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**Durham County  
carers support**



# **Claiming Disability Living Allowance for a child under 16**

# **A Guide for Parents**

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## Claiming Disability Living Allowance for a child under 16

Disability Living Allowance (**DLA**) is a tax free benefit that can only be claimed for children under the age of 16 who need assistance with their personal care, supervision to keep them safe, or have difficulty with their mobility.

**This guidance is for parents/guardians who are completing claim forms and will explain the general rules and has been produced in an “easy-read” format.**

### Getting started

It will be useful to gather any evidence that you have about the child’s condition before you begin the form. You will need information about the child’s GP, any professionals involved in the child’s care, the school or nursery or residential college, a copy of the IEP, statement, note in lieu, Education, Health and Care plan (**EHC**), reports about the illness or disabilities, or care plan and the dates of any hospital stays.

The “**Statement from someone who knows the child**” does not have to be filled in. If you are sending in reports from professionals, write “See enclosed evidence” in this space to show that you have support.

### About the child’s illnesses or disabilities

This may be physical, sight, hearing, speech, learning or developmental difficulty, or a mental health problem. If you don’t have a diagnosis say how the issue affects them, how long they have had the problem (**not the diagnosis**) any treatment or medication that they have to help them and how often they have this help or treatment.

This may include things like speech and language or play therapy as well as medicines and creams. Check the IEP, Statement ,EHC, note in lieu or care plan for information.

### Aids and Adaptations

Aids are things like braces • supports • crutches • buggies • wheelchairs • commodes • reading and learning aids such as computer programmes.

Adaptations are things like ramps • slopes • rails • alterations to the home, such as widened doorways.

## Mobility - There are two mobility rates.

### Lower rate

For a child aged 5 or over who can walk but needs extra help from someone to guide or supervise them to get around outdoors in places they don't know well. You must show that the child needs more supervision or guidance than a child of the same age without a disability would need.

### Higher rate

This is paid to children who are unable to walk or virtually unable to walk due to physical problems or severe mental impairment. \*

\*Your child must be entitled to the higher rate care component of DLA **and** have 'an incomplete physical development of the brain or a state of arrested development which results in severe impairment of intelligence and social functioning' **and** must 'exhibit disruptive behaviour' which 'is extreme' **and** must regularly require another person 'to intervene and physically restrain the child to prevent them causing physical injury to themselves or another, or damage to property' **and** your child's behaviour must be 'so unpredictable that your child requires another person to be present and watching over them whenever they are awake.'

### Physical problems

Think about how your child walks, how quickly they walk and how far they can go before they need to stop because of pain or breathlessness. Do they fall or stumble?

### Guidance and Supervision needs.

Think about how safe your child is outdoors; can they understand common dangers, walk safely next to or cross a busy road and have an awareness of "stranger danger"? Are they unpredictable and may run across the road? Do they refuse to walk (why is this? Are they tired or in pain? Do they have a fear of something such as dogs or noise? Do they sit or lay down? Do they stiffen and resist being helped off the floor?) Do they have tantrums and may need you to restrain or hold on to them? Do you need to take a longer route to avoid something that upsets them? Could they ask for help if required? Do they put themselves and others in danger because of lack of awareness or care and attention?

Is this the same most of the time or does it vary? **If they have problems 3 days a week or less, this may not be enough to meet the criteria for DLA.**

Most disabilities that are not as the result of an event or accident started at birth. Think about this when giving a date that the needs began.

## Care - There are three care rates.

### Lowest rate

If a child needs extra looking after for some of the day, which can be about an hour.

### Middle rate

If a child needs extra looking after several times at short intervals right through the day, or extra looking after more than once a night or once for about 20 minutes or more, or needs extra supervision right through the day, or needs someone to be awake at night to watch over them several times or once for 20 minutes or more.

### Highest rate

If a child needs help during the day and night.

**A child may also get the highest rate if a claim is made under the special rules. The special rules apply to children who have a progressive disease and are not expected to live longer than another 6 months. Form DS1500 is required from a GP or consultant to claim under the special rules.**

This section of the form covers a typical day from morning and through night time which is “when the household shuts down” There are a selection of prompts below, please explain the difficulties the child has in each of these areas. Add your own information if you think that something is important and has not been covered, please explain what happens in your own words.

### Waking

Think about any problems the child has in the morning. Have they not slept well so they are tired and hard to wake, say why? Are they able to understand appropriate time to wake and sleep? Can they see the daylight or hear an alarm? Do they have low mood and not want to get up? Does medication make them drowsy? Do they return to bed during the day? Do they find it hard to settle down to sleep? Can they physically get into bed or out of bed themselves? (Very young children may need help, so is it an age related or disability related need) Explain the morning routine. Are they anxious about getting ready to leave the house?

### Toileting

What problems do they have using the toilet, are they able to walk there or need help with transferring from an aid? Can they use the toilet properly and wash their hands? Are they using nappies, pads or other aids? Can they manage their clothes? Do they have any problems with soiling or incontinence? Will they use any toilet available?

### Moving around indoors

Can they move around during the day? This means using stairs safely, getting in, out of and sit in a chair both at home and at school or nursery. Do they need supervision to keep them focussed and safe? Would they be distracted and get into difficulties? Can they see, hear or understand dangers?

### Washing and bathing

Do they need help to keep themselves clean? (**more than a child of their age without an illness or disability would**) Do they use bathing products properly? Can they see which products they need to bathe? Are they able to reach to wash and dry their hair and lower body? Do they have any phobias or obsessions with water? Do they resist washing and bathing or having teeth cleaned? Do they know when they are dirty? Would they clean themselves if left unaided?

### Dressing and undressing

Can they choose appropriate clothes for the weather or activity? Do they have “favourite” clothes and get distressed when they are not suitable or need to be washed? Do they dislike the feel of certain clothes or materials? Can they manage zips, buttons, and laces to fasten their clothes? Can they move their body to be able to put on clothes easily or put them on the right way round? Can they see to choose clothes that are suitable? Do they resist putting on clothes or wearing clean ones? Do they remain dressed or take off their clothes at inappropriate times?

### Eating and drinking

Does the child eat a limited range of foods? (Why?) Do they need their plate to look a certain way? Do they take medication that affects their appetite? Are they forbidden certain foods that are a risk to their health or need supplements to their food? Do they need food or drink more frequently because of their illness or disability? Do they have difficulty chewing or swallowing? Can they keep down food that they have eaten? Do they need it to be prepared in a certain way? (This may be about size of the portions or how it is cut up. Are finger foods preferred?) Do you need to keep their focus on the food so that they will eat a sufficient amount in a reasonable time? Do they have support at school or do they take packed lunches because of the issues?

## Medication and therapy

Does the child need medication or therapy at school or nursery? Who provides this and how often? Can they see their medication and know what they are taking is correct? Do they resist? Is there an emergency treatment plan? Do they need to have blood sugar levels or other conditions monitored? Would they have their medication or therapy if left unaided? Are there any side effects?

## Seeing

Does the child have a Certificate of Visual Impairment? (CVI) Include a copy. Do they have difficulty seeing outside at night? Do they become distressed or frustrated due to difficulty seeing? Can they follow a TV programme or DVD? Would the child need someone to speak before they recognised them? Is their confidence affected by their sight difficulties?

## Hearing

Does the child need someone to speak in a raised voice? Do they need things repeated or in a certain pitch or tone to be heard? Can they hear warnings like a car horn, siren or alarm? Do they use a mobile phone for text message rather than calls? Do they have an aid? (Does this cause issues with sound amplification or distortion?) Is their confidence affected by their hearing difficulties? Can they follow a conversation with a single person or in a group? Include a copy of a hearing test if you have one.

## Speaking and communicating

Does the child have a limited range of words? Do they use any communication techniques such as Makaton or BSL? Does this limit the number of people they can communicate with and who can understand what the child is trying to say? Do they lip read? Do they have difficulties understanding body language or facial expression? Do they take figures of speech literally? Do they need simple pictures to communicate? Do they need an interpreter for BSL when communicating with a person who can't sign? Do they become frustrated if they cannot understand or be understood? Is their confidence affected by their communication difficulties?

### **Blackouts, fits and seizures**

Do they get a warning and are they able to make people aware of this? Do they lose control of their bladder or bowel? Have they needed hospital treatment previously? Describe what happens during the blackout, fit or seizure including how long they may be unconscious and how long they take to recover. If the child is tired or weak following a fit, say how long this lasts. Do they have any alarms or aids for night seizures?

### **Supervision during the day**

Does the child have difficulties with aggression, both physical and verbal? Describe what happens and what needs to be done to calm the situation. Are they easily distracted? Can they be reasoned with to stop the behaviours? Can they cope with changes to routine? Do they get upset or anxious? Are they destructive? Give examples. Have they tried to harm themselves? (This includes nipping, slapping or punching themselves and head banging) Are others threatened by their behaviour? Do they put themselves and others in danger because of lack of awareness or care and attention?

### **Extra help with development**

Does the child receive additional help at school or nursery? Use the IEP, EHP, statement or note in lieu to identify the extra support given. (Ask a teacher or the SENCO at the school or nursery if you are not sure) Do they have difficulty keeping friends? Are they easily distracted or fidgety? Do they have trouble waiting for their turn? Are they more comfortable with adults than children around their own age? Do they play more easily with younger children or alone? Do they need supervision to understand their feelings, emotions or to assist with extra needs? How long does this extra supervision last?

### **Encouragement, prompting or help at school or nursery**

Does the child need a packed lunch because they can eat this without assistance? Do they take spare clothes to school or nursery in case of incontinence or soiling? Are they regularly in trouble? Say why and use detention slips as proof if you have them. Can they change clothes for school activities without help? Can they go to the toilet unaided? Do they need help with medication at school or nursery?

### **Difficulty taking part in hobbies, interests, or social or religious activities.**

At home this could be difficulty with drawing and painting, doing crafts, reading, playing computer games, model making or playing board games. This can be a physical difficulty, or a need for supervision.

When they go out, they may have difficulty with after-school activities or clubs, youth club, swimming, bowling, cinema, computer club, chess club, dance classes, drama club or visits to the library. This can be a physical difficulty, or a need for supervision.

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## Supervision at night

Does the child need supervision to ensure their own safety and that of others? (This may be things like turning on electrical equipment, taps, unlocking doors and windows and leaving the house at night. Give examples.) Do they have a medical condition that becomes worse at night? Do they need help to stay propped up or change position at night? Do they have poor sleep pattern or night terrors and disturb others when they are awake? Do they find it difficult to resettle? Do they have a routine which they must complete to be able to settle for the night? Is it repeated if they wake up? Are they anxious at night? (Say why.)

**Any examples that you can give about the difficulties you have described in the form and whether you can make comparison between the child and how an older brother or sister did not have these needs at the same age may be helpful.**

The rest of the form is about the parent or guardian who is claiming the benefit for the child. You will need your national insurance number and bank account details. Sign the form and post it in the envelope provided. Please note that the form will usually have a date stamp on to indicate when it must be completed and returned by. Late forms may still be accepted, but any payment would not start until the date that the DWP stamped the form as received.

If you are unhappy with the decision once the claim has been decided, you can ask for it to be reconsidered within one month of the date on the decision letter. Explain why you think the decision is wrong and send in any extra evidence you have which supports your claim. A new decision maker will take new evidence into account when reconsidering the decision. Once the reconsideration is complete, a fresh decision will be sent to you. If you still think the decision is wrong after the reconsideration, please contact a support and advice organisation to discuss what to do next. Most local authority websites will have details of suitable contacts .

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