



Disability Living Allowance for children under 16: filling in the form

November 2015

The information in this factsheet is correct at the date of publication. However, the Government has announced a number of reforms that will affect welfare benefits over time. If you are reading this guide sometime after its publication date please check to make sure that you have the most up to date guide.

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Introduction

Disability Living Allowance (DLA) is a tax-free cash benefit. It is non means-tested and can be paid in addition to other welfare benefits that you may be receiving.

In some cases an award of DLA can mean that you become entitled to other benefits (for example Carers Allowance) or higher rates of other benefits, so if your child is awarded DLA it is worth checking this with a welfare rights worker.

To qualify for DLA, your child must have been disabled/sick for at least three months and likely to remain so for at least a further six months.

There are two components to DLA:

- the mobility component (see p 3), paid to children with walking difficulties
- the care component (see p 4), paid to those with personal care needs.

Your child will need to meet certain criteria – known as the disability tests – in order to qualify and must also require “substantially” more guidance or supervision than other children of the same age.

Requesting a claim form

You can request a claim form by calling the DLA helpline on 0845 712 3456 (Mon to Fri 8am to 6pm).

The Disability and Carers Service (part of the Department for Work and Pensions) send the form out with an information booklet. This booklet is worth reading and using as you go through each question. It has some useful prompts and information that may help you fill in the form.

The form should be date stamped. If you get it back within the time frame the claim will be paid from the date that you requested it on if the claim is successful.

You can return the form after this date and the form will still be processed but usually will then only be paid from the date it is received. If you have a reason for returning it late you can request it be backdated, but this will be decided by the Disability and Carers Service.

Age limits for children

Children can get the higher rate mobility component from the age of three and the lower rate mobility component from the age of five.

There is no lower age limit for the care component but a baby still has to meet the qualifying conditions for three months before the allowance becomes payable unless she or he is terminally ill.

The mobility component

Rate	Disability tests
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Lowest	Can walk but needs someone to provide them with guidance or supervision for most of the time when outdoors in unfamiliar places.
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Highest	Payable if a child: <ol style="list-style-type: none">1 cannot walk at all or2 If the child can only walk a short distance before they feel severe discomfort (is virtually unable to walk*) or3 the effort of walking could threaten their life or4 has had both legs amputated at or above the ankle or5 was born without legs or feet or6 is both deaf and blind and needs someone with them outdoors or7 is severely mentally impaired, displays severe behavioural problems and needs help with personal care both day and night.
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*According to DLA *regulation 12(1) (a) (ii)*, “virtually unable to walk” means: “Your ability to walk is so limited with regards to distance, speed, length of time, manner in which you can make progress on foot without severe discomfort that you are virtually unable to walk.” This is the disability test most people with M.E. qualify under.

The care component

The lower age limit for claiming the care component is three months. To qualify for the care component a child must show that his/her needs are substantially in excess of the normal requirements of another non disabled child of the same age.

Rate	Disability tests
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Lowest	Needs attention with bodily functions* for a significant portion of the day, during a single period or a number of periods
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Middle Payable if a child:

- 1 needs attention with bodily functions throughout the day **or**
- 2 needs continual supervision throughout the day to avoid substantial danger to themselves or others **or**
- 3 needs attention at night.

Highest	If the child has care needs for some time during the day and the night.
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*The expression "bodily functions" was defined by the Court of Appeal in 1981 as including: "breathing, hearing, seeing, eating, drinking, walking, sitting, sleeping, getting in or out of bed, dressing, undressing, eliminating waste products and the like, all of which an ordinary person who is not suffering from any disability does for himself. But they do not include cooking, shopping, or any of the other things which generally one of the household does for the rest of the family."

There is also help from the Courts on the meaning of 'need' or 'require.' It was at one time argued that the only help that qualified was that needed for medical purposes, to keep body and soul together. But in 1997 the House of Lords held that "[the test to be applied in all cases is] whether the attention is reasonably required to enable the severely disabled person as far as reasonably possible to live a normal life."

Significant portion of the day could include help needed all at once or over a number of occasions and frequent attention means several times and the help needs to be spread throughout the day. Continual supervision means frequent and regular but does not have to be every minute of the day.

During the night the help must be prolonged (usually at least 20 minutes or repeated (needed two times or more). This help must be after your household has closed down for the night so this usually means after you and your child have gone to bed. If you deliberately stay up later or get up earlier than you would choose to in order to attend to your child's needs this may also count as night time needs.

Filling out the claim form: general guidance

Read through the forms carefully to begin with and write your answers out in rough first. If possible you could see if someone can help you, either a friend or relative or sometimes you can get help filling in forms from an advice centre. It may be useful to compare your child's needs to a sibling or friend of the same age to establish what their needs are in comparison.

Keep a copy of your completed form and any letters of support that you may be able to get from people involved in your child's care. Your GP, other health care professionals or teachers may all be willing to write a letter to support your child's application.

Try and answer the questions with as much detail as possible and be realistic about what your child can and can't do. In terms of DLA it is unreasonable to expect him/her to carry out an activity if it leads to an increase in symptoms in the short or long term.

A comparison with the abilities of brothers and sisters or other children you know may well help to establish what a non-disabled child of the same age would reasonably be able to do for him/herself. Consulting a health visitor or other medical professional about 'normal' developmental milestones could assist you in providing a case for the extra child rules.

Remember that it is very important to establish in ALL your answers that your child has needs greater than a non-disabled child of the same age. Think carefully when asked for estimates of how long your child needs help for and for how often. The answers will affect the level awarded.

If you do not have enough space in any of the sections to give all of the information that you need to, you can continue on a blank piece of paper attached securely to the back of the form. Be sure to include your child's name and National Insurance number at the top and make sure that it is clear which questions it relates to.

Because you may have become so used to the situation, it may help to keep a diary in the short term to remind you about all the help your child needs. Families often adjust when living with a long-term condition and it can be hard to remember what your child was like before becoming ill.

Filling out the claim form: detailed information

Questions 1-10 personal details

These questions ask for your child's personal details and are fairly straightforward.

Questions 11-12 hospital stays and residential care.

Questions 13-14 details of people involved in your child's care

This section asks for details of your child's GP and other people that your child may have seen in connection with their condition. The Department of Work and Pensions (DWP) may write to any of the people that you name in this section and ask them to complete a report so it is important to inform them that you have given their details and to make them aware that you are making the claim.

You may also wish to tell them the grounds on which you are making the claim or update them on how your child is. If they contact anyone it tends to usually be the GP. If you think that someone else is in a better position to comment on your child you can state this but it is up to the DWP who they contact.

Question 15 any tests that your child has had

You should list any tests here that your child has had in relation to M.E./CFS, including x-rays, blood tests, allergy tests, hearing or sight tests.

Questions 16 reports and letters about your child

This section asks you to include any reports or letters that you may have about your child's illnesses or disabilities. You could send in any supportive or relevant letters that are available.

Your child's GP or consultant may be willing to write a letter or a teacher at school. The letter could include background information about your child and how they are affected and if it is possible ideally comment on specific mobility and care needs.

Questions 17-18 your child's nursery and school

This section asks for details about your child's school or nursery and learning support. Mention any special learning support that is in place whether this is formal or informal. Does your child miss a lot of school? Perhaps they no longer attend and have home schooling.

Question 19 statement from someone who knows the child

This section is not compulsory but you could ask your child's GP, specialist or teacher to fill this in. Alternatively a friend or relative could complete this section.

You need to be sure this person is supportive of your child and your claim and understands your child's mobility and care needs. In their statement, they ideally need to explain how your child's illness affects them on a day-to-day basis and not simply give a diagnosis and list of symptoms.

Question 20 consent

You will need to decide whether or not you are happy to agree to give consent for anyone supporting your child's claim to be contacted. If you do not give consent this could adversely affect the claim.

If you give consent, it's a good idea to update those concerned before sending in the claim form.

Question 21 about the child's illnesses or disabilities

You will need to give details of your child's M.E. here and any other conditions that your child has. You need to state the diagnosis and it would be useful to list all the symptoms that your child has. Do they have any other related problems?

Question 20 aids and adaptations

If your child has seen an occupational therapist you need to include details here. If your child uses a wheelchair or any other equipment include this information in this section. If your child needs help in using the equipment, whether this is through physical intervention ie. being pushed in a wheelchair, or through verbal encouragement, give the details here.

The DWP may assume that the use of equipment alleviates the problem or the need for help with a particular activity so it is important to explain the limitations of the equipment and any help needed in using it.

Question 23 special rules

This section applies to people who are terminally ill.

Question 24 when the child needs help

As M.E. is a variable and fluctuating condition this question can be very hard to answer. If your child meets the criteria for DLA the majority of the time they are more likely to qualify.

Each case is determined on an individual basis and it is important not to overestimate what your child is able to do. Think about what they can do over a period of time. Keeping a diary can be very helpful before completing a DLA form. Remember, in all your answers, your child must show a need for more help than a non-disabled child of the same age.

Questions 25-31 getting around and walking outdoors

This part covers help with getting around and walking outdoors and is concerned with high rate mobility. The walking problems for DLA higher rate mobility must be physical. A Commissioner's decision on 12 February 1998 concluded that M.E./CFS is "physical in origin."

To help assess your child's walking problems, ask yourself if your child suffers from any of the following on walking:

- muscle pain or discomfort
- muscle weakness
- physical exhaustion
- fatigue
- physical weakness
- dizziness
- poor balance
- breathlessness
- back pain
- an unusual gait.

Do they need someone to:

- physically support them?
- push them in a wheelchair?
- bring the wheelchair for them or to put it away?
- help them in and out of the car?

Include any aids your child uses eg. a walking stick or a wheelchair. If the aid is medically prescribed rather than self-prescribed it can carry more weight in the assessment, so it's important that you mention if it has been prescribed. Explain any help that is needed in using the aid, for example if the child needs to be pushed in a wheelchair.

Remember that walking or physical exertion can aggravate M.E. and its symptoms in the short and long term. Describe exactly how walking affects your child.

You need to be clear on how far your child can walk before suffering "severe discomfort." Any extra distance that your child can actually walk after severe discomfort takes hold should not be taken into account.

It is important that you also describe consequential post-exertional discomfort. So if your child can walk 10 metres without feeling discomfort, but you know that they will suffer for this later, then you can say on the form that he or she cannot walk 10 metres without suffering severe discomfort.

Distance, speed, length of time and manner are taken into account when deciding if a child is "virtually unable to walk." There is no specific distance that automatically qualifies your child for DLA. Distance is often difficult to quantify with M.E. due to the nature of the illness, its variability and its cumulative effects but try to answer this question if your child has difficulty with walking.

If your child has days when they are bed- or house bound it is reasonable to state that they are not able to walk any distance out of doors on those days. It is important to state why they cannot walk, ie. explain the symptoms that the child experiences while walking and afterwards.

Question 32 guidance and supervision when walking out of doors

This section covers having someone with your child while outdoors and is concerned with low rate mobility.

Of course all young children need supervision when out – but does your child need more supervision than another child of the same age? Or have they reached the age where if they were well they would no longer require supervision?

To help answer this question, ask yourself if your child needs to be:

- physically supported by someone
- taken home immediately if he or she is taken ill?
- pushed in a wheelchair
- driven where other children of the same age could walk or make their own way on public transport.

Is your child prone to:

- falls and stumbles?
- dizziness and fainting?
- becoming confused or disorientated and likely to get lost?

Is it unsafe and/or unwise to let them go out alone because they simply feel so physically ill and not purely due to their age? Does your child become disorientated or so exhausted that they cannot continue? Think about if your child would be able to cross roads safely and find their own way home without guidance.

The nature of M.E. means that it is unlikely that your child will be able to go out every day. Remember it is a hypothetical question: you do not have to go out every day to qualify.

Question 33 do they fall due to their disability?

To help you answer, think about if your child:

- experiences muscle pain and weakness that causes their legs to give way or feel as if they are going to give way
- suffers from dizzy spells or feelings of unreality
- needs someone to physically support them to prevent them from falling or to help them up from the floor when they do fall.

The risk of falls and stumbles may help your child to qualify for the supervision clause of the mobility and care component. Can you provide evidence that your child has fallen recently? Has this been noted in the medical records?

Question 34 and 35

These sections allow you to give further information about the mobility problems that your child has.

Question 37 help with getting in and out of bed

If your child is bed bound or spends the majority of time in bed it is important to say this. Break the process of getting up and going back to bed into parts and explain the help needed and the reasons why. It is relevant to include information about any physical help that you give your child as well as prompting and verbal encouragement.

Consider whether they need help due to pain and discomfort, exhaustion or weakness, flu like symptoms or because they are so ill that they feel unmotivated or depressed? Do you need to encourage and persuade your child to get up?

Stopping to rest during the process should be taken into consideration, so if it takes much longer for your child to get up than it would a child without M.E. make sure that you explain this.

Does your child need extra settling and soothing because they feel unwell and uncomfortable? Does your child become distressed and upset? If your child needs to return to bed for rest periods during the day remember to state this and include this in the calculation of time taken.

Question 38 help with toilet needs

Your child may need physical help getting to the toilet or back again and help onto and off the toilet due to muscle pain, weakness or exhaustion.

If your child is incontinent he or she might need additional help with washing and drying themselves and changing clothes or bedclothes.

Do you need to stay awake during the night to look after your child's toileting needs?

Question 39 moving about indoors

To help answer this question, think about whether your child:

- needs help getting up from a chair
- needs help up the stairs
- uses a stick, a frame, hand rails or hold onto furniture for support
- uses a wheelchair
- needs assistance with their wheelchair

You will need to explain the specific help that is needed here. Break tasks down into small steps, for instance, if your child needs help going up and down stairs do you stand behind him or her and give physical support or supervise and give encouragement? If they hold onto hand rails or furniture do they need physical help to the rail or furniture or do they need supervision and encouragement?

Question 40 washing and bathing

Record in detail the process of washing and bathing and the help your child needs at each stage.

To help answer this question, ask yourself if your child needs:

- physical support to get into or out of the bath or shower
- you helping to operate aids to get into or out of the bath or shower
- help with washing whilst in the bath or shower
- supervision due to weakness or fainting in the bath/shower
- help with washing and/or drying hair or cutting toe nails
- help with cutting toe nails

It is important to explain what symptoms cause your child to need help and not simply state that they need help. Remember, in all your answers, your child must show a need for more help than a non-disabled child of the same age.

Question 41 getting dressed and undressed

Your child may be able to dress and undress themselves, but the difficulties experienced and the time taken may make it unreasonable to expect them to do so. They may need supervision if they are prone to faints and falls. You need to ask if you would normally expect a child of their age to be able to dress/undress themselves without problems.

Break the task down into small stages, for example, raising arms above the head to put on a tee shirt or jumper, or tying up shoe laces, doing up buttons. Explain the process in detail and the help your child needs at each stage and why.

If your child needs to return to bed for periods of rest during the day they may require help getting dressed and undressed more than once a day and therefore have greater needs.

Question 42 help needed with eating and drinking

Explain in detail here any problems your child has with joints or muscles in their hands and arms that make cutting up food and managing mealtimes more difficult than for a healthy child. Do they have trouble chewing or swallowing? Do you have to prepare a special or liquid diet may take longer?

If your child is tube fed, explain the difficulties that you have here.

Question 43 help with medication and therapy

Do you have to administer medication to your child or supervise them whilst they take it. Do they need medication during the night? Are they in danger of overdosing due to forgetfulness if they do not receive help? Are they able to read and understand the labels and instructions?

Do you need to supervise or physically help your child with a programme prescribed by medical professionals? Does your child need physiotherapy, hydrotherapy, special education, play therapy, speech therapy, and counselling or child guidance? Do you need to assist with this therapy or take your child to appointments?

Do you need to encourage or assist your child with using any medical equipment necessary for their care? This includes anything from colostomy or catheter care to help with special clothing.

Question 44 help with seeing

This question is concerned with the ability to see and is not usually relevant to people with M.E. unless they also have sight impairment.

However, some people with M.E. may experience visual disturbances and blurred vision so if your child suffers with this or any other vision problems say so here. If your child is too tired to read and you need to read to them or help with homework because of this you could say so here.

Question 45 help with hearing

This question is concerned with the ability to hear and is not usually relevant to people with M.E. unless they are also deaf or hard of hearing. However some people with M.E. do experience problems with hearing particularly in noisy and crowded places so if your child does have any hearing difficulties explain this in this section.

Question 46 help with speaking

Does your child have problems with speech due to extreme fatigue? They may find forming sentences hard or they may struggle to find the right words.

Question 47 communicating with other people

Many people with M.E. have cognitive problems ie. difficulties with speech, memory, thought processes and concentration. In your child's case, are these problems as a result of their M.E.?

Describe any such problems here in detail and the help your child needs in communicating. Describe the help that you give and any support your child receives at school or nursery.

Question 48 blackouts, fits, seizures or similar

Include any dizziness, fainting, blackouts, hypoglycaemia, low blood pressure and feelings of unreality here. Describe what assistance your child would require during and after such an episode.

Question 49 supervision during the day

In this section you need to think carefully about the supervision that your child requires over and above that of another child of the same age and why this extra supervision is required.

Think about your child's concentration and memory: do they become easily distracted? Do they suffer with disorientation or dizziness and weakness?

Would they remember to eat and look after their hygiene without prompting and reminding? They may need physical help with these things but do they also need encouragement and motivating as they feel so unwell?

Question 50 extra help with development

A child who is at home sick for the majority of the time will need more one-to-one attention in the areas of mental and social education than an active child.

Include any assistance that your child needs with education, play or social activities. This is especially relevant if they are not able to attend school at all and have no home tuition or very little.

For example, many children with M.E./CFS find that friends no longer call and that they are unable to take part in school and outer school activities. As a result of this they become isolated and start to lose social skills. Children also lose confidence and find it difficult to hold a conversation or to concentrate.

If the child has home tuition the tutor or child's social worker may be able to assist you with this section as they will have experience of childhood development.

Question 51 help at school or nursery

Your child may need extra support at school. If they have any learning support in place, give details here. They may not have anything formally set up but perhaps there are arrangements to support and help them to manage their school day, for example, a quiet resting place. Perhaps they are excused from some activities or get help with moving around the school.

If your child is no longer able to attend school explain this here and give details of any tutoring or home schooling that is in place. You may need to provide a great deal of help to your child so that they can do their homework and you may need to motivate them to keep up with any learning.

Part 52 help with hobbies, interests, social and religious activities

This purpose of this section is to establish any reasonable social needs of a disabled person over and above the basic human needs. Therefore any needs you state here carry weight to your child's overall claim. Any activity/outing they could take part in if they have the required help is the crucial point here.

Look at what your child is interested in: maybe a visit to the park once a month or to the library once a fortnight. Indoors, think about help with a hobby such as learning to play a musical instrument, reading or with putting a jigsaw together.

It is important to state that the unpredictable nature of M.E. may mean that your child may not be able to participate on a regular basis even with help.

Question 53 help needed at night

Symptoms such as persistent sweating or incontinence may mean your child needs help with changing bedding and clothes frequently. If your child wakes frequently feeling ill or in distress you may have to spend some time comforting them.

Question 54 extra information about care

Here you can record any other information about your child's care needs and day to day problems that they may experience. You could reinforce that their needs are over and above that of another child of the same age.

Question 55 asks when your child's care needs started.

Question 56-63 your personal details

This section is about you and asks for your personal details.

Question 64 bank details

If your child is awarded DLA it will be paid straight into your account.

Question 65 extra information

In this section you can give details of anything that you have not already covered. You could also use this section to summarise the main points perhaps referring to the disability tests as you do so.

It can be useful to give a bit of history and background detail here, perhaps describing what your child was like before becoming ill and how their life has changed.

What happens next?

Make sure you take a photocopy of the completed form and get a certificate of posting.

You should get an acknowledgement that your form has been received. The DWP aim to process claims within about 11 weeks. During this time they may write to your GP or someone else named on the form.

Your child may be asked to have a medical assessment if the DWP feel that they need more information. Download/read the Action for M.E. factsheet *DLA: face-to-face medicals for adults and children* in our Online M.E. Centre at www.actionforme.org.uk or call 0117 927 9551 to request a paper copy.

The decision

When you receive the letter from the DWP informing you of their decision, it will tell you that your application:

- has been successful and explain the rates of the award or
- has not been successful.

If you have not been awarded any rate of DLA or you have been awarded a lower rate than you think you should get, you have a right to ask for a Mandatory reconsideration and if this is not successful an appeal to an independent tribunal. You need to request a Mandatory reconsideration within a month of the date on the decision letter.

A Mandatory reconsideration means that the DWP will look at the decision again to see if they can change it. If they do not alter it in your favour you then have the right to appeal to an Independent Tribunal and you get a month to do this from the date of the reconsideration notice.

If you were not awarded any rate of DLA you have nothing to lose financially by requesting a reconsideration or appeal. However, if you have been awarded some DLA there is a slight risk with appealing: it is possible that another Case Manager at the DWP or a tribunal may reduce your award or stop it if you appeal or ask for a Mandatory Reconsideration.

You therefore need to make sure that you think you have a strong case for both your existing award and for getting a higher rate of benefit. It is worth seeking further help from a welfare rights worker to discuss this if you find yourself in this situation.

You can send in further evidence after the month deadline as long as you get your initial request for a Mandatory Reconsideration or appeal in within the month. **It is really important to stick to the deadlines.**

Please see Action for M.E's guide to DLA reconsiderations and appeals for more information about challenging a decision.

If the claim has been successful your child may be entitled to other assistance. For example, if your child is awarded high rate mobility they may be able to get a Blue

Badge. You may also qualify for road tax exemption if your vehicle is used predominantly for the needs of the disabled child.

If your child has been awarded the middle or high rate of the care component you may be able to claim Carers Allowance. It is also possible that you may get higher amounts of means-tested benefits or Tax Credits or become entitled for the first time so seek advice if you think this may apply to you.

You should be sent information about the extra help that may be available with the decision letter.

Useful contacts

Action for M.E.

Information and support for people with M.E. and their carers
General enquiries: 0117 927 9551 (Mon-Fri 9am-5pm)
Enquiries email: admin@actionforme.org.uk
Welfare Rights Line: 0800 138 6544 (times vary)
Online M.E. Centre: www.actionforme.org.uk

Citizens Advice Bureau

Offers advice on a range of issues and may complete a benefits check for you
www.citizensadvice.org.uk

Civil Legal Advice

Help with some benefit appeals (upper tribunal only) for eligible people.
www.gov.uk/civil-legal-advice

Disability Information and Advice Line (DIAL)

To find your local DIAL office, contact Scope, 6 Market Road, London N7 9PW
Tel: 0808 800 3333
www.scope.org.uk/help-and-information/dial-groups

Disability Rights UK

Factsheets on benefits, tax credits and independent living
www.disabilityrightsuk.org

Local councils

Some local councils employ welfare rights workers. The council may also have information about other services that offer welfare rights advice in your area.
www.gov.uk/find-your-local-council

If you have found the information in this factsheet helpful, please consider making a donation to Action for M.E. at www.actionforme.org.uk or by calling 0117 927 9551. Thank you

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