

Domiciliary Care Allowance Supplementary Information.

The following form highlights areas that can prove extremely challenging for individuals with autism spectrum disorders.

This form is intended to provide supplementary information, relevant to individuals with autism, to that which parents are able to give within the current application form for Domiciliary Care Allowance.

The "I" statements included in the support areas listed are common for those with Autism spectrum conditions but does not form an exhaustive list.

Given the nature of DCA the "I" statements are completed by Parents / Carers with reference to their child's support needs.

This form is intended for completion by parents but within each section there is an area for clinicians associated with the family to enable them to comment.

Please take the following into account when assessing the attached application.

The Autism Rights & Equality Alliance:

This Document has been drafted by the Autism Rights & Equality Alliance. The Alliance was formed in 2010 by a group of individuals, families and professionals who have a knowledge and understanding of Autism Spectrum Conditions.

Our Aim is that:

People with Autism and their families, recognised and respected as a unique population with their own strengths and challenges, have co-ordinated access to appropriate, effective and efficient services and supports that meet their individual needs and enhance their capacity to function in and contribute to their community.

This Document has been adapted for Irish purposes from a document produced by the National Autistic Society in the UK to explore the substantial extra challenges living with autism presents. The original form from which this concept is taken was first published in Stenger, J. (2005) *The big book of benefits and mental health* (Neath MIND).

Section 1A: Support and Supervision at Home

Getting up and getting dressed

"I" Statements	Further Comments
<ul style="list-style-type: none"> <input type="checkbox"/> I don't like getting up <input type="checkbox"/> I need encouragement to get up <input type="checkbox"/> I feel safer in bed <input type="checkbox"/> I go back to bed during the day <input type="checkbox"/> I have to do things in a certain order in the morning <input type="checkbox"/> I need help to dress myself <input type="checkbox"/> My parent(s) need to stand over me to help me get dressed <input type="checkbox"/> I get distracted when getting dressed and it takes a long time. <input type="checkbox"/> My clothes need to be laid out in advance <input type="checkbox"/> I find it hard to do up buttons / zips / tie up laces <input type="checkbox"/> I need help to choose 'suitable' clothes <input type="checkbox"/> I like to wear the same clothes every day <input type="checkbox"/> I can not wear certain clothes because of how they feel (eg school uniform) <input type="checkbox"/> I avoid wearing freshly washed clothes because of the smell of them <input type="checkbox"/> I need reminding to wash my clothes 	

Keeping myself clean

"I" Statements	Further Comments
<ul style="list-style-type: none"> <input type="checkbox"/> I don't know how often to wash / bath/ shower/ shave/ clean my teeth <input type="checkbox"/> I need written or verbal instructions to wash/ bath/ shower/shave/ clean my teeth properly <input type="checkbox"/> I avoid washing because of the feel of water <input type="checkbox"/> I avoid washing products because of their smell <input type="checkbox"/> I need someone else to wash me <input type="checkbox"/> my parents need to stand over me to ensure that I wash/ shower/shave/ clean my teeth <input type="checkbox"/> I feel the need to wash/ bath/ shower / shave/ clean my teeth very often <input type="checkbox"/> I scrub my skin until it is sore <input type="checkbox"/> I have to wash in a certain order, and become distressed if I can't do this <input type="checkbox"/> I need help to use tampons/ sanitary towels properly <input type="checkbox"/> I can't always recognise that I need to go to the toilet <input type="checkbox"/> I need to be reminded to go to the toilet <input type="checkbox"/> I am incontinent during the day sometimes <input type="checkbox"/> I am incontinent during the night sometimes <input type="checkbox"/> I can't use toilets in strange places <input type="checkbox"/> I need visual prompts to go to the toilet <input type="checkbox"/> I need help to go to the toilet <input type="checkbox"/> I get fixated on the toilet and spend a long time in the bathroom 	

Moving around at Home

"I" Statements	Further Comments
<input type="checkbox"/> I spend long periods of time on my interests <input type="checkbox"/> I am only motivated by intense interests I have <input type="checkbox"/> I get very frustrated if interrupted from my interests <input type="checkbox"/> I have to do things in a particular order <input type="checkbox"/> I find it hard to adjust to different rooms in the house <input type="checkbox"/> I need physical help with moving around the house <input type="checkbox"/> I need help to stay on task for very minor jobs at home <input type="checkbox"/> I can not be left in a room unsupervised <input type="checkbox"/> I need support to transition from doing one thing to another <input type="checkbox"/> I get upset when other people visit the house <input type="checkbox"/> I go back to bed in the day	

Eating or drinking

"I" Statements	Further Comments
<input type="checkbox"/> I need encouragement to eat regularly <input type="checkbox"/> I need encouragement to eat properly <input type="checkbox"/> I will go without eating for a day <input type="checkbox"/> I can not eat certain foods because of their texture <input type="checkbox"/> I don't know when I am full and need to stop eating <input type="checkbox"/> I get 'stuck' on certain foods, and have a very restricted diet <input type="checkbox"/> I don't eat healthily	

Going to bed at night & Sleep

"I" Statements	Further Comments
<input type="checkbox"/> I need encouragement to go to bed <input type="checkbox"/> I put off going to bed <input type="checkbox"/> I need help getting undressed to go to bed <input type="checkbox"/> I sleep downstairs <input type="checkbox"/> I have to follow a bedtime routine, and have to start again if this is disturbed <input type="checkbox"/> I need reassurance to calm me to go to sleep <input type="checkbox"/> I have nightmares/ panic attacks /flashbacks <input type="checkbox"/> I get up and pace around <input type="checkbox"/> My tablets make me drowsy, I am not safe if I have to get up <input type="checkbox"/> I find it hard to sleep when there is any form of noise / light / smells	

Section 1B: To be completed by GP/ Clinician.

	Normal	Mild	Moderate	Severe	Profound
Age appropriateness of Supports required with washing /dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age Appropriate Living Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Clinical Impression from the above:

Section 2: Supports Relating to School Attendance & Homework

Engaging with School work

"I" Statements	Further Comments
<ul style="list-style-type: none"> <input type="checkbox"/> I need to be brought to/ from school <input type="checkbox"/> I have experienced sensory overload which meant my parents have had to collect me <input type="checkbox"/> I access learning supports in school <input type="checkbox"/> I struggle with changes in routine in school and this has an impact at home <input type="checkbox"/> I need my parents to outline my challenges to school staff <input type="checkbox"/> My parents have had to take me out of school because of issues related to my condition <input type="checkbox"/> I need support of my parents to complete my homework <input type="checkbox"/> My parents need to sit with me to complete my homework <input type="checkbox"/> I get easily distracted and my parents need to keep me on track doing homework <input type="checkbox"/> I have a very set routine at home <input type="checkbox"/> My parents need to link in with my teacher on a regular basis <input type="checkbox"/> I need to debrief after a day in school <input type="checkbox"/> I get upset if my parents are not able to collect me straight after school 	

Communication with Others in School

"I" Statements	Further Comments
<ul style="list-style-type: none"> <input type="checkbox"/> I regularly find face to face communication with others very stressful <input type="checkbox"/> I avoid people because of communication difficulties <input type="checkbox"/> I can't concentrate on what people say <input type="checkbox"/> I get into difficulty when speaking up for myself <input type="checkbox"/> I tell people what I think they want to hear so as to end conversations <input type="checkbox"/> I miss out on key information in verbal communication <input type="checkbox"/> I take things literally <input type="checkbox"/> I misinterpret the things people say <input type="checkbox"/> I talk about my interests for long periods <input type="checkbox"/> I find it hard to talk to others about their interests <input type="checkbox"/> I experience difficulties explaining things to people <input type="checkbox"/> I find it hard to start a conversation <input type="checkbox"/> Other peoples' facial expressions or body language are a mystery to me <input type="checkbox"/> I get angry / frustrated when people misunderstand me <input type="checkbox"/> I don't know what to talk to people about <input type="checkbox"/> I forget things I have been told <input type="checkbox"/> Conversations with more than one person at a time are very difficult <input type="checkbox"/> I avoid group situations. <input type="checkbox"/> I feel isolated in my everyday environment 	

<input type="checkbox"/> I prefer to be alone <input type="checkbox"/> Communication difficulties impact on my self esteem <input type="checkbox"/> I find it hard to end a conversation	
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Section 2B: To be completed by GP/ Clinician.

	Normal	Mild	Moderate	Severe	Profound
Supports required by parents to Engage with School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supports required by parents to deal with Social & Communication difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Clinical Impression from the above:

Section 3A: Dealing with the Outside World

Leaving the House

"I" Statements	Further Comments
<input type="checkbox"/> I feel safest at home. <input type="checkbox"/> I have to be encouraged to leave the house <input type="checkbox"/> I rarely leave the house (apart from school) <input type="checkbox"/> My home is a place where I can isolate from people <input type="checkbox"/> I get very anxious before I leave the house <input type="checkbox"/> I need to be prepared for any changes in routine, including leaving the house <input type="checkbox"/> I have to have someone with me if I leave the house <input type="checkbox"/> I only leave the house for functional purposes.	

Communicating with Strangers / People in Positions of Power.

"I" Statements	Further Comments
<input type="checkbox"/> I get anxious around people I do not know <input type="checkbox"/> I can not talk to people I do not know <input type="checkbox"/> I misunderstand the intentions of others I don't know <input type="checkbox"/> I have shouted at people I don't know <input type="checkbox"/> I find it very difficult to process information from someone I do not know <input type="checkbox"/> I struggle with other people's expectations of me <input type="checkbox"/> I would not know how to raise an issue with a teacher <input type="checkbox"/> I try to cope with difficult situations because I do not know how to resolve them.	

Coping with places I don't know

"I" Statements	Further Comments
<input type="checkbox"/> I need to be prepared in advance to be able to go anywhere new <input type="checkbox"/> I get anxious when I go somewhere I don't know <input type="checkbox"/> I am not safe in new places <input type="checkbox"/> I get disorientated in new places <input type="checkbox"/> I would be reluctant to / would not know how to ask for help if disorientated <input type="checkbox"/> I need someone with me when I go to new places <input type="checkbox"/> I have gone home without the things I need because of not being able to cope	

Sensory Issues

"I" Statements	Further Comments
<input type="checkbox"/> Everyday sounds / sights/ smells in class / work are very distracting and distressing <input type="checkbox"/> I get distressed by sounds/ smells/ sights that do not bother other people <input type="checkbox"/> I can not function or communicate if experiencing sensory difficulties / overload. <input type="checkbox"/> Sensory sensitivity limits the everyday places I can go <input type="checkbox"/> I get very anxious in noisy places <input type="checkbox"/> I get very anxious in busy places	

Social life and hobbies

"I" Statements	Further Comments
<input type="checkbox"/> I can get obsessive about my interests and forget to do other important things I need to do <input type="checkbox"/> I need help to go out socially <input type="checkbox"/> I need help to make friends <input type="checkbox"/> I find it hard to tell if someone is my friend <input type="checkbox"/> I would like to be able to go out more <input type="checkbox"/> I find it easier to spend time on my own <input type="checkbox"/> I feel very isolated	

Section 3B: To be completed by GP/ Clinician.

	Normal	Mild	Moderate	Severe	Profound
Supports needed to Interact Socially	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supports needed to access the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Clinical Impression from the above:

Section 4A: Keeping Well

Keeping well

"I" Statements	Further Comments
<input type="checkbox"/> Minor colds / ailments can be overwhelming and mean I can not function or cope <input type="checkbox"/> I don't know when I am ill/ in pain <input type="checkbox"/> I can not explain to people that I am ill or in pain <input type="checkbox"/> I get anxious at the thought of doctors and dentists and need support to deal with these <input type="checkbox"/> The side effects of my tablets mean that....	

Keeping safe

"I" Statements	Further Comments
<input type="checkbox"/> I have no awareness of danger <input type="checkbox"/> I have been suicidal before <input type="checkbox"/> I stop eating / refuse to eat <input type="checkbox"/> I make myself sick <input type="checkbox"/> I hurt myself deliberately <input type="checkbox"/> I get angry and break things <input type="checkbox"/> I get angry / frightened and hurt myself <input type="checkbox"/> I get angry / frightened and hurt other people <input type="checkbox"/> I am vulnerable / make friends with the wrong people <input type="checkbox"/> I can't look after myself <input type="checkbox"/> I have had to be taken to hospital against my will	

Section 4B: To be completed by GP/ Clinician.

	Normal	Mild	Moderate	Severe	Profound
Supports needed to stay well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supports needed to keep safe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Clinical Impression from the above:
