



Better Living Allowance for a child under 18

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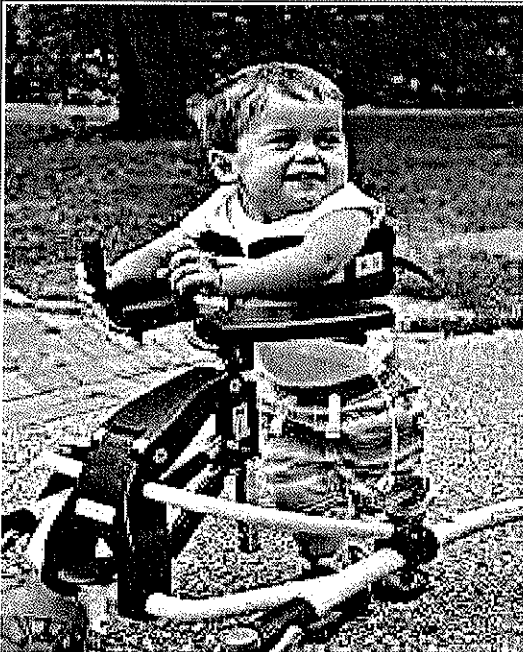
Approved by: 
Director, Children & Adults Social Care Directorate

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Information Booklet

This information booklet will help you fill in the attached claim form and will:

- explain the questions we ask
- tell you how to answer the questions
- give you examples of other things you can tell us
- tell you about Better Living Allowance (BLA), other benefits and organisations who can help you.



Please use black ink to fill in the form. Don't worry if you're not sure how to spell something or if you make a mistake. If you want to correct a mistake, please cross it out with a pen – **do not use correction fluid**. This booklet gives general information and doesn't cover everything.

Introduction

This information booklet will help you fill in the BLA Claim Form. The form is your chance to explain how your child/ (rens) disability or long-term illness affects them. The amount they get depends on how severely their condition affects them, not the condition itself. They will be assessed by a health professional and a Social Care Officer to determine the level of help or assistance they need with daily activities of living, and their rate of financial support will be regularly reviewed to ensure they're getting the right support.

What is Better Living Allowance?

Better Living Allowance (BLA) is a benefit to help with extra costs if a child under 18 has a disability, illness or health condition severe enough they:

- need much more looking after than a child of the same age without a disability
- have walking difficulties, or both

You may not think of the child as being disabled, but if they need the type of help explained in these notes, they may get BLA.

Who can claim BLA for a child?

You can claim BLA for a child as long as you look after them as if you are their parent. 'Parent' includes step-parents, guardians, grandparents, foster-parents, and even older brothers or sisters.

BLA is tax-free. You can claim even if you work or if your family has savings or money coming in.

Can I get BLA for a child?

To get BLA a child must normally:

- need extra looking after or have walking difficulties
- need much more day-to-day help than children of the same age
- have additional health needs for at least 3 months and these needs are likely to last for at least another 6 months unless you are claiming for them under the special rules (The special rules are explained in the claim form on page 2).

When can I claim BLA for a child?

You can claim straight away. We will deal with the claim as soon as possible.

How is BLA worked out?

There are two parts of BLA – mobility and care. A child can get money for one part or both. The official word for these parts is 'component'.

You may see the word 'component' in forms and letters. How much they get is based on how much help they need, not their disability or health condition.

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.

Higher rate

For a child aged 3 or over who, because of a physical disability:

- cannot walk at all
- can walk, but their ability to walk outdoors without severe discomfort is so limited they can be considered virtually unable to walk
- can walk but the effort needed could seriously affect their health.

A child may also get the higher rate if they:

- have had both legs amputated above the ankle or through the ankle
- were born without legs or feet
- are certified as severely sight impaired or blind and meet other conditions relating to their sight loss
- are deaf and blind and they need someone with them when they are outdoors
- are severely mentally impaired with severe behavioural problems and qualify for the highest rate of the care part.

By 'extra' we mean much more than a child of the same age without a disability.

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
- needs extra looking after more than once a night or once for about 20 minutes or more
- needs extra supervision right through the day
- 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.

Stays away from home

BLA can be affected by overnight stays away from home. There are different rules depending on whether the child goes into hospital, or into residential care.

When the child is in hospital, Payments of BLA Daily Living component and Mobility component **stop after 12 weeks** of them becoming a hospital inpatient. If they are in hospital when they first claim BLA, it can't be paid until they leave hospital.

When the child is in residential care

If your child is currently in a residential care facility (including for short-term breaks) the BLA care component stops being paid after 28 days. The mobility component is not affected.

Counting the number of days away from home

When counting the number of days away from home, the day the child enter hospital and the day they are discharged are both treated as days at home. For example, if they go into hospital on a Monday and came back on Friday, then only Tuesday, Wednesday and Thursday will count as days away from home. This is a total of three days.

The same rules apply to residential care.

Going in and out of hospital or residential care

When working out whether your child's BLA will stop, it is important to know that any stays in hospital or residential accommodation separated by less than 28 days at home will be added together. This is known as the 'linking rule'.

For example, the child goes into hospital for nine weeks, before being discharged home. After two weeks at home, they have to be re-admitted to hospital for another six weeks. Because the two hospital stays are separated by less than 28 days at home they are 'linked' together. This means that BLA will stop being paid after three weeks during their second hospital stay (that is, nine weeks in hospital + three more weeks = 12 weeks in hospital).

When the child come home for at least 28 days, the 'link' is broken, and BLA can be paid again for another 12 weeks during any future hospital admissions.

When they spend time in both hospital and residential accommodation, these stays can also be linked.

Getting paid for days at home

If the BLA stop because the child is in hospital or a residential setting, they are still entitled to BLA payments at a daily rate for the days they spend at home. For example, they have been away for respite at a residential facility for more than 28 'linked' days, so payments of BLA care component have stopped. When they come home on Friday and go back into respite care on Monday, BLA daily living component should be paid at a daily rate for Friday, Saturday, Sunday and Monday (four days).

If the child stay at home for more than 28 days, the daily living component should not be stopped again until after they've spent another 28 days in care/hospital.

Whenever your child is in hospital or a residential setting it can impact on any Carer's Allowance paid to their main carer. However, even if they are in hospital or a residential setting for long periods, the carer may still be able to carry on getting Carer's Allowance if they regularly spend at least two days at home.

Carers can be paid at Part-time/Casual or Full-term rates. The Social Worker will explain the difference to you if appropriate. Time spent preparing your home for your child's visit or cleaning up afterwards can count towards the casual hours care.

Be careful!

This is a complex area of the benefit system which can sometimes result in the child or their carer being overpaid BLA/Carers Allowance. This usually happens when the child or their carer unknowingly fail to inform the BLA officer about their stays away from home.

To avoid any confusion, we strongly advise you to tell the SW/BLA officer about any stays away from home in the places above. It's a good idea to keep a record of the dates you travel to and from your child's place of stay. The BLA officer need to be clear about how many days have been spent away from home to decide when these rules apply.

Terminal illness

Your child will get the higher rate of the daily living component if they are not expected to live more than 6 months. The rate of the mobility component will depend on their needs.

Change of circumstances

You must contact the BLA Officer immediately if:

- Your child's personal details change
- The help they need or their condition changes
- They are admitted into hospital
- You plan to take your child abroad
- You or your child is imprisoned or held in detention

PLEASE NOTE:

You could be taken to court or have to pay a penalty if you deliberately give incorrect information or do not report a change in your circumstances.

If the child is awarded BLA you may be entitled to: **Carer's Allowance.**

Information about Carer's Allowance

Carer's Allowance - **A person could get Carer's Allowance (CA) if they:**

- are aged 16 or over
- Care for a disabled child on a partial or full-term basis.

The child must be awarded BLA at the middle or the highest rate of care before the CA claim is made.

Other CA claim conditions apply.

CA should be claimed within 3 months of the BLA decision being made or the carer could lose the benefit.

If you need confidential, independent advice about any aspect of caring for a disabled child you can contact the manager of Children's Service, Children & Adult Social Care Directorate on telephone 290 23312

Other organisations who may be able to help financially or with care aids:

- Occupational therapist
- Physiotherapist
- Disabled Persons Society

General tips for filling in the claim form

The claim form asks for a lot of information about the child and what help they need. It may help to get together any supporting health information such as:

- medical reports
- care/ treatment plans
- test results
- up to date prescriptions

- Speech & Language reports
- input on educational support plans/reports
- Social Care assessments etc.

We need you to send in copies of this supporting information with the claim form, if you have it. It will help us make a decision on the amount of help the child needs. (We will photocopy the documents so that both you and the service have a copy)

Don't delay sending in the claim form if you are waiting for supporting information. Tell us what you are waiting for and send us copies of the supporting information when you get it. We **don't** need information like:

- appointment letters
- general information about the disability or health condition from the internet or a leaflet
- general information about medication prescribed for the child

Not all questions will apply to the child, please read the questions carefully along with the information in this booklet.

You may find it hard to fill in the form in one go. It may help to do it in stages – if you must, take regular breaks before completing the next part.

We understand it may be upsetting to describe in detail what help the child needs. We only ask for all this information so that we can make sure we make the right decision.

We will give you a copy of the claim form once you've filled it in. If we award BLA and there is a change in the amount of help the child needs or we need to review the BLA award, it will be useful for you to know what you've said previously.

About the questions in the claim form

This is about aids and adaptations the child use or have been assessed for.

Aids are things like:

- brace
- 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

You should include any aid or adaptation they can use with or without help.

Here are a few examples of the help they may need to use an aid or adaptation. It's not a full list and doesn't cover everything.

They may need help to:

- use an aid or adaptation safely
- get on and off a raised toilet seat
- put on and take off a back brace or incontinence pants
- maintain a hearing aid, keep it clean and ensure small parts like batteries are not put in their mouth
- be reminded or encouraged to use the aids
- propel a wheelchair up a ramp or a slope

This question is about how far they can walk before they stop because of severe discomfort.

To estimate the distance they can walk it may help you to know:

- an average adult step is just under one metre (one yard)
- an average adult step is just under one metre (one yard)
- 12 cars parked end-to-end with a small gap between them would be at least 50 metres (55 yards)

This question is about how they walk, please tick any boxes that describe these difficulties.

Here are a few examples of other things you may want to tell us. It's not a full list and doesn't cover everything.

If you want to tell us why you've ticked the boxes, any other difficulties or anything else you think we should know, use the box below.

They may:

- refuse to walk even if they can physically walk
- have a stiff leg causing uneven steps
- have an upper body stoop which causes a lack of balance

These are about needing someone to guide or supervise them most of the time when outdoors.

Guide means to physically lead or verbally direct them to safely find their way around.

Supervise means checking routes for dangers or obstacles, keeping an eye on how they are and if they can carry on walking. It includes coaxing, encouraging, persuading or talking so they carry on walking to avoid danger.

For example

If they walk safely next to a busy road without putting themselves or others in danger but can't cross a road safely, you would answer like this:

Can they: Tick as appropriate	Yes	No
Cross a road safely?		
Walk safely next to a busy road?		

Here are a few examples of other things you may want to tell us. It's not a full list and doesn't cover everything.

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.

They can go to the local shop/bus stop on their own. It's next to a busy road, but they don't have to cross it. We took this route together many times before they could go on their own.

They may:

- follow simple directions but wouldn't ask for help if lost
- accept sweets or a ride in a car even if they didn't know the person
- get upset by traffic noise or crowds, and panic
- suddenly run across the road if they see a friend on the other side
- only be able to cross roads using a pedestrian crossing
- become unsteady and may fall

This is about help needed to get in, out, or settle in bed during the day. It can be encouragement, prompting or physical help.

For example

If they need encouragement to get out of bed in the morning and again after an afternoon nap, and it takes about 4 minutes each time, you would answer like this:

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	Yes	No
They don't want to get up in a morning because they're depressed and would just lie in bed all day		
At least twice a week it takes up to an hour to persuade them to get up		
Their medicine makes them so drowsy they usually have a nap in the afternoon		
It's not usually as bad to get them up again in the afternoon as the morning		

Here are a few examples of other things you may want to tell us.

It's not a full list and doesn't cover everything

They may:

- need help to sit up and get out of bed due to stiffness
- not understand it is time to get up or go to bed
- need to be told to get up as they can't read a clock or hear an alarm
- need to let their medicine take effect before getting out of bed
- be distressed because they are in pain, or need settling and comforting and the covers put in place

This is about help needed to go to or use the toilet during the day. It can be encouragement, prompting or physical help

For example

If they need to be prompted to go to the toilet, to take their underwear down, to wipe themselves and to wash and dry their hands, you would answer like this:

They need encouragement, prompting or physical help to:	Yes	No
go to the toilet		
manage clothes		
get on and off the toilet		
wipe themselves		
wash and dry their hands		

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.

- They won't go to the toilet unless told. I have to keep telling them or they will soil themselves.
- They keep telling me they don't need to go so it takes a long time
- If they soil themselves they won't tell me and will smear their faeces
- When they are at the toilet, I have to be with them to tell them what to do

Here are a few examples of other things you may want to tell us. It's not a full list and doesn't cover everything.

They may:

- have difficulty moving from a wheelchair to a toilet
- need to have cream applied after using the toilet
- be constipated or have diarrhoea and need encouragement or comforting
- refuse to use toilets other than the one at home
- not be able to manage zips and buttons
- not be able to reach or don't know to wipe themselves after using the toilet

This is about help needed to move around indoors during the day. It can be encouragement, prompting or physical help.

For example

If they need physical help to get up and down stairs, you would answer like this:

They need encouragement, prompting or physical help to:	Yes	No
---	-----	----

go upstairs		
go downstairs		
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.	Yes	No
They can go up and down one or two steps		
If there are more than two steps they are carried		
They've fallen on the stairs at home as there are too many steps for them to manage		
Going up and down steps makes them very breathless and this makes them likely to fall		
Here are a few examples of other things you may want to tell us. It's not a full list and doesn't cover everything. They may: <ul style="list-style-type: none"> • stiffen up if they sit for too long 		
<ul style="list-style-type: none"> • become dizzy if they get up from a chair or wheelchair too quickly • need to be encouraged to get up and move around • be able to sit down in a chair but can't get out of it • need the support of cushions or pillows to sit upright • only be able to get out of a chair that has arms 		
This is about help needed to keep clean and check their appearance during the day. It can be encouragement, prompting or physical help. For example If they need encouragement to have a wash and clean their teeth in a morning and before bed, and have a wash when dirty, you would answer like this:		
They need encouragement, prompting or physical help to:	How Often	How long each time
Have a wash	2-6	3 minutes
Clean their teeth	2	2 minutes
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.		
They don't like having a wash or cleaning their teeth so I have to encourage them to put toothpaste on the brush, use soap, turn taps off etc.		

They don't know when they are dirty and need to wash, and would stay dirty if left								
I've tried different ways to teach them when and why to do this but nothing works								
<p>Here are a few examples of other things you may want to tell us. It's not a full list and doesn't cover everything.</p> <p>They may:</p> <ul style="list-style-type: none"> • follow a set or lengthy routine • get very tired bathing or have pain when getting in or out of the bath • not be able to reach all parts of their body to wash or dry • feel they often need to wash or bath • need extra care due to allergies • refuse to have baths • 								
<p>This is about help needed to dress or undress during the day. It can be encouragement, prompting or physical help.</p> <p>For example</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 60%; padding: 5px;">They need encouragement, prompting or physical help to:</th> <th style="width: 20%; padding: 5px;">How Often</th> <th style="width: 20%; padding: 5px;">How long each time</th> </tr> <tr> <td style="padding: 5px;">manage zips, buttons or other fastenings</td> <td style="text-align: center; padding: 5px;">4</td> <td style="padding: 5px;">1 minute</td> </tr> </table> <p>If they need physical help to manage buttons, when putting a coat on and off, to go to and from school, and it takes about a minute each time, you would answer like this:</p> <p>Here are a few examples of other things you may want to tell us. It's not a full list and doesn't cover everything.</p> <p>They may:</p> <ul style="list-style-type: none"> • only wear certain colours • need to follow a time-consuming, set routine • be easily distracted and need to be repeatedly prompted to dress or undress • have involuntary movements, making dressing difficult • undress inappropriately • have difficulty with some types of clothes • only wear their favourite clothes 			They need encouragement, prompting or physical help to:	How Often	How long each time	manage zips, buttons or other fastenings	4	1 minute
They need encouragement, prompting or physical help to:	How Often	How long each time						
manage zips, buttons or other fastenings	4	1 minute						
<p>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</p>								
<p>They can put their clothes on and take them off but they can't use their fingers well enough to do buttons and zips, so I need to help with any clothes that they have This putting their coat on when going to school or out to play. They are ok with shoes without laces.</p>								

This is about help needed to eat and drink during the day. It can be encouragement, prompting or physical help.

For example

If they use a spoon to eat but need help to cut up the food at each meal, and this takes about 2 minutes each time, you would answer like this

They need encouragement, prompting or physical help to:	How Often each day	How long each time
cut up food on their plate	4	1 minute

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

Although they can use a spoon to eat it takes a long time and they make a mess.

They will only eat certain foods such as pasta and cheese and at times will refuse to eat anything at all, even their favourite food **Here are a few examples of other things you may want to tell us.**

It's not a full list and doesn't cover everything.

They may:

- continually have to be prompted or encouraged to eat
- have problems sucking, swallowing or chewing
- continually have to be prompted or encouraged to eat
- not be able to understand when to eat
- eat inappropriate foods
- compulsively eat
- have special dietary needs
- have problems keeping food down and may be sick after eating

This is about help needed to take medicine or have therapy during the day. It can be encouragement, prompting or physical help.

For example

If they need to be prompted to do their therapy twice a day and encouraged during, say, 30-minute therapy sessions, you would answer like this

They need encouragement, prompting or physical help to:	How Often each day	How long each time
do their therapy	2	30 minutes

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

They don't like doing therapy as they feel different to their friends so they avoid doing it.

They need to do 30 minutes each day but if left they will do a couple of minutes and say they've finished.

I try to make it fun to keep them calm and to stop them becoming distressed.

Here are a few examples of other things you may want to tell us. It's not a full list and doesn't cover everything.

- They may avoid taking medicine due to side effects
- not be able to monitor their condition
- be able to take their medicine but need supervising
- refuse to take part in therapy
- not know how much and when to have medicine or therapy

This is about difficulty seeing.

For example

If they can see well enough to recognise someone's face across a room but can't recognise someone across a street, you would answer like this:

Here are a few examples of other things you may want to tell us. It's not a full list and doesn't cover everything.

They may:

- become distressed or frustrated due to difficulty seeing
- have to sit very close to the TV to watch and follow a programme or DVD
- lack confidence and need to be encouraged
- have difficulty seeing outside at night
- have reduced field of vision

They can recognise:	Yes	No
someone's face across a room		
someone across a street		

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

They can only recognise someone's face across a room if it's someone they know very well like me or their dad, brother or sister.

They would only recognise someone less familiar if they knew they were there or if they spoke

This is about difficulty hearing.

For example

If they can hear a loud voice in a quiet room but can't hear a normal voice in a quiet room, you would answer like this:

They can recognise:	Yes	No
a normal voice in a quiet room		
a loud voice in a quiet room		

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

They can hear someone speaking if they raise their voice and there is no other noise around.
 If the TV was on or other people were talking, they wouldn't be able to hear what was being said to them – they would just hear noise.
 It's easier to hear someone if they can see their face.
 If watching TV or listening to music, they need the volume turned up.

Here are a few examples of other things you may want to tell us. It's not a full list and doesn't cover everything.

They may:

- hear voices but not clearly enough to know what is being said.
- hear only muffled noises that make them disorientated
- not be able to hear things the first time they are said and need to have them repeated
- not be able to hear sounds at a particular pitch or tone
- not be able to follow a conversation using a phone
- need help to use and maintain hearing aids
- have a cochlear implant or other surgically implanted hearing aid

This is about difficulty speaking.

For example

If they speak clearly in sentences, you would answer like this:

They can:	Yes	No
room speak clearly in sentences		

Here are a few examples of other things you may want to tell us. It's not a full list and doesn't cover everything.

They may:

- get easily excited, start speaking very quickly becoming hard to understand
- be depressed and withdraw from conversation
- choose not to speak
- choose not to speak
- become frustrated if they can't be understood
- only speak with family or friends

This is about difficulty communicating.

For example

If they communicate using Makaton but only with people they know, you would answer like this:

To communicate they use :	Yes	No
Makaton		

They can communicate:		
With someone they know		
With someone they don't know		
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.		
<p>They use Makaton to communicate. This means they can only communicate with other people who use Makaton. Even then, they will only communicate with someone they know.</p> <p>If the support worker is off work and someone else covers, they won't communicate even if I'm there.</p>		
<p>Here are a few examples of other things you may want to tell us. It's not a full list and doesn't cover everything.</p> <p>They may:</p> <ul style="list-style-type: none"> • have difficulty reading, using British Sign Language or lip-reading due to sight problems • take what is said literally and be confused by figures of speech 		
<ul style="list-style-type: none"> • have difficulty understanding facial expressions or body language • only be able to understand if things are repeatedly expressed in different ways • be able to draw simple pictures to communicate • need an interpreter when communicating with a person who can't sign 		
<p>This is about fits, blackouts, seizures or something similar.</p> <p>For example</p> <p>If they black out a couple of days a month and have no warning, you would answer like this:</p>		
	Yes	No
Tell us what type they have and what happens		
Doctors don't know the kind of fit they have or why		
They drop to the floor and lie still for 2 minutes		
They drop to the floor and convulse vigorously		
They're confused for a couple of hours after		
They	Yes	No
have no warning		
Tell us :	How Often each day	How long each time

the number of days affected each month	2	30 minutes
how many fits do they have on these days		
<p>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.</p> <p>They fall to the floor and lose consciousness, their muscles stiffen and then their arms and legs jerk and they usually wet themselves.</p> <p>They come round slowly and feel tired, confused and disorientated for a few hours after.</p> <p>A couple of times a Year, they have 4 or 5 days a month when this happens</p>		
<p>Here are a few examples of other things you may want to tell us. It's not a full list and doesn't cover everything.</p> <p>They may:</p> <ul style="list-style-type: none"> • be incontinent during a fit and need help to clean themselves • lose consciousness 		
<ul style="list-style-type: none"> • regularly have cuts and bruises • have needed emergency hospital treatment 		
<p>This is about needing someone to supervise them during the day.</p> <p>For example</p> <p>If they regularly become verbally aggressive and act impulsively, you would answer like this:</p>		
Do they regularly:	Yes	No
Act impulsively		
Become verbally or physically aggressive or destructive		
<p>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.</p> <p>If they see someone looking at them, they will shout, swear and threaten them.</p> <p>They've never acted on the threats they've made but they're very intimidating and because of their size (over 5 feet) they can frighten people who don't know them</p> <p>This happens every time we go out</p>		
<p>Here are a few examples of other things you may want to tell us. It's not a full list and doesn't cover everything.</p> <p>They may:</p> <ul style="list-style-type: none"> • be easily distracted and have difficulty concentrating on things 		

- climb onto window sills to reach open windows
- get agitated and do things without thinking

This is about help needed with their development.

For example

If they will play on their own but not with others, you would answer like this

They can recognise :	Yes	No
impulsively play on their own		
play with others		

If you want to tell us why you have ticked the boxes, how their needs vary or anything

They sit and play on their own ignoring other children around them.

They don't recognise any other children there.

If another child wants to play with the toy they have, they'll hold on to it as if their life depended on it.

They won't share it or let the other child have it.

They don't understand when another child wants to play with them

Here are a few examples of other things you may want to tell us. It's not a full list and doesn't cover everything.

They may:

- interact well with adults but have difficulty with children of their age
- be easily distracted and have difficulty concentrating on things
- be fidgety and talk excessively
- interrupt and not be able to wait their turn
- only be able to play with much younger children

This is about the help needed at school or nursery. It can be encouragement, prompting or physical help.

For example

If they need help to communicate and need extra help with learning, you would answer like this:

They need encouragement, prompting or physical help to:	Yes	No
communicate		

What extra help do they need with learning?

They spend 2 days a week in the school's special unit where they get one-to-one help.

The school also provide exercises for them to do at home

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.

They can hear what is being said but don't always understand it.

They need to be given time to process what is said and sometimes need things to be repeated or explained in a simpler way before they understand

Here are a few examples of other things you may want to tell us. It's not a full list and doesn't cover everything.

They may:

- come home for medicine or therapy or to have lunch

- take a packed lunch as they can eat it without help
- come home for medicine or therapy or to have lunch
- need extra support, but it is not available
- regularly get into trouble
- need someone to go to school to give them their medicine or therapy

This is about difficulty taking part in hobbies, interests, or social or religious activities. **At home** this could be difficulty with:

- drawing and painting
- doing crafts
- reading
- reading
- model making
- playing board games

When they go out, they may have difficulty during, for example:

- after-school activities or clubs
- after-school activities or clubs
- after-school activities or clubs
- dance classes
- visits to the library

<p>The hobbies, interests, social or religious activities can be what they do or would do if they had the help they needed to do them.</p>		
<p>For example something they do:</p> <p>They go to a youth club once a week. At the club, they're encouraged to join in the activities with other children. The help is needed for 2 hours.</p>		
<p>Something they would do:</p> <p>They would go on nature trails, football or swimming sessions and similar activities at weekends. They would need help to get to and from the activity, push the wheelchair, get to and from the toilet and general moving around. This would be for about 2 to 3 hours.</p>		
<p>These are only examples of activities they may do or would do. It's not a full list and doesn't cover everything.</p>		
<p>This is about help needed at night. It can be encouragement, prompting or physical help. It can also be watching over them for their or others' safety.</p> <p>If someone needs to watch over them because they wake up and wander about, you would answer like this:</p> <p>For example</p>		
They need watching over as they :	How often each night	How long each time
may wander about	1	10 minutes
<p>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</p>		
<p>When they wake up during the night, they usually get out of bed.</p> <p>Sometimes they will play in their bedroom.</p> <p>A couple of nights a week they will wander about playing with things like the TV and other electrical equipment and don't understand the dangers.</p> <p>They've previously blocked the bathroom sink with toilet paper and turned the taps on.</p> <p>They thought this was funny</p>		
<p>Here are a few examples of other things you may want to tell us. It's not a full list and doesn't cover everything.</p>		

They may:

- turn on taps or electrical equipment when awake
- unlock doors to go outside
- disturb others when they are awake
- become breathless and cough more when lying down
- have night terrors
- need propping up to sleep and checking they are still okay

This is about how we pay you.

Please read these notes before you tell us any account details.

We normally pay BLA into your account

The bank will let you collect the money at the post office if you receive other benefits.

We will tell you when we will make the first payment and how much it will be for. We will tell you if the amount we pay is going to change.

Finding out how much we have paid into the account.

You can check the payments on account statements. If you think a payment is wrong, get in touch with your Social Care Officer or the BLA Officer straight away.

If we pay too much money

We have the right to take back any money we pay that the child shouldn't get. This may be because of the way the system works for payments into an account. For example, you may give us some information, which means the child should get less money. Sometimes we may not be able to change the amount we've already paid. This means we will have paid you money that the child should not get.

We will contact you before we take back any money.

What to do now

Tell us about the account you want to use. By giving us the account details you:

- agree that we will pay BLA into your account
- understand what we have told you above in the section '**If we pay too much money**'.
- If you're going to open an account, please tell us the account details as soon as you get them.
- If you don't already have an account, please liaise with the bank to get one opened as soon as possible

Fill in the rest of the form. You do not have to wait until you have opened an account, or contacted us in order to fill in the form.

About the account you want to use

- you can use an account in your name, or a joint account
- if you are an appointee or a legal representative acting on behalf of the customer, the account should be in your name only

You can find the account details on the debit card, statement or chequebook. If you don't know the account details, ask the bank for them.

Daily diary: a record of the child's needs

We understand that, when caring for a disabled child, it can be difficult to remember what help you give and how often you give it.

You may find keeping a diary or daily record helps you fill in the claim form.

If their needs are the same most of the time, you may want to keep a record for just one day. If their needs vary, it may be helpful to keep a record on different days.

You must decide if you want to keep a diary.

This could include details about:

- The help you give the child
- the help they need
- the help they need
- their behaviour

- how they felt
- if it was a better or bad day

The next page gives an example of how you can do this and the things you can write down. You may want to write things down in a different way. Use the way that is easiest and most helpful to you.

The diary is to help you fill in the claim form. You don't have to send it to us.

Example

Date	Monday 3 December 2016
The morning	
Include any help needed:	Woken at 7:30
waking up	
Getting out of bed	Helped out of bed – 5 minutes

Moving around	Gave him walker and helped him stand, walked beside him- 5 minutes
Dressing	He took off pyjamas – 20 minutes
Going to the toilet	Helped with toileting – 5 minutes
Washing	Helped wash, put on clothes, went downstairs
Having breakfast	Ate cereal without help
Taking medicine	Gave medicine – 2 minutes
Helped to car – 5 minutes	Helped out of car – 5 minutes
Took to school	His helper met us. School runs x2 daily – 12 minutes 1 way
During the day Include any help needed: At nursery or school the helper does everything which includes:	
<ul style="list-style-type: none"> • Toileting • Moving around during lessons • Moving around during lessons • Dressing I had to collect him from school early as he had wet himself and was upset 	
Early evening Include any help needed:	
Eating -I cut up his food. Fed himself using a spoon – did well (it was his favourite meal). – 25 minutes	
Doing therapy - Play therapy – 1 hour	
Going to the toilet - Helped to toilet 3 times – 5 minutes each time	
Hit younger sister - had to stop him.	

Hobbies & interests – Wanted to watch his favourite DVD over and over – I had to restart it each time – 20 minutes	
Dressing - Changed for bed (he tried to help) – 10 minutes	
Getting into bed 8:30 bedtime, help with stairs, to get into bed and settle – 30 minutes	
Taking medicine - Gave medicine – 2 minutes	
<p>During the night</p> <p>Include any help needed when everyone in the house is in bed with:</p> <ul style="list-style-type: none"> • Dressing I had to collect him from school early as he had wet himself and was upset • going to the toilet • doing therapy • turning in bed • settling in bed • frequency waking and settling 	
Had to stay in his room until he settled – 15 minutes. Apart from being upset, today was a better day.	
DATE:	
Use the blank table below to record your own diary.	
<p>The Morning</p> <p>In the box opposite, include any help needed:</p>	
<ul style="list-style-type: none"> • Waking up 	
<ul style="list-style-type: none"> • Getting out of bed 	
<ul style="list-style-type: none"> • Moving around 	
<ul style="list-style-type: none"> • Going to the toilet 	
<ul style="list-style-type: none"> • Washing 	

• Dressing	
• Having breakfast/snacks	
• Taking medication	
• Doing therapy i.e. play/physio etc.	
• School runs	
• Outings/visits/shopping etc.	
During the day In the box opposite, include any help needed:	
• At nursery/school	
• Moving around	
• Going to the toilet	
• Dressing	
• Eating	
• Taking medication	
• Doing therapy	
• After school clubs	
Early Evening In the box opposite, include any help needed:	
• Eating	

<ul style="list-style-type: none"> • Washing 	
<ul style="list-style-type: none"> • Dressing 	
<ul style="list-style-type: none"> • Taking medication 	
<ul style="list-style-type: none"> • Doing therapy 	
<ul style="list-style-type: none"> • Moving around 	
<ul style="list-style-type: none"> • Going to the toilet 	
<ul style="list-style-type: none"> • Hobbies & interests 	
<ul style="list-style-type: none"> • Getting into bed 	
<ul style="list-style-type: none"> • Settling in bed 	
<p>During the night</p> <p>In the box opposite, include any help needed:</p>	
<ul style="list-style-type: none"> • getting out of bed 	
<ul style="list-style-type: none"> • going to the toilet 	
<ul style="list-style-type: none"> • doing therapy 	
<ul style="list-style-type: none"> • turning in bed 	
<ul style="list-style-type: none"> • settling in bed 	
<ul style="list-style-type: none"> • frequency waking and settling 	

Apart from being upset, today was aday	Date:

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Better Living Allowance for a child under 18

If you need help filling in this claim form, read the information booklet or call us on telephone 23349 or 23312

About the child

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

Surname or family name:

All other first names in full:

Please also give us any other names (nick names) the child has been known as:

Child reference number (if you know it)

Date of birth (day/month/year)

Sex: (Circle gender)

Male

Female

Full address where the child lives

Special rules

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	No						
Make sure you:							
<ul style="list-style-type: none"> Answer all the questions on the form that apply to you or the child you're claiming for 							
Getting Better Living Allowance (BLA) under the special rules means: <ul style="list-style-type: none"> the child gets the care part of BLA at the highest rate they get paid straight away unless they are in a residential care home we deal with the claim more quickly 							
You must still tell us about any changes that may affect how much money the child gets.							
What is the child's nationality? For example, British, Spanish, Turkish, St Helenian							
Place of abode	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td>Does the child normally live in St Helena?</td> <td></td> </tr> <tr> <td>Has the child come from another country to live in St Helena in the last 2 years?</td> <td></td> </tr> </table>	Yes	No	Does the child normally live in St Helena?		Has the child come from another country to live in St Helena in the last 2 years?	
Yes	No						
Does the child normally live in St Helena?							
Has the child come from another country to live in St Helena in the last 2 years?							
Which country did they come from?							
What date did they arrive in St Helena?							
Has the child been abroad for more than 4 weeks at a time in the last 3 years? (Abroad means out of St Helena)							
Yes	No						
Please give us details below							
Date they left:							
Date they came back:							
Where they went:							

Why they went:		
Is the child in an NHS hospital or hospice now? Or have they been admitted in the past 12 months?	Yes	No
Please tell us when they went in and when they came out	In	Out
	In	Out
Full name and address of the hospital		
Postcode	Phone number Include the dialling code	
Why did they go in?		
Does or did the NHS fund their stay?		
	Yes	No
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	No	
Tell us what reports you have. For example, educational psychologist's report or Certificate of Vision (CVI)		
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.		

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
- photocopies only, we can't return any documents

Name of child's school or nursery:

Full address

Phone number:

Person we can contact: Example a teacher.

Does the child have or are they waiting to hear about an Individual Education Plan (IEP), Individual Behaviour Plan (IBP) or statement of Special Educational Needs (statement)?

Yes

No

Send us a copy, if you can, as it may help us deal with your claim.

They have an IEP or IBP.

They have a letter of support from someone who knows the child (if appropriate)

I am waiting to hear.

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 BLA
- 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 Chief Secretary, 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:
Please make sure you also sign and date the declaration.	
The questions we ask and why we ask them	
BLA is a benefit to help with extra costs because: <ul style="list-style-type: none"> • the child has difficulties walking, • 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, the extra looking after they need and any additional costs incurred due to their specific health needs.	
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:	
<ul style="list-style-type: none"> • about your tick-box answers 	
<ul style="list-style-type: none"> • how their needs vary 	
<ul style="list-style-type: none"> • 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. You can use the information booklet to help you understand and answer the questions.

Ask about the child's illnesses or disabilities

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 and 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 per week. One 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

If you need more space to tell us about their illnesses or disabilities, please continue at the section for Extra information or on a separate page.

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

Yes

No

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		What help do they need to use the aid or adaptation?
Example of aid – Picture exchange cards	✓	Encouragement to use cards to communicate
Example of adaptation – bed rails	✓	No help needed

<p>If you need more space to tell us about their aids or adaptation, please continue at Extra information or use a separate page.</p>		
<p>When the child needs help</p>		
<p>We understand the help a child needs can vary from day to day or week to week.</p> <p>To make the right decision, we need to know if the help the child needs is the same most of the time or varies.</p>		
<p>Tick the one below that applies to them.</p> <p>The help they need:</p> <ul style="list-style-type: none"> • is the same most of the time • varies 		
<p>Tell us in the box below how their needs vary.</p>		
<p>For example:</p> <ul style="list-style-type: none"> • 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 • they have treatment 3 times a week and need more looking after the day after 		
<p>Mobility questions</p> <p>Mobility – these questions are about the difficulty that the child has walking outdoors because of their illnesses or disabilities.</p> <p>The Questions relating to the physical difficulties a child has walking is for children age 3 and over.</p>		
<p>The Questions relating to the guidance and supervision they need when walking outdoors most of the time is for children age 5 and over.</p>		
<p>The following questions ask about ‘they’ means the child you are claiming BLA for.</p>		

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. Tell us about any behavioural difficulties with walking.

Can they physically walk?

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

Yes

No

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

No

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

They can walk:

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

It takes them:

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

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

Please tick the box that best describes the way they walk. They:

- walk normally
- walk with a limp
- walk with a limp
- drag their leg
- walk with one or both feet turned inwards
- walk with one or both feet turned inwards
- have poor balance

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

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

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.

Do they need guidance or supervision most of the time when they walk outdoors?		
Tick the boxes that apply. Yes No		
Can they:	Yes	No
• 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?		
Do they regularly:	Yes	No
• become anxious, confused or disorientated?		
• display unpredictable behaviour?		
• need physical restraint?		
Do they fall due to their disability?	Yes Please continue below	No
Tell us the number of falls each month they:		

<ul style="list-style-type: none"> • can get up without help 		
<ul style="list-style-type: none"> • have had injuries needing hospital treatment 		
<p>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.</p>		
<p>For example, they are frightened by loud noises and behave without thinking about danger.</p>		
<p>Extra information about mobility</p>		
<p>If you want to tell us anything else about their mobility, use the box below.</p>		
<p>When did the child's mobility needs you have told us about start?</p>		
<p>Please tell us the date the mobility needs you have told us about started. If you can't remember the exact dates, tell us roughly when this was.</p> <p>Date:</p>		
<p>Care questions</p> <p>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.</p>		
<p>The following questions 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.</p>		
<p>The following questions ask about 'they'. This means the child you are claiming BLA for.</p>		

Care		
<p>Do they need encouragement, prompting, or physical help to get into or out of or settle in bed during the day? This means:</p> <ul style="list-style-type: none"> waking up lifting their legs into or out of bed sitting up from lying down sitting up from lying down 		
<div style="display: flex; justify-content: space-between;"> Yes No </div>		
<p>Tell us how often they need help each day and how long it takes each time.</p>		
They need encouragement, prompting or physical help to:	How often each day?	How long each time?
<ul style="list-style-type: none"> wake up 		minutes
<ul style="list-style-type: none"> get out of bed 		minutes
<ul style="list-style-type: none"> get into bed 		minutes
<ul style="list-style-type: none"> settle in bed 		minutes
<p>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.</p>		
<p>For example, they may need to follow a set routine to go to or get out of bed.</p>		
<p>Do they need encouragement, prompting, or physical help to go to or use the toilet during the day? This means:</p> <ul style="list-style-type: none"> going to the toilet managing their clothes getting on and off the toilet using the toilet, using the toilet, 		
<div style="display: flex; justify-content: space-between;"> Tick the answer that apply. Yes No </div>		

They need encouragement, prompting or physical help to:		
• go to the toilet	Yes	No
• manage clothes	Yes	No
• get on and off the toilet	Yes	No
• wipe themselves	Yes	No
• wash and dry their hands	Yes	No
• manage a catheter, colostomy or stoma	Yes	No
• manage nappies or pads	Yes	No
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.		
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	Yes	No
• using stairs	Yes	No
• getting into, sitting in, and getting out of a chair	Yes	No
• Indoors is in their home	Yes	No
• a friend's home	Yes	No
• school or anywhere else inside.	Yes	No
Yes	Tick the boxes that apply.	No
They need encouragement, prompting or physical help to:		

• go up and down one step	Yes	No
• go upstairs	Yes	No
• go downstairs	Yes	No
• move around safely	Yes	No
• get into or out of a chair	Yes	No
• sit in a chair	Yes	No
<p>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.</p> <p>For example, they bump into furniture and doors.</p>		
<p>Do they need encouragement, prompting, or physical help to wash, bath, shower and check their appearance during the day. This means:</p>		
• getting in and out of a bath or shower.	Yes	No
• washing their hair	Yes	No
• drying themselves	Yes	No
• using soap	Yes	No
• using a toothbrush	Yes	No
• checking their appearance	Yes	No
Yes	No	
<p>Tell us how often they need help each day and how long it takes each time.</p>		
They need encouragement, prompting or physical help to:	How often each day?	How long each time?

have a wash		minutes
clean their teeth		minutes
wash their hair		minutes
get in or out of the bath		minutes
get in or out of the shower		minutes
clean themselves in the bath or shower		minutes
dry themselves after a bath or shower		minutes
check their appearance		minutes
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, when they are in the bath they need telling repeatedly what to do and how to do it.		
Do they need encouragement, prompting, or physical help to dress and undress during the day?		
This means:		
<ul style="list-style-type: none"> choosing the right clothes for the weather or activity 	Yes	No
<ul style="list-style-type: none"> choosing clean clothes 	Yes	No
<ul style="list-style-type: none"> putting clothes on in the correct order 	Yes	No
<ul style="list-style-type: none"> moving their arms or legs to put clothes on or take them off 	Yes	No
This is any dressing or undressing except when using the toilet.		
Yes	No	

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		minutes
undress		minutes
manage zips		minutes
buttons or other fastenings		minutes
choose appropriate clothes		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.		
Do they need encouragement, prompting, or physical help to eat and drink during the day? This means:		
• getting food into their mouth	Yes	No
• chewing	Yes	No
• swallowing	Yes	No
• using cutlery	Yes	No
• cutting up food	Yes	No
• holding a cup	Yes	No

<ul style="list-style-type: none"> getting it to their mouth and drinking 	Yes	No
Yes	No	
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?
eat		minutes
Use a spoon		minutes
Cut up food on their plate		minutes
Drink using a cup		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 their plate.		
Do they need encouragement, prompting, or physical help to take medicine or have therapy during the day?		
<ul style="list-style-type: none"> Taking medicine includes tablets 	Yes	No
<ul style="list-style-type: none"> injections 	Yes	No
<ul style="list-style-type: none"> eye drops 	Yes	No
<ul style="list-style-type: none"> knowing what to take 	Yes	No
<ul style="list-style-type: none"> how much to take and when to take it 	Yes	No
Having therapy includes:		

• blood sugar testing	Yes	No
• peak flow checks	Yes	No
• physio	Yes	No
• oxygen	Yes	No
• speech	Yes	No
• play and behaviour therapy	Yes	No
• knowing what to do	Yes	No
• how much to do and when to do it	Yes	No
Yes	No	
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?
take the correct medicine		minutes
know when to take their medicine		minutes
do their therapy		minutes
know when to do their therapy		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 medication.		

Do they have difficulty seeing? This means when using their aids like spectacles or contact lenses.		
Yes	No	
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 children's 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		
Certified sight impaired	Tick the boxes that apply	
They can see:		
computer keyboard keys or large print in a book	Yes	No
a TV and follow the actions to a story	Yes	No
the shape of furniture in a room	Yes	No
They can recognise:		
someone's face across a room	Yes	No
someone across a street	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 have difficulty seeing in poorly lit places like a cinema.		
Do they have difficulty hearing? This means hearing sound or someone speaking when using their hearing aid.		
Yes	Tick the boxes that apply.	No

Have they had an audiology test in the last 6 months?	Yes	No
Please send us a copy of the report it may help us deal with the child's claim.		
They can hear:		
a whisper in a quiet room	Yes	No
a normal voice in a quiet room	Yes	No
a loud voice in a quiet room	Yes	No
a TV, radio or CD but only at a very loud volume	Yes	No
a school bell or car horn	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 can't hear things if there is a lot of background noise.		
Do they have difficulty speaking? This means the ability to say words out loud and talk clearly.		
Yes	No	
They can:		
speaking clearly in sentences	Yes	No
put words together to make simple sentences	Yes	No
speaking single words	Yes	No
They can communicate using speech:		
with someone they know	Yes	No

with someone they don't know	Yes	No
<p>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.</p> <p>For example, they get embarrassed about the way they talk and will only speak to people they know.</p>		
<p>Do they have difficulty and need help communicating?</p>		
<p>This means passing on information, asking and answering questions, telling people how they feel, giving and following instructions.</p>		
Yes	Tick the boxes that apply.	No
<p>To communicate they use:</p>		
• writing	Yes	No
• BSL (British Sign Language)	Yes	No
• lip-reading	Yes	No
• using hand movements, facial expressions and body language	Yes	No
• Makaton	Yes	No
<p>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.</p>		
<p>They can communicate:</p>		
with someone they know	Yes	No
with someone they don't know	Yes	No

<p>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.</p>	
<p>For example, they may be at risk because they don't understand a warning.</p>	
<p>Do they have fits, blackouts, seizures, or something similar?</p>	
<p>This means epileptic, non-epileptic or febrile fits, faints, absences, loss of consciousness and 'hypos' (hypoglycaemic attacks).</p>	
<p>Yes</p>	<p>Tick the boxes that apply.</p>
<p>No</p>	
<p>Tell us what they have and what happens. They:</p>	
<p>can recognise a warning and tell an adult</p>	<p>Yes No</p>
<p>can recognise a warning and take appropriate action</p>	<p>Yes No</p>
<p>have no warning</p>	<p>Yes No</p>
<p>have had a serious injury in the last 6 months because of a fit, blackout or seizure</p>	<p>Yes No</p>
<p>display dangerous behaviour after a fit, blackout or seizure</p>	<p>Yes No</p>
<p>Tell us:</p>	<p>Number</p>
<p>the number of days affected each month</p>	
<p>how many fits they have on these days</p>	
<p>the number of nights affected each month</p>	
<p>how many fits they have on these nights</p>	
<p>Have they had an episode of status epilepticus in the past 12 months?</p>	
<p>This is where there is persistent epileptic activity for more than 30 minutes, or they have several seizures without becoming conscious between each seizure.</p>	
<p>Yes No</p>	
<p>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.</p>	

For example, they become distressed and need reassurance.		
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.		
Yes	Tick the boxes that apply. No	
Can they:		
recognise and react to common dangers?	Yes	No
cope with planned changes to daily routine?	Yes	No
cope with unplanned changes to daily routine?	Yes	No
Do they regularly:		
feel anxious or panic?	Yes	No
become upset or frustrated?	Yes	No
harm themselves or others?	Yes	No
feel someone may harm them?	Yes	No
become verbally or physically aggressive or destructive?	Yes	No
act impulsively?	Yes	No
have tantrums?	Yes	No
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 the dangers or how it will affect others.		

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.		
Yes	Tick the boxes that apply. No	
They need help to:		
understand the world around them	Yes	No
recognise their surroundings	Yes	No
follow instructions	Yes	No
play with others	Yes	No
play on their own	Yes	No
join in activities with others	Yes	No
behave appropriately	Yes	No
understand other people's behaviour	Yes	No
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.		
Do they need encouragement, prompting or physical help at school or nursery?		
Yes	Tick the boxes that apply. No	
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	
What extra help do they need with learning?	
What is their behaviour like at school or nursery?	
How do they usually get to and from school or nursery?	
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.	
Do they need encouragement, prompting or physical help to take part in hobbies, interests, social or religious activities?	
Yes	No
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			
how long they need or would need help each time			
At home:			
Activity	Help needed	How often?	How long each time?
Example Art	Encouragement to get paints, brushes and paper. Motivate to keep interested. Help to wash hands afterwards.	2 times a week.	One hour
When they go out:			
Activity	Help needed	How often?	How long each time?
Example Swimming	To get changed, to get in and out of the pool, to dry themselves.	Once a week	45 minutes
Do they wake and need help at night, or need someone to be awake to watch over them at night?			
The following question 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.			
Yes		No	
Tell us how often each night they need help and how long it takes each time.			

They need encouragement, prompting or physical help to:	How often each night?	How long each time?
get into, get out of or turn in bed		minutes
get to and use the toilet, manage nappies or pads		minutes
have treatment		minutes
settle or re-settle		minutes
They need watching over because they:	How often each night?	How long each time?
are unaware of danger and may harm themselves or others		minutes
may wander about		minutes
have behavioural problems		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.		
Extra information about care		
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.		

When did the child's care needs you have told us about start?
Normally, the child can only get the care part of BLA if they have needed help for more than 3 months.
Please tell us the date the care needs you have told us about started. If you can't remember the exact date, tell us roughly when this was. Date:
About you Tell us about yourself, not the child.
Your surname or family name
All other names in full
Title For example, Mr, Mrs, Miss, Ms
Your date of birth
Address if different to the child's
Your daytime phone number where we can contact you or leave a message.
Phone number
Mobile phone number
What is your relationship to the child?
What is your nationality?
What is the Child Benefit number for the child?
About Income Support

Are you getting or waiting to hear about Income Support?	Yes	No
Is anyone within your household getting or waiting to hear about Income Support?	Yes	No
Please tell us their name:		
Their relationship to you:		
How we pay you		
Please tell us your account details below.		
It is very important you fill in all the boxes correctly. 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 cheque book.		
Full name of the bank:		
Sort code: Please tell us all numbers.		
Account number:		
Extra information		
Tell us anything else you think we should know about the child's claim.		
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.		

<p>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.</p>	
<p>I declare the information I have given on this form is correct and complete as far as I know and believe.</p>	
<p>I understand that if I knowingly give false information, my benefit may be stopped and I may be liable to prosecution or other action.</p>	
<p>I understand that I must promptly tell the office that pays the child's Better Living Allowance of anything that may affect my entitlement to, or the amount of, that benefit.</p>	
<p>I understand that Social Services or the Department for Benefits may use the information which it has now or may get in the future to decide whether I am entitled to:</p>	
<ul style="list-style-type: none"> the benefit I am claiming for the child 	
<ul style="list-style-type: none"> any other benefit I have claimed 	
<ul style="list-style-type: none"> any other benefit I may claim or be awarded in the future 	
<p>This is my claim for Disability Living Allowance.</p>	
<p>Signature:</p>	<p>Date:</p>
<p>Print your name here:</p>	
<p>Send the claim form and the documents listed above back to us straight away. You can send more information to us at any time.</p>	
<p>What to do now</p>	
<p>Check you've filled in all the questions that apply to you or the child you are claiming for:</p>	
<ul style="list-style-type: none"> check you've included full details of your GP 	
<ul style="list-style-type: none"> included full details for anyone else you've seen 	
<ul style="list-style-type: none"> you've ticked the relevant box and signed the consent 	
<ul style="list-style-type: none"> you've given us any extra information 	
<ul style="list-style-type: none"> you've signed the declaration 	
<ul style="list-style-type: none"> Check that the person whose details are in 'About You' is the person who signs the consent and declaration 	
<p>Make sure you've given as much information as you can.</p>	
<ul style="list-style-type: none"> Read the information booklet about how we collect and use information and for help and advice about other benefits. 	

- | |
|--|
| <ul style="list-style-type: none">• List below all the supporting information you're sending with this claim form. For example, a prescription list, medical report or a letter of support. |
| <ul style="list-style-type: none">• Only send copies of up-to-date supporting information. |
| <ul style="list-style-type: none">• Please don't include things like appointment cards or general information about the child's condition like fact sheets or information from the Internet. |

BLA claim form: additional sheet

Use this additional sheet if you need more space to answer a question.

Attach it to your claim form. Always write your name and the relevant question number.

Name:

Question number:

Additional information:

BLA claim form: additional sheet

Use this additional sheet if you need more space to answer a question.

Attach it to your claim form. Always write your name and the relevant question number.

Name:

Question number:

Additional information:

BLA claim form: additional sheet

Use this additional sheet if you need more space to answer a question.

Attach it to your claim form. Always write your name and the relevant question number.

Name:

Question number:

Additional information:



**St Helena
Government**



Application for Better Living Allowance

Summary of decision making

Date application considered:

Panel members:

Decision maker:

Decision – please select one of the following:

Application approved including category awarded, reasons for decision and any conditions	
Application not approved, reasons why and next steps	
Application deferred, reasons why and next steps	

Name of Decision maker:

Signature:

Date: