

**Some ideas of phrases that may help you to complete a
DLA Renewal form.**

**Not all phrases will apply to you / your young person, and there may be things
that we haven't included below.**

Also please be aware that your form may have differently numbered questions.

<p>31) Has there been a change in your child's health condition or disability since your last claim?</p>	<ul style="list-style-type: none"> • It is important to put some detail in here about what may have changed since you last claimed. Examples include: • New medication or an increase in the dosage of a previous medication • A change in the support in place at school – for example they now have a One Plan or an EHCP or have moved to a special school • They have a new diagnosis or are waiting to be assessed • They have been referred to a new professional such as CAMHS, Physiotherapy, Occupational Therapy • Their care needs during the day and/or night have increased or have changed
<p>33) What help does the child need?</p>	<ul style="list-style-type: none"> • Include some detail here about what support your child needs, how often they need the support and whether the support they need is the same most of the time or varies? Things to think about include: • Does your child need physical help throughout the day and/or night with their day to day care needs? • Does your child need regular prompting and/or reminding throughout the day to complete daily tasks such as washing and dressing? • Does your child need supervision throughout the day and/or night to keep them safe?
<p>34) Does the child need help with walking?</p>	<ul style="list-style-type: none"> • Has low muscle tone and gets tired very quickly; • Complains of pain and/or fatigued during/after walking longer distances; • Needs to regularly sit down/rest during walks; • Refuses to walk even if they can physically walk; • Exhibits stimming behaviours (e.g. spinning, gallops sideways etc) which can make him/her unsteady on their feet • Is uncoordinated, very unsteady on his/her feet and falls over a lot; • When he/she falls he/she cannot steady him/herself nor put out his/her arms/hands to save him/herself; • Walks on their tip toes most of the time making them more prone to falls; • Seems to trip easily over their own feet or seemingly nothing

<p>35) Do they need guidance of supervision when they walk outdoors?</p>	<ul style="list-style-type: none"> • Has no/poor sense of danger and risks and behaves without thinking of their own and other's safety; • Behaviour is very challenging, impulsive and unpredictable and he/she is a danger to himself and others; • Is in their own world and is oblivious to what's going on around them; • Is easily distracted and would step into a road without thinking or looking; • Would suddenly run across a road if they saw something of interest on the other side; • Could only cross a road safely using a pedestrian crossing; • If lost would not know what to do/ask for help/follow instructions; • Would not react or respond to safety warnings of 'Stop', for example; • Has to be held onto at all times to prevent him/her bolting; • Has to be physically restrained to prevent him/her from running off; • Is frightened/gets upset by loud noises (for example) and behaves without thinking about danger; • Is naive about the world and therefore very vulnerable; • Is too trusting of people and has no awareness of stranger danger; • Irrespective of location, will drop to the ground and refuse to walk and get up again if upset or distressed; • Has poor spatial awareness and doesn't look where he/she is going, often bumping into objects/people; • May become unsteady and fall; • Can become very anxious in unfamiliar places
<p>38) Does the child need help with their care needs during the day? Please note you just need to update the DLA on the help your child needs during the day rather than tell them everything again.</p>	<ul style="list-style-type: none"> • Has to be physically woken each day (why is this? ... poor sleep pattern, medication etc); • Is reluctant to get out of bed in the mornings and needs a lot of encouragement to do so (why is this? ... still very tired, anxiety etc); • Is physically unable to get out of bed themselves due to physical difficulties (please explain) and needs to be physically lifted/supported; • Needs to let their medication take effect before getting out of bed; • Would remain in bed all day if they weren't supported and encouraged to get up; • Can become cross/agitated when repeatedly asked to get out/get into bed; • Has poor concept of time/sense of urgency so needs repeated prompting; • Is also reluctant to go to bed and needs repeated prompting to do so; • Repeatedly finds excuses not to go to bed/get out of bed again and needs encouragement to return to bed; • Is easily distracted from routine and needs support to stay on task;

	<ul style="list-style-type: none"> • Finds it very difficult to switch off and needs support to wind down and settle to sleep; • Suffers from anxiety around going to bed and needs comfort and reassurance; • A strict routine has to be followed. Any deviation from this routine can result in a meltdown from which he/she will need to be calmed; • Still requires a nap during the day. The length of this nap has to be monitored/restricted to ensure it doesn't affect their bedtime routine too much
	<ul style="list-style-type: none"> • Wears nappies day and night and has no understanding or awareness of his/her toileting needs; • Will touch the contents of his/her nappy and need to be thoroughly cleaned; • Will put hands in nappy and smear contents requiring cleaning of him/herself and other items; • Will urinate or empty potty in inappropriate places e.g. bedroom, behind the sofa; • Needs prompting throughout the day to use the toilet as has a tendency to hold him/herself until it's urgent; • Despite repeated prompting throughout the day, still has toilet accidents; • Refuses to use toilets outside the home; • Needs reminding to re-dress appropriately after using the toilet; • Requires prompting to close the toilet door; • Requires prompting to flush the toilet; • Requires prompting/support to wash and dry his/her hands after using the toilet; • Sensory issues cause further challenges with using the toilet (give examples); • Needs reminding to wipe themselves effectively; • Still needs to be physically wiped (why is this?); • Is non-compliant and will become angry and agitated when made to do something he/she doesn't want to do; • Is easily distracted and needs support to stay on task; • Time in the toilet has to be supervised (or monitored) to ensure he/she doesn't engage in inappropriate behaviour (e.g., blocking toilet with toilet paper/over-flushing) and to ensure their safety; • Suffers pain and discomfort relating to constipation/bowel condition requiring comfort and re-assurance
	<ul style="list-style-type: none"> • Needs constant reminders to use the stairs safely and appropriately; • Is unable to use stairs un-aided and needs to be holding someone's hand and/or hand rails at all times; • Is unable to walk and therefore has to be carried up/down stairs; • Going up and down steps makes them very breathless and this makes them likely to fall;

	<ul style="list-style-type: none"> • Requires supervision at all times/needs repeated warnings as climbs dangerously and inappropriately on furniture, work tops, window sills etc; • Requires supervision at all times/needs repeated warnings as jumps dangerously between furniture items; • Has poor spatial awareness and doesn't look where he/she is going, often bumping into objects, furniture etc; • Requires supervision at all times/needs repeated warnings as has poor/no understanding of dangers and risks indoors; • Is constantly 'on the go' and clumsy, frequently rushing around and bumping into things, sometimes resulting in injury; • Needs physical help to get in/out of a chair; • Becomes dizzy if they get up out of a chair too quickly, requiring support; • Finds it very difficult to sit in a chair for any length of time and needs encouragement to do so; • Needs frequent reminders to sit appropriately on a chair • Their behaviour/these issues would be the same in any indoor environment; • Sensory issues cause further challenges moving around indoors (give examples); • The home and Nursery environment have to be completely secure at all times to prevent him/her from escaping
	<ul style="list-style-type: none"> • Needs physical help to undertake all of his/her self-care and personal hygiene needs; • Not able to reach all parts of their body to wash/dry etc; • Gets very tired bathing or has pain when getting in/out of the bath; • Needs repeated prompts to undertake all of his/her self-care and personal hygiene needs; • Without these repeated prompts, he/she is very unlikely to undertake his/her self-care and personal hygiene needs; • Is unaware when they are dirty and need a wash, and would stay dirty if left to their own devices; • Is non-compliant and will become angry and agitated when made to do something he/she doesn't want to do; • Can sometimes refuse outright to bath, wash hair etc; • Is easily distracted and needs support to stay on task; • Time in the bathroom has to be supervised (or monitored) to ensure he/she doesn't engage in inappropriate behaviour (e.g., flooding the bathroom, pouring out products) and to ensure their safety; • Is at risk as will climb on the bath (for example); • Is at high risk of slipping in the bath/shower (please explain why); • Has no understanding or awareness of the dangers in the bathroom (e.g. hot taps); • Sensory issues cause further challenges with undertaking his/her self-care and personal hygiene needs (give examples);

	<ul style="list-style-type: none"> • Is very reluctant to get in/out the bath/shower and needs a lot of encouragement to do so; • Needs physical help to get in and out the bath/shower; • Needs step-by-step instructions to complete self-care and personal hygiene tasks. These instructions have to be given one at a time; • Unless prompted to use products in the bath/shower, he/she is unlikely to; • Has no regard for their appearance, so has to be told; • A strict routine has to be followed. Any deviation from this routine can result in a meltdown from which he/she will need to be calmed; • Needs extra care due to allergies/skin conditions etc
	<ul style="list-style-type: none"> • Needs full support to dress/undress due to physical difficulties; • Not able to move certain parts of their body to effectively dress themselves (please explain); • Needs repeated prompts to get dressed as is reluctant to do so; • Needs step-by-step instructions to get dressed and these have to be given one at a time; • Is easily distracted and needs support to stay on task; • Sensory issues around clothes cause further challenges when dressing/undressing (please give examples); • Is non-compliant/will become angry and agitated when made to do something he/she doesn't want to do; • Has poor concept of time/sense of urgency so needs repeated prompting; • Makes mistakes when getting dressed (e.g. clothes on back to front) and needs support to correct these mistakes/is reluctant to correct these mistakes; • Prefers to be naked/in underwear at home/has no inhibitions, so needs reminding to be clothed appropriately/at appropriate times; • Will strip off with no inhibitions in any environment; • Unable to choose appropriate clothes for themselves so needs support to do so; • Has no awareness of seasonal clothes (i.e., knowing what to wear in different weathers); • Is reluctant to wear coat (for example) and needs repeated reminders to do so; • Cannot regulate temperature so needs to be told when to put on/take off clothes; • Needs support with zips, buttons etc due to fine motor difficulties; • Due to fine motor difficulties, getting dressed/un-dressed can take considerable time; • A strict routine has to be followed. Any deviation from this routine can result in a meltdown from which he/she will need to be calmed
	<ul style="list-style-type: none"> • Is a fussy eater and is unwilling to try new foods; • Has a poor appetite so has to be encouraged to eat; • Needs support to make good food choices for themselves;

	<ul style="list-style-type: none"> • Has a tendency to overeat/under-eat so his/her food intake has to be monitored/restricted etc; • Due to health condition/physical difficulties (please state), his/her food and drink intake has to be monitored/restricted/supervised etc; • Has to be repeatedly told to slow down whilst eating; • Has problems keeping food down and may be sick after eating; • Takes a long time to eat and has to be supported to stay on task; • Is unable to eat large meals in one sitting, so food has to be given little and often; • Has a tendency to put too much food in his/her mouth at one time, so needs reminding to chew and supervision due to choking risk; • Needs constant reminders throughout the day to drink enough fluids; • Has to be physically fed due to physical difficulties (please state what these are); • Has to have his/her spoon loaded for them and guided to their mouth; • Is unable to use a knife and fork effectively together; • Has to have their food cut up for them; • Is still unable to drink from an open cup effectively; • Sensory issues around eating/drinking cause further challenges (give examples); • Can play/be inappropriate with food so needs supervision to prevent inappropriate behaviour; • Will refuse food if it's not presented to them in the way they want; • Finds it very difficult to sit in a chair to eat for any length of time and needs encouragement to do so; • Needs frequent reminders to sit appropriately on a chair whilst eating; • Needs support to avoid foods related to allergies etc;
	<ul style="list-style-type: none"> • Has to have their medicines administered for them; • Medications have to be prepared and administered for them; • Has no understanding or awareness of why they need to take their medication; • Has no understanding or awareness of when and how much to take of their medication; • Will become angry and agitated when made to take their medication, sometimes spitting it out; • Needs 1:1 adult support to engage with all therapies and interventions; • They are reluctant to do their therapies as it singles them out from their friends, so they often avoid doing them; • Have to make therapies fun for them to ensure they are calm, willing to engage and to prevent them from becoming distressed; • Has anxieties around taking their medication due to concerns about side effects, requiring explanations and reassurance;

	<ul style="list-style-type: none"> • Needs help to monitor their condition as they are unable to do so for themselves
39) Do they have difficulty expressing themselves and need help communicating?	<ul style="list-style-type: none"> • Is non-verbal and is not able to say any meaningful words yet; instead he/she babbles and makes noises; • He/she chooses not to speak; • Mainly uses single words or 2-3 word learnt phrases, but these are not always clear and it is sometimes difficult to understand him/her; • Is less likely to communicate using speech with unfamiliar people; • They get embarrassed about the way they speak and will only speak to people they know; • Anxiety prevents them from speaking at times and they may withdraw from conversation; • Uses a lot of echolalia (i.e., mimics a lot of what he/she hears); • Struggles to formulate answers to questions due to processing difficulties; • Struggles to find the right words and muddles words; • Will often miss off the final sound in a word; • Struggles with some prepositions (for example); • Speaks too quickly, especially when excited, and needs repeated reminders to slow down so that he/she can be understood; • Has a stammer, lisp or other speech difficulty; • Speech is difficult to understand and they have to be asked to repeat themselves. This can make them frustrated and angry and may result in them refusing to speak at all; • Can be quite selective and limited to who he/she will speak to; • He/she has a tendency to speak too loudly and needs to be repeatedly asked to speak more quietly; • He/she has a tendency to speak too quietly and needs to be repeatedly asked to speak more loudly; • Will whisper/mouth words rather than speak audibly and clearly
	<ul style="list-style-type: none"> • Is unable to verbalise his/her wants, needs and feelings, however does use some non-verbal gestures and noises (e.g., leads adult by the hand, reaches for objects, points etc); • His/her lack of speech and inability to communicate effectively is causing him/her a huge amount of frustration and distress, often resulting in challenging/negative behaviours; • Does not consistently respond to his/her name and eye contact is fleeting and on his/her terms; • Understanding of spoken language is poor and he/she does not respond to simple directions/instructions. Language may have to be simplified; • Can still not answer simple questions such as 'What is your name?' etc; • Doesn't understand what his/her response should be and will reply with learnt responses or what he/she thinks the answer should be; • Will often walk away or withdraw if someone tries to communicate with them;

	<ul style="list-style-type: none"> • Finds it very difficult to express him/herself; • His/her attention must be gained first by name and at his/her level before attempting to communicate with him/her; • Is too literal and therefore can get very confused at what's being said to him/her; • In conversation he/she doesn't always respond appropriately and will make random, irrelevant comments with no basis; • Struggle with the 'rules' of two-way conversation (e.g., doesn't listen to what the other person has to say, only wants to talk about things of interest to them, constantly interrupts etc); • Has difficulties understanding facial expressions or body language
40) Do they have fits, blackouts, seizures, or something similar?	<ul style="list-style-type: none"> • May be incontinent during a fit and need help to clean themselves up; • May fall to the floor and lose consciousness; • They need re-assurance and comforting when they come round as they are often tired, distressed, confused and disorientated. This can last a considerable time; • Regularly sustain injuries as a result of a seizure, black out etc; • Often needs emergency hospital treatment
41) Do they need to be supervised during the day to keep safe?	<ul style="list-style-type: none"> • Has no/poor sense of danger and risks and behaves without thinking of their own and other's safety; • Behaviour is very impulsive and unpredictable and he/she is a danger to himself and others; • Is in their own world and is oblivious to what's going on around them; • Is easily distracted and has difficulty concentrating on what they are doing; • Finds change and transitions extremely difficult. He/she relies on warnings, preparation, careful planning and visual supports in order to cope with change and new situations; • Frequently exhibits self-harm (i.e., head-hitting and head-butting), and extremely challenging behaviours (i.e., screams, lashes out at others, throws items etc). It is very difficult to calm him/her down after an episode of challenging behaviour/an outburst; • Episodes of challenging behaviour are daily (for example) and can last up to mins/hours; • Can become very anxious in new/unfamiliar environments/situations etc requiring comforting and reassurance; • Gets agitated if they don't like the way someone is looking at them and may use inappropriate language or verbalise threats without carrying them out. This can be intimidating to others; • Climbs onto inappropriate things (e.g., onto window sills to reach open windows) and therefore requires close supervision at all times
42) Do they need extra help with their development?	<ul style="list-style-type: none"> • Does not show an interest in his peers. He/she will play alongside other children, but not with them and he/she prefers to play on his/her own;

	<ul style="list-style-type: none"> • Does not know how to initiate play and struggles with social interaction; • Struggles to make and sustain friendships; • Understanding of social boundaries and cues are poor, resulting in him/her not knowing when to stop during play which can be too overbearing for his/her peers; • Prefers to follow his/her own agenda and can become distressed if he/she is unable to do so; • Wants things on his/her terms and can be very controlling/possessive; • Gets into regular conflicts with his/her peers due to social difficulties and finds it difficult to resolve these conflicts; • Can hold a grudge for a very long time; • Sees everything as either black or white and it's very important to him/her that rules are followed to the letter; • Has a very strong sense of justice; • Doesn't understand the consequences of his/her actions nor learns from his/her mistakes; • Finds it extremely difficult to wait, turn-take and share; • Lacks empathy to others and struggles to understand emotions in himself and others; • Relies on routine and structure and can become distressed and confused when there are disruptions to his routine; • Is immature for his/her age and is naïve about the world and therefore very vulnerable; • They struggle with multi-step instructions so these have to be broken down; • Language has to be simplified in order for them to understand what is being said to him/her
43) Do they need encouragement, prompting, or assistance at school or nursery?	<ul style="list-style-type: none"> • Is not currently engaging in learning and is unable to follow adult-led activities without a high level of support; • Is developmentally delayed and needs a high level of adult support with all aspects of learning and has a differentiated curriculum; • Has a very short attention span and is easily distracted requiring adult support to stay focussed and on task; • Accesses a special unit (e.g. 2 days a week); • Needs to be given additional processing time to enable them to understand what's expected of them; • Needs additional/repeated explanations simplified in a way he/she can understand.
44) What is their behaviour like at school or nursery?	<ul style="list-style-type: none"> • Finds it extremely difficult to regulate his/her emotions which can present as significant behavioural difficulties, including being verbally aggressive and disruptive in class; • Engagement in work is very mood dependent, and he can be defiant and struggle with boundaries; • Is very fidgety, is easily distracted, struggles to maintain attention, stay on task and complete tasks unsupported;

	<ul style="list-style-type: none"> • Gets into regular conflicts with his/her peers due to social difficulties and finds it difficult to resolve these conflicts; • Is very argumentative with peers and staff; • Is at high risk of becoming a school refuser; • Is at high risk of exclusion
46) Due to a health condition or disability do they wake up and need assistance or supervision during the night?	<ul style="list-style-type: none"> • has significant sleep difficulties and still wakes frequently throughout the night; • When they wake up during the night, they usually get out of bed, needing returning and re-settling; • They can be noisy and disruptive whilst awake which disturbs the rest of the family; • Has night terrors requiring comforting and reassurance; • Needs support to meet their toileting needs/nappy changes during the night; • Needs checking on/treatment throughout the night due to a medical condition (please explain); • They need supervising whilst out of bed to ensure they are not engaging in any inappropriate behaviour and to ensure they are safe
63) Extra information OTHER POSSIBLE CARE NEEDS WHICH YOU MAY NOT HAVE MENTIONED PREVIOUSLY:	<ul style="list-style-type: none"> • Appears to have a high pain threshold, therefore we must be vigilant for the subtle signs of injury etc; • Explores by chewing/mouthing objects (e.g. putting inedible things in his/her mouth) and therefore requires close supervision at all times to prevent the possibility of choking; • Needs support to organise him/herself; • Suffers from anxiety and seeks reassurance by repetitively asking questions; • Struggles to make decisions and has to be given a choice to enable him/her to do so; • Can become fixated on things or an activity and is unable to move on without support; • Due to his/her difficulties he/she is not confident about his/hers abilities and is very cautious about trying new things/activities etc, therefore requiring a lot of encouragement to do so; • Has sensory seeking behaviours (e.g., repetitively opening and shutting doors, and turning switches on and off) which requires close supervision at all times