

Benefits and Disabled Children...

Fact Sheet 2: For Residents and Advisers

30th September 2024

www.wolverhampton.gov.uk

1. Introduction

This Fact Sheet provides information on the Social Security benefits and financial support that may be available to families who have a disabled child.

The two main areas of information relate to:

- Disability Living Allowance - a benefit for disabled children who have care needs and/or mobility difficulties; and
- Carer's Allowance - a benefit for carers of disabled children who get Disability Living Allowance for their care needs.

However, information is also provided on the Family Fund - a fund which gives grants to families who have a disabled child.

Our advice to all parents of a disabled child is to ensure they get specialist advice to make sure that they are not missing out on any unclaimed benefits.

2. Disability Living Allowance

Disability Living Allowance is a Social Security benefit that is available to families who have a child (a child aged up to sixteen) who:

- needs help with their personal care and/or personal development; and/or
- exhibits challenging behaviour / behavioural problems which they are unable to easily control; and/or
- has problems with walking or who needs help surrounding their ability to get about
- is terminally ill.

Disability Living Allowance may be claimed by families irrespective of how much capital or savings they (or their child) have. It may be claimed by families who are in or out of work. It may even be claimed by families who are in full-time and 'well paid' employment.

How Much?

Disability Living Allowance (DLA) can be made up of two different elements. There is a **'care component'** (which may be paid at three different rates) and a **'mobility component'** (which may be paid at two different rates).

Care Component:

- Higher rate: £108.55 per week
- Middle rate: £72.65 per week
- Lower rate: £28.70 per week

Mobility Component:

- Higher rate: £75.75 per week
- Lower rate: £28.70 per week

How much may be paid will be dependent upon the nature and level of the child's care and/or mobility needs. See below.

Note: Parents should know that DLA is fully disregarded as an income for the purposes of Universal Credit (and 'legacy benefits' such as Child Tax Credit, Income-based ESA, Income-related JSA, Income Support and Housing Benefit) and Council Tax Support. Indeed, if a parent is awarded DLA for a disabled child, then they should also be advised that this should most certainly result in them being eligible to an increase in the overall amount of Universal Credit paid. The same principle applies should the parents be getting Child Tax Credit or Pension Credit (without any Child tax Credit). Any parent who has been awarded DLA for a disabled child in their family should inform the DWP, HMRC or their local council so as they may adjust their benefit entitlement accordingly.

What Care Needs Count?

A child may qualify for the DLA care component if it may be said that they 'reasonably require':

- help with their 'bodily functions' during the day and/or night; and/or
- 'continual supervision' during the day to avoid the risk of harm or danger to themselves or others; and/or
- someone to be awake at night for the purposes of watching over them to avoid the risk of harm or danger to themselves or others.

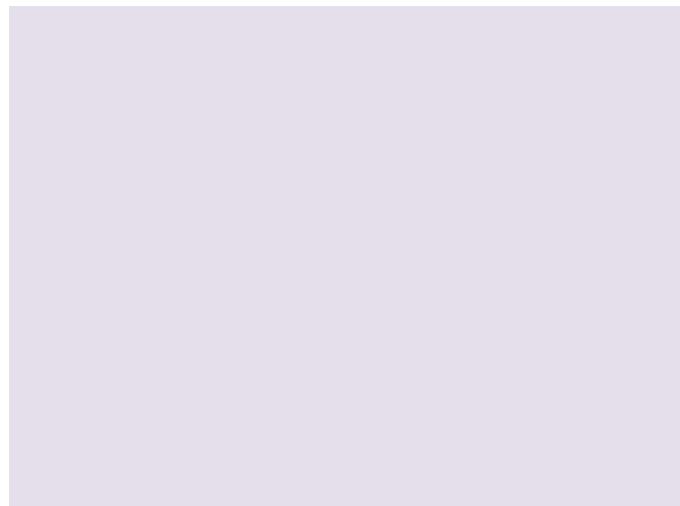
For many years it was held that help with 'bodily functions' meant, and was limited to, help with things like breathing, hearing, eating, toileting, washing, dressing, and getting in and out of bed. (*Packer: Court of Appeal*).

However, more recently it was confirmed that washing, dressing and getting in and out of bed were not in themselves 'bodily functions'. It was held that a 'bodily function' is the movement of the limbs, operation of the senses and cognitive functioning. It was confirmed that washing, dressing and getting in and out of bed were activities that a person accomplished through use of their 'bodily functions'. [*Mallinson, Fairey and Cockburn: House of Lords*]. Furthermore, it has been held that the help afforded may count where it is related to helping the child both in or outside of the home to lead as 'normal' a life as possible. [*Fairey: House of Lords*].

Therefore, care needs can now include things like:

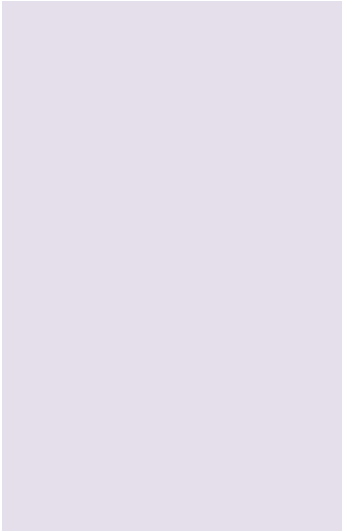
- A. help to get out of bed - perhaps because the child is unable to sit up and get out of bed themselves or because they do not know when to get up or because they need encouragement to get up
- B. help with eating and drinking - cutting up of food and/or putting food and drink to mouth, monitoring chewing and swallowing (perhaps out of fear of choking), cleaning up of spills and accidents, eating right food stuffs, prompting and encouragement to eat
- C. help with washing and bathing - washing (upper/lower body and hair), putting soap to a flannel and fully rinsing and brushing teeth
- D. help with dressing and undressing - putting on and taking off items of clothing and footwear including help with zips, buttons / fasteners
- E. help with toileting - potty training / training to use a toilet, reminding about toileting, help to get to the toilet, help to transfer from a wheelchair on to the toilet, help with zips, buttons/fasteners, nappy changing, use of incontinence pads, help with problems with constipation, help with episodes of diarrhoea, cleaning body afterwards, cleaning of soiled clothing / bedding, cleaning of soiled flooring / furniture, emptying or changing of urine or colostomy bags and washing of hands
- F. help with mobility - help to move around at home and moving around outdoors, help to get in and out of a wheelchair, the pushing of a wheelchair, help aimed at encouraging the child to walk / move around perhaps to exercise limbs
- G. help with learning - help to develop cognitive functioning, awareness of surroundings, dangers and hazards
- H. help to develop surrounding awareness where there is visual impairment
- I. help with attention span, challenging behaviour / behavioural problems which cannot be controlled by the child or only controlled with help
- J. help to develop communication skills - speech, Sign Language and/or lipreading
- K. help to use and maintain hearing aids or cochlear implant or surgically implanted hearing aid
- L. help to communicate with others - help by someone with Sign Language skills to interpret when communicating with hearing children / adults
- M. help with motor and dexterity skills development - enhance body part strength, movement and dexterity through exercise, stimulation or physiotherapy
- N. help with social engagement - help to engage / play with other children or adults including help to understand social boundaries and body language
- O. help to develop reading and writing skills due to a visual or cognitive impairment or dyslexia
- P. help with treatments - taking of medication and applying creams or ointments
- Q. help with mental state - anxiety and anxiousness, panic and screaming attacks
- R. help with changing sanitary protection
- S. help at bedtime - with settling / staying in bed or with soothing to sleep or back to sleep.

The help provided could be help from parents and others including other carers, health professionals, teachers and teaching assistants. [R(DLA)1/04: *Commissioner Turnbull*].



Here 'help' means help that may qualify as 'attention' - that is to say that it is help that is provided in the actual presence of the child, that is physical 'hands-on' or help given by the spoken word (perhaps prompting, encouraging or instructing) and that may be regarded as being of a close, intimate and personal nature. [*Packer: Court of Appeal* and *Mallinson and Fairey: House of Lords*].

Any help provided would not count if it could be reasonably obviated (made unnecessary) by, for example, the use of an aid or some piece of equipment providing that whatever was being suggested was actually available (or could be made easily available) or the measure was appropriate in the circumstances of that case. [*CSA/65/89: Commissioner Walker*].



When it comes to supervision during the day and watching over during the night, it is about ensuring (as far as possible) the child's safety and the safety of others.

It is about ensuring (as far as possible) that the child comes to no harm or injury and that they pose no danger to others.

It could be that a child needs supervision during the day because they have no awareness of danger or because through their behaviour they could bring injury to themselves or others. They may have a propensity to fall due to poor lower limb function and injure themselves.

They may climb on furniture, fixtures and fittings and have falls resulting in severe cuts and bruises. They may hit out at others. The child may suffer with asthma and have episodes of breathlessness and need someone to be there to help them with their inhaler.

Help with 'bodily functions' and 'supervision' can overlap. For example, a child who suffers from uncontrolled epilepsy might need supervision between seizures but during a seizure they would need help with their 'bodily functions' - help to ensure they are in the recovery position, help with any wound caused by falling unconscious, help in checking that their airways are clear. The same could apply to a child with asthma. They may need supervision between attacks and then help to use their inhaler. [*Moran: Court of Appeal*]

Educational Need: It may be that the help needed is in connection with an educational need. This could be the case where the child needs help to read, write and/or understand the written word. Nonetheless that help may still count providing the help is connected to a physical, sensory or cognitive impairment. It should not matter whether the help is provided by teachers, teaching assistants or parents. In the case of Dyslexia it should be recognised that the impaired 'bodily function' is the operation of the brain. It is the child's learning (in the areas of reading, spelling and writing) that is affected by their impeded ability to process and interpret letters and numbers. [*2014 AACR 2 Judge of the Upper Tribunal Justice Charles, Lady Stacey and Gamble and R(DLA)1/04 Social Security Commissioner Turnbull*].

The Substantially in Excess Test: It may be said that all children, particularly infant and very young children, need help at least at some point in the above areas. Therefore, to count the help must be viewed either as such:

- help of the type / nature that a child of the same age in 'normal' physical or mental health would not require; or
- help of the type / nature but 'substantially in excess' to that of a child of the same age in 'normal' physical or mental health would require.

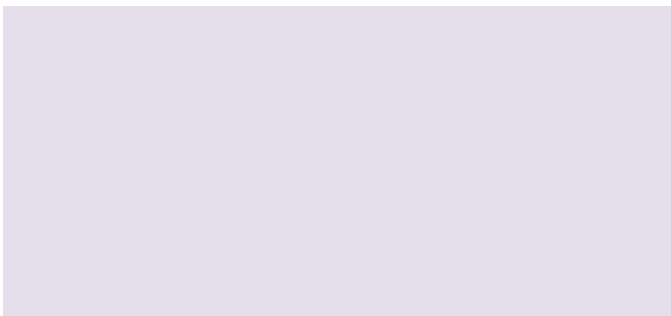
When looking at whether the help provided may be considered to be 'substantially in excess' of that required by a child of the same age without disability, what will be relevant will be the quality of help reasonably required.

The help provided may be considered to be 'substantially in excess' because it involves:

- a greater level of engagement; and / or
- a greater degree of patience; and / or
- a greater amount of concentration on the part of the carer

in relation to undertaking or completing of the particular task in question be it, for example, feeding the child, helping them to dress or bathing them.

It may simply be that completing a particular task is more time consuming and for that reason, it may count as help that is above and beyond and therefore count as 'substantially in excess'. *[2015] AACR 29: Upper Tribunal Judge Markus / CA/092/1992: Deputy Commissioner Rowland / C12/92(AA): Commissioner Chambers / CDLA/191/1994: Commissioner Hegggs].*



It is a child's care needs that arise due to a physical disablement or mental disablement that matter. A child should be considered to be disabled physically and/or mentally if either they are unable to do things that another child of their age can do; or if indeed they can do the things that other children of their age can do but they have no control in doing them.

The law does not require that the child suffers from a specific known medical condition or that there has been any formal medical diagnosis of the condition that is understood to be affecting them. The law requires only that the child is disabled. However, if there has been some medical diagnosis of what is affecting the child then this can prove valuable. *[R(DLA)3/06: Chief Commissioner Hickinbottom, Commissioner Levenson and Commissioner Bano and CDLA/4475/2004: Commissioner Mark Rowland].*

Fluctuating Conditions: The requirements do not need to be met each day or each night. A child may still qualify for the 'care component' and/or 'mobility component' even if they are only able to meet the conditions of some but not all days and/or nights. It is not a question of looking at an average or a majority of days. A 'broad view' and good judgement are required. *[Moyna - House of Lords].*

In relation to the mobility component, if taken as a whole, the child's condition is such that they should be considered to be 'unable to walk' or 'virtually unable to walk' then they should be treated as such. Just because a child can walk reasonably well on some days should not necessarily mean that they may not be treated as though they are 'unable to walk' or 'virtually unable to walk'. *[CM/171/1988: Commissioner Rice / CSDLA/946/01: Commissioner May / CDLA/641/1995: Commissioner Rowland].*

It is sometimes said that a child must be considered to be 'severely disabled' in order to be eligible to an award of the care component. However, that is not the case. The law confirms that there is no prerequisite test - a child does not need to show first that they are 'severely disabled' and then that they have sufficient care needs to qualify for the care component. The law confirms that if a child has sufficient care needs so as to be able to qualify for the care component, then that in itself means that they are 'severely disabled' - there is no additional abstract test or medical opinion is necessary. *[R(DLA)3/06: Chief Commissioner Hickinbottom, Commissioner Levenson and Commissioner Bano].*

What Mobility Needs Count?

A child may qualify for the DLA mobility component if they:

- A. suffer from a physical condition which means that they are 'unable to walk' out of doors (taking into account any prosthesis or artificial aid that they wear or use or which would be suitable for them to wear or use) - see below

- B. suffer from a physical condition and their walking ability is so limited that they may be regarded as being 'unable or virtually unable to walk' out of doors (taking into account any prosthesis or artificial aid that they wear or use or which would be suitable for them to wear or use) - see below
- C. can walk but by reason of their own physical health condition the actual 'exertion' required to walk could pose a danger to their life or be likely to lead a serious deterioration in their health
- D. may be assessed as having a severe visual impairment
- E. would require the assistance of another person to walk to any intended or required destination while out of doors by reason of the combined effects of blindness and deafness
- F. have both legs amputated either through or above ankle or they have one leg amputated and they are without the other leg to the same extent or they are without both legs to the same extent as if they had been amputated
- G. may be considered to be 'severely mentally impaired' - see opposite for more information.
- H. are able to walk but would require 'guidance' (perhaps because they might get lost and be unable to ask for directions) or 'supervision' (perhaps because they might become distressed by traffic noise or run across the road if distracted) from another person (most of the time) to use routes which would be unfamiliar to them.

Unable/Virtually Unable to Walk: A child will be treated as though they are 'unable to walk' if they cannot walk - make progress by means of putting one foot in front of the other.

A child may be treated as though they are 'virtually unable to walk' if given:

- the limited distance they are able to walk, or
- the speed at which they walk; or
- the length of time it may take them to cover a distance e.g. due to stoppages because of pain or fatigue; or
- the manner in which they walk

they may be regarded as practically unable to walk.

When assessing whether a child is 'virtually unable to walk', it is their ability without 'severe discomfort' (e.g. pain, breathlessness and/or fatigue) that matters. Therefore, any distance covered whilst the child is experiencing 'severe discomfort' should be disregarded when considering the distance, they can walk / the speed at which they can walk.

A child with autism or a learning disability (both of which may be considered to be physical disabilities in origin) that displays behavioural problems when out of doors (including potential 'can't walk' as opposed to 'won't walk' situations) could be considered to be 'virtually unable to walk' depending on the actual nature of the behaviour. [*R(M)3/83: Social Security Commissioners Bowen, Rice and Heggs*].

Severely Mentally Impaired: A child will be considered to satisfy this provision if they:

- qualify for the higher rate care component; and
- may be considered to be 'severely mentally impaired': and
- display 'severe behavioural problems'.

A child will be considered to be 'severely mentally impaired' if they suffer from 'a state of arrested development or incomplete physical development of the brain' and the impact of that results in an 'impairment of intelligence and social functioning'.

It should be accepted that an autistic child or a child with a learning disability suffers from 'a state of arrested development or incomplete physical development of the brain'. [*M (a child) v Chief Adjudication Officer: Court of Appeal and CDLA/2288/2007: Commissioner Jacobs*].

A child should be treated as having an 'impairment of intelligence' if they lack 'useful intelligence' - practical wisdom, the ability to reason and deliberate, soundness of judgement and shrewdness. They should be treated as having a lack of 'social functioning' if they are unable to function socially / unable to relate to other people... [*M (a child) v Chief Adjudication Officer: Court of Appeal and CDLA/12148/1996: Deputy Social security Commissioner Levenson*].

Displaying 'severe behavioural problems' means that the child exhibits disruptive behaviour which is extreme and regularly requires intervention and restraint to prevent them from injuring themselves (or others) or causing damage to property. Further, the disruptive behaviour must be so unpredictable that someone reasonably needs to watch over the child whenever they are awake.

Dialysis?

Special rules apply to children who undergo renal dialysis. If a child:

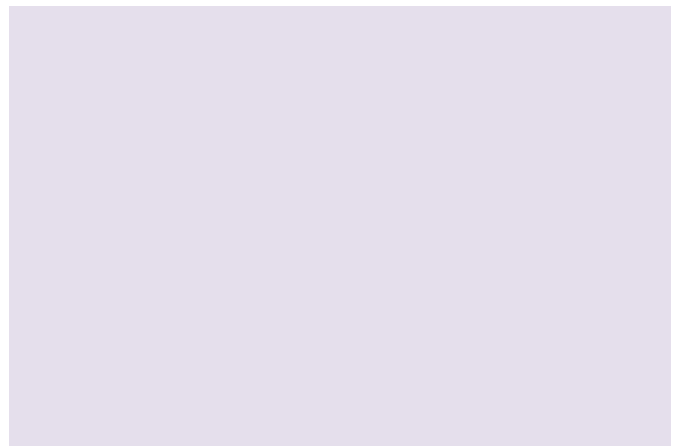
- undergoes renal dialysis two or more times a week; or
- undergoes renal dialysis that is of a type that normally requires the attendance or supervision of another person during the period of dialysis; or
- because of their particular circumstances needs someone to supervise them during their dialysis in order to avoid substantial danger to themselves; or
- needs help with their 'bodily functions' (see 'What care needs count?' for more information on what counts as 'bodily functions') whilst undergoing dialysis

then they will be able to at least qualify for the DLA care component at the middle rate worth £72.65 per week.

Terminally ill Child - Special Rules?

If a child is considered to be 'terminally ill' then their claim should be treated under the 'special rules' and they should automatically be awarded the higher rate care component (worth £108.55 per week) for help with their personal care. Moreover, if they can meet any of the conditions for the mobility component then they should get that also.

A child should be considered to be 'terminally ill' if they suffer from a progressive disease' and as a result of that condition their death may, in consequence, be reasonably expected within the next 12 months (prior to 3.4.2023 this period was six months).



In these circumstances a claim should be made in the normal way and supported by a DS1500 certificate available from the hospital, hospice treating the child or the child's doctor.

The 3 / 6 Month Rule

DLA (other than in 'terminally ill' cases - see above) is not a benefit to cover any short-term needs / difficulties a child may have. To be eligible for DLA it must be the case that the needs the child has / difficulties they experience have existed for at least **three months** and be likely to continue to exist for at least **six months** following the actual date of claim. Therefore, a newborn child may not normally qualify for DLA immediately from birth irrespective of the degree of their care needs. However, children that may be considered to be 'terminally ill' (see above) do not need to satisfy this 3 months / 6 months qualifying rule.

How Much?

The actual amount of DLA paid depends on the level and nature of the child's care and/or mobility needs.

Care Component Higher Rate:

The **£108.55 per week** higher rate care component will be awarded where the child needs:

- help on at least a number of occasions/several occasions ('frequent attention') throughout the day in connection with their 'bodily functions' and/or continual supervision throughout the day; and
- prolonged (20 minutes or more) or repeated help at night in connection with their 'bodily functions' and/or a person to be awake at night for a prolonged period (20 minutes or more) or at frequent intervals for the purpose of watching over them in order to avoid harm/danger to themselves or others.

A child will also qualify for the higher rate care component if they are 'terminally ill'. See 'Is the child terminally ill - Special Rules?' for more information.

Care Component Middle Rate:

The **£72.65 per week** middle rate care component will be awarded where the child needs:

- help on a number of occasions/several occasions ('frequent attention') throughout the day in connection with their 'bodily functions'; or
- continual supervision throughout the day; or
- prolonged (20 minutes or more) or repeated help at night in connection with their bodily functions; or
- a person to be awake at night for a prolonged period (20 minutes or more) or at frequent intervals for the purpose of watching over them in order to avoid harm/danger to themselves or others.

A child will also qualify for the middle rate care component in some cases where they receive dialysis. See 'Is the child undergoing dialysis?' for more information.

Care Component Lower Rate:

The **£28.70 per week** lower rate care component will be awarded where the child needs help for a 'significant portion' (1 hour or there about) of the day (whether as a single period or a number of periods added together) in connection with their bodily functions.

Mobility Component:

The **£75.75 per week** higher rate mobility component will be awarded if the child is aged 3 years or over and they are able to meet any of the conditions A. to G. on page 6.

The **£28.70 per week** lower rate mobility component will be awarded if the child is aged 5 years or over and they are able to meet condition H. on page 6.

Night...

For many years, 'night' was seen as being the period when the 'household' closed down for the night. In reality this meant that 'night' began not when the disabled child went to bed but when their parents did.

However, this approach allowed no real scope for when parents would regularly be up longer (or be up earlier) because of the related needs of the disabled child.

More recently it has been ruled that 'night' should be viewed as being between 11.00 pm and 7.00 am and that if parents were having to be up regularly beyond their normal bedtime or regularly be up earlier than they normally would be as a result of having to attend to a disabled child's care needs, then that help could count as part of the child's night-time care needs, not day-time care needs.

[CDLA/1227/2018: Upper Tribunal Judge Hemingway and R(A)1/04: Upper Tribunal Judge Agnew].

Hospital, care home or hospice

If the disabled child needs to spend time in hospital, then this should not adversely affect any payment of either the 'care component' or 'mobility component'. [Cameron Mathieson: Supreme Court]

However, should a child, for example, be in a coma and unable to benefit from 'enhanced facilities for locomotion' (i.e. the child would not be able to make an occasional outdoor journey) then any 'mobility component' will not be paid as long as this applies. [CDLA/544/2009: Upper Tribunal Judge Wikeley].

If a disabled child should enter a care home, then any 'care component' would normally stop after 28 days. When the child is allowed home, the 'care component' should be reinstated.

If the child is in a hospice, then this should not adversely affect any award of either the 'care component' or 'mobility component'.

Applying for DLA

A parent can request a DLA1A Child claim form (which contains useful notes and guidance on how to complete the form) by ringing the DWP on 0800 121 4600 (Textphone: 0800 121 4523).

Alternatively, a claim form may be downloaded by clicking on this [LINK](#).

Once completed the form should be sent to:

**Disability Benefit Centre 4
Post Handling Site B
Wolverhampton W99 1BY**

A claim for DLA may not be backdated beyond the date on which it is made.

When awarded DLA can be paid for a fixed period or an indefinite period. If an award is made for both care and mobility needs, then the awards will each be made for the same period.

The length of award will normally be based upon how long it is considered that the child will have their care and/or mobility needs.

If a time limited award is made then the child's parents will be asked to make a renewal claim six months prior to the end of the existing award.

If the child is considered to be 'terminally ill' (See 'Is the child terminally ill - Special Rules?' for more information) then an award will normally be made for 3 years.

Disputes and Appeals...

If a child is refused DLA or has not received the award it is felt they should have (e.g. they have been awarded money for their care needs but nothing for their mobility needs), then they can challenge the decision.

A 'mandatory reconsideration' may be requested in writing or by phone. This will prompt the DWP to look at the decision afresh.

If the outcome decision remains unsatisfactory then an 'appeal' may be made by way of completion of a SSCS1 appeal form. An appeal would result in the matter going before a First-tier Tribunal.

When asking for a 'mandatory reconsideration' or an 'appeal', you may like to think of anything further you may wish to submit about the child's care needs or mobility difficulties. It may also be an opportunity to submit further medical or supporting evidence.

Please be aware that at mandatory reconsideration or appeal stage the whole case could be looked at again. Therefore, if some kind of an award has been made then the person may wish to seek expert advice before proceeding.

Please see our Information Guide 15. Disputes and Appeals and our Information Guide 16. Going to Appeal: First-tier Tribunals for further information.

16th Birthday - Moving on to PIP...

DLA will normally only be awarded for a child up to their 16th birthday. As the child approaches 16 the DWP will write to their parents explaining things and inviting them to make a claim for Personal Independence Payment (PIP).

PIP is similar to DLA. It is aimed at disabled young people and adults of working age who by reason of a disability need help with their 'daily living' and/or mobility. Therefore, many disabled children who qualify for DLA whilst under the age of 16 will qualify for PIP when they reach the age of 16. However, qualification is not automatic. Much will depend on the level and nature of the young person's functional impairment given their physical and/or mental condition / disability.

The letters inviting a claim for PIP will normally be sent when the child is 15 and 7 months, a reminder at 15 and 10 months and a further reminder when they reach 16.

If a child is in hospital, then they should be exempt from the need to claim PIP until they come out of hospital. If the child has been awarded DLA under the 'special rules' - see 'Is the child terminally ill - Special Rules?' for more information. because they are terminally ill then they should be exempt from the need to claim PIP until their award of DLA is due to expire.

When inviting the claim for PIP the DWP will also enquire whether the person to whom DLA has so far been paid on behalf of the child (i.e. normally the child's parents / carer) would now like to become their appointee for Personal Independence Payment purposes. An appointeeship would be appropriate when the now young person, lacks mental capacity to manage their own financial affairs. The alternate, so where the young person has mental capacity, will involve the young person making the PIP claim in their own right.

The young person will need to use their own National Insurance number to obtain PIP. However, one should be sent to them by the DWP as they approach the age of 16.

Do see our Information Guide 8. Personal Independence Payment and 9. Personal Independence Payment - Toolkit for more information about PIP.

Blue Badge and Motability

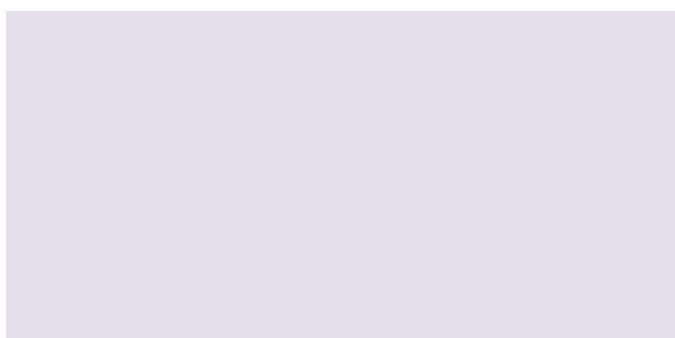
There is automatic qualification for a Blue Badge in respect of a disabled child where that child:

- has been awarded the DLA higher rate of the mobility component; or
- is registered blind (severely sight impaired); or
- has a signed Certificate of Vision Impairment (CVI) which confirms that they are severely sight impaired (blind).

An application for a Blue Badge can be made for a disabled child aged under 3 if they must be accompanied by bulky medical equipment, or they need to be kept near a vehicle at all times, either for treatment, or for transportation to a location where treatment can be provided. See this [LINK](#) for more information.

If an award of the higher rate mobility component is made (for a period of 12 months or more) then a family can seek to lease or buy a car through the Motability scheme.

In effect, the family will exchange the 'mobility component' for a car.



Ring 0300 456 4566 or go to this [LINK](#) for more information.

3. Carer's Allowance

Carer's Allowance is a weekly benefit worth £81.90 per week to the person who is entitled. It may be claimed by those:

- who are aged 16 or over; and
- who look after a disabled child (or disabled young person / adult) who has been awarded Disability Living Allowance (higher or middle rate care component) or Personal Independence Payment (daily living component).

To be eligible, a person needs to spend at least 35 hours per week looking after the disabled child (disabled young person / disabled adult) and not be in full-time education or employment. If the person does work, then their earning must be less than £151.00 (after certain 'allowable deductions') per week.

Entitlement to Carer's Allowance is not dependent upon any means-test or a person's National Insurance contributions record. This means that a person can claim Carer's Allowance even if they have a generous savings amount and/or they have a partner who works and is well paid. It also means that a person can claim even if they have not worked and paid any National Insurance contributions.

Whilst Carer's Allowance may count in full for Universal Credit purposes, it may nonetheless be worth claiming. This is because when a person gets an award of Carer's Allowance (or would be entitled to an award of Carer's Allowance but for the fact that they work and have earnings above £151.00 per week) it can trigger entitlement to extra Universal Credit by way of a premium, called the 'carer element', being included into the overall Universal Credit calculation. This 'carer element' can be worth up to £198.31 per month in extra Universal Credit. Similar rules apply should the person claiming Carer's Allowance be claiming Income Support, Income-related ESA, Income-based JSA, Pension Credit, Housing Benefit and/or Council Tax Support. Do seek further information and advice as necessary. Please go to this [LINK](#) for more information about Carer's Allowance and how to make a claim.

4. Disabled Young People and Benefits...

When a disabled young person is aged 16 or over then financial choices may need to be made. That is to say choices between whether:

- **Option A.** the disabled young person's parents continue to claim Child Benefit for them; or
- **Option B.** the disabled young person claims Universal Credit in their own right.

The following information is designed to provide a guide to both options available and explain the differences.

However, do seek further information and advice as necessary because it is clear that there may be financial implications involved.

Option A: Child Benefit Route

Whilst a disabled child is aged under 16 and is at school then their parents should be able to claim / continue to claim Child Benefit for them.

Even when the disabled young person actually leaves school Child Benefit may continue to be paid:

- up until the 31st August after the disabled young person's 16th birthday
- whilst they are aged 16/17 during the 'Child Benefit Extension Period' (a period of 20 weeks starting from the Monday after they leave school) providing they have registered with Connexions for work, education and training
- up until the disabled young person's 20th birthday providing they are enrolled on / are undertaking a full-time course of non-advanced education (see opposite)
- up until their 'terminal date' - this will be the first of the following dates following the date the disabled young person left education: the last day in February / 31st May / 31st August or 30th November.

No Child Benefit would be paid should the disabled young person be awarded Universal Credit in their own right. Equally, no Child Benefit would be paid under the second or fourth bullet points should the disabled young person be working 24 hours or more per week.

Whilst in receipt of Child Benefit, parents who are eligible for Universal Credit should be entitled to extra Universal Credit for the young person as a dependent plus any disabled young person / severely disabled young person element if PIP has been awarded for that young person or the young person is blind or severely sight impaired.

Altogether, including the amount of Child Benefit, this could typically be worth from as little as £73.45 per month (the value of the amount of lower rate Child Benefit) to as much

as £931.84 per month (the value of the amount of higher rate Child Benefit plus the value of the Universal Credit 'child element' plus the 'severely disabled child element').

A similar set of principles apply where the young person's parents are receiving Child Benefit and Child Tax Credit. Similarly, if the person claiming Child Benefit was getting Pension Credit / entitled to Pension Credit (and not already getting Child Tax Credit) then the basic amount of Pension Credit would be increased in a similar way. Do seek further information and advice as necessary.

Non-Advanced Education: By a course of 'non-advanced education' we mean a course of full-time (12 hours per week or more during term time) education provided by a school or college that is below or equal to GCSE or A-level standard. It also includes a course leading to an NVQ or a BTEC qualification.

Option B: Universal Credit Route

A disabled young person who is aged 16 or over may be entitled to Universal Credit in their own right if they:

- are no longer in education / may no longer be treated as though they are in education and may be assessed under the Work Capability Assessment as having 'limited capability for work' (with or without an assessment of 'limited capability for work-related activity'); or

- remain in education and before they embarked on their course, they had been assessed under the Work Capability Assessment as having 'limited capability for work' (with or without an assessment of 'limited capability for work-related activity) for the purposes of Universal Credit or New Style ESA.

A young person who has left school / college will normally continue to be treated as though they are in education until the 31st August after their 16th birthday.

Moreover, a disabled young person who is undertaking a course of non-advanced education (see page 12 for definition) may also be eligible to apply for Universal Credit if it is accepted their studies are not incompatible with what 'work-related requirements' are asked of them as part of their Universal Credit claim. In the case, for example, of a young person with autism or a cognitive impairment it may be that no 'work-related requirements' or only very limited 'work-related requirements' should be imposed on their claim. Therefore, it might be possible to successfully argue that such studies are not incompatible with the 'work-related requirement' in their case. To be eligible here the disabled young person would need to apply for Universal Credit no sooner than on or after the 1st September following their 16th birthday.

A disabled young person aged 18 or over who is either unemployed / working or on an Apprenticeship scheme may equally qualify for Universal Credit providing their 'assessed income' (fully disregarding any PIP their receive) is less than their overall entitlement to Universal Credit.

Providing the disabled young person is not working / receiving a training allowance then they will be entitled to £311.68 per month Universal Credit plus £416.19 per month if they may be assessed as having 'limited capability for work' and 'limited capability for work-related activity' under the Work Capability Assessment.

If the disabled young person is working or receiving a training allowance, then some or all of this will be deducted from the overall amount of Universal Credit paid.

Do note that in any case a young person would not be able to obtain Universal Credit if they have savings / capital of more than £16,000. Moreover, please be aware that any Universal Credit would be paid in addition to any PIP entitlement.

Therefore, it is clear that in some cases where a disabled young person remains in non-advanced education (please see page 12 for definition) beyond the age of 16 a choice may have to be made. Do the disabled young person's parents:

- continue to claim Child Benefit (and extra Universal Credit) for them; or
- do they give up any Child Benefit entitlement and allow the disabled young person to claim Universal Credit in their own right.

A family may need specialist advice to see which scenario works best for them both practically and financially.

Do see our Fact Sheet 3: Benefit and Young People for more information concerning the circumstances in which young people may be able to claim Universal Credit in their own right.

4. The Family Fund

The Family Fund provides grants to families getting benefits and/or tax credits with a disabled child. The aim is to ease the stress which arises from the day-to-day care of a disabled child.

The Family Fund can help with:

- holidays
- leisure activities for the family
- a washing machine and/or tumble dryer if extra washing is needed due to the child's disability

- bedding and clothing needed due to extra wear and tear
- a computer for the child
- play equipment related to the child's special needs.

Claim forms are available from the Family Fund Trust - 4 Alpha Court, Monks Cross Drive, York YO32 9WN - Telephone: 01904 550055. Applications may also be made online: www.familyfund.org.uk

5. Fact Sheets and Information Guides

The Welfare Rights Service produces the following Fact Sheets and Information Guides on Social Security benefits and welfare reform.

Benefits Fact Sheets:

1. Benefits and Work
2. Benefits and Disabled Children
3. Benefits and Young People
4. Benefits and Older People
5. Benefits and People from Abroad
6. Private Tenants and Universal Credit
7. Volunteering and Benefits

Benefits Information Guides:


1. Universal Credit
2. Universal Credit - Claims and Payments
3. Universal Credit - The Claimant Commitment
4. Universal Credit - Sanctions and Hardship Payments
5. Universal Credit and Vulnerable People - Claims and Payments
6. Universal Credit - Managed Migration
7. Universal Credit and The Work Capability Assessment - Toolkit
8. Personal Independence Payment

9. Personal Independence Payment - Toolkit
10. Form Filling: PIP2
11. Form Filling: ESA50 / UC50
12. DWP Social Fund
13. The Spare Room Subsidy
14. The Benefit Cap
15. Disputes and Appeals
16. Going to Appeal: First-tier Tribunals

The information in our fact sheets and guides is designed to provide details of the different benefits that may be available to people in a variety of situations including when they are in work, unable to work due to ill-health, unemployed or retired. It also seeks to inform people of the steps that may be taken should they wish to dispute a decision made surrounding their benefit entitlement.

A copy of the Fact Sheets and Information Guides may, together with other topical benefit information, be obtained from our [Social Security Benefits](#) page on the City of Wolverhampton Council website.

Please also watch out for our periodical **Benefits Bulletins** which provide news on the latest developments surrounding benefits and welfare reform. These are also available on the website.

 Telephone: (01902) 555351

 Email: WRS@wolverhampton.gov.uk

Note: The details provided in this and our other Fact Sheets and Information Guides is meant to provide an overview on important and topical issues relating to Social Security benefits and welfare reform. The details should not be treated as an authoritative statement of the law. The details may be subject to change by new regulation and/or case law. Do seek further information and advice as necessary.

Welfare Rights Service
Specialist Support Team
City of Wolverhampton Council