

**Do they need encouragement, prompting, or physical help to wash, bath, shower and check their appearance during the day.**

This means getting in and out of a bath or shower, washing their hair, drying themselves, using soap, using a toothbrush and checking their appearance.



Use page 9 of the **information booklet**.

**Yes** ☒ Please continue below.

**No** ☐ Go to question 41.

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

**They need encouragement, prompting or physical help to:**

	<b>How often each day?</b>	<b>How long each time?</b>	
• have a wash	6	10 to 15	minutes
• clean their teeth	2	10 to 15	minutes
• wash their hair	1	20	minutes
• get in or out of the bath	1	20 to 30	minutes
• get in or out of the shower	1	20 to 30	minutes
• clean themselves in the bath or shower	1	20	minutes
• dry themselves after a bath or shower	1	15	minutes
• check their appearance	4	10	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, when they are in the bath they need telling repeatedly what to do and how to do it.

All the above have to be done for Gwen. The local authority have provided a carer to help with these personal care needs, as i have my own disabilities and my husband works. We have had a wet room provided for Gwen, to make things easier. We have a bath that goes up and down that has jets and lights for sensory stimulation whilst she is being bathed. The bath can be raised and lowered so she doesn't have to be lifted as high to put her in and then the bath can be raised to a comfortable height for the adult to wash Gwen. All aspects of washing are performed for Gwen, as though she was a very young child. She has some sensory issues, especially with water around her face so she gets very distressed and agitated. She has to be supported as well as washed. She will lie face down in water and not try to move. She resists being lifted into the bath & also resists being lifted out.

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

This means choosing the right clothes for the weather or activity, choosing clean clothes, putting clothes on in the correct order, moving their arms or legs to put clothes on or take them off. This is any dressing or undressing except when using the toilet.



Use page 10 of the **information booklet**.

**Yes** ☒ Please continue below.

**No** ☐ Go to question 42.

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?**

• dress	<input type="text" value="6"/>	<input type="text" value="20 to 40"/>	minutes
• undress	<input type="text" value="6"/>	<input type="text" value="10 to 15"/>	minutes
• manage zips, buttons or other fastenings	<input type="text" value="6"/>	<input type="text" value="5"/>	minutes
• choose appropriate clothes	<input type="text" value="6"/>	<input type="text" value="2 to 5"/>	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 follow a set routine that takes a long time.

We have to dress and undress Gwen in the same way you would with a very young child but one who is bigger and more able to resist. She doesn't like being messed around with, so resists when clothing layers have to be changed because she is going outside, or because she has had an accident and wet herself or her clothes are bloody after a fall. She doesn't appreciate that she is being changed to make her more comfortable, for instance if she is wet. She has discovered that she can pull a zipper up and down, but does it as an amusement rather than to always achieve a purpose. It can be difficult for us because we have got her dressed for going out and she can pull her coat zipper down when it might be raining for instance or cold.

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

This means getting food into their mouth, chewing, swallowing, using cutlery, cutting up food, holding a cup, getting it to their mouth and drinking.



Use page 10 of the **information booklet**.

**Yes** ☒ Please continue below.

**No** ☐ Go to question 43.

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

**They need encouragement, prompting or physical help to:**

	<b>How often each day?</b>	<b>How long each time?</b>	
• eat	5	40 to 60	minutes
• use a spoon	3	40 to 60	minutes
• cut up food on their plate	5	2	minutes
• drink using a cup	8	10	minutes
• be tube or pump fed			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 can't see what food is on the plate.

Food has to be cut up very small as she is at risk of choking and aspiration. She is capable of eating with a spoon or to a more limited extent a fork, but likes to use her fingers and doesn't understand why it is appropriate to use a spoon. She couldn't use a knife & fork like other children. She has to be watched closely as she will try to push all of her food into her mouth at once and she doesn't naturally understand to spit it out if she starts to choke. She has a sippy cup at home but we are trying to train her to use an open cup more effectively, but she knocks it over, so we have move it out of reach & hand it to her at regular intervals. She needs help to regulate the angle she tips the cup to so as to prevent pouring the contents all over her. At school she has a sports bottle with integral straw. Gwen is under a dietician as her weight needs regulating. Her meals are reduced but with snacks inbetween. Her eating is very slow, she gets distracted and is slow in any event. She doesn't chew food as she should, she swallows food. Increasingly different food types must not touch or she gets distressed by it.

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

Taking medicine includes tablets, injections, eye drops, knowing what to take, how much to take and when to take it.

Having therapy includes blood sugar testing, peak flow checks, physio, oxygen, speech, play and behaviour therapy, knowing what to do, how much to do and when to do it.



Use page 11 of the **information booklet**.

**Yes** ☒ Please continue below.

**No** ☐ Go to question 44.

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

**They need encouragement, prompting or physical help to:**

	<b>How often each day?</b>	<b>How long each time?</b>	
• take the correct medicine	4	5 to 20	minutes
• know when to take their medicine	4	5 to 20	minutes
• do their therapy	2	60	minutes
• know when to do their therapy	2	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 become angry with their condition and refuse to take their medicine.

Gwen has medication four times a day. She has no or at least limited understanding of why she is taking it or how she benefits from it. She resists taking it a lot of the time. She will refuse/forget to swallow so it dribbles down her face sometimes. She can't take tablets so everything has to be in liquid form. She may turn her head away or push the hand away trying to give her the medication. She doesn't always respect parental or adult authority, so putting on a stern face or telling her off sometimes doesn't help & she is remarkably stubborn. She has therapies to do at school and she is supported where necessary to do that. Gwen can't take in or accept verbal instructions at a level expected for her age, so doing the therapies takes time.

#### 44 Do they have difficulty seeing?

This means when using their aids like glasses or contact lenses.



Use page 12 of the **information booklet**.

**Yes** ☒ Please continue below.

**No** ☐ Go to question 45.

#### Are they certified sight impaired or severely sight impaired?

If they are certified they will have been examined at a hospital or eye clinic.

A Certificate of Vision Impairment (CVI) will have been sent to the local social services department. You will have been given a copy.

If they are certified, please send us a copy of the CVI. Please do not send original copies as they cannot be returned.

Certified severely sight impaired

☐ Go to question 45.

Certified sight impaired

☐ Tick the boxes that apply.

They can see:

- computer keyboard keys or large print in a book
- a TV and follow the actions to a story
- the shape of furniture in a room

**Yes** **No**

<input type="checkbox"/>	<input checked="" type="checkbox"/>
--------------------------	-------------------------------------

<input checked="" type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------

<input checked="" type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------

They can recognise:

- someone's face across a room
- someone across a street

**Yes** **No**

<input type="checkbox"/>	<input checked="" type="checkbox"/>
--------------------------	-------------------------------------

<input type="checkbox"/>	<input checked="" type="checkbox"/>
--------------------------	-------------------------------------

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

For example, they have difficulty seeing in poorly lit places like a cinema.

There were discussions whether to register as severely visually impaired, but there are concerns that it is a permanent registration when that happens. She has support from the Guide Dogs for the Blind Association and the visual impairment team at Alder Hey hospital as well. Gwen is prescribed thick lensed glasses that her parents pay to have thinned that may still leave her with limitations on her sight, especially with her peripheral vision. She still can't see well enough to recognise people at a distance/calls other people daddy, such a man working on the roof of her school. If she sees anyone with a beard she will often think it is Santa Claus, she mistakes men/women in the street, or across a room, as her father or carer. She needs specialist type face for her school work which is why it is ticked above that she can't see large print books- as it depends on the book. She can only see a certain thickness of line/certain fonts. She will watch TV most frequently in the form of 'girls singing' (disney songs on utube). She can't always understand a story but that might neurological rather than a sight issue. She likes programmes with songs and music, so she could be reacting more to the sound rather than what is happening visually, though she picks up on colour and movements. She fell over our small-medium sized dog today because she didn't see her. Quality of light can effect how much she can see.

#### 45 Do they have difficulty hearing?

This means hearing sound or someone speaking when using their hearing aid.



Use page 12 of the **information booklet**.

**Yes** ☒ Tick the boxes that apply.

**No** ☐ Go to question 46.

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

**Yes** **No**

☒ ☐

If you send us a photocopy of the report it may help us deal with the child's claim.  
Please do not send original copies as they cannot be returned.

They can hear:

**Yes** **No**

- a whisper in a quiet room
- a normal voice in a quiet room
- a loud voice in a quiet room
- a TV, radio or CD but only at a very loud volume
- a school bell or car horn

<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

For example, they can't hear things if there is a lot of background noise.

Gwen has mild hearing loss, but still needs two hearing aids. She has repeated periods of glue ear that seriously further limit her hearing which is why the first box is ticked no. She can normally hear part of what someone says talking in a normal voice in a quiet room, but for the most part not certain normal speech sounds. When she has glue ear she sometimes can't hear someone talking in a normal voice in a quiet room.

#### 46 Do they have difficulty speaking?

This means the ability to say words out loud and talk clearly.



Use page 13 of the **information booklet**.

**Yes** ☒ Tick the boxes that apply.

**No** ☐ Go to question 47.

They can:

- speak clearly in sentences
- put words together to make simple sentences
- speak single words

**Yes**

**No**

☐
☒
☒
☐
☒
☐

They can communicate using speech:

- with someone they know
- with someone they don't know

**Yes**

**No**

☒
☐
☐
☒

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

For example, they get embarrassed about the way they talk and will only speak to people they know.

If someone knows her very well, Gwen can communicate at a very basic level, but not with a level of complexity that would be expected for a child her age or even for expectations for a much younger child. She can't communicate sentences verbally with strangers, who would be totally baffled. She can put some words together, mainly with no joining words and only understandable to someone who knows her very well.

#### 47 Do they have difficulty and need help communicating?

This means passing on information, asking and answering questions, telling people how they feel, giving and following instructions.



Use page 14 of the **information booklet**.

**Yes** ☒ Tick the boxes that apply.

**No** ☐ Go to question 48.

To communicate they use:

- writing
- BSL (British Sign Language)
- lip-reading
- using hand movements, facial expressions and body language
- Makaton

**Yes**

**No**

☐
☒
☒
☐
☐
☒
☒
☐
☒
☐

If they use another form of communication, tell us below what it is. This could be Sign Supported English (SSE), Signed English (SE), Finger Spelling, Picture Exchange Communication System (PECS), Tadoma or something else.

### Specialists are considering PECS

They can communicate:

- with someone they know
- with someone they don't know

Yes                  No

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

For example, they may be at risk because they don't understand a warning.

Sign is Gwen's first language. She uses sign-along, which is based on BSL, but is to support speech/to encourage her to develop her speech. Some children at her school use Makaton to include her to best effect and communicate with her so that she knows that they are making an effort to include her, which is lovely to see. Speech & Language Therapy are considering the use of PECS, but Gwen doesn't understand the concept at the moment or what they are trying to achieve with it. She has been referred for a social communication difficulties assessment and is on the autism pathway. She can gesture through pointing if she does not know a word/cannot say it. She also has a stutter/struggles to get a word out.

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

This means epileptic, non-epileptic or febrile fits, faints, absences, loss of consciousness and 'hypos' (hypoglycaemic attacks).



Use page 15 of the **information booklet**.

**Yes** ☒ Tick the boxes that apply.

**No** ☐ Go to question 49.

**Tell us what type they have and what happens**

She has absence seizures. She had one absence seizure recorded in the Burns Unit of hospital, whilst in hospital for a bad burn.

They:

- can recognise a warning and tell an adult
- can recognise a warning and take appropriate action
- have no warning
- have had a serious injury in the last 6 months because of a fit, blackout or seizure
- display dangerous behaviour after a fit, blackout or seizure

Yes                  No

<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Tell us:

- the number of days affected each month
- how many fits they have on these days
- the number of nights affected each month
- how many fits they have on these nights

9	days
1 or 2	
	nights

**Have they had an episode of status epilepticus in the past 12 months?**

This is where there is persistent epileptic activity for more than 30 minutes, or they have several seizures without becoming conscious between each seizure.

Yes ☒

No ☐

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

For example, they become distressed and need reassurance.

Gwen doesn't react in a dangerous way before during or after a seizure but because she has an absence she can fall out of a chair, or her inability to react to situations can put her in danger. We are not aware of seizures in the night. She is distressed after a seizure and briefly before, but the distress is similar to what she displays on a frequent basis anyway, so gives us no warning. She has had a recent EEG which was normal but had a recorded seizure while in the burns unit of Alder Hey Children's Hospital and does have absences.

Continue at question 70 if necessary.

49

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

This means they need someone to keep an eye on them because of how they feel or behave, or how they react to people, changing situations and things around them.



Use page 16 of the **information booklet**.

Yes ☒ Tick the boxes that apply.

No ☐ Go to question 50.

Can they:

- recognise and react to common dangers?
- cope with planned changes to daily routine?
- cope with unplanned changes to daily routine?

Yes

No

☐☒☐☒☐☒



Do they regularly:	Yes	No
● feel anxious or panic?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
● become upset or frustrated?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
● harm themselves or others?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
● feel someone may harm them?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
● become verbally or physically aggressive or destructive?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
● act impulsively?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
● have tantrums?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**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 behave without thinking about dangers or how it will affect others.

She has to be watched around the clock. She has no understanding the world around her in the sense of possible dangers that may arise from various situations. She had a long spell under the burns unit at Alder Hey hospital as she had pulled a full cafetierre of hot coffee onto herself and then sat down as though nothing had happened. She lost layers of skin on her chest and would have been in agony. Her assessment for care from the hospital and the local authority say she need to be watched all the time. She is classed as having complex medical needs by Alder Hey Children's Hospital and the Local Authority consider her to have such significant medical and support needs that she is classed as a child in need under the statutory provisions.

#### 50 Do they need extra help with their development?

This means any extra help they need to improve their understanding of how to behave and react to people, situations and things around them.

**i** Use page 16 of the **information booklet**.

**Yes** ☒ Tick the boxes that apply.

**No** ☐ Go to question 51.

They need help to:	Yes	No
● understand the world around them	<input checked="" type="checkbox"/>	<input type="checkbox"/>
● recognise their surroundings	<input checked="" type="checkbox"/>	<input type="checkbox"/>
● follow instructions	<input checked="" type="checkbox"/>	<input type="checkbox"/>
● play with others	<input checked="" type="checkbox"/>	<input type="checkbox"/>
● play on their own	<input checked="" type="checkbox"/>	<input type="checkbox"/>
● join in activities with others	<input checked="" type="checkbox"/>	<input type="checkbox"/>
● behave appropriately	<input checked="" type="checkbox"/>	<input type="checkbox"/>
● understand other people's behaviour	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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 may have difficulty making friends.

She is very friendly by nature and wants to interact with others, especially other children. Physically she can't manage the games that other children her age play in the same way as them (for example she can't jump) and she lacks the mental capacity to age appropriate play board games or more sedentary games. She frequently doesn't understand rules or the aim or purpose of the game other children are playing- she understands tag, but could never run like the other children. The children at school do try to include her to School's and their credit. She doesn't always understand or comply with turn taking or general social rules, such as personal space but is very personable. She wants to cuddle people and doesn't recognise when they don't like that- her brother has ASD and has particular boundaries which she doesn't understand. Her play is very repetitive. She may remember how she was taught to do things but can't easily expand on what she was taught or vary her behaviour according to circumstances.

**51** Do they need encouragement, prompting or physical help at school or nursery?



Use page 17 of the **information booklet**.

**Yes** ☒ Tick the boxes that apply.

**No** ☐ Go to question 52.

They need encouragement, prompting or physical help to:

- go to and use the toilet
- safely move between lessons
- change into different clothes for physical education and other school activities
- eat meals
- take medicine or do their therapy
- communicate

**Yes** **No**

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

**What extra help do they need with learning?**

She has specialist educational support. She has sight and hearing limitations as well as global delay. She is on a personalised curriculum and is unable to do any part of the national curriculum for her age.

**What is their behaviour like at school or nursery?**

It varies. She is happy and has a sunny disposition but can be challenging. She has a very limited attention span & can be disruptive/refuse to comply. She gets tired very easily. School support her well by her having her own separate enclosed area in the class and also accessing the 'rainbow room' where she can do some quiet tasks.

**How do they usually get to and from school or nursery?**

Sometimes by car, more rarely by wheelchair. We live close to school so frequently try to do some walking with constant support/supervision.

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

For example, they have one-to-one help from a teaching assistant.

She has 1:1 care at school at all times. She also has extra support from a TA and the class teacher as well. School appropriately get High Needs Funding for Gwen for her care throughout the school day.

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



Use page 18 of the **information booklet**.

**Yes** ☒ Please continue below.

**No** ☐ Go to question 53.

Tell us:

- what they do or would do if they had help
- what help they need or would need to do this
- how often they do it or would do it if they had the help, and
- how long they need or would need help each time

**At home**

Activity	Help needed	How often?	How long each time?
<b>Example</b> Art	Encouragement to get paints, brushes and paper. Motivate to keep interested. Help to wash hands afterwards.	2 times a week	One hour
<b>Baking</b>	Needs total support- she is basically in the kitchen while her carer tells her what he is doing and Gwen helps by trying the ingredients and/or stirring the mixture for a minute or so.	0-1 infrequent	Gwen really observes but is made to feel included
<b>Art</b>	Gwen loves painting and can hold a paint brush dip it in paint and put colour on a page. She can't get/set up the area, or keep things clean etc. She puts colours over each colour and things end up the mixed brown colour.	0-1 Infrequent	varies not long

## When they go out

Activity	Help needed	How often?	How long each time?
<b>Example</b> Swimming	To get changed, to get in and out of the pool, to dry themselves.	Once a week	45 minutes
Swimming before lockdown	requires support in every way with personal care etc. has 121 swimming teacher, 121 carer and parent present for mobility and understanding. She would throw herself in the deep end even though she cannot swim	nothing for over a year owing to lockdown	hours owing to time changing etc.

### 53 Do they wake and need help at night, or need someone to be awake to watch over them at night?

Question 53 is about the help needed during the night.

Night is when everyone in the house is in bed. For example, if a child goes to bed at 8pm and the parents go to bed at 11pm, night would start at 11pm. Any help needed before 11pm would count as help during the day.



Use page 19 of the **information booklet**.

**Yes** ☒ Please continue below.

**No** ☐ Go to question 54.

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

#### They need encouragement, prompting or physical help to:

• get into, get out of or turn in bed	<input type="text" value="2"/>	<input type="text" value="2"/>	minutes
• get to and use the toilet, manage nappies or pads	<input type="text" value="2"/>	<input type="text" value="10 to 20"/>	minutes
• have treatment	<input type="text" value="3"/>	<input type="text" value="5"/>	minutes
• settle or re-settle	<input type="text" value="2 to 4"/>	<input type="text" value="30"/>	minutes

#### They need watching over because they:

• are unaware of danger and may harm themselves or others	<input type="text"/>	<input type="text"/>	minutes
• may wander about	<input type="text"/>	<input type="text"/>	minutes
• have behavioural problems	<input type="text"/>	<input type="text"/>	minutes

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

For example, they don't sleep regular hours each night.

Gwen has an SATS monitor to check her heart rate and Oxygen levels etc. When she has it on every few hours we have to change the probe. She has to be repositioned to improve her oxygen saturations. her. She also has a poor sleep pattern and can wake up screaming and needs reassurance and resetting. We can take that opportunity to take her to the toilet as she will otherwise wet the bed and the discomfort will wake her then. She is monitored via video camera through out the night, in addition to the occasions when we get up to see to her as well. She is a hospital profiling bed for her breathing which is also a safety bed owing to behaviours. It limits her ability to get out and we also shut her bedroom door, and she can't open it. Without that she would be found on the kitchen floor by the fridge freezer and eat anything she finds. She doesn't properly differentiate between edible and non-edible items so she will lick the plastic covering frozen pizza, as well as dog food she finds. She loves her dog and also gave free range of the fridge to the dog. In fact Gwendolyn recently was able to override the safety mechanisms and was found in the kitchen in the early hours with the oven on and the contents of the freezer on the side. She said she was making dinner for everyone. OT are to do a home assessment to see what improvements can be made to safety mechanisms

### **Extra information about care**

**54**

**If you want to tell us anything else about their care needs, use the box below.**

Gwen has a SATS monitor and is monitored via a video camera through the night every night to ensure her medical and physical safety. Additional mechanisms will be put in place with OT, with community and social care OT working together. Night time safety is currently seen as a safeguarding issue and is recorded as problematic as Gwen is 6, but the size of an 11 year old, but with no cognitive understanding of danger. Work is also being done with her at school and by Guidedogs.

**55**

**When did the child's care needs you have told us about start?**

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

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

August 2014

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

## About you

Use this page to tell us about yourself, not the child.

56 Your surname or family name

Vials Moore

All other names in full

Cora

Title

For example, Mr, Mrs, Miss, Ms

Mrs

57 Your date of birth

11 March 1978

58 Your National Insurance number

Letters	Numbers	Letter
J	N	8
1	7	8
0	8	A

59 Address if different to the child's

Postcode

60 If you live in Wales and would like us to contact you in Welsh, tick this box.

☐

61 Your daytime phone number where we can contact you or leave a message.

Phone number

Include the dialling code.

07931540482

Mobile phone number,  
if different.

07931540482

If you have speech or hearing difficulties and want us to contact you by textphone, please tick this box.

☐

Textphone number

62 What is your relationship to the child?

Mother

63 What is your nationality?

British

64 What is the Child Benefit number for the child?

## About Income Support

65 Are you getting or waiting to hear about Income Support?

No ☒

Yes ☐

66 Is anyone within your household getting or waiting to hear about Income Support?

No ☒

Yes ☐ Please tell us their name:

Their National Insurance number:

Letters Numbers Letter

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Their relationship to you:

## About tax credits

67 Is anyone within your household getting or waiting to hear about Child Tax Credit?

No ☒

Yes ☐ Please tell us their name:

Their National Insurance number:

Letters Numbers Letter

--	--	--	--	--	--	--	--	--	--

Their relationship to you:

68 Is anyone within your household getting or waiting to hear about Working Tax Credit?

No ☒

Yes ☐ Please tell us their name:

Their National Insurance number:

Letters Numbers Letter

--	--	--	--	--	--	--	--	--	--

Their relationship to you:

## How we pay you

69 Please tell us your account details below.



**You must read pages 19 and 20 of the information booklet before you fill in the account details.**

**It is very important you fill in all the boxes correctly, including the building society roll or reference number, if there is one. If you tell us the wrong account details, the payment may be delayed or the child may lose money.**

### **Name of the account holder**

Please write the name of the account holder exactly as it's shown on the debit card, statement or chequebook.

Cora Vials Moore

### **Full name of bank or building society**

Natwest

### **Sort code**

Please tell us all 6 numbers, for example: 12-34-56.

6 0 8 0 0 8

### **Account number**

Most account numbers are 8 numbers long. If your account number has fewer than 10 numbers, please fill in the numbers from the left.

1 6 7 7 1 8 6 9

### **Building society roll or reference number**

If you are using a building society account you may need to tell us a roll or reference number. This may be made up of letters and numbers, and may be up to 18 characters long. If you are not sure if the account has a roll or reference number, ask the building society.

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You may be getting other benefits and payments we do not pay into an account. If you want us to pay them into the account above, please tick this box.





## Extra information

70

Tell us anything else you think we should know about the child's claim.

Further information about Gwen's conditions. She requires specialists in many many different departments of Alder Hey hospital. Apart from the condition mentioned earlier in the form she has a deterioration in gait which is being investigated to see if it is caused by spinal cord damage/other severe issues generally affecting her balance- her gait is thought to be neurological in nature. She also has Gastroesophageal Reflux disease, which has recently tested as mild but she has permanent damage from stomach acid in her airways; cardiac arrhythmia; Tachybracy Syndrome; Trachiomalacia; Recurrent upper & lower tract respiratory infections; a history of respiratory arrests; constipation. The Local Authority provide a carer at home for Gwen. The school receive higher needs funding for Gwen due to the exceptional level of care she needs.

If you need more space continue on a separate piece of paper. Please put the child's name and date of birth on any extra pieces of paper you send us.

## Declaration

We can't pay any benefit until you have signed the declaration and returned the form to us. Please return the signed form as soon as you've completed it.

**I declare** the information I have given on this form is correct and complete as far as I know and believe.

**I understand** that if I knowingly give false information, my benefit may be stopped and I may be liable to prosecution or other action.


**I understand** that I must promptly tell the office that pays the child's Disability Living Allowance of anything that may affect my entitlement to, or the amount of, that benefit.

**I understand** that the Department for Work and Pensions may use the information which it has now or may get in the future to decide whether I am entitled to:

- the benefit I am claiming for the child
- any other benefit I have claimed
- any other benefit I may claim or be awarded in the future

**This is my claim for Disability Living Allowance.**

**Signature**



**Date**

11/05/2021

**Print your name here**

Cora Vials Moore

**Send the claim form and the documents listed above** back to us straight away. You can send more information to us at any time.

## What to do now

Check you've filled in all the questions that apply to you or the child you are claiming for:

- check you've included full details of your GP at **question 15**
- included full details for **anyone else you've seen** at **question 14**
- you've ticked the relevant box and signed the **consent** at **question 21**
- you've **given us any extra information** at **question 70**
- you've signed the **declaration** at **question 71**
- check the person whose details are in **About You** at **question 56** is the person who signs the **consent and declaration**

Make sure you've given as much information as you can.

Read **pages 3 to 6** of the **information booklet** about how we collect and use information and for help and advice about other benefits.

List below all the supporting information you're sending with this claim form. For example, a prescription list, medical report or a statement of Special Educational Needs.

Only send photocopies of up-to-date supporting information you already have as we can't return any originals.

Please don't include things like appointment cards or general information about the child's condition like fact sheets or information from the Internet.



**Alder Hey Children's**

NHS Foundation Trust

Alder Hey

Eaton Road

Liverpool

L12 2AP

paediatrics

Tel: 0151 228 4811

Our Ref: ND/AJ/AH1565586

Date Dictd: 30/04/2021

Date Typed: 30/04/2021

<https://alderhey.nhs.uk/parents-and-patients/services/developmental-paediatrics>

Dr O Moss

Blundellsands Surgery

Blundellsands

Liverpool

L23 6TZ

Secretary: 0151 293 3565

PCO for Dr Daniels: Shamina Ali

Repeat Prescriptions: 0151 252 5337

Department of Developmental Paediatrics

Sefton Developmental Paediatric Service

Dear Dr Moss

**Gwendolyn Vials MOORE**

**2 Coronation Drive**

**Crosby, Liverpool L23 3BN**

**D.O.B. 22/08/2014**

**Hospital No. AH1565586**

**NHS No. 701 057 1422**

**Background**

1. Child in Need (CIN)
2. Trisomy 21
3. Hearing impairment - history of mild hearing loss and wears bilateral contact mini hearing aid.
4. Visual impairment - Bilateral hypermetropia & previous recurrent iritis (previous lachrymal probing and syringing January 2019)
5. Possible absence seizures (normal EEG 2021)
6. History of gastroesophageal reflux disease (Upper GI endoscopy and biopsies January 2019 with normal range, however, stone cobbling found to her airways, Ph and impedance study February 2021 showing evidence of minimal gastroesophageal reflux).
7. Cardiac arrhythmias but possibly neurogenic in origin, no existing structural cardiovascular defect (PDA and PFO at birth, now resolved)
8. Tachybrady Syndrome
9. Obstructive sleep apnoea (weaned off CPAP February 2019 and discharged from LTV Physio)
10. History of recurrent upper and lower respiratory tract infections, prophylactic antibiotics
11. Tonsillotomy and adenectomy
12. Constipation
13. Awaiting social communication assessment (referral completed to ASD Pathway 28/4/2021)

*This patient interaction took place during the Covid-19 pandemic.*

## **School**

Gwen attends St Nicholas Primary. Gwen is settled back into school and has an EHCP meeting due next week - parents feel continuation of a consistent 1:1 would benefit Gwen and they would like support with personal care to be explicit in the plan.

## **Health**

After a recent orthopaedic review, it was noted that Gwen has a different unstable gait and there have been some concerns about possible axial myopathy and some laxity around Gwen's neck, she has had an Xray of her cervical spine which has demonstrated - The alignment of the cervical spine is preserved on dynamic study. The atlantodental distance is within normal limits. No abnormal prevertebral soft tissue swelling noted. An MRI scan under general anaesthetic to assess this in greater detail is pending.

Thyroid screening is required every 2 years. Gwen has this checked on 25/6/2020 and within normal limits with TSH 2.37, T4 11.4.

A full blood count was also checked on 25/6/2020 - This is overall in expected limits for a child with Trisomy 21 with a slightly low white cell count (4.7).

Gwen has a history of mild hearing loss and wears bilateral contact mini hearing aid. A hearing test was completed in April 2021 showing satisfactory hearing, and will be repeated in 6 months.

Gwen has worn glasses since 2018 and is under ophthalmology/orthoptics follow up regularly. She was last seen December 2020 with good functioning visual fields but the possibility raised of visual field inattention or processing difficulties which will be monitored. Gwen has been added to the wait list today for assessment of her social communication as the possibility of Autism Spectrum Condition (ASD) has been raised.

## **Communication**

Gwen can talk in sentences but has reverted to using noise and growls when distressed/for comfort. She can make her needs known and can be very headstrong.

## **Activities of daily living**

Gwen can walk but is very slow and she has a wheelchair. Around the house she can walk in a fashion - slow and unsteady. She is determined and generally successful in her movement but experiences trips and falls every day.

Gwen needs full assistance in washing, dressing and teeth brushing. She needs to be taken to the toilet as she has no insight into needing the toilet. In view of this she experiences wetting and soiling requiring full care in the toilet and with hand washing.

She can eat with a spoon and fork if food is cut up into small pieces and can finger feed although at risk of aspiration and so needs constant supervision. Gwen can drink from a tommy tippy cup and can now drink from a cup without a lid, she again requires supervision with this as she will spill liquids.

Gwen can make a structured choice - i.e. 'this or this?', but would not be able to respond accurately to 'what would you like?'

## **Diet**

Gwen is becoming fussier over time with her approach to food and separating everything. She will put anything in her mouth, try to eat things which are not human food. Her preference would be to eat the same foods, rather than a wide variety of foods.

***This patient interaction took place during the Covid-19 pandemic.***

## **Support in place**

DLA, EHCP in place and due a review. Support worker and Civi plan in place.

## **Summary**

Gwen has complex medical and social needs. These are long standing and will require long term 'round the clock support' to ensure Gwen is safe, happy and thriving ensuring her physical and emotional needs are met. Any support plans in place need to take the above complexities into consideration along with her emerging social communication difficulties which will soon be assessed. Gwen requires consistent caring relationships which are especially important to her emotional wellbeing and enabling her to develop lasting secure relationships with peer and carers.

Gwen requires a robust framework of support that caters for her needs and ensures she is empowered to reach her academic and social potential. Whilst Gwen is headstrong, she benefits from being challenged to learn/develop and maintaining a consistent and routine approach to most things in order for her to feel comfortable and have a sense of control over life and events. Without this consistency, she can display challenging behaviour. Escalation in challenging behaviour can be minimised/avoided by ensuring she has a consistent routine and a sense of involvement and control over decisions. Gwen requires help with personal cares daily and this should be included in all support plans to maintain her physical health and wellbeing.

Given her medical complexities, Gwen attends multiple health appointments which may impact on her access to learning.

Yours sincerely

*Electronically checked and authorised by Dr N Daniels*

**Dr N Daniels**

**Consultant Neurodevelopmental Paediatrician**

Copy to:

The Parent/Guardian of  
Miss Gwendolyn Joy Vials Moore  
2 Coronation Drive  
Crosby  
Liverpool  
Merseyside  
L23 3BN

Ms T Leeks  
Social Worker  
Children with Disabilities Social Work Team  
Ground Floor  
Magdalen House  
Trinity Road, Bootle  
Liverpool  
L20 3NJ

*This patient interaction took place during the Covid-19 pandemic.*

**VIALS MOORE, Gwendolyn (Miss)**Date of Birth: **22-Aug-2014 (6y 8m)**

Report Path: Local Record

2 Coronation Drive, Crosby, Liverpool, L23 3BN

NHS Number: 701 057 1422

Usual GP: SCOTT, Robin Grant (Dr)

**Medication****Repeat**

Drug	Dosage	Quantity	Last Issued On
Azithromycin 200mg/5ml oral suspension	7.5ml to be taken three times per week (dose increased for weight gain)	90 ml	22-Apr-2021
Dalivit oral drops (Boston Healthcare Ltd)	0.6ml daily	25 ml	26-Nov-2020
Dermol 500 lotion (Dermal Laboratories Ltd)	Use As A Soap	500 ml	
Gaviscon Advance oral suspension peppermint (Reckitt Benckiser Healthcare (UK) Ltd)	Substitute 5mls four times daily as advised by the specialist	500 ml	24-Mar-2021
Hydromol ointment (Alliance Pharmaceuticals Ltd)	apply as a moisturiser/barrier cream as required	500 gram	
Movicol Paediatric Plain oral powder 6.9g sachets (Norgine Pharmaceuticals Ltd)	half to one sachet daily	30 sachet	22-Apr-2021
Omeprazole 10mg/5ml oral suspension sugar free	Give 5ml Twice Daily	300 ml	22-Apr-2021