



Department
for Work &
Pensions

Disability Living Allowance for a child under 16

If you want help filling in any part of this claim form, read the information booklet or call us on **0800 121 4600**.

If you have speech or hearing difficulties, you can contact us by textphone on **0800 121 4523**.

We can provide an interpreter if you phone or visit us.

This form is available in large print or braille. Please phone **0800 121 4600**.

About the child

Please use BLOCK CAPITALS when completing the child's names.

1	Surname or family name	Vials Moore
	All other names in full	Gwendolyn
	Please also give us any other names the child has been known as	
2	Child reference number (if you know it)	P T 5 4 3 2 7 4 C
3	Date of birth (day/month/year)	22/8/14
4	Sex	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>
5	Full address where the child lives	2 Coronation Drive Crosby Liverpool L23 3BN
	Postcode	

Special rules

6 Are you claiming for the child 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.

Yes ☐ Please continue below.

No ☒ Go to question 7.

Make sure you:

- answer all the questions on the form that apply to you or the child you're claiming for
- answer **questions 25 to 36** if the child has any walking difficulties
- you don't have to answer **questions 37 to 55**

To help us deal with the claim as quickly as possible it's important you send us a DS1500 report about the child's medical condition. You can get the report from the child's doctor or specialist. You won't have to pay for it and the child doesn't have to see the doctor. The doctor's receptionist, a nurse or a social worker can arrange it for you.

If you haven't got a DS1500 report by the time you've filled in the claim form, send the claim form anyway. If you wait the child's payment could be delayed. Send the DS1500 report as soon as you can or ask your doctor or specialist to send it to us for you.

Getting Disability Living Allowance (DLA) under the special rules means:

- the child gets the care part of DLA at the highest rate
- they get paid straight away unless they are in a residential care home, boarding school or similar place
- we deal with the claim more quickly

You must still tell us about any changes that may affect how much money the child gets.

7 What is the child's nationality?

For example, British, Spanish, Turkish

British

8 Does the child normally live in Great Britain?

Great Britain is England, Scotland and Wales.

Yes ☒

No ☐

Has the child come from another country to live in Great Britain in the last 2 years?

Yes ☐

No ☒ Go to question 9.

Which country did they come from?

What date did they arrive in Great Britain?

9 Has the child been abroad for more than 4 weeks at a time in the last 3 years?

Abroad means out of Great Britain.

Yes ☐ Please give us details below.

No ☒ Go to question 10.

Date they left	Date they came back	Where they went	Why they went

10

Benefits from another European Economic Area state or Switzerland

Is the child's parent or guardian getting any pensions or benefits from another European Economic Area (EEA) state or Switzerland?

Yes ☐ We will contact you about this.

No ☒ Go to question 11.

Don't know ☐ We will contact you about this.

11

Other benefits from another EEA state or Switzerland

Is the child's parent or guardian working in or paying insurance to another EEA state or Switzerland? By insurance we mean connected to work, like UK National Insurance.

Yes ☐ We will contact you about this.

No ☒ Go to question 12.

Don't know ☐ We will contact you about this.

12

Is the child in an NHS hospital or hospice now? Or have they been admitted in the past 12 months?

Yes ☐ Please continue below.

No ☒ Go to question 13.

Gwendolyn was last admitted to hospital on 6 March 2020 (over 12 months ago) when she required hospital then hospice care owing to surgery. She also had hospital care owing to a burn.

Please tell us when they went in and when they came out.

In

Out

In

Out

Full name and address of the hospital or hospice

Postcode

Phone number

Include the dialling code.

Why did they go in?

Does or did the NHS fund their stay?

Yes ☐

No ☐

13 Is the child in a residential college or similar place now, or have they been in the past 12 months?

For example, a residential care home, boarding school or similar place.

If the child is in a residential college or similar place when you claim we will not usually pay DLA care unless you are paying all the costs of their accommodation, board and personal care without help from a local or public authority.

Yes ☐ Please continue below.

No ☒ Go to question 14.

Please tell us when they went in and when they came out.

In

Out

In

Out

Full name and address of where they are or were staying

Postcode

Phone number

Include the dialling code.

Does or did the local authority or a government department pay any costs for them to live there?

Yes ☐ Please continue below.

No ☐ Go to question 14.

Which local authority or government department pays or paid?

**We ask about people involved in the child's care and may contact them before we make a decision.
They don't decide if the child can get DLA.**

14 In the last 12 months, has the child seen anyone apart from their GP about their illnesses or disabilities?

For example, a hospital doctor, consultant, nurse, occupational therapist, physiotherapist, educational psychologist, social worker or support worker.

Yes ☒ Tell us below who they have seen.

No ☐ Go to question 15.

If they see or have recently seen more than one health professional, it is important you tell us the other health professionals' details at question 70 Extra information. This will help us deal with the claim more quickly.

Name

For example, Mr, Mrs, Miss, Ms, Dr.

Profession or specialist area

Full address

For example, health centre, hospital, office or their place of work.

Postcode

Phone number

Include the dialling code.

0151 228 4811

The child's hospital record number

You can find this on their appointment card or letter.

NHS No 701 057 1422

Which illness or disability do they see the child about?

All- last seen by Mr Wrights team Orthopaedics

When did they last see the child about their illness or disability?

23/05/2021

15

Name of the child's GP

If you don't know the GP's name, tell us the name of the surgery or health centre.

Dr Scott

Full addressBlundellsands Medical Practice
1 Warren Road
Liverpool

Postcode

L23 6TZ

Phone number

Include the dialling code.

0151 924 6464

When did they last see the child about their illness or disability?

unknown

16

Has the child had or are they waiting for tests to help diagnose, treat or monitor their illnesses or disabilities?

For example, audiogram, MRI scan, cognitive development or IQ test, or something else.

Yes

Tell us about it in the table below.

No

Go to question 17.

Date and type of test	What did the test show?
Example June 2016 Eyesight test	They needed to see a hospital doctor
Awaiting MRI under General Anesthetic	Awaiting test to look at damage to upper spinal cord/reason for change in gait/instability rendering her 'virtually unable to walk'

17 Do you have any reports, letters or assessments about the child's illnesses or disabilities?

These may be from the people who treat or help them with their illnesses or disabilities. For example, doctors, health visitors or occupational therapists.

Yes ☒ Please continue below.

No ☐ Go to question 18.

Tell us what reports you have. For example, educational psychologist's report or Certificate of Vision Impairment (CVI). Please don't include things like appointment letters or general information about the child's condition like fact sheets or information from the Internet.

Report from her community paediatrician. She doesn't fully list or explain her difficulties but does explain some of their impact so it is included.

Please send us this supporting information with this form, but make sure it's:

- the most up-to-date information you have
- photocopies only, we can't return any documents
- not on CD, DVD, memory stick or any type of electronic media as we can't access these

18 Name of the child's school or nursery

St Nicholas C of E Primary

Full address

St Nicholas Road
Liverpool
L23 6TS

Postcode

Phone number

Include the dialling code.

0151 924 1204

Person we can contact

For example, a teacher.

Mrs Nell SENCO

What sort of school is it?

For example, a mainstream school or a special school that helps with the child's illness or disability.

Mainstream

19 Does the child have or are they waiting to hear about an Educational Health and Care Plan (EHCP), Individual Education Plan (IEP), Individual Behaviour Plan (IBP) or statement of Special Educational Needs (statement)? In Scotland the statement is called a Co-ordinated Support Plan (CSP).

If the child needs help under School Action or School Action Plus, a teacher prepares the IEP or IBP which sets out the help they need. If more help is needed, the local authority may complete an assessment and issue a letter, a Note in Lieu, or a statement.

Yes ☒ Please tick the boxes that apply.

No ☐ Go to question 20.

Send us a copy, if you can, as it may help us deal with your claim. Please do not send original copies as they cannot be returned.

☒ They have an EHCP, IEP or IBP.

☐ They have a statement, Note in Lieu, letter or CSP.

☐ I am waiting to hear.

Statement from someone who knows the child

20 This part does not have to be filled in but if it is filled in, this may help us deal with your claim more quickly. It could be filled in by someone who treats or is involved in the child's care. For example, a health professional, a social worker or a teacher.

Statement to be filled in by the person who knows the child.

Use the space below to tell us:

- the child's illnesses or disabilities and how they affect the child, and
- how you help the child

Ciwen's complex needs including hearing and visual impairment require full-time 1:1 support. She is able to walk but her asymmetrical gait means she falls frequently. As she has a high pain threshold and significant global delay, Ciwen needs constant adult supervision/support to ensure she is safe. Ciwen's one to one assists her in every part of the school day, including support with personal care.

Signature



Date

May 2021

Name (please use block capitals)

CHRISTINE FARLEY

Full address

St Nicholas C of E School
St Nicholas Road
Blundellsands
L23 6TS

Postcode

Phone number

Include the dialling code.

01519241204

Job or profession

Teacher

Relationship to child,
if applicable.

Teacher

When did you last see the child?

weekdays

Consent

To make sure we have all the information to support the child's claim:

- we may contact the child's GP or the people or organisations involved with the child. This may include medical information
- you don't have to agree to us contacting these people or organisations however, if you don't agree, this may mean we can't decide if the child can get DLA
- please remember to send us photocopies of the supporting information you already have
- we or any health professional working for an organisation approved by the Secretary of State, may ask any person or organisation to give them or us any information, including medical information, which we need to deal with:
 - this claim for benefit, or
 - any appeal or other request to reconsider a decision about this claim

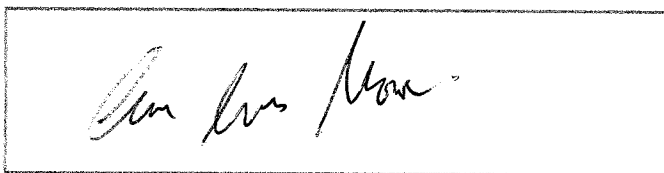
It's important you tick one of the consent options, then sign and date below.

I agree to you contacting the people or organisations described in the statement above.

Yes ☒

No ☐

Signature



Date

May 2021

Please make sure you also sign and date the declaration at question 71.

The Motability Scheme

The Motability Scheme allows disabled people to lease a car, scooter or powered wheelchair in exchange for all or some of their mobility payments. Parents and carers can join the scheme on behalf of a child aged three and above.

If the child is eligible for help from Motability, would you like us to post you information about the help they can offer? We won't share any personal details with Motability.

Yes ☒

No ☐

If you decide you don't want to receive information about Motability in the future, please contact us on **0800 121 4600** to let us know.

The questions we ask and why we ask them

DLA is a benefit to help with extra costs because:

- the child has difficulties walking, or
- the child needs extra looking after, because of their illness or disability

By 'extra looking after' we mean much more than another child of the same age.

We ask about the child's illnesses or disabilities, the treatment they have, the difficulties they have walking outdoors and the extra looking after they need.

We ask for a lot of information about the child, it may be easier to fill in the information in parts over a few days. Try not to worry about how long the form is, complete as much information about the child for each question that applies – take a break when you need to.

We understand it may be upsetting for you to think about what the child can't do, but we need this information to make the right decision.

Tell us about the help they need most of the time. You can use the box at the end of each question to tell us:

- about your tick-box answers
- how their needs vary
- anything else you think we should know about the help they need

If you need help to fill in the rest of the form

In the information booklet we:

- explain the questions we ask
- tell you how to answer the questions
- give you examples of other things you can tell us

When you see



you can use the **information booklet** to help you understand and answer the questions.

About the child's illnesses or disabilities

22

List the child's illnesses or disabilities in the table below.

- **illness or disability** may be a physical, sight, hearing, speech, learning or developmental difficulty, or a mental-health problem. If they don't have a **diagnosis**, tell us their difficulty. For example, if they have problems learning new things and you don't know why, put 'Learning problem'
- **how long** may be from birth or the date the problem started. It is not the date of diagnosis
- **treatment** may be medicines such as tablets, creams or injections and things like speech, occupational or play therapy, physiotherapy or counselling
- **how often** they have each treatment and for how long. The label on the child's medicine has the name, dose and how often to take it

If you have a spare **up-to-date prescription list** send it to us with this claim form.

Illness or disability	How long have they had it?	What treatment do they have for it?	How often do they have treatment?
Examples ADHD	Problems started aged 4	Cognitive behaviour therapy Ritalin 30 milligrams (mg)	One hourly session a week One a day
Eczema	About one year	Promethazine 5 mg 1% Hydrocortisone cream E45 Emollient bath oil	One before bed 3 times a day Daily
Visually impaired	From birth	Play therapy	Every day
Downs Syndrome	From birth	There is no cure and no treatment for Downs Syndrome. Gwen has complex medical needs which require treatment.	Gwen sees doctors/therapists throughout the week
Awaiting assessment for ASD & Tourettes	Started on pathway from 28/4/21	There is no cure or treatment for Autism or tourettes.	Gwen gets support from specialists from every area of life, eg speech and language, occupational therapy, visual and hearing impairment teams etc.
Sensory problems with sight & hearing	From birth	Gwen is both sight and hearing impaired and has other sensory difficulties	Glasses and hearing aids daily. Specialists input into her education
Respiratory Problems, due to breathing tracts being malformed.	From birth	Gwen has a trification in her lungs, but her difficulties are owing to narrow, oval shaped airways, hypotonia etc. She is also immune compromised	Gwen is on antibiotics 3 times per week permanently, in order to prevent recurrent infections
Hypermobility	From birth	Operation to reconstruct her right hip involving dividing & reconstructing her thigh bone with pins and plates. March 2020	Has hoist, downstairs living etc. and specialist wheelchair

If you need more space to tell us about their illnesses or disabilities, please continue at question 70
Extra information.

Does the child use, or have they been assessed for, any aids or adaptations?

Yes ☒ Please continue below.

No ☐ Go to question 24.

Tell us in the table below about any:

- aids used at home, at school or anywhere else
- aids or adaptations they have been assessed for or are waiting for
- help they need to use it. This could be encouragement, prompting or physical help

Put a tick next to the aid or adaptation if it was prescribed by a health care professional. For example, an occupational therapist.



Use page 5 of the **information booklet**.

Aids and adaptations	<input checked="" type="checkbox"/>	What help do they need to use the aid or adaptation?
Example of aid Picture Exchange Cards	<input checked="" type="checkbox"/>	Encouragement to use cards to communicate
Example of adaptation Bed rails	<input type="checkbox"/>	No help needed
Double sided hearing aids	<input checked="" type="checkbox"/>	Needs prompts to wear the aids and help to manage and put them on or take them off.
Very thick lensed glasses provided by NHS, which parents pay to have thinned	<input checked="" type="checkbox"/>	Difficult to wear glasses at the same time as hearing aids.
Hospital profiling bed	<input checked="" type="checkbox"/>	Gwen needs help with all the adaptations mentioned in this section. Adaptions have been made to the house to widen all doorways and corridors to allow for the need for a wheelchair when Gwen requires it. Gwen has a specialist wheelchair, a MoJo fitted to her specifically.
Downstairs bedroom with wet room attached.	<input checked="" type="checkbox"/>	
Hoists for the bed	<input checked="" type="checkbox"/>	
Specialist bath, toilet etc. Grab rails all round the house. (The adaptations are too numerous to cover in these boxes.)	<input checked="" type="checkbox"/>	The toilet washes her & flushes itself, but she still needs lifting on/off it.

If you need more space to tell us about their aids or adaptation, please continue at question 70 **Extra information**.

24 When the child needs help

We understand the help a child needs can vary from day to day or week to week.

To make the right decision, we need to know if the help the child needs is the same most of the time or varies.

Tick the box below that applies to them.

The help they need:

• is the same most of the time

☒

• varies

☐

Tell us in the box below how their needs vary.

For example:

- every 3 to 4 weeks they have a couple of good days
- they need more looking after when their condition gets worse, 2 to 3 times a year, or
- they have treatment 3 times a week and need more looking after the day after

Mobility questions

Mobility – these questions are about the difficulty that the child has walking outdoors because of their illnesses or disabilities.

Questions 25 to 31 are about the physical difficulties a child has walking. This is for children **age 3 and over**.

Questions 32 to 34 are about the guidance and supervision they need when walking outdoors most of the time. This is for children **age 5 and over**.

The following questions ask about 'they'. This means the child you are claiming DLA for.

Mobility

These are about their ability to physically walk outdoors on a reasonably flat surface. We can't consider any problems they have walking on steps, slopes or uneven ground. If their problems are not physical, do not answer questions 25 to 31. Tell us about any behavioural difficulties with walking at questions 32 to 34.

25 Can they physically walk?

Tick **No** if they cannot walk at all.

Yes ☒ Go to question 26.

No ☐ Go to question 36 to tell us how long they have been unable to walk.

26 Do they have physical difficulties walking?

This means problems with how far they can walk, how long it takes, their walking speed, the way they walk, or the effort of walking and how this may affect their health.

Yes ☒ Go to question 27.

No ☐ Go to question 32.

27 Please tick the boxes that best describe how far they can walk without severe discomfort and how long it takes them.

This means the total distance they can walk before they stop and can't go on because of severe discomfort. This may include short stops to catch their breath or ease pain.

We understand this can be difficult to work out.

It may help to do the following things when you are out walking with the child:

- count the steps you take to see how far they have walked. If they walk 100 of your steps, they have walked about 90 metres (100 yards)
- check the time when you start and stop to see how long it takes



Use page 5 of the **information booklet**.

They can walk:

- over 200 metres (218 yards)
- 51 to 200 metres (56 to 218 yards)
- 50 metres (55 yards) or less
- a few steps

☐☐☐☒

It takes them:

- more than 5 minutes
- 3 to 4 minutes
- 1 to 2 minutes
- less than a minute

☒☐☐☐

28 Please tick the box that best describes their walking speed.

Normal

This means they can easily keep up with friends.

☐

Slow

This means they can only keep up with friends with a lot of effort.

☐

Very Slow

This means they can't keep up with friends.

☒

29 Please tick the box that best describes the way they walk.

They:

- walk normally ☐
- walk with a limp ☒
- shuffle ☐
- drag their leg ☒
- walk with one or both feet turned inwards ☒
- walk on their toes ☒
- have poor balance ☒

If they have other difficulties with the way they walk, tell us below what they are.

Her walking is very unstable. She is described by health professionals as being able to walk after a fashion for a few steps if supported by an adult to prevent her falling over. Gwen sometimes drags one side and sometimes walks on her toes but always limps and always turns her feet and has poor balance. She has one leg slightly longer than the other owing to surgery.

30 Does the effort of walking seriously affect their health?

For example, walking can cause bleeding into the knee and ankle joints.

Yes ☒ Tell us below how their health is affected. No ☐ Go to question 31.

Damage to her spinal cord is being investigated. It could be the physical action of walking/movement which is doing damage.

31 If you want to tell us why you have ticked the boxes, how their needs vary or anything else you think we should know, use the box below.

For example, they have more pain or tiredness if they walk too far the day before.

Both feet now turn inwards, previously it was one foot. She will sometimes revert to walking on her toes. Gwen has very frequent falls plus it is thought by medical professionals she has neurological balance issues that lead to her falling. She sometimes has an instinct to put out her hands to break the fall, but it is unreliable and when she does she damages her hands as well as her knees and legs. She is unable to report so she has to be physically checked for injury after falls. Once she has fallen she has severe difficulty with getting up and requires help.

32 Do they need guidance or supervision most of the time when they walk outdoors?



Use page 6 of the **information booklet**.

Yes ☒ Tick the boxes that apply.

No ☐ Go to question 33.

Can they:

- find their way around places they know?
- ask for and follow directions?
- walk safely next to a busy road?
- cross a road safely?
- understand common dangers outdoors?

Yes

No

☐
☒
☐
☒
☐
☒
☐
☒
☐
☒

Do they regularly:

- become anxious, confused or disorientated?
- display unpredictable behaviour?
- need physical restraint?

Yes

No

☒
☐
☒
☐
☒
☐

33 Do they fall due to their disability?

Yes ☒ Please continue below.

No ☐ Go to question 34.

Tell us the number of falls each month

1,000s

They:

- can get up without help
- have had injuries needing hospital treatment

Yes

No

☐
☒
☒
☐

34 If you want to tell us why you have ticked the boxes, how their needs vary or anything else you think we should know, use the box below.

For example, they are frightened by loud noises and behave without thinking about danger.

Gwen falls frequently. She falls off chairs which have no arms as well as falling when standing upright or when walking. Gwen tries to walk but it is extremely difficult. She has been given a wheelchair, that is of the most expensive level and tailored to her, funded by the NHS, because her needs are so great. To get around the home she walks very slowly and very unsteadily for a few steps, when possible with someone to hold her hand to give her some stability. Gwen's carer, provided by the Local Authority, will help her walk within the home with supervision. Gwen will occasionally crawl to try to get to places she wants to get to. She spends a lot of time just sat on the floor. She never gets up alone as she is on a 121 at all times. Frequently people pick her up. If she gets up unaided it takes time- she does not jump up like other children.

Extra information about mobility

35 If you want to tell us anything else about their mobility, use the box below.

Gwen is virtually unable to walk. To mobilise outdoors for any significant distance she needs to be pushed in a wheelchair. When she is outside and taken out of the wheelchair we have to monitor her closely as she has no understanding of danger. She can mobilise well enough to place herself in a position where when she falls, as she inevitably will, she could put herself in danger. If we were near water she could get to the edge of the water and would throw herself in the water. She would lie face down in even shallow water & not understand to try to turn over. She will step or crawl in front of traffic after grabbing a lamppost. She has limited hearing and very poor eyesight without her glasses. Although her eyesight improves with glasses it is not completely corrected and she remains visually impaired.

36 When did the child's mobility needs you have told us about start?

Normally, the child can only get the mobility part of DLA if they have needed help for more than 3 months.

Please tell us the date the mobility needs you have told us about started.

August 2014

If you can't remember the exact date, tell us roughly when this was.

If you are claiming under the special rules, go straight to question 56.

Care questions

Care – these questions are about the extra looking after that the child needs because of their illnesses or disabilities. These questions are for children of all ages.

Questions 37 to 52 are about the help they need during the day.

For example, if a child gets up at **7am** and goes to bed at **8pm** and the parents get up at **7am** and go to bed at **11pm**, day time would be **7am to 11pm**. Any help needed after **11pm** would count as help during the night.

The following questions ask about 'they'. This means the child you are claiming DLA for.

Care

37 Do they need encouragement, prompting, or physical help to get into or out of or settle in bed during the day?

This means waking up, lifting their legs into or out of bed, sitting up from lying down or settling in bed ready to go to sleep.



Use page 7 of the **information booklet**.

Yes ☒ Please continue below.

No ☐ Go to question 38.

Tell us how often they need help each day and how long it takes each time.

They need encouragement, prompting or physical help to:

	How often each day?	How long each time?	
• wake up	<input type="text" value="1"/>	<input type="text" value="15 to 30"/>	minutes
• get out of bed	<input type="text" value="1"/>	<input type="text" value="10"/>	minutes
• get into bed	<input type="text" value="1"/>	<input type="text" value="10"/>	minutes
• settle in bed	<input type="text" value="3"/>	<input type="text" value="60"/>	minutes

If you want to tell us why they need help, how their needs vary or anything else you think we should know, use the box below.

For example, they may need to follow a set routine to go to or get out of bed.

Gwen's conditions make her tired and they also lead to poor sleep patterns, so it is hard to wake her up. She has no understanding in the abstract of need to be up for school etc. She has to be physically helped into and out of bed & due to my own disabilities, as well as Gwen's, we have a hoist to do this when required owing to her operation on her leg. My husband can assist her in and out of bed safely inbetween periods of recovery from operations, but we both have to revert to the hoist when Gwen has another surgical procedure to protect the sight of that operation. It takes a long time to settle Gwen in bed. She gets very distressed at being alone. We try to put her to bed at 7pm, but from then until 11pm, when my husband needs to go to bed to be up in time for work, we still have to spend long periods with her to calm and settle her.

38

Do they need encouragement, prompting, or physical help to go to or use the toilet during the day?

This means going to the toilet, managing their clothes, getting on and off the toilet, using the toilet, cleaning themselves and coping with continence care.



Use page 7 of the **information booklet**.

Yes ☒ Tick the boxes that apply.

No ☐ Go to question 39.

They need encouragement, prompting or physical help to:

- go to the toilet ☒
- manage clothes ☒
- get on and off the toilet ☒
- wipe themselves ☒
- wash and dry their hands ☒
- manage a catheter, ostomy or stoma ☐
- manage nappies or pads ☐

If you want to tell us why you have ticked the boxes, how their needs vary or anything else you think we should know, use the box below.

For example, they have pain and become distressed.

I am trying to avoid using pads, although the incontinence team do provide them, as we are trying to train her to use the toilet and recognise the need to go. We manage her toileting by taking her to the toilet every couple of hours. She will still often wee on the floor or the furniture, but taking her so regularly mainly avoids it happening too frequently throughout the day and night as her bladder is never full. She has a specialist toilet that washes her after bowel movements and then we dry her with a towel. She isn't able to wipe herself unaided after toileting or wash hands at home afterwards without prompting. Local Authority have provided a carer who will take Gwen to the toilet as well, after Gwen was assessed as needing help.

39 Do they need encouragement, prompting, or physical help to move around indoors, use stairs or get into or out of a chair during the day?

A chair is any type of chair including a wheelchair.

This means moving from one place to another, using stairs, getting into, sitting in, and getting out of a chair. Indoors is in their home, a friend's home, school, college, or anywhere else inside.



Use page 8 of the **information booklet**.

Yes ☒ Tick the boxes that apply.

No ☐ Go to question 40.

They need encouragement, prompting or physical help to:

- go up and down one step ☒
- go upstairs ☒
- go downstairs ☒
- move around safely ☒
- get into or out of a chair ☒
- sit in a chair ☒

If you want to tell us why you have ticked the boxes, how their needs vary or anything else you think we should know, use the box below.

For example, they bump into furniture and doors.

Gwen has been provided with specialist chairs that are adjustable & fully support her seating position- such as for a standard height (not children's table). She can fall out of other chairs. There are rails provided for the stairs, but owing to mobility issues a downstairs room was converted to her bedroom with a grant to provide a wet room attached to that bedroom, so she doesn't have to go upstairs. She needs adult support and prompts to hold onto the rails. Gwen falls whilst trying to mobilise anywhere. Her hand will be held to stabilise her and is frequently supported more to prevent falling as much as possible. Within a room she can move around but it takes several times as long as it would take a child her age without her disability, even if that child was walking deliberately very slowly. Gwen falls several times with in a few yards as well.