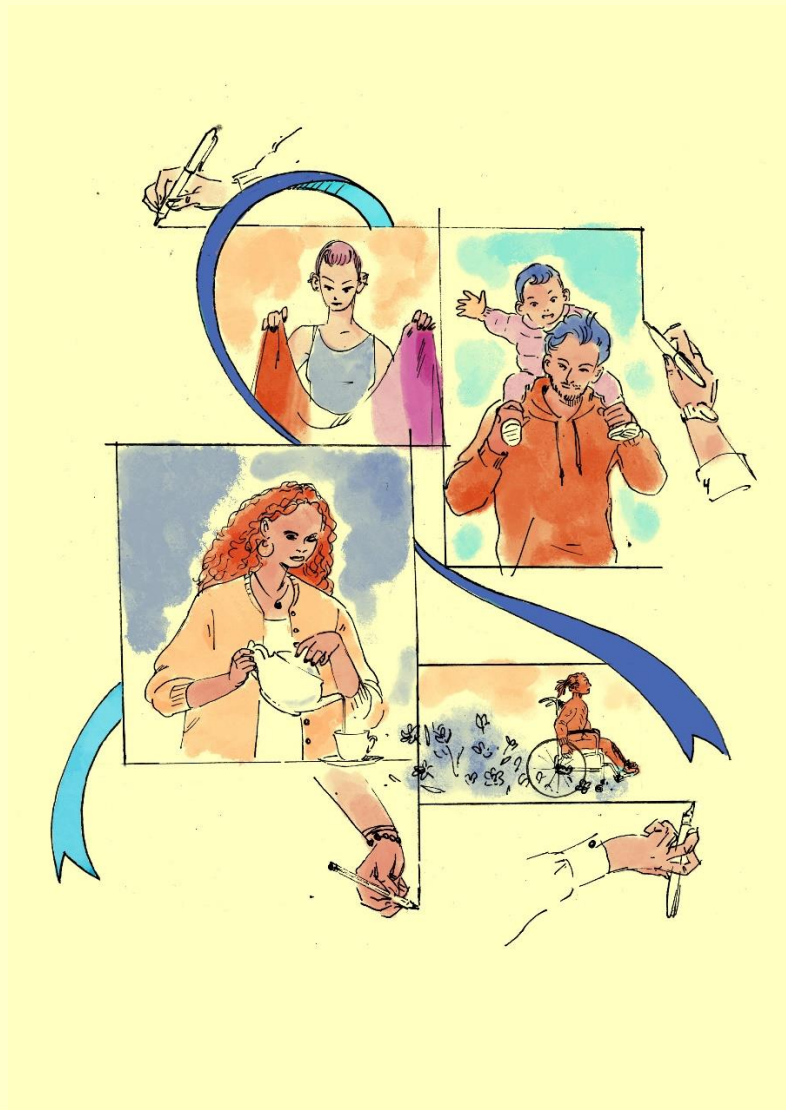


Claiming DLA for Children under 16, PIP, and Carers' Allowance



A practical resource for autistic victim-survivors, parents, and carers

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illustrated by James Francis

Lotus Collaborations UK



LOTUS COLLABORATIONS

Supporting Autistic Victim-Survivors of Sexual Violence, and Parents and Carers of Autistic Child Victim-Survivors of Abuse

Lotus Collaborations UK CIC has been established to support the needs of:

- ❖ Autistic survivors of sexual violence and related abuse
- ❖ Neurodivergent survivors (autistic + with another minority neurology).

We recognise that many individuals will be entitled to DLA or PIP due to being autistic and that having an additional disability (physical or mental) serves to increase support requirements.

The barriers and challenges faced by autistic / neurodivergent survivors can be immense as the world is designed to meet the needs of the Predominant Neurotype i.e. those without a minority neurology, including autism.

This document has been compiled as a more accessible resource to support applications by autistic / neurodivergent survivors, and help with processing information for:

- DLA (for children under 16)
- PIP for children, young people, and adults over 16
- Carer's Allowance for those with a caring responsibility over 35 hours a week.

Our website is <https://www.lotuscollaborations.co.uk>

Anyone who would like to join us and collaborate with others around the UK just needs to click on the link.

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Introduction

Lotus Collaborations UK is a Community Interest Company (CIC) established to support the needs of:

- ❖ Autistic survivors of sexual violence and related abuse

- ❖ Neurodivergent (autistic + with another minority neurology) survivors of sexual violence and related abuse.

We aim to do this through collaborations, training, consultancies, activities and events. You can join us, or inform yourselves of our work through <https://www.lotuscollaborations.co.uk>

Our Vision is that by working collaboratively with autistic survivors of sexual violence and related abuse, we build a society where they are believed and supported to move on with their lives as they recover.

Disclaimer

Survivors of sexual violence and abuse may be entitled to DLA / PIP due to the impact of the trauma experienced. This is even more the case if they are autistic / neurodivergent. Thinking about and processing the information required to complete these forms can be overwhelming. This is in addition to the layout of the forms themselves.

Lotus Collaborations UK, whilst not acting to provide legal advice regarding the DLA or PIP, have provided a resource structured in a manner which is intended to be more accessible to this cohort of applicants. Examples should also not be taken as legal advice, they are there to prompt ideas, as this is where survivors may struggle when overwhelmed.

We recognise that constant government / policy changes may impact on these benefits, so this guidance is to be taken in this light

Check for any updates on the gov.uk website

Structure

The format of this booklet will:

1. Provide a **general overview of repeated themes and questions to look out for**. This aims to support you in the preparation of your information and thoughts in advance.
2. The layout will then follow the structure of the **DLA** application form and the **PIP** application form.

In answer to questions posed, there will be possible examples and challenges experienced by you / your autistic family member, and there will be illustrations to break up the text in order to make this more accessible to everyone.

Please note for both DLA (prior to 16) and PIP (post 16), the award is not made due to a disability or condition, but due to the **IMPACT** on the child or adult.

For applicants wishing to speak to an expert, there are a number of contacts such as:

- Search for your local Citizens' Advice Bureau at <https://www.citizensadvice.org.uk/>
- <https://www.gov.uk/disability-living-allowance-children>
- <https://www.gov.uk/dla-disability-living-allowance-benefit>
- <https://www.gov.uk/pip>
- <https://www.gov.uk/carers-allowance>

Remember: ask for support to fill in this form for a child (DLA) or yourself / another adult (PIP) if you find this overwhelming due to the emotional impact on your wellbeing.

Your Social Worker, ISVA, or health practitioner may be able to help or assist you to access appropriate support.

Eligibility for DLA – is your child eligible?

Country	Benefit	Check Eligibility
England and Wales	DLA	https://www.gov.uk/disability-living-allowance-children
Scotland	Child Disability Payment	https://www.mygov.scot/child-disability-payment
Northern Ireland - The rules are different in Northern Ireland.	DLA	https://www.nidirect.gov.uk/articles/disability-living-allowance-children
Some EEA countries	DLA	https://www.gov.uk/disability-living-allowance-children

Check your eligibility at point 3 here: <https://wgov.uk/disability-living-allowance-children/print>

General Overview of the DLA



Remember: your child is unique, and their voice and their experiences are valid.

They have a right to be different.

They have a right to be heard.

This form asks for a lot of detailed information so that your child can receive as much support as the DWP feels that they can provide based on the information provided.

It is important to provide as much information as possible.

In order to obtain the best support for your child, it would help to think of the days/situations when your child is struggling most.

Wellbeing

As completing this form can be upsetting for you, it is important that you look after your wellbeing.

Look after your wellbeing:

- Set a timer/alarm so that you can work for short, focused periods.
- Take rest breaks.
- Do the form in chunks, not all in one go.
- If one section is difficult, move onto the next and come back to it.
- Have plenty of things around you to help you e.g. weighted blankets, a pet / therapy dog, stim toys, water, nibbles.
- Can a friend/family member support you e.g. by making meals / helping with the child?
- Go for a walk.

Think about your Child's Disability / Disabilities Beforehand



You may find it helpful to do the following as it helps break the task of filling in the form into more manageable parts:

Think about the disability / disabilities / neurodivergence(s) that your child has. This includes the impact of the sexual abuse on their mental / physical wellbeing:

- Write these down or record using your communication preference.
- Under each, note what challenges/difficulties that they face.

Repeated questions

It can be stressful being asked similar questions over and over again. However, remember that this is so that the DWP can obtain the best possible picture of your child's challenges.

Suggestion

You will be asked to answer questions under the two sections **Care** and **Mobility**, so to help with overwhelm when answering questions:

Prior to going through the DLA form itself, you may find it easier to write down / record as many examples as you can:

- Where your child needs support with care.
- Where your child needs support with mobility.

Making notes helps you to rephrase your thoughts.

Most questions will require 'yes' or 'no' answers, if you answer 'yes' then you will be asked to provide examples. Many questions ask for similar types of examples for each section, and the DWP provide some examples, but you well may have others.

- You will be able to put your examples in different places in the form.
- Maybe you will need to use the same example(s) more than once, and that is fine.

Think about:

- How often these difficulties occur?
- What type of support the child needs.
- How frequently they need the support each day / night.
- The length of time that they need the support each time.

Think about the following issues that may inform what information you give:

Difficulties / challenges / specific behaviours e.g. avoidance of certain food colours or textures.

Contexts e.g. home, school, shops.

Contexts e.g. home, school, shops.

Frequency support is required e.g. per day / week.

Duration of time support is required each time.

Think about any specific triggers inside or outside the home.

Think about sensory sensitivities + context.

Think about masking and meltdowns + context.

Think about self-regulation and if / when this happens.

Think whether your child has self-awareness.

Explain how and when.

Communication preferences.

Friendships, relationships, and the double empathy problem.

Monotropism – focused attention.

Language in relation to body parts – age appropriateness.

Sexual behaviour – age appropriateness.



The DLA form addresses TWO distinct areas, and the child may qualify for one or both:

1. Care

- **Lowest rate**
- **Middle Rate**
- **Highest Rate**

2. Mobility

- **Lower Rate**
- **Higher Rate**

If your application is successful, you will be awarded a weekly rate, which will be sent to your bank, building society, or credit union account every 4 weeks.



Questions 1-17 - About the Child.

1.Special Rules

These apply if the child is not expected to live longer than another 12 months.

Read p5 of the information booklet.

Do not fill in the care questions 54 -72. Go to question 73.

Ask your GP for an SRI form to complete but send in the DLA / PIP form separately if you do not have this yet.

Personal details

2. Name – surname or family name(s).
3. All other names in full.
4. Any other names the child has been known as.
5. National Insurance (NI) Number – do not worry if you do not know this, as the DWP will trace it.
6. Date of Birth.
7. Sex.
8. Home address
9. Nationality
10. Country where the child usually lives or details if they have recently moved.
11. Does the child normally live in England or Wales?
12. Have they recently moved from Scotland to live in England and Wales (provide date)?
13. Date child moved to England and Wales.
14. Is the child getting or have they made a claim for Child Disability Payment?
15. Has the child moved from another country to live in Great Britain (**GB**) in the last **three years**? GB is England Scotland and Wales.
16. What date did they arrive in GB?
17. Provide the child's passport number, if known.
18. Has the child travelled abroad in the last **three years** provide details – frequency of travel and purpose.
19. Is the child's parent/guardian in receipt of benefits and /or pensions from an EEA state or Switzerland?
20. Is the parent / guardian working or paying insurance here?
21. Is the child in a hospital now?
22. Has the child had any overnight stays in a hospice, residential college, or similar accommodation in the last **twelve months**?

23 - 25 About the Child's Health Professionals or Specialist Support



The DWP may contact your child's specialist(s) to understand more about your child's daily needs.

Give them examples of:

- assessments they have had or are waiting for
- provide the dates.

provide the outcome, if the child has already had the diagnosis / assessment(s).

Examples may be:

- An autism diagnosis
- Speech therapy
- An EEG test for seizures
- A hearing / sight test
- Physiotherapy assessment
- Educational psychology assessment
- Mental health assessment(s)
- Specialist service counsellor / trauma therapist

You may have other examples

Provide COPIES of assessments or reports plus details of the practitioner e.g. consultant, GP, educational psychologist, mental health practitioner, trauma therapist etc.

These people should be those who are best placed to understand and explain your child's needs and support your DLA claim.

Examples may be:

- A psychiatrist / a clinical psychologist
- A neurologist / specialist epilepsy nurse
- A GP
- An optician
- A counsellor / trauma therapist

State all and why they see the child e.g. Clinical Psychologist for autism, or a trauma therapist regarding sexual abuse.

State why they see the child.

Provide each practitioner's details in full if you have them so that the DWP can contact them if needed to process your claim quicker.

26 - 29 GP details

Provide these and state when your child last had contact with them about their specific needs / disability or disabilities.



30-37 School, Nursery, or Special Educational Needs

Provide these details and give the name(s) of a contact who knows the child well e.g. a teacher or support worker.

Name the type of school e.g. mainstream or specialist.

Provide **COPIES** of report, plans or statements or state if waiting for this.

Examples may be:

- Educational Health Care Plan (EHCP)
- Individual Education Plan (IEP)
- Individual Behaviour Plan (IBP)
- A from a Local Authority instead of a Statement of Special Educational Needs
- Co-ordinated Support Plan (CSP)
- I am waiting to hear about one of these
- My child does not have one of these.

38 More Information from Someone Who Knows the Child

It may be useful if someone else can provide additional information from someone who knows the child well.

Examples may be:

- A health professional
- A social worker
- A teacher
- A carer
- An ISVA (Independent Sexual Violence Advisor)
- A counsellor / trauma therapist

They should think about how the child's disabilities impact on their daily living and any support provided.

Examples may be:

- The child needs extra support when going outside as they have **no road awareness** and will often try to run across the road. "I have to be extra vigilant."
- The child needs support playing with others / relating to adults as they struggle with trust and relationships.

This person / these people providing examples should complete the statement on p 10 adding additional sheets if necessary and sign the declaration on p11.

39 Providing consent

Providing consent allows the DWP and healthcare professionals that work for them to access this information and do their official social security functions.

An advantage of giving consent is that the DWP can obtain specific details from a professional(s) who knows the child and their needs well, and who can support what you are saying.

Not providing consent means the DWP will only have your information to rely on and no support to back you up if necessary.

You can withdraw your consent at a later stage i.e. change your mind by ringing **0800 121 4600**

The DWP may wish to contact any / all of the practitioners who you have named, and it is important that you think whether you would like to provide consent for them to do so. They would not be allowed to, should you not give consent as this would mean that they are breaking the law.

40 About the Child's Health Condition or Disabilities

You need to list ALL the different health conditions or disabilities that your child has. It is their combined effect that matters.

Example: the child may be autistic AND hearing impaired AND a victim of sexual abuse and is extremely anxious.

In this case, you would mention autistic, hearing impaired, sexual abuse and anxiety.

Describe when the EFFECTS of their health condition or disability were first noticed not the date of the diagnosis or your initial awareness of their abuse. These must be **at least three months ago**.

List any medication, treatment, complimentary therapies that they have:

Treatment:

Health condition or disability.

How long has the child had this for?

What treatment do they have?

How often do they have this / take this?

Send a copy or a spare up-to-date prescription list or planned counselling support.

41 Occupational Health Assessments

This section considers whether your child uses any aids and adaptations.

Have they had any assessments for these?

Do they help the child sufficiently?

Provide information about who has done these e.g. was it a healthcare practitioner?

Examples:

- Your child needs prompting to use a handrail as they are unsteady on their feet.
- Your child finds their perching stool tiring to use and uncomfortable.
- Your child has been prescribed PECS but needs encouragement to use the communication cards.

42 When the Child Needs Help

Suggestion: it may be useful to have someone who knows the child well to support you with this part.

Due to the flexible nature of many disabilities, it can be hard to support a child to have a 'good day'.

Examples:

- What you may call a 'good day' supporting your child successfully to go out to an unfamiliar environment may take a lot of effort and far more than if they were not autistic / did not have a disability / had not been abused.
- Your child may be having a 'good day,' but due to their sensory sensitivities around sudden noises, you need to be constantly vigilant and ready to provide extra support in case of extreme distress.

The reality is that 'good days' are possibly better phrased as 'not so bad days.'

Example:

- Think about the **immediacy** and **unpredictability** with which you need to provide support.
- How often is this support required?
- If you are constantly having to be vigilant, this can be tiring and not what you would have to be doing with a non-autistic child or one who had not been abused.

43-53 About the Child's Mobility Needs (physical difficulties)

An award for mobility needs can only be made for a child who is **THREE** years plus.

There are many other examples that may impact on your child. **Think of the experience, and how they fluctuate in context.**

43 Can your child walk?

If not, you can tick no and go to question 51. If yes, go through this section.

44 Does your child have physical difficulties standing or moving around due to their disability / health condition?

Example:

- Your child may be quite wobbly on their feet and trip often, so they need constant support.
- The child may experience pain and become distressed when moving around.
- They may become fearful and confused in unfamiliar places and need reassurance constantly.

Your child may 'refuse' to walk, and the DWP will see this as a 'deliberate choice' rather than simply due to their disability / health condition. You should still tick 'yes.'

If your child experiences severe behavioural challenges, a severe mental impairment, and is frequently unable to walk due to a neurological condition, tick 'yes' to question 44 then for questions 45-51 refer to the Higher Mobility Component section.

45 How far can your child walk without severe discomfort?

How long does it take them?

Tick the boxes that best describe how far they can walk without severe discomfort AND how long it takes them.

If your child experiences severe discomfort walking any distance, answer ZERO for distance and time.

46 Please tell us about their walking speed

Tick the box that you think best describes your child's speed in relation to other children without a disability.

47 Please tell us about the way they walk

Your child may have more than one aspect that impacts on their walking. Tick as many boxes as you think are relevant.

You can then use, question 53 to explain why more than one box is relevant.

Examples:

- Your child may walk with an **awkward gait** that slows their pace.
- Your child may **walk on their toes**.
- Your child may be very clumsy and have poor balance.

48 Does your child experience any other difficulties during or after standing and / or moving?

The following are some ideas to help you fill in the boxes if your child does experience difficulties in this aspect.

Examples:

- Your child may get very dizzy walking around.
- Your child may become very anxious while walking.
- Your child may become breathless or tired.
- Think whether they experience pain and bruising in any joints due to hypermobility / the impact of abuse.

49 Do they need guidance or supervision most of the time when they are outdoors?

Complete this section even if your child is too young to walk around familiar places alone. The DWP needs to build up an accurate picture of their needs to best support them.

Look at all the examples below, and if none apply, then move onto the next section.

Examples:

- Find their way around familiar places.
- Ask for and follow directions.
- The child cannot communicate clearly or understand.
- Road awareness
 - o They cannot walk safely next to a busy road without running off or being distracted.
 - o Cannot cross a road safely.
- Does not understand common outdoor dangers
 - o Playgrounds – safety around people.
 - o Stranger danger – will approach, talk / go with anyone.
 - o Warning signs and signals.
- Shows regular anxiety, distress, confusion, or disorientation.
 - o Does not know where they are or what they are doing.
- Displays unpredictable behaviour.
 - o Invades other people's space
 - o Has tantrums
 - o Verbally abusive
- They need physical restraint
 - o Buggy or reins
 - o Someone holding onto them

50 Do they fall due to their disability?

Count the approximate number of times your child trips and falls each month, if they do. If not, go to the next section.

Examples:

- Your child may fall but not be able to get up without help.
- Think about any injuries due to falls – plaster casts, stitches, bruising, MRI / CT scans.

51 When did the child's mobility needs first start?

This is to do with when you first noticed your child's mobility needs.

Examples:

- You realised they were not reaching their developmental milestones regarding mobility.
- Demonstrating that they are experiencing pain when they move / walk.
- Their behaviour changes if they are asked to move / walk e.g. refusal or their behaviour shows distress.

52 Motability Scheme

If your child is eligible for help from this scheme, would you like more information?

If you want to think about it and ring back at a later stage, note the phone number down.

53 Additional Information about Mobility Needs

Give as much additional information as you wish about your child's mobility needs.

Examples:

- You may have more examples about your child's difficulties
 - o They become distressed / have meltdowns due to sudden noises e.g. dogs or alarms.
 - o They cannot judge distance and need supervision when climbing to prevent falls.
 - o Anxiety impacts on their ability to go outside e.g. reluctance to walk, suddenly runs off, or scared to go outside alone.
 - o Needs taking to the toilet regularly due to incontinence.
 - o They have panic attacks and need someone to support them.
 - o They need a regular routine and lots of reassurance when going outside to ease anxiety.

54 – 72 About the Child's Care Needs

If claiming under the Special Rules (see p8 in this manual), go to question 73.

About Help Needed During the Day

The DWP interprets this as when the parents would be awake. Give your average scores.



Examples:

- Your child may wake at 6am, so you get up then.
- Your child goes to bed at 7pm.
- You go to bed at 9.30pm exhausted.
- **Your daytime in this example is 6am – 9.30pm**

Every question, except question 70, relates to the daytime.

This is about the child being able to manage daily care needs and activities. **REMEMBER, IT IS ABOUT THE IMPACT NOT A DIAGNOSIS.**

54 Does the child need encouragement, prompting, or assistance to settle in bed during the day?

Pay attention to **FOUR** different activities:

Think about encouragement, prompting and physical help.

- How often each day does your child need help with each activity?
- Approximately how long for, each time (in minutes)?

- **Waking up**

Example for waking

- I need to encourage my child to wake up by calling and gently coaxing them as their medication makes them very drowsy (3 times each time for 5-10 minutes).

- **Getting out of bed**

Example for getting out of bed

- I need to encourage my child to get out of bed as they find the change difficult to manage. I stay with them and help by gently moving the blankets and encouraging them to sit up (this takes 5-10 minutes each time). I wake them by calling and gently coaxing them (5 times each time for 2-3 minutes).

- Getting into bed

Example for getting into bed

- I need to support my child to calm down as they are easily distracted and stimulated by different things. They are still very active at bedtime and scared to go to bed. Support can take from 30 – 45 minutes, and they have one daytime nap and a sleep at night.

- Settling into bed

Example for settling into bed

- My child needs a lengthy routine as they are frightened to be alone. So, I need to stay with my child until they are asleep. This can take from 30 minutes – 1 hour and they have one daytime nap and a sleep at night.

55 Do they need encouragement, prompting or assistance to manage their toilet needs?

If your child needs help going to the toilet, managing continence, getting dressed or undressed, tick 'yes' and give examples.

Think about:

- Whether any of these are relevant:
 - o Frequent bowel movements or urination, either of which are painful.
 - o Distress caused by changing clothes from a favourite pair of trousers to a clean pair.
 - o Sensory sensitivity due to touch when they are helped with cleaning themselves.
 - o Toileting is distressing for them.
 - o They smear, play with, or eat faeces.

You may have other examples.

Examples for going to the toilet:

- My child needs regular prompting to go the toilet as they do not have good awareness of their body needs.
- My child needs supervision in the toilet as they are scared to be in there alone.
- My child needs prompting to get off the toilet when they have finished as they daydream.

Example for wiping and cleaning themselves:

- My child needs support undressing / dressing when getting on and off a toilet. This can be due to:
 - o Incontinence due to anxiety.
 - o Managing nappies or pads.
 - o Help with personal hygiene, so ensuring they are properly clean.
 - o Supervision to wash and dry hands to avoid burning themselves - they are hyposensitive and cannot tell if water is too hot.

56 Do they need encouragement, prompting, or assistance to help moving around indoors, using stairs, or getting into or out of a chair during the day?

Read the following examples, and if the answer is 'yes' to any, tick the box and answer the question.

Examples:

- They need support to move up or down one step with or without aids e.g. due to spasms, poor balance.
- They need support to climb / descend stairs safely with or without aids e.g. due to poor spatial awareness, or seizures.
- They frequently trip and bump into furniture, so need support moving around the house safely.
- They need help getting into or out of a chair. This could be due to pain / hypermobility.
- Sitting in a chair safely and moving to avoid pain / stiffness.

57 Do they need encouragement, prompting, or assistance with washing, bathing, showering, and cleaning themselves during the day?

If support is needed in this area, tick 'yes' and provide examples after looking at those provided below.



Think about:

- Your child's ability to manage a change in activity e.g. from playing to showering.
- Supervision needed at all times for safety as your child's seizures / panic attacks are uncontrolled.
- Your child's sensory sensitivities
 - o smell and dislike of perfumed soaps
 - o touch and pain from showers
 - o pain when cleaning their teeth
 - o resist hair being combed / brushed.

You may have other examples

Examples (prompting, encouragement, and times):

- Having a wash.
- Cleaning their teeth.
- Washing their hair.
- Getting in or out of the bath and cleaning themselves.
- Getting in or out of the shower and cleaning themselves.
- Drying themselves after a bath or shower.
- Checking their appearance.

58 Do they need encouragement, prompting, or assistance to dress and undress during the day?

If 'yes' tick and give examples.

Think about whether your child:

- can dress / undress themselves.
- can change clothes for different activities.
- needs to put on clothes in a strict order.
- has fine motor skills and can manage zips and buttons.
- likes to get undressed at inappropriate times.
- Gets resistant to getting dressed / undressed and becomes distressed.

You may have other examples

Examples:

- My child finds dressing and undressing distressing and needs support.
- My child finds it difficult to choose clean clothes - they like wearing the same clothes repeatedly.
- Due to my child's sensory difficulties, they find it difficult to sense whether they need warmer or cooler clothes.

You may have other examples

59 Do they need encouragement, prompting, or assistance to eat and drink during the day?

If 'yes' tick the box and give examples.

Think about:

- Any sensory sensitivities.
- Any preferences.
- Specific dietary needs.
- Whether they can manage cutlery.
- Whether they can chew food easily.
- Reminders to drink.
- Reminders to take medication with drink / food.

You may have other examples



Examples:

- My child only likes certain food textures i.e. crunchy food, so I have to prepare a different meal for them.
- My child resists using cutlery and needs encouragement to do this.
- My child takes a long time eating / drinking, so they need constant supervision and encouragement.
- My child needs constant supervision so that they do not eat inedible things e.g. small stones, paper clips.
- My child will only eat certain colour foods and always from the same plate.

You may have other examples

60 Do they need encouragement, prompting, or assistance with managing their medication, or monitoring or managing any treatments carried out at home during the day?

If 'yes' tick the box and provide examples.

Think about:

- Supervision / help required to take their medication
- Prompts / support to do their therapy.
- Who monitors this in your absence?

Examples:

- My child resists taking their medication and needs a lot of encouragement due to distress and anxiety.
- My child needs monitoring to check they have taken their medication / warning signs showing they need medication.
- My child needs help before, during and after their therapy as they find it painful.
- My child needs comforting after therapy as they find it distressing.

You may have other examples

61 Do they have difficulty seeing?

Tick 'yes' if your child has a Certificate of Vision Impairment (**CVI**) OR still has difficulty seeing with glasses / contact lenses.

If the child has a CVI, send a COPY with your application and move on to the next question.

Tick 'yes' if your child has difficulty seeing with glasses or contact lenses.

Think about:

- Support required with a computer keyboard or a tablet.
- Support needed when watching the tv and following a story.
- Difficulty seeing the shape of furniture in the room.
- Following large print in a book.
- Seeing a person's face close or across the street.

Examples:

- My child is sensitive to bright light inside and outside.
- My child finds it difficult to see in dimly lit places.
- My child finds wearing glasses distressing and needs encouragement to do so.
- My child needs extra help due to poor vision, so they do not harm themselves or others.
- My child is given lots of support with their visual impairment, but not with their autism and they get very distressed due to their sensory sensitivities.

You may have other examples

62 Do they have difficulty hearing?

If your child has difficulty hearing someone speaking or sound either with or without hearing aids, then tick 'yes.'

If your child has had an audiology test in the last SIX months, attach a COPY of the report to this document.

Think about:

- Support required.
- How different support is required in different environments – loud, quiet, background noise.

Examples:

- My child can hear a whisper in a quiet room with support.
- My child finds it difficult to hear a 'normal' voice in a quiet room i.e. neither shouting nor whispering.
- My child needs to sit close to a radio, TV, or CD to hear it.
- My child finds it difficult to adapt to their hearing aids and becomes distressed.
- My child becomes startled by unpredictable noises such as a car horn and finds this pitch painful.
- My child harms themselves due to noise sensitivity.

You may have other examples

63 Do they have difficulty speaking?

Tick 'yes' if your child has difficulty speaking or saying words clearly.

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

Think about whether:

- Your child has a speech impairment.
- Your child copies sounds and speech to communicate.
- Your child is receiving speech / language therapy.
- Your child gets angry if not understood.
- Your child tries to communicate too quickly, so is unintelligible.

Examples:

- My child can speak but becomes frustrated if others do not understand them.
- My child is too shy to speak to others they do not know.
- My child's vocabulary is like that of a much younger child.
- My child has their 'own' language which only I understand.
- My child will often copy sexually explicit language of older children / adults with difficulty and may not understand it.

You may have other examples

64 Do they have difficulty and need help communicating?

Tick 'yes' if your child has difficulty understanding what is said to them, answering questions, telling people how they feel, and giving and following instructions.

The following would be examples where 'yes' is relevant:

Writing – Sometimes the child writes things down or needs them written down for them.

British Sign Language (BSL) – the child communicates using BSL.

Lip reading – the child communicates by reading lips.

Makaton – the child communicates using the basic signs.

Hand movements, facial gestures, and body language – These may be used by an individual with their family or some known others and are unique to them.

Other communication – PECS, computer screen, touch screen etc

Think about whether:

- your child can communicate with people they know.
- your child can communicate with people they do not know.
- they need time to process what is being said.
- complex sentences cause confusion for them.
- they talk at you rather than to you.
- they struggle to understand non-verbal communication (facial expressions, gestures, body language).
- they find eye contact difficult.

Examples:

- My child becomes very distressed by humour they do not understand.
- My child is easily distracted and finds communicating difficult for this reason.
- My child cannot keep up with conversation and gets easily frustrated.
- It is often necessary to explain things differently to my child to facilitate understanding.
- My child masks their lack of understanding and confusion with people they do not know.

You may have other examples.

65 Do they have fits, blackouts, seizures, or something similar?

Tick 'yes' if your child is epileptic or has non-epileptic or febrile faints, blackouts, absences, loss of conscience, or hyperglycaemic attacks ('hypos').

Think about:

- What type of seizures or similar that they have:
 - o Tonic-clonic seizures.
 - o Absences.
 - o Hyperglycaemic attacks.
 - o Panic attacks.
- Describe whether your child has an aura ('warning') prior to the seizure:
 - o Are they able to tell someone?
- Describe what happens:
 - o whether the child is conscious.
 - o whether they are confused.
- Both frequent and infrequent seizures are relevant.

Examples:

- My child has had at least two seizures a week for the last few months during the day and the night.
- Each seizure or collapse has resulted in an injury and a hospital visit due to concussion or severe bruising.
- My child is extremely agitated after a seizure or collapse and can be aggressive towards others.
- My child gets very anxious when they have absences.

You may have other examples.

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

Tick 'yes' if your child needs support with different people around them, changing situations, or their behaviour more generally to keep them safe.

Think about:

- What situations / changes your child may find difficult.
- What 'new' people may distress your child.
- Whether a change in routines makes them anxious or panicky.
- Your child's reaction to new people getting very close to them – do they self-harm or harm the other person?
- Whether they easily become overwhelmed by something.

Examples:

- My child becomes very anxious if a new person speaks to them, and they begin hitting themselves.
- If we are in a local shop, my child will shout abuse at anyone who looks at them.
- My child does not like anyone they do not know well touching them and will push them away.
- My child worries a lot about going to a shop / getting the school bus if new people are there.
- My child is easily overwhelmed by a change in routine, and it takes a lot to calm them down.

You may have other examples

67 Do they need extra help with their development?

Tick 'yes' if your child needs help to improve their understanding of how to behave and react to people, situations, and things around them.

Think about whether:

- they understand the world around them or are confused despite lots of explanations.
- they get disoriented or can recognise their surroundings.
- instructions need to be explained clearly and in different ways.
- playing with other children is difficult and rules are not understood.
- they need support to vary their play activities.
- your child needs help in social situations.
- your child needs support understanding others.

Examples:

- My child plays obsessively and repetitively and finds it difficult to switch routine or focus.
- My child plays dangerously and dominates play sessions.
- My child does not understand turn-taking rules.
- My child lacks danger awareness – heights, traffic etc.
- Support is necessary for my child to develop any new skills as they easily become frustrated.
- My child is often bullied so prefers to play alone.

You may have other examples

68 Do they need encouragement, prompting or assistance at school or nursery?

Tick 'yes' if your child needs support at nursery or at home (encouraging, prompting, or assistance).

Remember: your child's behaviour may be much more controlled at school, or more controlled at home, so adults have a different picture of their difficulties.

Think about:

- their toileting needs.
- moving safely between lessons.
- changing clothes for different activities.
- eating meals.
- taking medicine / managing therapy.
- communicating.

Examples:

- My child is frightened to go to the toilet and often soils themselves.
- My child needs guidance to move to a different classroom as they become disoriented.
- My child gets anxious if they have to change their clothes, so need support.
- My child needs encouragement to eat and drink as they lack awareness of their bodily needs.
- My child needs instructions broken down into steps.
- My child finds it difficult to describe their feelings.

You may have other examples

You might also like to think about whether they need help to:

- stay on task
- do simple maths.
- make friends.
- adjust to nursery or school – is it distressing for them?
- make use of a quiet room to destress / self-regulate.

Think about:

- what type of school they go to.
- whether there is a special resource base.
- their means of travel to school.

69 Do they need encouragement, prompting or assistance to take part in hobbies, interests, social or religious activities?

Think about all home activities, such as:

- Painting, arts, and crafts.
- Any play in the garden – riding a bike, kicking a ball.
- Messy play.
- Cooking and baking.
- Playing board games.
- Watching tv.
- Playing with other children.



Think about all activities when they go out, such as:

- Swimming.
- After school clubs.
- Dance or drama classes.
- Shopping for pleasure.
- Visiting friends.
- Going to a place of worship.
- Cubs, brownies, scouts, and guides.

Examples:

- My child needs support to go to and join in their dance class – one hour a week.
- My child needs help understanding the rules of a game – one hour several times a week.
- My child would like to play with other children in the after-school club but gets very anxious – 3 days a week for one hour.
- My child needs encouragement to go to a park – 3 or 4 days a week for an hour.
- My child needs support to build their confidence and stay in a club independently. They would like to join the Woodcraft Folk – once a week for two hours.

You may have other examples

70 About help needed during the night

Night is when everyone in the house is in bed.

For example:

- The child goes to bed at 8pm.
- The child's parents or carer goes to bed at 11pm.
- Night would start at 11pm.
- Any help needed before 11pm would count as help during the day.



70 Due to a health condition or disability do they wake and need assistance or supervision during the night?

This is the only section where you can provide information in detail about support your child needs at night.

- It makes the **difference between** the child being awarded the **middle rate and the higher rate**.
- The support needs to be provided for 20 minutes or more or needed two or three times a night.
- You can use examples from the daytime again if applicable e.g. medication, monitoring seizures.
- Think about whether the child needs more supervision at night than the day.

Think about:

- Getting into, out of, or being turned in bed.
- The amount of time taken to follow a routine (include refusals).
- Getting to the toilet, or managing pads or nappies
 - o Time from first checking to going to the toilet or changing pads or nappies and finally settling into bed.
- Administering medication or therapy or changing dressings
 - o From time you first wake child until you settle them.
- Time to re-settle if they wake.

Think about:

- Supervision needed as the child is unaware of danger
 - o Sleepwalking
 - o Anxious / aggressive and distressed behaviour as they are scared of the dark / being alone and have frequent nightmares.
- Unaware of hazardous objects
 - o Plugs
 - o Hot water
 - o Anything sharp if they trip.

You may think of other examples

Examples:

- My child sleeps poorly and wakes several times. This happens 2-3 times a night, 7 nights a week. It takes about 15 - 20 mins to settle them each time.
- My child often wakes and wanders around the house despite a stairgate. They need supervision not to harm themselves with sharp things. This happens 2-3 times a week and it takes about 20 mins to get them back upstairs, into bed and settle them.
- My child needs massage and help moving their legs as they tend to get cramps, spasm or seize up. This takes about 15 mins twice a night every night.

You may have other examples

71 Additional Information about Care Needs

What date did the child's difficulties with their care needs start? Or give an approximation.

Normally, the child can only get the care part of Disability Living Allowance if they have needed help for MORE THAN 3 MONTHS.

72 More Information about their Daily Living and Care Needs

Any information or changes from day to day.

This is your space to add extra information / provide more details and think about whether your child's care needs fluctuate and /or are unpredictable.

73 -83 About You (parents or carer)

Personal details

Relationship to child

Are you on Income Support?

Is anyone in your house waiting to hear about Income Support?

84 How we Pay You

Bank, Building Society, Credit Union Details.

89 More Information

Any more info you would like to give about your child's difficulties that you have not already provided information about.

Declaration

Signature

Date

Checklist

Go through:

- Child's GP details **question 26**
- Details about anyone else you have seen about the child **question 25**
- Sharing information **Consent box question 39**
- Additional information you wish to provide **question 89**
- If your claim is late, provide the reason **question 89**
- **The person who completed** question **38** has signed their declaration

Carer's Allowance

If you spend **at least 35 hours a week** caring for a child who has been **awarded the middle or highest care rate of DLA**, you may be entitled to Carer's Allowance. Check your eligibility here

<https://www.gov.uk/carers-allowance> or go to p 77 of this guide.



PIP Applications

Eligibility for PIP

Country	Benefit	Check Eligibility
England and Wales	PIP	https://www.gov.uk/pip/eligibility
Scotland	Adult Disability Payment	https://www.mygov.scot/adult-disability-payment
Northern Ireland - The rules	PIP	https://www.nidirect.gov.uk/articles/disability-living-allowance-children#toc-16

are different in Northern Ireland.		
Some EEA countries	PIP	https://www.gov.uk/guidance/benefits-and-pensions-for-uk-nationals-in-the-eea-or-switzerland

Prior to beginning this application, read through the notes from the beginning of this document up to p12 as they will provide a general overview, guidance, hints and tips, and suggestions for looking after your wellbeing.

Layout of PIP

This PIP application addresses TWO distinct areas, and the adult (16 years +) may qualify for one or both:

1. Daily Living

- Standard rate
- Enhanced Rate

2. Mobility

- Lower Rate
- Higher Rate

If your application is successful, you will be awarded a weekly rate, which will be sent to your bank, building society, or credit union account every FOUR weeks.

Remember: as an autistic / neurodivergent survivor of sexual violence, abuse, or domestic violence, you may have many things to consider which would inform this form, and ALL are relevant.

Examples might be:

- Unique experiences as an autistic / neurodivergent individual.
- Experiences as a victim-survivor of sexual violence and the impact on your mental / physical wellbeing.

Starting your claim by phone

How the assessment is made



The DWP assesses how difficult the adult finds **Daily Living / Mobility** tasks.

For each, they consider the information provided about:

1. whether they can do the task safely without harming themselves or others
2. how long they take to do a task
3. whether they need help to do it.

The DWP will assess difficulty experienced with daily living and mobility tasks.

They will consider:

- ability to do the tasks safely without causing harm to self or others
- length of time needed to complete the task
- equipment required to support the individual
- frequency of time the disability impacts on your ability to do the task / activity.

Starting your PIP Claim

To start your claim, you need to:

1. call and ask for a form that asks about the adult's disability
2. complete and return the form
3. you may need to have an assessment if more information is needed.

The number to call is:

Telephone: 0800 917 2222

Textphone: 0800 917 2222

Relay UK if you are unable to hear or speak on the phone: 1001 then 08009172222

British Sign Language (BSL) video relay service (you can also use this on a mobile or tablet.

Calls from abroad: +44 191 218 7766

Lines are open Monday to Friday 8am – 5pm.

Whilst this takes longer than by phone to obtain a decision, many autistic and neurodivergent people experiencing trauma will find it preferable to fill in a paper copy due to individual communication preferences and processing time.

- Send a letter to 'Personal Independence New Claims'
- The DWP will send you a form asking for your personal details e.g. address and age.
- You will then be sent a form asking about your disability.
- return this to:
 - Personal Independence Payment New Claims
 - Post Handling Site B
 - Wolverhampton
 - WV99 1AH

Wellbeing

As with the DPA application form (if you have ever done this), filling in the PIP can be upsetting, so it is important that you look after your wellbeing.

Look after your wellbeing:

- Set a timer/alarm so that you can work for short, focused periods.
- Take rest breaks.
- Do the form in chunks, not all in one go.
- If one section is difficult, move onto the next and come back to it.
- Have plenty of things around you to help you e.g. weighted blankets, a pet / therapy dog, stim toys, water, nibbles.
- Think about whether a friend / family member can support you by making meals / helping support a family member while you complete the form.

Think about the Your Disability / Disabilities Beforehand

Go to pp 13 - 16 the first section of p 16 in this document and use these to help you focus on areas of difficulty that may inform your PIP application.

Both the **Daily Living** and the **Mobility** sections address specific areas. They show the maximum score that you would be able to get.

Daily Living Component

This is for support required for everyday tasks.

Preparing Food

Examples:

- Think about whether you are nervous using knives due to your experience of domestic violence.
- Being unsteady on your feet due to arthritis can impact on preparing food.
- Think about your ability to plan a meal / follow a recipe.
- Think about whether your experience of preparing food triggers flashbacks.

Eating and Drinking

Examples:

- Think whether you are aware of your sensory needs around interoception i.e. your inner needs telling you when you need to eat or drink etc.
- Maybe you have struggled to eat since being subjected to sexual violence / abuse – less appetite, aversion to specific smells.
- Perhaps you make yourself vomit after a meal due to the sensory experiences e.g. smell or texture.
- Think whether you need prompting to eat or drink as you may forget these or be disinterested in them.

Managing your Medicines or Treatments

Examples:

- State any treatments you have been prescribed (creams, tablets, therapy etc), frequency, and dose.
- I am currently being assessed for high anxiety. Provide details of health practitioners involved.
- I have difficulties / need prompts managing treatment for changed sensory experiences following sexual violence / abuse.
- Describe any difficulties remembering to take medication, or to attend therapy sessions.

Washing and Bathing

Examples:

- I find showering painful due to the sensory sensation and there is no bath in my flat / house.
- Since the sexual violence, I am unable to get clean and am constantly having to wash myself. This means that I am really sore in specific body parts.
- I am scared of water and need prompting and support with washing.
- I do not like anyone touching me as I find it triggering, and I avoid washing / bathing.

Managing your Toilet Needs

Examples:

- I get very constipated as I do not like going to the toilet due to the sexual violence.
- I am often incontinent as I am nervous asking to leave a room to go to the toilet, and I feel ashamed.
- I get panic attacks when I need to go to the toilet and need support with this.
- I find going to the toilet painful and try to avoid going due to the harm done to me.

Dressing and Undressing

Examples:

- I struggle to get dressed and undressed as I have panic attacks due to my abuse.
- I find this difficult if my clothes are not of the textiles that I need that day due to my changing sensory experiences.
- Choice makes this difficult for me, and I feel that I am to blame for my challenges with this.
- I struggle to choose appropriate clothing for the weather due to my difficulty with self-awareness

Communicating Verbally

Examples:

- I find it difficult to communicate with people as understanding and processing information is complicated.
- I struggle to use telephones (explain why).
- I find emails can often be ambiguous and lack context making understanding difficult.
- I find it difficult to filter information I may want / need to provide people. This makes me mask to hide my shame, and I say things I think people want to hear.
- I use a tablet to communicate.

Reading and Understanding Signs, Symbols and Words

Examples:

- I find it difficult to read as I have a poor attention span.
- I struggle to absorb and memorise information and frequently miss appointments.
- It is difficult for me to follow street signs or signage in buildings as I get very panicky and confused.
- I struggle to process any print, confuse letters, and words move around on the page.
- I find symbols ambiguous and confusing.

Engaging with others Face to Face

Examples:

- I do not like to mix with other people even those I know, as I do not know who to trust.
- I am unable to initiate communication with others and avoid this and spend time alone.
- I panic about mixing with other people in case they touch me as this is painful / triggering.
- I find understanding / joining in conversations difficult, so will mask and this is exhausting. So, I try to avoid social events.
- Since my abuse / rape, I get so anxious being around people that I isolate myself a lot.
- There are many sensory barriers which prevent me engaging with people face to face e.g. light, sudden noise.

Making Budgeting Decisions

Examples:

- Due to my experience of economic abuse, I have never had control of my own finances and do not know how to manage a budget.
- I have not been allowed to have or manage a bank account due to economic abuse.
- Due to a combination of my bipolar and a need to make myself feel better following sexual violence, I tend to spend money in huge amounts, and this then makes me feel anxious and depressed.
- I am unable to prioritise spending as I have not been taught how to do this.

Mobility Component

This is for support getting around.

Planning and Following a Journey

Examples:

- Due to my panic attacks, I find planning and following a familiar journey difficult.
- I easily become disoriented and distressed if I go outside and tend to avoid doing this.
- As soon as I go outside, I experience dizziness and panic and am unable to follow a familiar route.
- Due to flashbacks, I am unable to plan and follow a familiar route.

Moving Around

Examples:

- Due to my permanent injuries sustained during the sexual violence, I am now unable to move without use of a stick and tire easily.
- Due to my worsening Ehlers Danlos syndrome, I frequently experience dislocation of my joints.
- Following my attack, I am now a wheelchair user and am struggling to navigate both indoor and outdoor spaces.



Prior to sending

Check you have completed all relevant sections of the form AND attached any relevant information.

Send Completed Form

**Personal Independence Payment New Claims
Post Handling Site B
Wolverhampton
WV99 1AH**

Disagreeing with a Decision

If you disagree with a decision, you can engage in the following actions, but **you must follow the process**:

You can ask the DWP / PIP for an explanation

- You can do this, or
 - Someone who has your authority can do this
- Phone or write within ONE MONTH of the date on the decision letter.**

If you do not agree with their explanation, you can go on to the next step:

You can ask DWP / PIP to reconsider their decision

- Tell them if you have more information e.g. another letter of support.
- Tell them if they have overlooked / misunderstood something which might change the decision.

Phone or write within ONE MONTH of the date on the decision letter.

The DWP / PIP will consider the information and send you their decision. This is called a **Mandatory Reconsideration Notice.**

If you do not agree with the **Mandatory Reconsideration Notice (MRN)** then you can go on to the next stage:

If you have gone through the above two stages and still disagree, you can appeal

- You must wait for the result of the **MRN** to appeal.
- You appeal to a tribunal.
- They are an **Independent Panel** made up of a judge, a medical practitioner, and a disability expert.

Phone or write within ONE MONTH of the date on the decision letter to the address provided.

Carer's Allowance

Eligibility

If you care for someone for **at least** 35 hours a week **and** they receive certain benefits, you may be entitled to Carer's Allowance.

How Carer's Allowance Works

- You could receive £81.90 a week (2024/25 figures)
- You do not have to be related to, or live with, the person you care for.
- You do not receive more if you care for more than one person.
- Only ONE person can receive Carer's Allowance for looking after the person you wish to claim for.

- Carer's Allowance can affect the other benefits that you and the person you care for receive.
- You have to pay tax on it if your income is over the Personal Allowance.

How you are paid

You can choose to be paid **4 weekly in advance** or **every 4 weeks**.

This will be paid into an account: Bank, Building Society, Credit Union.

- You will receive **National Insurance credits** for each week of Carer's Allowance paid.

You may also be able to apply for:

- Support from your Local Council.
- A Council Tax reduction.
- Universal Credit if you are on low income or out of work.
- Pension Credit if you are over working age.
- Grants and bursaries to help pay for courses and training.
- Income Support (if you receive the severe disability premium and you are on low income).
- Income-based Employment and Support Allowance if you receive the severe disability premium and cannot work).

The person you care for must already get one of these:

- Personal Independence Payment – daily living component.
- Disability Living Allowance – the middle or highest care rate.
- Attendance Allowance.
- Constant Attendance Allowance at or above the normal maximum rate with an Industrial Injuries Disablement Benefit.
- Constant Attendance Allowance at the basic (full day) rate with a War Disablement Pension.
- Armed Forces Independence Payment.
- Child Disability Payment – the middle or highest care rate.
- Adult Disability Payment – daily living component at the standard or enhanced rate.

The Type of Care You Provide

You need to spend at least 35 hours a week caring for someone. This can include:

- Help with washing and cooking
- Taking the person you care for to a doctor's appointment
- Help with household tasks, managing bills and shopping

Your Eligibility

All the following must apply:

- You are 16 or over
- You spend at least 35 hours a week caring for someone
- You have been in England, Scotland or Wales for 2 of the last 3 years (this does not apply if you are a refugee or have humanitarian status)
- You usually live in England, Scotland, or Wales, or are a member of the Armed Forces (you may still be eligible if living in or about to live in an EEA country or Switzerland)
- You are not in full-time education
- You are not studying for 21 hours a week or more
- You are not subject to immigration control
- Your earnings are less than £139 per week after tax, National Insurance and expenses
- If your **weekly earnings vary**, an average will be taken
- Check if you can still apply to the EU Settlement Scheme (if you are from the EU, Switzerland, Norway, Iceland, or Liechtenstein)

Calculating your Earnings

Your earnings are:

- Any income from employment and self-employment after tax, National Insurance and expenses.

Expenses can include:

- 50% of your pension contributions
- Equipment you need to do your job, such as specialist clothing
- Travel costs between different workplaces that are not paid for by your employer, such as fuel or train fares
- Business costs if you are self-employed, for example a computer you only use for work

An additional expense to consider:

If you pay a carer (not a spouse, partner, parent, child or sibling) to look after the disabled person while you work:

- Care costs that are less than or equal to 50% of your earnings can be treated as an expense

Example: You earn £100 (after tax, National Insurance and expenses) and spend £60 on care while you work. You can treat £50 of this as an expense.

Payments that do not count as earnings include:

- Money from an occupational or private pension
- Contributions towards your living or accommodation costs from someone you live with (not a tenant or a boarder)
- The first £20 a week and 50% of the rest of any income made from someone boarding in your home
- A loan or advance payment from an employer

If you receive State Pension

You cannot receive the full amount of Carer's Allowance and your State Pension at the same time. ***check current updates***

- If you receive a pension of £76.75 per week or more, you **will not** receive Carer's Allowance.
- If your pension is less than £76.75 a week, you will receive a Carer's Allowance payment to make up the difference.

If you receive Pension Credit

- If your State Pension is more than £76.75 per week, you will not receive a Carer's Allowance payment but your Pension Credit payments will increase instead.

If you are not eligible you may be entitled to Carer's Credit

How Carer's Credits work

If you are caring for someone for **at least** 20 hours a week, you could be eligible for Carer's Credit.

Carer's Credit is a National Insurance credit that helps fill gaps in your National Insurance record.

Your eligibility will not be affected by your income, savings, or investments.

If eligible

You can get credits to fill gaps in your National Insurance record.

This means you can take on caring responsibilities without affecting your ability to qualify for State Pension.

For Further Information

<https://www.gov.uk/carers-credit>