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for families with disabled children

A guide to claiming Disability Living Allowance for children

Information for families

UK

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Introduction

Disability Living Allowance (DLA) is the main benefit for disabled children and is there to help meet any extra costs of being disabled. It is not means tested so your financial situation will not be taken into account. DLA is also not taxable or treated as income for other benefits.

Instead, DLA can sometimes lead to an increase in other benefits, or help families qualify for them if they don't already get them. In short, DLA can make a real difference to a family's overall income. Some disabled adults get DLA too, although this guide is about claiming for a child. You will find this guide helpful if you are thinking of claiming DLA for your child for the first time, or if you are already getting DLA for your child and want to check if they're entitled to a higher rate. We also give information about challenging a decision if you are unhappy with the outcome.

Information in this guide

DLA for adults is in the process of gradually being replaced by a new benefit called the Personal Independence Payment (PIP). However, this only applies to claimants of working age and not to disabled children aged under 16. The government will consider whether to move disabled children onto the PIP at a later date once they can evaluate how PIP is working for disabled adults. For more information about PIP, call our freephone helpline.

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Who can claim?

Any ill or disabled child may qualify and you don't have to wait for a diagnosis to make a claim. However, to make a successful claim for DLA you have to show that your child needs substantially more care, attention or supervision than other children of the same age who don't have a disability or health condition.

Your child will also need to have had the extra care or mobility needs for at least three months and be expected to have them for at least six months more. This means the earliest DLA can be paid from is three months of age. If your child has a terminal condition and you've been told they may not live for more than six months, there are 'special rules', which mean the benefit can be paid from birth. Please see page 6 for more information about this.

Your child will also need to meet certain tests linked to their residence and presence in the UK. If your child is out of the country now, or has been out of the UK for more than two out of the last three years, phone our freephone helpline for further advice.

Warning! If you think your child may be subject to immigration control, call our freephone helpline for more advice. You should not claim DLA for a child who is subject to immigration control without first speaking to a specialist adviser as a claim could affect their right to stay in the UK.

How much is DLA?

DLA has two main parts called 'components'.

The care component is paid for children who need extra care and attention. It can be paid at one of three weekly rates, depending on how much extra help your child needs.

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The mobility component can be paid for children who either have problems with walking or with getting around in unfamiliar areas. It is paid at one of two weekly rates.

A child can get one or both components at the same time. For details of current DLA rates, phone our freephone Helpline.

The rules for getting DLA

The care component
If your child needs a lot of extra looking after, or help with their personal care because of a physical or mental disability, they should qualify for the care component of DLA.

The **lowest rate care component** is paid if your child needs help with personal care for a 'significant portion of the day'. This means for at least an hour on most days, for example, help with washing and getting dressed in the morning. This help may be given all at once or be spread out through the day.

The **middle rate care component** is paid if your child has either 'day-time needs' or 'night-time needs'. Day-time needs means they need either:

- 'frequent' help with personal care, in connection with their bodily functions. This means several times throughout the day, or
- continual supervision throughout the day to avoid substantial danger to themselves or others. Continual supervision means frequent or regular supervision, rather than non-stop supervision.

Terminology

To assess what rate of DLA should be paid, some of the words in the rules have a specific meaning:

Bodily functions – includes anything to do with how the body works, like breathing, eating, drinking, hearing, seeing, walking, sitting, dressing, undressing, washing, bathing, toileting and sleeping. If the help can be done in another room, away from the child, it is unlikely to count unless it is closely connected to something personal, for example changing bedding after a child has wet the bed.

Supervision – someone present to prevent any accidents or harm to your child or others.

Substantial danger – there must be a realistic possibility that without supervision your child could seriously risk harming themselves or others. This situation may arise infrequently or be a one-off.

Night – starts from when the whole household goes to bed and ends when everyone gets up.

Night-time needs means that during the night your child requires either:

- 'prolonged' help with their personal care. This means for at least 20 minutes, or
- 'repeated' help with personal care during the night. This means at least twice, or

- to avoid danger to themselves, or others, another person needs to be awake and watching over them for either a 'prolonged' period or at 'frequent intervals' (this means more than twice).

The **highest rate care component** is paid if your child has day-time and night-time care needs, or if they qualify under the 'special rules' (see page 6).

To qualify for DLA care component, your child's care needs must ultimately stem from a disability. And they must need **substantially more** help than a child of the same age without a disability.

The mobility component
If your child needs help getting around they may qualify for the mobility component.

The **lower rate mobility** component is for children who can walk but who need someone to supervise or guide them. It is paid from five years of age. Your child may still qualify even if they can get around places they know well, because the test is whether they need guidance or supervision in places they don't know well. It is often claimed for children with visual or hearing impairments, or learning disabilities, but others can qualify.

To get the lower rate, the help your child needs with supervision and guidance must be greater than that for a child of the same age without a disability.

The **higher rate mobility** component is for children who are unable to walk or are 'virtually unable to walk'. This can be paid from the age of three years. Things that are taken into account in deciding if your child is virtually unable to walk include the speed, length of time and manner of walking, as well as the distance they can cover before they start to experience severe discomfort (for example, breathlessness or pain). It is also for children:

- who are both deaf and blind, or
- whose health would deteriorate with the exertion of walking, or
- who have severe mental impairments (see below), or
- who have no legs or feet, or
- who have a severe visual impairment.

You will qualify if your best corrected visual acuity is less than 3/60, or if more than 3/60, is less than 6/60 with a complete loss of peripheral visual field, and a central visual field of no more than 10 degrees in total.

If your child needs a lot of extra looking after or help with their personal care because of a physical or mental disability, they should qualify for the care component of DLA.

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If your child has a terminal illness and is not expected to live for more than six months, you can claim under 'special rules' and DLA can be paid straight away.

The higher rate mobility and children with severe mental impairments
The higher rate can also be paid to some children with severe mental impairments.

To qualify your child must be:

- entitled to the highest rate care component of DLA, and
- have 'a state of arrested development or incomplete physical development of the brain which results in severe impairment of intelligence and social functioning'. You are likely to need evidence from a professional showing this to be the case, and
- 'exhibit disruptive behaviour' which is 'extreme' and 'regularly requires another person to intervene and physically restrain them to prevent them from causing physical injury to themselves or another person, or damage to property', and
- be so unpredictable, they need another person to be there watching over them whenever they're awake.

Some children with learning difficulties, who don't qualify on the above grounds, can qualify because they are 'virtually unable to walk'. This may apply to children who have a condition on the autistic spectrum or a learning disability like Down's syndrome, who often simply refuse to walk. If you think this applies to your child ring the helpline for more advice.

We have a guide to *Disability Living Allowance – claiming the higher rate mobility component for children with learning difficulties and autistic spectrum disorders*. Please contact our helpline for a copy or download it from our website at www.cafamily.org.uk/pdfs/DLA_learningdisabilities.pdf

Special rules if your child has a terminal illness
If your child has a terminal illness and is not expected to live for more than six months, you can claim under a fast-track procedure known as the 'special rules'. DLA can be paid straight away (there is no three-month qualifying period), and you will only need to fill in certain parts of the DLA form. See question 23 of the form for more details.

You will need a DS1500 medical certificate, available from your GP or hospital specialist. A child who qualifies under the special rules will automatically get the highest rate care component once a claim is made. But to get the mobility component, your child will need to meet one of the tests for it, described above.

'Special rules' awards of the care component are made for a fixed period of three years. If your child also qualifies for the mobility component, a

decision maker has to consider whether to award it for the same amount of time or indefinitely.

Children undergoing renal dialysis
There are specific rules for some kidney patients who have renal dialysis to help them qualify for the middle rate of the care component. To qualify, your child must have this treatment regularly for two or more sessions a week. You also need to show that:

- either the dialysis is a type which needs another person (other than hospital staff) to be there to watch over them or attend to their needs, or
- because of particular circumstances like age, another person needs to be there while they are dialysing.

For further advice, please contact our freephone helpline.

How to claim

If your child is under 16 years of age, use claim form DLA1A Child, available from local benefit offices or by calling the Disability benefits helpline on 08457 123 456.

For families in Northern Ireland
Tel: 0800 22 06 74

Forms are also available from regional Disability Benefits Centres. Call our freephone helpline for information about a centre covering your area.

DLA can also be claimed online at www.dwp.gov.uk/eservice. At the time of writing the online service still uses

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an old style claim form, the content of which is not covered in this guide. Call our freephone helpline for an update on making an e-claim.

There is a different DLA claim form for young people 16 years of age and over, and adults. But DLA for adults is gradually being replaced with the Personal Independence Payment (PIP). This already applies across the whole of the UK (except for Northern Ireland) for new claimants. In certain parts of the country PIP is also replacing DLA for some existing claimants including young people who turn 16. See page 33 for more information or call our freephone helpline. See also our guide *Personal Independence Payment and other benefits at 16.*

Deadline for claiming DLA and backdating a claim

At the time of writing, DLA can't be backdated. The earliest it can be paid is the date the form was requested or issued. Forms sent from Disability Benefits Centres will be 'date-stamped' and you are given six weeks to complete and return the form. If your child qualifies, DLA will be paid from the date it was stamped. Otherwise, the earliest it can be paid is from the date the benefits office receives your form, so it's always better to call and ask for a form to be sent to you.

At the time of writing, DLA can't be backdated. The earliest it can be paid is the date the form was requested or issued.

Completing the DLA1A Child form

The form has 41 pages. Not surprisingly this can be off-putting for a lot of parents. You may also feel that certain parts of the form are not relevant to your child. But it is important to read all the questions carefully just in case. Failing to mention that your child needs help at night, even if it is for just 20 minutes, could make a big difference to the decision that is made on their claim. It is worth reading the Information Booklet which comes with the form and try using the 'daily diary' sheet at pages 29-31 of the booklet.

Get help to complete the form. Phone the helpline for details of local organisations that can help.

The following section is a brief explanation of some of the more difficult parts of the DLA1A Child form with comments about the kind of information to include. When completing the form try to use examples and anecdotes to describe your child's needs wherever possible. Don't simply rely on the tick boxes.

When you fill in the form you may feel that some of the pages do not have enough space to capture the complexity of your child's needs. But there are additional boxes at pages 18, 37 and 40 if you wish to give more information about your child's needs. You can also attach additional pages of information if you feel that this is necessary. Please remember that a decision on your child's claim will be made by someone who has never seen your child and who may have little or no knowledge about your child's condition. It is important that you make clear all the extra care and support that your child needs – don't assume that the decision maker will already have this understanding.

Questions 1–18: General information about your child

These questions gather general information about your child including details about their identity, nationality, disability, and details of any medical or health professionals involved in their care. This section also asks you about any stays your child has had in hospital or residential care within the last 12 months.

Question 19: Statement from someone who knows the child

A paid carer, relative or friend, health care professional, social worker or a teacher can fill this in. Ideally, it should be written by a professional with regular involvement in your child's care, like a medical specialist, or if your child's needs are mainly to do with learning, ask a specialist teacher.

It is very important to check that the statement is supportive and not harmful to the claim. Copy the blank statement page and give it to the person writing the statement. You can attach it to your claim. If you're unhappy with what they have said, you can ask them to change it, but if they won't, you can ask another professional to write this part or just leave it blank.

Question 21: Your child's illnesses or disabilities

You don't need to enter a lot of detail here but make sure you write the name of each condition your child has been diagnosed with, for example 'ADHD' or 'Down's syndrome'. If your child doesn't have a diagnosis, or if they have difficulties separate from a diagnosis you've already mentioned,

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put a general description of these too (for example 'eating and feeding problems' or 'behavioural problems').

Question 24

If your child's condition varies, you can still get DLA as long as there is a pattern of substantial care needs or mobility problems. They might have days or weeks when they need less help. When filling in the form, you should tick any of the boxes which apply to your child, even if it doesn't apply all the time. You can explain more about any variation in needs in the boxes below each set of tick box questions and at question 65 about 'more information'. It is a good idea to keep a diary over a period of a week or longer if your child's condition varies a lot.

Questions 25–36: Mobility

Remember, help with mobility applies to children whose problems getting around are caused by learning or behavioural conditions, as well as children with a physical disability.

If your child has physical problems which affect their walking outdoors, you should answer questions 25–31 and questions 33–36. If your child can walk it is important to describe how they walk (for example with a limp or shuffle). List the effects walking has on their condition. This may include fatigue, breathlessness or nausea, or that walking makes their condition worse. When assessing how far your child can walk, remember that any distance covered after they've started to feel severe discomfort is not counted. Ask yourself:

- does your child walk more slowly than other children of the same age?
- does their manner of walking make it difficult to get along?
- do they become uncomfortable or tired after a short distance?
- do they fall or stumble a lot?
- does the effort of walking seriously affect their health?

If your child can walk but needs guidance or supervision, you should answer questions 30–36.

The notes on page 13 of the form suggest that you should only complete questions 32–34 if your child is aged five or over. However, if your child is aged three or four and has severe behavioural problems, or refuses to walk, you should also complete these questions alongside questions 34–36. Some children with learning disabilities or autism spectrum disorders can qualify for higher rate mobility because of severe behavioural problems from age three. See the earlier section of this guide at page 6.

Think about why your child needs more guidance or supervision than children the same age.

- does your child have behavioural problems which could lead to danger?
- does your child have a learning or communication problem which means they could become lost or would be more vulnerable to possible dangers?
- does your child have a visual or hearing impairment and need extra help with following directions and avoiding obstacles?
- does your child's hearing impairment mean they can't hear dangers coming from behind?
- would your child be likely to stumble or fall without someone's help?

Question 32

Also asks about unpredictable behaviour, the need for restraint and refusal to walk. These questions relate to the higher rate mobility and severe behavioural problems. See page 6 for more details. If this describes your child's behaviour then it is important to give as much detail as possible. These are some examples:

- does your child regularly refuse to walk, or do they have to go through rigid regimes in order to get anywhere?
- do they become distressed and likely to hit out at you, or other people, or harm themself in some way?
- do they run away suddenly without attention to dangers such as traffic?

Question 36

This asks you the date that your child first started to have the problems with getting around that you have described. Your child must have had mobility problems for at least three months before they can receive any payment of the mobility component. An exception to this is made where a child is terminally ill under the special rules.

Questions 37–40: Your child's personal care needs

These sections cover the extra help that your child needs with their day-to-day care. They should be completed not only where a child needs physical help or support but also where a child needs encouragement, or verbal prompting, with tasks.

Question 37: Getting into and out of bed

Explain any discomfort your child experiences because of pain or stiffness when waking up. They may be physically unable to get out of bed without help. Or they might not have the motivation to get up because of their condition and need lots of reassurance and persuasion to get

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out of bed. Medication may also affect your child's sleep and waking up. Explain if you have to get up straight away in case they do something dangerous or are disruptive.

Think about similar difficulties when going to bed. Your child may still be wide awake when put to bed or refuse to settle. Explain what help you give them to overcome this, like comfort and reassurance techniques, or medication, or treatments. You should also say how long this takes.

Question 38: Toileting needs

You will need to explain any difficulties during the night at Question 53. As well as writing about what help you give your child to stay clean and manage their continence (washing, bathing, applying creams, changing pads, checking clothing or changing bedding), you also need to give information about any difficulties. These can include:

- more frequent bowel movements or episodes of wetting
- any resulting pain or distress
- constipation
- problems with transfer to and off the toilet
- not wiping themselves
- playing with faeces or missing the toilet
- problems with undoing zips or buttons
- taking underwear or clothing on and off
- prompting and reminding your child to use the toilet and then to wash their hands afterwards
- help with any equipment
- refusing to use the toilet.

Question 39: Your child's needs when moving about indoors

Include here a description of the help your child needs getting around inside. For example, your child may have mobility difficulties that mean they:

- need extra help moving from room to room, or
- getting on and off chairs and other furniture, or
- getting up and down internal stairs, or
- need assistance transferring in and out of a wheelchair used indoors, or
- a child with a visual impairment might need help to get around safely
- if your child does not have mobility problems they might need prompting to move around, or reminded which room to go to, or they might need you to go with them.

Question 40: Bathing, showering and hygiene

Washing and bathing includes all issues with personal hygiene. Your child may need extra help bathing, washing, or showering

and they might take longer than other children of the same age. For example:

- they may need help to stand to wash or shower
- if they're sensitive to touch, then brushing teeth or hair may be painful so could take longer
- you might have to supervise them while they bathe or wash, if for example, they can't tell the difference between hot and cold, and risk being burnt
- your child may refuse to get in or out of the bath or may be too tired
- they may need to wash more often than other children, or you may need to remind and encourage them to wash
- washing and bathing may be difficult because of dressings, or a line into a vein that needs to be kept dry or sterile
- or you might need to take off other equipment which makes it more difficult for you to communicate with your child.

Question 41: Getting dressed or undressed

Include things like:

- help your child needs with fastenings like buttons, zips, buckles and laces which may be painful or problematic for them
- help they need if reaching to pull items of clothing on or off is difficult
- if they are uncomfortable with dressing or undressing in front of others because of a physical difference
- if they are visually impaired or have a learning difficulty, they may need help to choose clothes that are appropriate for the weather, that match, and help to put them on in the right order
- if your child needs to follow a rigid routine which can make dressing or undressing take longer
- if your child has a behavioural difficulty and becomes easily distracted and needs lots of persuasion and encouragement to come back to the task.

Question 42: Eating and drinking (including breastfeeding)

Here you should list any problems your child has with sucking, chewing and swallowing, and any equipment like a feeding tube to help overcome those difficulties. For example:

- does your child have a special diet which needs special and careful preparation?
- your child may have to eat regularly at specific times of the day
- does eating cause pain or nausea which discourages them from eating?
- children with visual impairments may need help to locate and eat food
- children with learning difficulties, or visual impairments, or food allergies may need supervising to make sure they don't eat anything harmful.

Question 43: Your child's medical and therapy needs

Medications

As well as giving details about medicines, include any difficulties your child has receiving them or taking them by themself (forgetfulness, discomfort, distress, side effects). Describe how you help overcome this (encouragement and

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reassurance, even after medication has been given).

As well as injections and tablets, include information about any eye drops, creams, dressings and enemas your child needs.

Therapy
Include details of any physiotherapy, speech therapy, hydrotherapy, play therapy, counselling and behavioural therapy. Include any exercises you have to do at home.

Therapy also means help with any medical equipment. This includes nebulisers, monitoring equipment, meters, needles for injections or blood tests, thermometers, tube feeding, catheters and breathing equipment. List any difficulties with using equipment, help you give to your child and the length of time it takes. Include time spent on preparing and cleaning equipment.

Question 44: Difficulties with seeing

This section seeks to gather information about the extent of any visual impairment that your child has.

As well as completing this specific section, it is important to make sure you also explain how your child's visual impairment impacts on any of the specific areas covered in the other parts of the form. For example, a child with a visual impairment may need help with dressing, with washing, teeth brushing and looking after their appearance, help at mealtimes and help to get around safely both indoors and outside.

Young children with a visual impairment may also need more help in learning through play. If a child cannot see everyday objects, they are less likely to become spontaneously curious about things around them. As a result, a parent may need to spend much more time

It is important to say what help your child needs because of problems with vision or hearing. You may have to spend more time explaining everyday things such as what is happening on the television.

actively introducing objects through touch or verbal description. This should be taken into account as extra care and support.

School-age children may require help with reading, not only school books and texts but also from boards and projectors. They may require help in describing graphs, pictures, charts or scientific experiments. They may also need guidance and supervision, not only to get to and from school but also to get around the school and playground, and to take part in physical education (PE).

If your child has a certificate of visual impairment you should send a copy of this along with the form.

Question 45: Difficulties with hearing

This section is to find out about the extent of your child's hearing impairment. As well as completing the questions on the form, it is important to explain the help that your child needs because of their hearing loss. You may be able to explain the extra need for help or supervision throughout the rest of the form. Perhaps it takes longer for your child to receive instructions about how to carry out certain activities. You may have to spend more time explaining everyday things such as what is happening on the television, or bringing to their attention certain sounds such as traffic, alarms or announcements.

Things to consider might be your child's need for extra supervision because they cannot hear danger approaching. They may become upset easily as they don't get a warning of when things happen. You might have to make more effort in order to get their attention so that you can speak to them face to face. They may need help with hearing aids – taking them off, putting them on and adjusting them.

You should include any evidence from a specialist which shows the extent of your child's hearing loss.

If your child needs help to communicate with other people you should fill in questions 46–47.

Questions 46–47: Speaking and communicating with people

A child may be unwilling to communicate because they have a limited understanding of their environment, or only choose to talk about things they feel are relevant to them and are comfortable with. Your child may become angry or

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Use the terms 'bad days' and 'better days' to describe the changes in your child's condition if they have a fluctuating condition. Using terms like 'good days' or 'normal days' can imply your child needs no extra help on these days.

frustrated trying to communicate. For example:

- a child with hearing loss may only be able to communicate with people who sign, or may be able to lip read, but only people they know well
- a child with a learning difficulty may also depend on a form of non-verbal communication but find this difficult with people they don't know
- they may have difficulties understanding facial expressions and body language.

Write down the different ways your child is helped with communication and what would happen without this help.

Question 48: Blackouts, fits and seizures

This applies if your child has symptoms like fits, convulsions, fainting, dizziness, loss of consciousness, or asthma attacks. Explain when these attacks happen, how often, and if there are any warning signs beforehand. What happens during and after an attack? For example:

- is your child incontinent?
- do they injure themselves?
- do you need to clean up after them, change bedding, clothing, and attend to injuries? How long does this take?
- are they left feeling dizzy, exhausted, or aggressive and take a long time to fully recover? How long do they need to rest or need reassurance?

Remember – if your child has lots of attacks and needs someone to keep an eye on them all the time, write this here.

Question 49: Supervision your child needs during the day

This section looks at whether your child needs someone to watch over them during the day to make sure that they are safe and to ensure that they are not a risk to themselves or to others. All young children, whether disabled or not, routinely require supervision. So the younger your child is, the more important it is for you to say how the supervision they need is greater, or different, to another child of the same age.

Think about what could happen to your child without regular or frequent supervision. For example:

- a child with poor coordination may fall and hurt themselves
- children with hearing or sight difficulties may not be able to hear or see dangers
- a child may have seizures, asthma or breathing problems, particularly if they over-exert themselves or become excitable and no-one's there to stop them and calm them
- eating the wrong food or drinking the wrong amount of liquid may have serious consequences

- your child may be prone to dribbling, or there are other bodily fluids you need to check to make sure they are constantly dry to avoid sores and other complications
- a child with behavioural problems may harm themselves or another person.

Question 50: Help with development

This section includes help that your child needs to interact with and make sense of the world around them. For example, your child may find it difficult to interact or play with others. This may be due to problems with understanding or communication. They may need to spend time on their own because their behaviour becomes aggressive or inappropriate. This may affect your child's development through play. They may need help to play with other children and in how they should behave. Any physical difficulties can also make it harder for children to play because of difficulties with coordination or manipulation. A visually-impaired child may need more attention than others.

Specially adapted toys or tactile toys don't necessarily mean difficulties with play are resolved, because your child might need help finding or manipulating the toy, otherwise they'll become frustrated. They might need help maintaining their interest which means you need to give them extra attention. Or you may need to supervise to prevent harm to your child or other children.

Question 51: Encouragement, prompting or physical help at school or nursery

This section seeks to gather information about any extra support, care or supervision that your child requires while at school or nursery. This can include any additional support to assist them in their learning but also any extra help that is required in managing behaviour, in getting around the school or nursery safely or to mix with other children in the playground. You should also think about whether they need help while at school with things like using the toilet, taking medication or having their lunch.

If your child has a Statement of Educational Need or Individual Behaviour Plan or in Scotland a Co-ordinated Support Plan the claim form asks that you send these (see page 6 of claim form). However, if you feel that your child's statement or plan does not fully reflect all of their needs it is important that you make this clear somewhere on the claim

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form and highlight any other needs not identified in the school or nursery report.

If you feel that the school report misrepresents your child's needs you may choose not to submit it at all. Call our freephone helpline for further advice.

Question 52: Help with hobbies and social activities

Include here details of any help your child needs when they go out during the day or night for social and leisure activities, and any support needed for hobbies. This includes visits to the park, clubs, and sport activities, going to the cinema, swimming, and visiting relatives, drawing, playing on the computer, watching television. These are just some examples and you should include any interests that your child has and what help they need.

If there are activities your child would like to do if only they had extra help, then list the additional support that would be needed to allow this.

Question 53: Any help your child needs during the night

Complete this section if you have to get up in the night to help with your child's care needs. Night-time is the time between when you go to bed until you get up. If you stay up later than you want to because your child does not settle in bed, or if you get up very early, these times can also count as night-time.

These are just some examples of night-time needs:

- some children require physical help to get back into bed after falling out, or to turnover during the night
- re-arranging bedclothes if they become tangled or fall off
- your child may have problems with continence or night sweats and you need to change the bedding and to deal with any wetting or soiling
- your child may need help with medication or equipment at night, such as an inhaler or nebuliser, or feeding tube.

Mental Health

There are no specific questions in the form about your child's mental health. Children with disabilities, coping with their condition, can feel frustrated, isolated and upset at times. These can be described as mental health difficulties. This could apply if your child is withdrawn, anxious or depressed, behaves aggressively or gets angry and is uncooperative. They might act impulsively, have nightmares, or have difficulty coping with routine changes. You may have been able to fit this into your answers to some of the other questions but if not, then it is important to give more details at Question 63 'Extra Information', or as an attached sheet. Say what the difficulties are that your child experiences and also what help you give to overcome or minimise their effects. You might include:

- providing encouragement, motivation and reassurance
- techniques to manage any difficult behaviour like taking 'time out'
- monitoring your child's mood
- helping them to plan their day and to help them to deal with their feelings.

Use this section to say if you need to get up at night to give comfort to your child because they wake up upset and agitated, or if they have a disturbed sleep pattern and can't settle.

Question 55

This asks you the date that your child first started to have the care needs that you have described. Normally your child must have needed extra care or supervision for at least three months before they can receive any payments of the care component. An exception to this is made where a child is terminally ill and claiming under the special rules.

Question 65 and page 54: Extra information and details of any attached additional documents to support your claim

You may wish to use the space provided to explain more about your child's condition and how it affects them. For example, how their condition might vary, or how their mental health is affected by their condition.

Any document, letter or statement can be sent with the claim but it is very important to check that any evidence you send accurately describes your child's needs. If it doesn't then this may harm your claim. Evidence can include information from a health professional involved with your child's care, like a GP, nurse, paediatrician, speech and language therapist, or occupational therapist. Phone the helpline for more information.

Giving detailed medical information may lead to a quicker decision and reduce

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the chances of the Department for Work and Pensions (DWP) arranging for more reports on your child's condition (see section on page 6 of the form, 'Do you have any reports, letters or assessments about the child's illnesses or disabilities?').

A statement of your child's special educational needs (coordinated support plan for children in Scotland) can also be attached. You can ask friends, carers or relatives to give supporting evidence. A diary of the past week giving an account of your child's difficulties, the help you gave and how long it took each time can be very helpful.

If you're nearing the six week deadline, you should send the completed form off without waiting for additional evidence. Attach a letter saying you will send more evidence and when they can expect it.

General tips on completing the DLA form

- **Take your time** and don't try to finish it in one go. The form is long and needs lots of information. Read through the form first before putting pen to paper so you have an idea of what's needed.
- **Get specialist advice** when completing it. It is important to get help from a welfare benefits adviser or someone who is familiar with completing the form. This will increase the likelihood of your child being awarded the right level of DLA. Contact the helpline if you would like details of local organisations that can help.
- **Keep a diary for a week before tackling the form**, with details of the amounts and types of care your child needs during the day and night. This will be useful when you fill in the form and can be used as evidence. It will also be a useful aid in helping you think about all the extra help your child needs. (See pages 29–31 of the information booklet that accompanies the claim pack).
- **Cross out mistakes rather than using correcting fluid.**
- **Give as much information as possible.** You can write outside of the boxes and attach extra sheets if you run out of space.
- **Don't play down your child's condition.** Although it's hard, try not to include details of your child's abilities and achievements. Include the bad days as these give insight into the full extent of your child's needs.
- **Use the terms 'bad days' and 'better days'** to describe the changes in your child's condition if they have a fluctuating condition. Using terms like 'good days' or 'normal days' can imply your child needs no extra help on these days.
- **Say how often your child needs help,** rather than how often they get help.
- **Show how your child's needs differ from those of other children of the same age.** Is your child's level of competence age appropriate for different tasks? The Department for Work and Pensions produces a useful chart of the milestones a child without disabilities would be expected to reach up until six years of age. This is available on request from our freephone helpline.

- **Ask yourself – have you included enough detail to convince someone who hasn't met your child?** The application will be assessed by someone who hasn't met your child and who may not be familiar with your child's condition. If they have a rare condition, then perhaps you have information about it you can include to help the decision maker understand more.
- **Include supporting evidence with the form if you have it.** This can be medical reports, speech and language assessments, psychological reports, and a statement of special educational needs – anything that supports what you've said in the form. But don't delay making a claim if you haven't got these reports yet, as DLA can't be backdated and you could lose out. If you write on the form that you'll be sending further information they should accept it.
- **Read through the form before you send it.** Have you included enough information? Have you answered all the relevant questions? Are your contact details correct? Have you missed anything? Is the professionals' evidence complete?
- **Keep a copy of the form and any supporting evidence for your records.** You might need it if you are unhappy with your award and wish to challenge the decision. It will also help you when the claim is due for renewal or if you want to apply for a different rate later on.
- **Reward yourself when the form is finished.** Completing the DLA form can be time consuming, and because you're concentrating on the things your child can't do, stressful and demoralising. But if you get the DLA it will be worth it in the end.

Claiming for babies

Three months is usually the earliest you can get the DLA care component (unless your child has a terminal condition). All very young children need a lot of care and attention, so the younger your child, the harder it can be to show they need more help than other babies of the same age. But you can still get DLA if you show that your baby needs a different type of care than other babies, or if that care has to be provided more frequently, or over a longer period.

For example, all babies need help feeding but if your baby takes longer to feed, has feeding problems or needs feeding by a tube or drip then they are likely to qualify for the care component. Other common situations where a baby is likely to qualify include babies with severe visual or hearing impairments, those who have seizures, those with renal failure, babies with severe multiple disabilities and those born very premature. Babies who need suctioning, oxygen treatment, or who have had a surgical procedure, such as

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a tracheotomy or colostomy, are also likely to qualify. This list is not exhaustive, other babies may qualify. Because of the difficulties getting DLA for babies, get specialist help to fill in the form.

If further medical information is needed for your claim

Your claim will be assessed by a 'decision maker.' If they're still unclear about how your child's condition affects their care and mobility needs, they can arrange for a DWP approved doctor to visit you to examine them and prepare a medical report. This can lead to delays.

If you feel the claim is taking too long, then you can make a complaint to the customer services manager at the office dealing with your claim.

Getting a decision

Once you've sent your form to the office dealing with your claim you should get an acknowledgement within two weeks. You should also get a decision within three months. Decision makers aren't medically qualified and will rely on medical information you supply with the claim, plus guidance on disability in children. If more evidence is needed, they may write to your GP or hospital consultant. The DWP will send you a decision letter outlining the reasons for the decision.

How long will my child be awarded DLA for?

DLA awards are sometimes made for an indefinite period but a child's award is usually made for a fixed period, for example, three years. Towards the end of that time the DWP will write inviting you to reapply for DLA. See page 27 on 'Renewal claims' for more information.

Unhappy with the decision?

If your child is refused DLA or awarded at a lower rate than expected, you can challenge the decision that has been made on their claim. There are two possible stages when challenging a decision.

- firstly you can ask for the decision to be looked at again, this is known as a reconsideration request
- then, you can lodge an appeal if you are not happy with the outcome of the reconsidered decision.

Please note that you cannot ask for an appeal until after you have had a reconsideration. The only exceptions to

Asking for a written statement of reasons
If the DLA decision doesn't include reasons for the decision, you can ask for a written statement of reasons. You must request this within one month of the date on the DLA decision letter. If the written statement of reasons is provided within that month, then the one month time limit for disputing the decision is extended by 14 days. If it is provided outside of the month time limit, you have 14 days from the date it is provided.

Warning: if reasons were included in the original decision letter then the time limit to ask for a reconsideration will not be extended. This remains the case even if you did not realise that reasons were included because they were so brief and general. Because of this we recommend that you always ask for a reconsideration with the one month timescale, unless you have spoken to the DWP and they have confirmed that the time limit will be extended because they are sending a written statement of reasons to you.

this are if you are challenging a decision that was made before 28 October 2013, or if you live in Northern Ireland. Different rules on challenging decisions apply in these two circumstances, so call our freephone helpline for further advice

Asking for the decision to be reconsidered
If you are not happy with a DLA decision you can ask the DWP to look at their decision again. This is known as a reconsideration. You can request this over the telephone or in writing, and you need to do this within one month of the date of the decision letter. It is very important that you ask for a decision to be reconsidered within the one month timescale as a late request will only accepted in certain limited circumstances.

As part of having a decision reconsidered you can volunteer, or you may be asked to give, further information. Or the DWP may ask for a short factual report (usually from a doctor), on any aspects of your claim that weren't clear. Another decision maker will then have a fresh look at the case.

If the decision maker feels that they are unlikely to change the decision in your favour they will try to call you. During the call, they will ask you about any aspects of your case which are unclear, and will also ask if you have any further evidence which might help. The decision maker will then go on to finalise their decision on your reconsideration request, taking into account any new evidence that you have provided. The decision maker will make at least two attempts to contact you by phone. If they are not able to make contact they will carry out the reconsideration based on the information available.

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Once the DWP has made a decision on your reconsideration request they will send you two Mandatory Reconsideration Notices in the post. One is your copy, the other copy is for you to send to the Courts and Tribunal Service if you decide to appeal. The notice contains details of the reconsidered decision alongside details of your appeal rights.

Asking for an appeal

If the DWP decide not to change the outcome of their decision, or change it but don't give you what you were looking for, you then have the right to ask for an appeal. But you cannot ask for an appeal unless you have asked for a reconsideration first. Your appeal request must be made in writing and you will need to explain why you think the decision you are appealing against is wrong. Your appeal must include a copy of the Mandatory Reconsideration Notice sent to you by the DWP.

You can appeal using form SSCS1 appeal which can be downloaded at www.justice.gov.uk/tribunals/SSCS/appeals. Alternatively you can telephone the Tribunals Service for a copy of the appeal form – their number will be on the Mandatory Reconsideration Notice. You must send your appeal request directly to the Courts and Tribunal Service and it must be received by them within one month of the date on the reconsideration notice. If you miss this deadline seek advice about making a late appeal.

An oral hearing or a paper hearing?

One of the questions on the appeal form is whether you would like a 'paper hearing' (where you don't go to the meeting and the tribunal look at the papers and make a new decision), or an oral hearing (where you are invited to attend a meeting to discuss your appeal and a new decision is made). It is always best to ask for an oral hearing. Statistically, oral hearings are more successful than paper hearings.

A specialist advisor will be familiar with the law, may write to medical professionals for supporting evidence, and help you to concentrate on giving a clear picture of your child's needs.

Preparing for the appeal hearing

If you can, get specialist advice to help you prepare your case, as tribunals make decisions based on legislation and case law, as well as information about your child's needs. A specialist adviser will be familiar with the law, may write to medical professionals for supporting evidence, and help you to concentrate on giving a clear picture of your child's needs. They may also be able to come along to the tribunal and put your case with you.

At the appeal hearing, it is important that you give as much information as possible about why and how you think the decision is wrong – make sure you don't contradict what you've already said on the claim form! You may want to prepare a written submission and send this in advance to the tribunal, although if you have a representative make sure that you discuss this with them first.

The tribunal hearing

The tribunal can only consider the circumstances that existed at the time of the decision you are appealing about, so if you feel the circumstances have changed you should consider making a new claim. Seek specialist advice about this. If you have chosen a paper hearing, the tribunal will decide the appeal on the evidence of the submission papers and any additional written evidence.

If you have chosen an oral hearing, you must be given at least 14 days' notice of the time and place of the hearing. You can ask for a postponement if the date is inconvenient – but don't count on this unless you have a very good reason. You can claim travel expenses and compensation for loss of earnings. Ask the tribunal clerk if you're not sure what you can claim for.

Take someone with you

If you don't have a welfare rights representative to come with you, take a friend or relative to help you feel more relaxed.

Who is on the tribunal?

The tribunal usually consists of a legally qualified tribunal judge, a doctor and a person with experience of the needs of disabled people.

An officer from the Department for Work and Pensions might also be present. This is usually a decision maker but they are not likely to be the one who made the decision on your claim. The tribunal clerk may also be there to deal with paperwork and expenses.

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An informal hearing

The hearing is meant to be fairly informal and you will have the opportunity to explain your child's situation. You may find it useful to make notes before you go to the hearing, with the points you want to make and the supporting evidence you want to provide. Take your time when you're asked to speak – the judge will usually try to make you feel at ease.

You might be asked questions while you're giving your evidence, but you can ask for any questions to be left until you've finished, if you're worried they'll interrupt your train of thought. Back up any arguments with supporting evidence, like a doctor's letter. Make sure that you tell the tribunal which components, (care or mobility or both), and what rates of each component you think your child should be awarded.

Getting a decision on your appeal

You should get a decision on the day of the hearing, or soon after. If you are unhappy with the decision you may be able to appeal to the Upper Tribunal. Talk to your representative about this or ring our helpline, as the Upper Tribunal can only deal with cases where the tribunal decision includes an error of law.

Getting an existing DLA award changed

If your child already gets DLA but their circumstances have changed and they now need more help, it may be possible to get their award increased. You can contact the DLA office to ask them to look at your child's award again. This is known as a 'supersession request'. Any decision (including a tribunal decision) can be superseded by a decision maker.

You can ask for a supersession at any time. If you are not happy with the outcome of a supercession you have the right to request a reconsideration and an appeal against that new decision in the normal way. Please see pg 22.

Warning
If you have an existing award of DLA and you ask for it to be looked at again, there is a risk your award could go down rather than up. Because of this, it is always best to get help from a Citizens Advice Bureau (CAB), or local welfare rights service.

Renewal claims

If your child has been awarded Disability Living Allowance for a fixed period of time, you will normally be contacted twenty weeks before the award ends and invited to re-apply. You will be sent a renewal claim pack to complete. If your child's award is due to end within twenty weeks and you have not been sent a renewal claim pack contact the office dealing with your DLA claim as soon as possible. It's very important that you return the renewal forms before the current award finishes or you could lose benefit. A renewal claim is treated as a new claim, so it's still important to get help to fill in the form and to keep a photocopy.

If you disagree with your child's renewal award you can challenge the decision in the same way as challenging an original decision, as described on pages 22-24.

Stays away from home

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

When your child is in hospital
Payments of DLA care component and mobility component stop after 12 weeks of your child becoming a hospital inpatient. If your child is in hospital when you first claim DLA, it can't be paid until they leave hospital.

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When your child is in a residential school or care

If your child is currently in a residential school or residential care (including for short-term breaks) and this is paid for from 'public funds' then the DLA care component stops being paid after 28 days. The mobility component is not affected. If your child's stay in residential accommodation is being funded by your health board under NHS continuing care, then phone our freephone helpline for further advice.

Counting the number of days away from home

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

Our understanding is that the same rules should apply to residential care. Contact the helpline for further advice if your child goes into a residential setting and the DLA office don't apply these rules.

Going in and out of hospital or residential care

When working out whether your child's DLA 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, your 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 DLA will stop being paid after three weeks during your child's second hospital stay (that is, nine weeks in hospital + three more weeks = 12 weeks in hospital).

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

It is also important to understand that different types of residential stays can be added together in a similar way. This might apply if your child goes to residential school and sometimes goes to a respite care unit for overnight stays during school holidays. Those stays can be added to the days spent at school, unless the child comes home for 28 days.

When a child spends time in both hospital and residential accommodation, these stays can also be linked. Contact the helpline for more details.

Getting paid for days at home
If your child's DLA stops because they are in hospital or a residential setting, they are still entitled to DLA payments at a daily rate for the days they spend at home.

For example, your child has been away at residential school for more than 28 'linked' days, so payments of DLA care component have stopped. When they come home from school on Friday and go back on Monday, DLA care component should be paid at a daily rate for Friday, Saturday, Sunday and Monday (four days).

If they stay at home for more than 28 days, the care component should not be stopped again until after they've spent another 28 days in residential school.

If your child's DLA stops because they are in hospital or a residential setting, they are still entitled to DLA payments at a daily rate for the days they spend at home.

When a child is in hospital or a residential setting this can impact on any Carer's Allowance paid to their main carer. However, even if your child is in hospital or a residential setting for long periods, you may still be able to carry on getting Carer's Allowance if your child regularly spends at least two days at home. You must provide at least 35 hours care during the 'benefit week' they come home.

A benefit week for Carer's Allowance runs from Saturday midnight to the following Saturday midnight. Time spent preparing your home for your child's visit or cleaning up afterwards can count towards the 35 hours care.

Be careful!
This is a complex area of the benefit system which can sometimes result in families being overpaid DLA. This usually happens when families unknowingly fail to inform the DLA Unit about their child's stays away from home.

To avoid any confusion, we strongly advise you to tell the DLA Unit 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 DLA Unit need to be clear about how many days have been spent away from home to decide when these rules apply. If you're unclear about your situation, contact the helpline for further advice. Families should also be

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aware that stays away from home may also have an effect on other entitlements, like tax credits or Income Support. This too is very complicated so seek further specialist advice. Again, contact our freephone helpline.

DLA and how it affects other benefits

Getting DLA can lead to an increase in other benefits or help you qualify for other entitlements. Even if you get DLA for your child already, you may find that getting an increased rate will lead to something else.

The following is a checklist of benefits and entitlements which may become available following an award or increase of DLA:

Carer's Allowance (CA)
If your child gets the middle or the highest rate of the DLA care component, you may be able to get Carer's Allowance. You must be giving at least 35 hours of care each week to your child. To get CA, you must not be a full-time student and not earning more than a set figure, currently £100 (after certain deductions and costs) each week.

Carer's Allowance can be backdated in line with the DLA award, as long as you apply within three months of getting the DLA decision. If you apply later, Carer's Allowance can only be backdated for three months.

Application forms (DS700) are available from local benefits offices or the Carer's Allowance Unit on 0845 608 4321. For Northern Ireland call 0800 220 674.

CA can affect entitlements like Income Support and tax credits. In most cases you will still be better off. If you get Incapacity Benefit, or contributory Employment and Support Allowance, it could also be in your interest to apply for CA, even though it can't be paid on top of these benefits. Contact our freephone helpline for further advice.

Child Tax Credit (CTC)
Child Tax Credit is assessed more generously when a child receives DLA. This is because families will qualify for an extra disability element (and a severe disability element if your child has been awarded the highest rate DLA care component). The disability and severe disability elements can be backdated in line with the DLA award if you tell the tax credit office within one month of a decision to award DLA.

If you have previously been refused or never claimed tax credits because your income was too high, you may find that you qualify for the first time as a result of your child being awarded DLA (or having their care component increased to the highest rate). Phone our freephone helpline if you would like your tax credit entitlement checked.

Income Support (IS)
For families still getting payments for their children in their IS, getting DLA will lead to extra money being added to your IS, known as a disabled child premium (and an enhanced disability premium if your child is awarded the highest rate of the care component). You will need to let

the office dealing with the IS claim know about the DLA award.

If your child gets Employment and Support Allowance in their own right, an award of the highest rate of the care component of DLA may lead to an increase in this benefit. Let the office dealing with these benefits know about a new award of DLA or any change to the existing award. If your child gets Income Support in their own right, then an award of DLA can lead to an increase in their benefit. This is because they will qualify for the disability premium (and the enhanced disability premium if they're awarded the highest rate of the care component).

Help with rent and council tax
If you get Housing Benefit or support with council tax, then getting DLA for your child may lead to extra benefit if you are not already getting your rent and council tax met in full. If you don't get these benefits but are liable for rent or council tax then you may find that getting DLA will help you qualify for the first time.

If your child is awarded the highest rate of the DLA mobility component then you should be able to qualify for a Blue Badge for help with parking.

Both Housing Benefit and support with council tax are means-tested and any award will depend on your income and circumstances. Call our freephone helpline for further information.

There are other ways of getting help with council tax which don't depend on income or savings but do depend on there being a disabled occupant within your household. Our guide *Help with council tax bills* has more advice. Call our freephone helpline for a copy.

Universal Credit
Universal Credit is a new benefit that will replace tax credits and other means-tested benefits for people of working age. If you recieve Universal Credit and a child who is included in your Universal Credit claim gets DLA, you will qualify for extra Universal Credit payments. At the time of writing, Universal Credit only applies in certain pilot areas and is primarily focused on single job seekers. However, it is planned that Universal Credit will be introduced elsewhere and to other groups of claimants, including families, during 2014. Call our freephone helpline for updates.

Exemption from 'benefit cap'
If you have a dependent child (that is, a child aged under 16, or aged 16-19 if they are still treated as part of your family for benefit claims) who is in receipt of DLA, you will be exempt from the 'benefit cap' which restricts the total amount of

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benefit payments that an out of work family can receive to £500 per week.

Help with parking

If your child is awarded the highest rate of the DLA mobility component, then you should qualify for a Blue Badge for help with parking. You might also qualify if your child is aged two and over and is either registered blind, or has severe walking problems. In England, Wales, and Scotland, you may also qualify if your child is aged under three (under two in Northern Ireland), and needs to be accompanied by bulky medical equipment, or kept near a vehicle for medical reasons.

Help with road tax

If your child is awarded the highest rate of DLA mobility component, you may be exempt from paying Vehicle Excise Duty. Claimants are usually told about this when they are notified about the award of high rate DLA mobility component. If you haven't received any information and you think you qualify, contact the DLA Unit on 0845 7123 456.

Help with getting a car

If you're interested in getting a car and your child is awarded the highest rate of the mobility component of DLA, then you can hire or buy a car through the Motability Scheme. **To access this scheme your child's award of the high rate mobility component must have at least 12 months left to run.**

If you're unable to drive and need help with paying for lessons or require help in getting a deposit for a car through the scheme then you may qualify for a grant. Contact Motability on 0300 456 4566, or visit www.motability.co.uk to find out more.

Help with bus travel

All local authorities operate schemes for disabled people of any age to apply for a bus pass or voucher for free bus travel.

In some areas, an essential, named carer accompanying the disabled person is also entitled to free travel. The scheme operates differently from one local authority to another, so get in touch with your local council to check out what's available in your area.

Employment rights

If you work and have a child getting DLA, you may have additional employment rights. For more details, contact our freephone helpline.

Other concessions

It is also worth checking to see if there are any special schemes, concessions or facilities available to families with disabled children in your area. Ring our helpline for local contacts.

What happens when your child turns 16?

DLA for those aged 16 and over is gradually being replaced with a new benefit called the Personal Independence Payment (PIP). DLA will remain for children aged under 16.

Since June 2013 a young person who is 16 or over and not already getting DLA, needs to claim PIP instead of DLA. This applies everywhere in the UK with the exception of Northern Ireland. But the rules are different if your child is turning 16 and has an existing DLA award. What happens depends on where in the UK your child lives.

If your child is turning 16 and lives in a 'designated area' they will be invited to claim PIP shortly after their 16th birthday. This will apply to all children turning 16 in these areas (except for those claiming DLA under the special rules for the terminally ill), even if they have an indefinite award of DLA. If your child's DLA award is scheduled to run out on their 16th birthday, their payments will be extended for a temporary period to allow for them to be re-assessed for PIP.

The DWP have produced a postcode map of the designated areas where PIP is being introduced, and the date it applies from in each of these areas. This is available at www.gov.uk – type 'PIP postcode map' into the search bar. If you do not have internet access call our freephone helpline for details.

PIP will have different qualifying rules to DLA. For some claimants, it will be harder to qualify and most people will have to attend a face-to-face assessment with a health care professional.

For more information about PIP, call our freephone helpline for a copy of our guide to *Personal Independence Payment and other benefits at 16*.

Gradually PIP will be extended to all other parts of the UK. In the meantime, if your child is turning 16 and lives somewhere that is not yet a designated area they will continue to fall under the DLA system. If their current award is due to run out when they turn 16 they will be reassessed under adult DLA rules and should be sent a renewal claim to complete. You should not assume they'll necessarily get the same rate of DLA, so it is very important to get help if you need to complete a renewal at this time. Your child will not be invited to claim PIP until a later date – either when their new adult award of DLA award runs out or sometime after October 2015.

When your child reaches 16, there may also be changes in how benefit is paid – this remains the case even if they continue to get DLA rather than PIP. Before 16, a parent or other main carer is automatically authorised to act on their child's behalf, as an 'appointee'. This means you're responsible for filling in forms and making claims for your child.

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When your child is nearing 16 years of age, you will be contacted by someone from your local Jobcentre Plus office, to decide if you will continue to be your child's appointee.

If your child is considered capable of handling their own affairs, the DLA/PIP will start to be paid to them directly and your appointment to act for them will end. Otherwise, parents are usually asked to carry on managing the DLA/PIP alongside any other benefits the young person chooses to claim after 16, like Employment and Support Allowance (ESA).

For information about young people claiming ESA and how this might affect a parent's benefits, call our freephone helpline.

If your child can manage their benefits claims but can't physically collect their benefit, then they can nominate someone – known as an 'agent' – to do this for them. Further information about responsibilities as an appointee and other ways of managing benefits can be found in the DWP leaflet, *A helping hand for benefits.* Copies are available from your local benefits office or call our helpline.

Further sources of help

It is important to make sure that any information you have about allowances or benefits is up to date as they change so often. Your local Citizens Advice Bureau, welfare rights adviser or advice agency will have detailed information about DLA, benefits and other financial help which may be available. They will also be able to help you with any claims. For help over the telephone, call:

- **Contact a Family Helpline**
  Tel: 0808 808 3555
- **CarersLine**
  Tel: 0808 808 7777
- **Disability Benefits Helpline**
  Tel: 08457 123 456
  Textphone: 08457 224 433
  (Tel: 0800 22 06 74
  Textphone: 0845 24 37 87
  in Northern Ireland).

Call the Disability Benefits Helpline to make a new claim for DLA or enquire about an existing claim. They also have a service for people whose first language is not English. For details of local advice agencies which can help with benefit problems, call our freephone helpline.

Some national organisations for specific conditions produce their own guides on DLA or provide help to fill in the form. These include the National Deaf Children's Society, Action for Blind People, Down's Syndrome Association, National Autistic Society, Diabetes UK, and Afasic. For contact details of these and other organisations, please call our helpline.

Written by Marian Gell, Derek Sinclair and Jesslyn Parkes

Social networking

Contact a Family is on Facebook and Twitter. Join us at:

Facebook
www.facebook.com/contactafamily

Twitter
www.twitter.com/contactafamily

iTunes users can listen to our podcasts at:
www.cafamily.org.uk/itunes

Videos

You can watch videos on our **YouTube** channel at:
www.youtube.com/cafamily

Freephone helpline: **0808 808 3555**
www.cafamily.org.uk

Getting in contact with us

Free helpline for parents and families

0808 808 3555

Open Mon-Fri, 9.30am-5pm

Access to over 170 languages

www.cafamily.org.uk
www.makingcontact.org

Contact a Family Head Office:
209–211 City Road, London EC1V 1JN
Tel **020 7608 8700**
Fax **020 7608 8701**
e-mail **info@cafamily.org.uk**
Web **www.cafamily.org.uk**

Other information booklets available

This guide is one of a series produced for parents and groups concerned with the care of disabled children.

- DLA higher rate mobility component for children with learning difficulties and autistic spectrum disorders (UK)
- Aids, equipment and adaptations (UK)
- The tax credits guide (UK)
- Help with council tax bills
- A guide to dealing with bullying: for parents of disabled children (UK)
- Personal Independence Payment and other benefits at 16.

A full list of Contact a Family publications is available on request or can be downloaded from our website www.cafamily.org.uk

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Incorporating **The Lady Hoare Trust**

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