid immediately.

An award of DLA at any rate can **often increase entitlement** to other benefits such as Income Support (IS), Housing and Council Tax Benefits (HB & CTB) and Child Tax Credit (CTC) dependent on individual circumstances. If an award of middle or highest rate care component is made, a parent/carer may be eligible to claim Carer's Allowance (CA). However, the eligibility rules for CA can be complex so it is always best to **seek expert advice**.

An award of DLA for a child is based on how the child's condition/s, irrespective of whether due to physical health, mental health, behavioural problems or learning disabilities, affects **their need for extra or more intense care or supervision or leads to difficulties getting around**. It doesn't matter what the condition is, it's the effect the condition has on the child. Nor does it matter who is providing extra help or even if the child does not actually get any extra help. The issue is whether it's reasonable, given the difficulties, that extra help would benefit the child in any way, physically or emotionally. However, it has always to be shown that the child's extra care or supervision needs are **'SUBSTANTIALLY IN EXCESS TO ANOTHER CHILD OF THE SAME AGE WHO IS NOT DISABLED'** or that the child's care or supervision needs are similar to that of a younger child. This is why, in many ways, it is more difficult to get DLA for younger children because it might be argued that all babies, toddlers and young children have substantial care and supervision needs. The older a child becomes, the easier it is to compare their continuing care or supervision needs or mobility problems with another child of the same age.

HOW TO CLAIM:

Contact Department of Works and Pensions (**DWP**) (**01224 618000**) or the Benefit Enquiry Line (**0800 88 22 00**) for a Disability Living Allowance (DLA) claim pack for a child under 16. You get **6 weeks** in which to fill it in and return it for the benefit to be backdated to date of claim.

Open the pack, **read** the notes and **look through** the claim form. You have to give a lot of information about your child's difficulties. Although most people will identify the main issue, that is the disability, very few actually analyse how the disability affects everyday life – for example **how far** on average an asthmatic child can walk before having to stop to use an inhaler, or **how many times** a week a child with severe behavioural problems will sit down when crossing the road and refuse to move, or **how long** it takes each time to help a child with cystic fibrosis clear their lungs, or **how much** extra help a deaf child needs with understanding and being understood on a daily basis. Most people adapt to their difficulties, adopt coping strategies and just 'get on with it'. Unfortunately, DLA emphasises the negative – the difficulties faced and what the child has problems with, as opposed to celebrating what the child can actually do despite the obstacles.

DLA is also all about numbers – distances, frequencies, and time taken. Think '3 times each day' or '20 minutes each time' rather than phrases such as 'often' or 'sometimes' which means different things to different people. Remember the difficulties **during the night** (which is when **you** go to bed, not your child) and the time you are disturbed during the night, seeing to **all aspects** of care and supervision, including the time taken to soothe and settle your child back to sleep.

Give lots of examples of the difficulties your child faces, the help that is given or how extra help would make the situation easier. Don't assume that because you state your child has, for example, heart problems that the decision maker (**DM**) will realise that this might mean the child becomes breathless on limited exertion, has limited walking ability, takes longer than normal to wash, dress etc, has possible reduced appetite, becomes distressed being unable to run about with friends, is anxious about taking medications or the possibility of surgery, can be too fatigued to take school lessons in properly or just needs extra comforting and reassurance. The Disability Benefits Centre (**DBC**) gets thousands of applications – **you have to make yours stand out, with all the information about times, distances, frequencies etc and lots of examples and repeat the information again if necessary.** We advise keeping a diary, covering each category in the claim pack, adding brief notes and numbers about the problems, both day and night. After 2 - 3 weeks, you'll have a good basis of information and be

ready to fill in the form. At the end of the booklet we give examples of diaries you might adapt for your own child.

HOW TO FILL THE FORM IN:

Section 1 relates to personal information about your child and yourself. It's best not to put your telephone number in – if the **DBC** want extra information, it's better if they write to you so you have more time to think about your answer and also copy your reply. If your child has lots of professionals involved, put them all down on the form. List **all** your child's illnesses or disabilities on p8, not just the main ones. Don't worry about correct spelling of medications or correct diagnostic terms. Attach a current prescription list if possible.

If you're going to run out of time, **send Section 1 back before the 6 weeks runs out** and you can send Section 2 a week or two later.

Section 2 is the section which requires all the effort. However, it is worth taking your time, **gathering all the information over a 2 - 3 week** period in order to maximize your chances of getting an award at the rate which correctly reflects your child's needs.

Guiding Principles for each sub-section –

Look at the category, analyse your child's difficulties within each sub-section and note down: –

- **What are the issues and problems?**
- What **extra help** do they get?
- **How long** does it take each time to do things such as dress or undress, how long does a therapy session last?
- **How many times** a day are there difficulties or help needed?
- If your child doesn't get extra help, **would extra help be beneficial for physical or emotional well-being?**

Give **examples** for each sub-section if possible of the help your child receives or would benefit from receiving and repeat the information where necessary. **Remember 'help' can be: -**

- **physical help**
- **any type of therapy**
- **encouragement or comfort when they are distressed**
- **supervision to ensure safety**

REMEMBER TO CONSTANTLY COMPARE YOUR CHILD'S DIFFICULTIES WITH THOSE OF ANOTHER CHILD OF SIMILAR AGE WITH NO DISABILITIES OR STATE WHETHER YOUR CHILD'S NEEDS ARE SIMILAR TO THOSE OF A YOUNGER CHILD.

P2 – tick any disabling conditions

P3 – Walking Outdoors – this covers **physical difficulties in walking** and any pain/severe discomfort which is brought on **by the act of walking**. Go into great detail here, give examples and be accurate about times and distances. This section also covers whether **severe behavioural problems** affects your child's ability to walk – do they refuse to walk, have particular routines outdoors, do they exhibit challenging behaviour, do they need to be physically restrained?

P4 - If your child needs someone with them when they are outdoors – this is for children who can walk but need more guidance or supervision outdoors in places they don't know well. This could be because of sensory problems – hearing or sight impairment, physical difficulties – e.g. likely to fall, asthma, epilepsy or issues such as inappropriate behaviour, little concept of stranger danger, lack of road sense?

P5 – P20 Issues to do with 'personal care'

Apply the **'guiding principles'** listed above to all the different categories, remembering also your child's need for encouragement and/or supervision in any of these categories. **Remember also that 'night-time needs' start when the household closes down for the night, not when the child goes to bed.**

P22 – P23 Help your child needs when they go out during the day or in the evening – this covers going out to school, medical appointments, leisure activities away from home such as going to clubs or societies, watching or playing sport, socialising with family or friends etc. It also covers help needed at

home to follow hobbies etc, or specialist help needed at school. It's a 'wish list' of what they would do, if they had the extra help needed in order to make their 'wish-list' a reality and be able to do the sort of thing that other children of similar age, with no disabilities would do.

P24 Anything else about the way the child is affected by their illnesses or disabilities – is your child's condition variable? Is there anything else you want to say? Are there more examples which would highlight the problems? If you feel your child would benefit by more help, say so – what type of help and what difference would it make to your child's condition or mental or physical well-being? You could also emphasise again if an older brother/sister didn't need that amount or intensity of help when they were a similar age.

P25 About the child's condition - dates needed to meet the 'qualifying conditions' - that is difficulties began three months before entitlement to DLA starts and that the difficulties will last at least 6 months.
Sign and date.

P26 Statement from a person who knows the child. If your child's difficulties stem from a physical cause, it's best if a medically trained person fills this in, such as a doctor, consultant or nurse specialist. If your child's difficulties are learning or behaviour related, a teacher or specialised support worker might be appropriate. Whoever you get to fill this in, make sure they are aware of the effect of your child's conditions on **all aspects of their mobility, any personal care issues or any need for supervision and/or encouragement.** Use the check list at the end of this guide to highlight the issues.

BEFORE YOU SEND THE FORM OFF:

It's best to **make your child's GP, specialist or school aware** exactly how their conditions affect them day-to-day and any help that they need both for benefits purposes and also because the professionals should know anyway of existing or increasing difficulties. We have a checklist at the end of the guide which you can fill in and take to the professionals and ask that it's kept in your child's notes in case DBC sends for a factual report in order to help assess the claim.

Copy your form before you send it away to DBC. If you have specialist letters or a 'statement of needs' which backs up what you've said in the application form, copy them and send them off with the claim form. The Carers' Centre will photocopy the forms for you if you're unable to do it yourself.

You will be sent an acknowledgement of the claim followed usually a few weeks later by a decision notice which will inform you that

- a your child has been **awarded DLA and what rate of care and/or mobility component**
- b the application has been **turned down** completely
- c a **DBC doctor** will be coming to **visit you and your child** for more information and your application will then be decided. Contact us for advice if this is the case.

There is normally **only 28 days** in which to lodge an appeal if you do not agree with the decision.
Contact Aberdeen Welfare Rights (AWR) or us as soon as possible for advice.

RENEWALS AND REVISIONS (also called SUPERSESSIONS):

The information above is also relevant to any **renewal** forms you subsequently receive, normally about 6 months before the end of the existing award period. If you haven't received the renewal pack 4 months before the end of the award, contact DBC – it would be an idea to do this in writing, send the letter 'proof of posting' and keep a copy of the letter.

Your child's needs and difficulties might have increased or decreased as they have become older so bear in mind that the level of renewed award may be different. This might lead to a knock-on effect on other benefits. It's helpful to refer to the copy of the original claim to remind yourself how the conditions previously affected your child when filling in a renewal. Remember to start the renewal process straight away so the DBC can decide on the claim before the original award runs out. If the renewal is not decided before the expiry date of the existing award, the award will end. Not only will the DLA be lost but also any associated benefit such as Carers' Allowance or any addition to a benefit or an increase in Income Support or Child Tax Credit etc payable on entitlement to DLA may be adversely affected. Unless there is a very good reason that the renewal was not completed on time, DLA would have to be applied for again as a new claim.

If your child's care or mobility needs increase during the duration of an award, you can request that the award be **looked at again (called a revision or supersession).** However, the whole award may be reassessed and the existing rates can be downgraded or even taken away altogether as well as

increased. It is really important to gather supporting evidence and **get expert advice before asking for a supersession**. Similarly, if your child's condition improves during the lifetime of an award and their needs are now similar to another child of comparable age with no disability, you should inform DBC and the award will be reassessed and possibly decreased or discontinued.

SAMPLE DIARIES OF DAY-TO-DAY DIFFICULTIES

DIARY ONE This is a diary about Jack, 8, who has heart problems and lives with his parents and younger brother:

- 07.30 Wake Jack up for school – he's fast asleep and doesn't want to get up. He had a disturbed night and he wants to sleep in. Gets irritable when I keep on at him to get up
- 08.15 It takes over 30 minutes to get him up and help him to wash and dress as he's very tired today
- 08.30 Have to encourage Jack to eat some breakfast. His appetite is affected when he has a bad spell but he needs to have something healthy in the morning to keep his attention going at school
- 08.45 Leave the house early to get to school in time. It's only about 100 metres away, across the road and around the corner but it takes Jack a while to get there although he's always eager to meet his friends. We always have to stop to let him rest half-way. Some days I have to take him across in the car because he's so tired
- 09.00 – 12.30 Jack unable to join in PE as normal – although he sits in with the class he can't do anything physical and he gets upset about this at times. At break time he can go outside but the playground supervisor is always watching him to make sure he doesn't try to run around
- 12.30 – 13.30 Jack has school meals but takes a long time to eat not very much. The dinner ladies always encourage him to eat a wee bit more but by lunchtime he's becoming tired again. He has permission to sit inside at the computer over lunch-hour to get a rest
- 15.00 Jack walks back from school, very slowly as he's so fatigued today – his younger brother is wanting us to walk faster but Jack just can't keep up
- 15.30 – 16.30 Jack has to lie on the sofa to rest before tea
- 17.30 I tell Jack that the appointment for surgery has come in. He gets upset as he doesn't like going to any medical appointment at all – he becomes anxious and I have to give him lots of cuddles and reassurance
- 18.00 We make Jack's favourite lasagne for tea hoping that will cheer him up. Again it takes him a long time to eat his meal and he leaves half because he's just so tired
- 19.30 We help Jack to have a bath. He loves lying in the bath and it really seems to relax him
- 20.00 We do a jigsaw altogether before Jack and his brother go off to bed
- 01.00 – 01.30 Jack has a coughing fit which lasts a long time. I have to fetch a drink and stay with him until he gets back to sleep
- 04.00 – 04.30 He's awake again, a bad dream about going to hospital. He's quite upset and it takes a while to talk it all through with him and calm him down. These two interruptions to his sleep mean he'll be really tired again tomorrow.

DIARY TWO is a diary about Leah who is 14 and suffers from ADHD. She lives with her mother and 17 year old sister.

- 07.45 – 08.15 I go in to wake Leah up for school. She refuses to get up – keep on at her and she eventually comes down at 0815 – not in school uniform, nor has she washed. When challenged, she starts to swear at me and says it's a 'dress as you please' day for charity. Have a battle as usual to get her to take her Ritalin
- 08.45 She leaves for school and I follow behind, just out of sight. When her sister was 14 she could get to and from school on her own with no problems. I don't actually know what I could do to ensure her safety on the roads, obviously she doesn't want me to walk her to school but I need to be reassured she actually gets there – both for attendance and safety reasons. For her age she has very little road sense and will often walk out before checking the road – it's as though she's playing 'dare' with the traffic. She did not pass her cycling proficiency test and the school won't allow her to bike to school. Sometimes she just goes in to registration then bunks off with her so-called friends. I often get a call to say she's absent. Notice that the other children are in uniform
- 11.30 Get a call asking me to go to the school. Leah has hit another pupil who called her 'grotty' then she swore at her guidance teacher again when reprimanded. Explain to the head teacher that Leah is awaiting an appointment with Educational Psychology and the school doctor is recommending increasing the Ritalin dose as the current dosage doesn't seem to be working
- 13.00 Hear that Leah is causing mayhem in the local shopping centre – her friends 'dare' her to do things and they stand back and laugh while she gets into trouble. She doesn't seem to understand that they're setting her up for their own amusement
- 14.15 Leah gets back to school late and gets into trouble again. She acts the fool in the home economics class and drops her cooking over the floor, much to the amusement of her 'friends'
- 16.00 – 17.00 Leah should be back from school now getting ready for her swimming class but she's been banned for four weeks for swearing at the coach when he said something that didn't please her. It's a pity because she's a really good swimmer and swimming seems to put her in a good mood. We normally look forward to swimming nights because the atmosphere at home isn't so tense
- 17.30 She eventually comes home. She told me that she was speaking to some men that she didn't know at the bus station. Leah is quite immature at times and doesn't seem to understand either 'stranger danger' or appropriate behaviour. She likes to be liked and will do silly things to be the centre of attention. This worries me as she is getting older.
- 18.00 – 18.30 Meal time. Leah likes her food but her table manners are not good – when I remind her to close her mouth when she's eating, she stalks off in a huff.
- 20.30 Try to persuade Leah to have a bath using some nice toiletries. Leah doesn't seem to take much care of herself or have pride in her personal appearance unlike her friends who are always on about clothes and make-up, as was her sister at that age.
- 22.00 Bed-time. Leah goes to her room but plays her music very loud for about an hour even though I ask her to turn it down.
- 23.00 I go to bed. I can hear Leah's music and her moving around for a couple of hours. I never fall asleep until I know she's asleep because she's sneaked out of the house during the night before to meet some friends. The Police brought her home drunk so I usually sleep with one ear open now.

Checklist

Complete the checklist below, tear it out or copy it and give it to your GP

Activity	√	Brief details of the problems your child has—the time it takes to do things or pain or needing help of any sort to make the activity easier for your child—day and night.
Walking Outdoors		
Needing someone with the child outdoors		
Needing kept an eye on		
Developmental Delays; physical or sensory Learning skills Social skills		
Getting up and going to bed		
Washing, bathing & shampooing		
Getting dressed & undressed		
Toilet difficulties, day and night		
Eating and drinking		
Needing help with medication & treatments or medical equipment		
Need for any therapies		
Behavioural problems, depression, frustration		
Movement and co-ordination, climbing stairs etc		
When the child is in bed at night		
Needing to be encouraged to do things or supervised for safety reasons		
Social contact & leisure activities		

Handy Reminder

Date sent form off

Date received acknowledgement

Dates and times of any communication whether by telephone or by letter.