



Department  
for Work &  
Pensions

# PIP Assessment Guide

## Part Two - The Assessment Criteria

A DWP guidance document for providers carrying out assessments  
for Personal Independence Payment

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There are three parts to the guide for providers carrying out assessments for Personal Independence Payment (PIP). Each part of the guide focuses on a different aspect of the process as detailed below:

Part One – The Assessment Process

Part Two – The Assessment Criteria

Part Three – Health Professional Performance

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# 2 The Assessment Criteria

- 2.0.1 This document outlines the assessment criteria for Personal Independence Payment (PIP). It explains how the assessment is structured, including how the activities and descriptors fit together to determine entitlement to each of the two components. It also includes the assessment criteria themselves and guidance for health professionals (HPs) on how to apply them.

## 2.1 Applying the criteria

- 2.1.1 A health condition or impairment may be physical, sensory, mental, intellectual or cognitive, or any combination of these. The impact of all impairment types must be taken into account across the activities, where they affect a claimant's ability to complete the activity and achieve the stated outcome. For example, a claimant with a severe depressive illness may physically be able to prepare food and feed himself, but may lack the motivation to do so, to the extent of needing prompting from another person to carry out the task. However, some activities focus on specific elements of function. For example, Moving around relates to the physical aspects of walking.

### Descriptor choice

- 2.1.2 When assessing a claimant, the HP should consider all the evidence of the case and the likely ability of the claimant over a year-long period, before selecting the most appropriate descriptor to the claimant relating to each of the assessment activities, taking into account their level of ability, whether they need to use aids or appliances and whether they need help from another person or an assistance dog.
- 2.1.3 In choosing descriptors, the HP should use their specific knowledge of the health condition or impairment as a measure of the level of disability that would be expected from the claimant's condition. For example, it is unlikely that mechanical low back pain is unremitting day after day because the natural history is of pain that varies from day to day, and it would be appropriate to make this observation in the report. However, it is insufficient for the HP to argue just from the general principle when justifying descriptor choices; the evidence has to relate to the specific claimant.
- 2.1.4 The fact that a claimant can complete an activity is not sufficient evidence of ability. HPs must consider:

- Approach – what the claimant needs to do; how they carry out the task; what assistance or aids are required; how long it takes; whether they can do it whenever they need to; and whether it is safe
- Outcome – whether the activity can be successfully completed and the standard that is achieved
- Impact – what the effects of reaching the outcome has on the claimant and, where relevant, others; and whether the claimant can repeat the activity within a reasonable period of time and to the same standard (this clearly includes consideration of symptoms such as pain, discomfort, breathlessness, fatigue and anxiety). The impact of completing one activity on the ability to complete others must also be considered.
- Variability – how a claimant’s approach and outcomes and level of functional restriction change over time and the impact this has on them.

2.1.5 HPs should not consider the point scores associated with descriptors or whether these will confer entitlement to the benefit if chosen by the DWP’s case managers (CMs). HPs should only consider whether the descriptor is appropriate to the claimant’s circumstances.

### **Reliability**

2.1.6 For a descriptor to be able to apply to a claimant, the claimant must be able to reliably complete the descriptor. More information on this can be found in section 2.2.

### **Time periods, fluctuations and descriptor choices**

2.1.7 The impact of most health conditions and impairments can fluctuate over time. Taking a view of ability over a longer period of time helps to iron out fluctuations and presents a more coherent picture of disabling effects. Therefore, the descriptor choice should be based on consideration of a **12 month period**. This should correlate with the Qualifying Period and Prospective Test for the benefit – so the HP should broadly consider the claimant’s likely ability in the **three months before** the assessment and **in the nine months after**.

2.1.8 A scoring descriptor can apply to claimants in an activity where their impairment(s) affects their ability to complete an activity, at some stage of the day, on more than 50 per cent of days in the 12 month period. The following rules apply:

- 2.1.9 If one descriptor in an activity is likely to apply on more than 50 per cent of the days in the 12 month period – i.e. the activity can be completed in the way described on more than 50 per cent of days – then that descriptor should be chosen.
- 2.1.10 If two or more descriptors in an activity are likely to apply on more than 50 per cent of the days in the period then the descriptor chosen should be the one which is the highest scoring.
- 2.1.11 Where one single descriptor in an activity is likely to not be satisfied on more than 50 per cent of days, but a number of different scoring descriptors in that activity cumulatively are likely to be satisfied on more than 50 per cent of days, the descriptor likely to be satisfied for the highest proportion of days should be selected. For example, if descriptor 'B' is likely to be satisfied on 40 per cent of days and descriptor 'C' on 30 per cent of days, descriptor 'B' should be chosen. Where two or more descriptors are satisfied for the same proportion of days, the descriptor which is the highest scoring should be chosen.
- 2.1.12 If there is evidence that someone is awaiting treatment or further intervention HPs should take into account the facts and likely impact of that future treatment regime as they are evidenced at the date of the assessment, as part of their consideration of whether the person will meet the prospective part of the required period condition.
- 2.1.13 The timing of the activity should be considered i.e. whether the claimant can carry out the activity when they need to do it. For example getting washed and dressed usually happens in the morning. For example If a claimant takes medication (such as painkillers) allows the individual to carry out activities reliably when they need to throughout the day then the claimant can still complete the activity reliably when required. For example, if a claimant takes painkillers as soon as they wake and they can get washed and dressed soon afterwards they would not score under these activities.
- 2.1.14 If however, the medication did not start to work for a significant period such as to delay the claimant going about their daily business then the HP should consider a scoring descriptor. For example, if a claimant takes painkillers as soon as they wake but they have to delay the task of getting washed and dressed for 2 hours until the painkillers take effect then the HP should consider what help is required to carry out the activities reliably at the time the claimant would normally carry out those activities.

## **Risk and Safety**

2.1.15 When considering whether an activity can be undertaken safely, it is necessary to consider the likelihood of harm occurring and the severity of the harm that might occur. It is a common sense approach that when the severity of harm is high a lower risk is acceptable. When the harm is minor it may be acceptable for the likelihood of that harm occurring to be higher.

## **Support from other people**

2.1.16 The assessment takes into account where claimants need the support of another person or persons to carry out an activity, including where that person has to carry out the activity for the claimant in its entirety. The criteria refer to various types of support:

- **Supervision** - a need for the continuous presence of another person for the purpose of ensuring the claimant's safety to avoid a harm occurring. It is necessary to consider both the likelihood of a serious adverse event occurring, and the severity of the harm that might occur. To apply, supervision must be required for the full duration of the activity.
- **Prompting** - support provided by another person by reminding or encouraging a claimant to undertake or complete a task or explaining it to them but not physically helping them. To apply, this only needs to be required for part of the activity
- **Assistance** - support that requires the presence and physical intervention of another person to help the claimant complete the activity, including doing some, but not all of the activity in question. To apply, this only needs to be required for part of the activity.

2.1.17 A number of descriptors also refer to another person being required to complete the activity in its entirety. These descriptors would apply where the claimant is unable to undertake any of the activity for themselves, even with help.

2.1.18 The assessment does not look at the availability of help from another person but rather at the underlying need. As such, claimants may be awarded descriptors for needing help even if it is not currently available to them – for example, if they currently manage in a way that is unreliable, but with some help they could complete the activity reliably.

## Aids and appliances

- 2.1.19 The assessment considers the varying stages of independence when undertaking daily living and mobility activities, from complete independence at one end of the scale to being unable to complete the activity at all, or without assistance at the other. For some activities, claimants will be able to exert a significant degree of independence by using an aid or appliance in order to help them to complete the activity.
- 2.1.20 In this context:
- Aids and Appliances are devices which improve, provide or replace the claimant's impaired physical or mental function, for example walking sticks to enable a claimant to move reliably, grab rails to assist with balance, wheelchairs to replace mobilising or liquid level indicators to substitute for sight when pouring liquid.
- 2.1.21 For the purpose of the PIP assessment, aids and appliances may be everyday objects, but whether they are considered as aids in any particular case depends on how the claimant uses the object compared to how (if at all) it might typically be used by someone with no relevant impairment. Where the object would usually or normally be used in the same way by someone without any limitation in carrying out the relevant activity, it is unlikely to be considered an aid or appliance, for example sitting on a bed whilst getting dressed or using a pan with a rubber-grip handle when cooking. In those instances where claimants make use of such items, they should be scored as being able to complete the activity unaided.
- 2.1.22 Aids and appliances do not include lens implants or joint replacements, but do include artificial limbs.
- 2.1.23 When considering whether a claimant should be assessed as needing to use an aid or appliance, the HP should apply the following approach for most descriptors:
- Can the claimant carry out the activity reliably (that is, safely, to an acceptable standard, repeatedly and in a reasonable time period) and independently, or with the use of a commonly used device? If so, then descriptor A would usually apply.
  - Does the claimant need to use/rely upon an aid or appliance to complete the activity? If they use an aid or appliance which it would be reasonable to expect them to use e.g. a Zimmer frame



when walking, could they then complete the activity reliably without assistance from another person? If so, then descriptor B would apply.

- If the answer to both the above questions is no, then consideration should be given to whether the claimant must rely on prompting, supervision or assistance in order to complete the activity, in which case an alternative descriptor may be more appropriate.

2.1.24 Where a claimant chooses not to use an aid or appliance which he or she could reasonably be expected to use and which would enable them to carry out the activity without prompting, supervision or assistance, Descriptor B will be appropriate, they should not be awarded a higher descriptor if using an aid or appliance would remove the need for prompting, supervision or assistance.

2.1.25 It is reasonable to expect a claimant to use an aid or appliance in the following circumstances:

- If it is medically reasonable for them to use an aid or appliance. In some cases they may have already been given specific medical advice to use the aid or appliance. In others they will not, but would likely be advised to if they sought advice from a professional such as a GP or occupational therapist.
- If the claimant is able to use, or could learn how to use the aid or appliance.

Example where Descriptor A should be selected:

- Jane has installed grab rails to make it easier for her to lift herself up off the toilet. During the face-to-face consultation, it was observed that Jane could sit and stand repeatedly but with some stiffness and the HP considers that Jane could reliably stand after using the toilet without the rail. Even though it would be easier for Jane to use the rail it is not required to complete the activity.

Example where Descriptor B should be selected:

- Hayley is not able to lift herself off the toilet without the grab rail and would require assistance without it.

2.1.26 The HP should make suitable comparisons across activities regarding the level of functional ability present. For example, if a claimant cannot chop vegetables without an aid due to weakness in their hands then it would be expected that they would struggle to

undertake other activities requiring similar dexterity. Similarly – if a claimant drives a car but says they are unable to complete other activities requiring similar dexterity, the HP should explore this with the claimant.

- 2.1.27 The HP should also consider the variability and fluctuation of a claimant’s health condition and the effect on their needs. Where there is variability, the HP should consider what the need is on the majority of days. For example, if a claimant can usually prepare food unaided, but occasionally needs to use an aid due to a particularly acute period in their condition, they will not be assessed as needing to use an aid as this is not needed most of the time.
- 2.1.28 Mobility Activity 1 refers specifically to “orientation aids”, which are defined as **specialist** aids designed to assist disabled people in following a route, for example long canes.

### **Assistance dogs**

- 2.1.29 We recognise that guide, hearing and dual sensory dogs are not ‘aids’ but have attempted to ensure that the descriptors capture the additional barriers and costs of needing such a dog where they are required, to enable claimants to follow a route safely. Mobility Activity 1 therefore explicitly refers to the use of an ‘assistance dog’. Assistance dogs are defined as dogs trained to help people with sensory impairments.

### **‘Unaided’**

- 2.1.30 Within the assessment criteria, the ability to perform an activity ‘unaided’ means without either the use of aids or appliances; or help from another person.

## 2.2 Reliability

- 2.2.1 Central to the application of all the activities within the PIP assessment is a consideration of the manner in which they are undertaken. For a descriptor to be able to apply to a claimant, the claimant must be able to reliably complete the descriptor.
- 2.2.2 Considering reliability involves looking at whether the claimant can complete the descriptor as described:
- Safely – in a manner unlikely to cause harm to themselves or to another person, either during or after completion of the activity
  - To an acceptable standard
  - Repeatedly – able to repeat the descriptor as often as is reasonably required
  - In a reasonable time period – no more than twice as long as the maximum period that a non-disabled person would normally take to complete that activity.
- 2.2.3 This applies to every activity within the assessment. If an individual cannot reliably complete a descriptor then they should be considered unable to complete it at that level and a different descriptor selected. For example when a claimant is only able to complete an activity safely when supervised, the appropriate descriptor which refers to supervision should be awarded.

### Safely

- 2.2.4 Safely means in a manner unlikely to cause harm to themselves or to another person, either during or after completion of the activity.
- 2.2.5 When considering whether an activity can be undertaken safely, it is necessary to consider the likelihood of harm occurring **and** the severity of the harm that might occur. We can use common sense to assess the balance between the risk of harm (likelihood of it occurring) and the severity of harm, in determining whether an activity can be done safely.
- Where the **severity** of the harm is **very high**, then there will be a **lower frequency of risk** of harm for that claimant to be deemed unsafe carrying out the activity.
  - However, if the **severity of harm is quite low**, then the **frequency of risk of harm must be higher** (they need to be at

risk for more of the time if the outcome would be less severe) for the claimant to be deemed unsafe in carrying out the activity.

- 2.2.6 The risk of harm occurring also has to be higher than that for a non-disabled person completing the same activity. For example, most individuals will occasionally burn or scald themselves slightly while cooking; you must consider whether the claimant is at a notably greater risk of burning or scalding themselves as a result of their health condition or impairment.
- 2.2.7 Harm includes damage to an individual's health. For example if carrying out an activity could cause a substantial and sustained worsening of a claimant's condition, meaning it is not safe for them to do it at all, the individual should not be considered able to complete the activity safely at the level described in the descriptor. Given the nature of the activities within the assessment this is likely to be rare.
- 2.2.8 As made clear in legislation, harm is in relation to an individual or another person and therefore does not include damage to property. Damage to property may, however, be relevant to whether an activity can be completed to an acceptable standard or repeatedly.
- 2.2.9 The regularity with which any risk occurs is also important. For example, if an individual has forgotten to take their medication at times in the past but ordinarily manages to remember unaided there is unlikely to be a risk to their safety.
- 2.2.10 Even if the impact of the risk is significant, there must still be a real possibility that it will occur. For example, everyone is at risk of injury if they fall but for some the likelihood of falling is much higher, so the risk of injury occurring is higher. You must consider whether the risk of the harm and the severity of the harm that might occur are great enough to require continuous supervision for the duration of the task. Any risks presented by the claimant should be considered.
- 2.2.11 The following situations highlight examples for each activity where there may be a potential risk to the safety of the claimant or others. This list is not exhaustive and further consideration would be required as to the level of risk and whether mitigation, such as suitable aids and appliances, would be possible. Any risks presented by the claimant should be considered.

Preparing food

- Fire as a result of not understanding how to use an electrical appliance or gas hob correctly.
- Increased risk of cutting oneself or another person as a result of a health condition or impairment.
- Burning or scalding oneself if, for example, an individual is likely to drop a saucepan or spill the contents.
- An actively suicidal person may require supervision to carry out these activities or be unable to carry them out at all, due to the risk of self-harm posed by access to knives, naked flames and hot implements and food. Such a person is likely to have a care plan.

#### Taking nutrition

- Choking.

#### Managing therapy or monitoring a health condition

- Accidental overdose – for example due to cognitive or sensory impairment.
- Deliberate overdose – the risk of deliberately taking too much medication with the intention to self-harm. Risk of overdose varies depending on the level of suicidal intent. Some people may need someone else to keep their tablets and administer them when required but require no other supervision to reduce the risk of suicide. This level of supervision is addressed by descriptor b in activity 3.
- Taking too little medication, forgetting to take medication or not taking the correct medication at the right time due to a health condition or impairment.
- Failure to carry out therapy which is likely to lead to a significant deterioration of an individual's health condition as a result.

#### Washing and bathing

- Falling or slipping which causes injury to the claimant.
- Not being able to hear a standard fire alarm

#### Managing toilet needs or incontinence

- Slipping or falling when getting on or off the toilet.
- Sickness or infection due to an inability to maintain personal hygiene.

#### Dressing and undressing

- Ordinarily there are no risks to this activity.

#### Communicating verbally

- There are no obvious risks to safety for this activity. It should be noted that the risk of being unable to understand emergency instructions is addressed by the activity itself.

#### Reading and understanding signs, symbols and words

- There are no obvious risks to safety for this activity. It should be noted that the risk of being unable to read emergency signs is addressed by the activity itself.

#### Engaging with other people face to face

- Becoming violent which presents a serious risk of harm to the claimant and/or another person.

#### Making budgeting decisions

- There are no obvious risks to safety for this activity.

#### Planning and following journeys

- Injury as a result of being unaware of obstacles, for example due to visual impairment.
- Lacking a perception of danger which may present a risk of injury to themselves or others, for example as a result of running into the road.
- Getting into an unsafe situation as a result of getting lost due to a health condition or impairment and being unable to resolve being lost.

#### Moving around

- Falling.

### **To an acceptable standard**

2.2.12 This term is not defined in legislation, which means it should have its ordinary meaning, i.e. that activities should be carried out to a standard that is acceptable.

- When considering acceptability there is clearly a range, from what is not perfect but is sufficient at one end, to an extremely high standard at the top end. In order for it to be acceptable, the standard which a claimant achieves must fall within this range. An 'acceptable standard' is one which is "good enough".

### **Repeatedly**

- 2.2.13 Repeatedly means as often as the activity being assessed is reasonably required to be completed.
- 2.2.14 How often the claimant needs to complete each activity is not specified. The HP should consider how often they would normally expect each activity to be completed, for example you would normally expect an individual to prepare food three times a day, but to heat food only once a day. An HPs should consider whether the person is completing an activity less often by choice or due to their disability. In most cases the HP should use this norm as a benchmark when considering whether the claimant can complete the activity repeatedly.
- 2.2.15 Some individuals may need to complete an activity more frequently as a result of their health condition or impairment. For example an individual with colitis may need to go to the toilet more frequently. In these cases the HP should consider whether it is reasonable for the individual to complete the activity more frequently as a result of their health condition or impairment, and if so what the reasonable number of times is in their individual case. It should then be considered whether or not the claimant is able to complete the activity that number of times.
- 2.2.16 Where the act of completing the activity means the individual is unable to repeat the activity again, within a period when they could reasonably be expected to do so, they are likely to be considered as not completing the activity repeatedly. For example, an individual can prepare their breakfast, but the exertion of doing so leaves them exhausted and they are unable to prepare their lunch as a result, but by the evening they have recovered enough to prepare an evening meal. Because, after preparing breakfast, you would reasonably expect someone to be able to prepare a meal again by lunchtime, in this example the individual cannot be considered able to complete the activity repeatedly.
- 2.2.17 As well as considering whether tasks can be repeated within a day, consideration should also be given to whether an individual is able to repeat a task on subsequent days. For example an individual may be able to fulfil the 'Moving around' criteria one day, but the exertion of doing so means they are unable to do so the following day. When considering repeatability over longer periods of days and weeks, the HP should apply the rules governing fluctuating conditions (set out in regulation 7 of the Social Security (Personal Independence Payment) Regulations 2013) and consider which descriptor applies on the majority of days in that period.

- 2.2.18 Symptoms such as pain, fatigue and breathlessness should be considered when determining whether an activity can be carried out repeatedly. While these symptoms may not necessarily stop the claimant carrying out the activity in the first instance, they may be an indication that it cannot be done as often as is reasonably required.
- 2.2.19 The following situations highlight examples where an individual may be considered unable to repeatedly complete a descriptor in the way described due to the impact this would have:
- A person who is able to stand and move 20 metres, but is unable to do it repeatedly as would reasonably be expected in a day.
  - A person who is able to prepare a meal, but the exhaustion from doing so means they cannot then repeat the activity at subsequent meal times on the same day. This means they cannot complete the activity repeatedly as it is reasonable to expect people to prepare a meal more than once a day.

#### **In a reasonable time period**

- 2.2.20 Reasonable time period means no more than twice as long as the maximum period that a non-disabled person would normally take to complete that activity.
- 2.2.21 The following situations highlight examples where an individual may be considered unable to complete a descriptor in a reasonable time period due to their approach or the impact their health condition or impairment has on them:
- An individual who becomes breathless and exhausted whilst washing and dressing, and needs two hours to complete these tasks
  - An individual who is physically capable of preparing a meal but whose need for formalised ritual means they take all morning to prepare breakfast.
  - Someone who, as a result of their health condition, has obsessive ideas around cleanliness and takes considerably prolonged periods of time to complete activities due to repetitive and extended hand washing.

#### **Worked example 1**



2.2.22 Mr X is able to stand and move unaided. He can comfortably walk up to 150 metres at a normal pace. After 150 metres he starts to become breathless and to experience some mild pain. He can continue to walk but his pace slows. The pain and breathlessness gradually increases and after 250 metres he needs to stop and rest for about 5 minutes before starting to walk again. Mr X can repeatedly walk 250 metres, with short 5-minute rests in between for around an hour. After an hour of this, he needs a longer rest of about an hour before walking again. It takes Mr X around three minutes to walk 200 metres.

2.2.23 In the Moving Around activity, the HP should work their way through the descriptors considering each aspect of reliability, to find the one that best describes Mr X's ability to complete the activity reliably.

A	Can stand and then move more than 200 metres, either aided or unaided.
B	Can stand and then move more than 50 metres but no more than 200 metres, either aided or unaided.
C	Can stand and then move unaided more than 20 metres but no more than 50 metres.
D	Can stand and then move using an aid or appliance more than 20 metres but no more than 50 metres.
E	Can stand and then move more than 1 metre but no more than 20 metres, either aided or unaided.
F	Cannot, either aided or unaided – (i) stand; or (ii) move more than 1 metre.

2.2.24 Based on the initial information, the HP should consider awarding descriptor A but needs to consider whether Mr X can complete it reliably:

- Safely – there is no evidence that this activity poses any risk to Mr X's safety. He has said he experiences some pain and breathlessness and, while this may be uncomfortable, he knows when to stop and rest and there is no indication that this causes him any harm
- To an acceptable standard – this is not an issue in this instance
- Repeatedly – Mr X has to stop and rest for about 5 minutes after walking 250 metres, before he can start walking again, but he can repeat the activity for up to an hour multiple times in one

day. This is more frequently than would reasonably be expected so Mr X can be said to complete the activity repeatedly

- In a reasonable time period – Mr X can walk the first 150 metres at a normal pace before he begins to slow, but it only takes him three minutes to walk 200 metres. Although a little slower than normal, this is a reasonable time period for someone to walk 200 metres and therefore Mr X can complete the activity in a reasonable time period.

2.2.25 The HP therefore concludes that Mr X can stand and then move more than 200 metres and selects descriptor A.

### Worked example 2

2.2.26 Mr Y is able to stand and move with a walking stick. He can walk up to 60 metres at a slightly slowed pace with some discomfort. After this distance he starts to experience increasing hip pain. He can continue to walk, but his pace slows even further and after 100 metres he needs to stop and rest. This takes a lot out of him and for a few hours after, he is unable to go more than a few steps without experiencing further severe hip pain. It takes Mr Y between one and two minutes to walk 60 metres the first time.

2.2.27 In the Moving Around activity, the HP should work their way through the descriptors considering each aspect of reliability, to find the one that best describes Mr Y's ability to complete the activity reliably.

A	Can stand and then move more than 200 metres, either aided or unaided.
B	Can stand and then move more than 50 metres but no more than 200 metres, either aided or unaided.
C	Can stand and then move unaided more than 20 metres but no more than 50 metres.
D	Can stand and then move using an aid or appliance more than 20 metres but no more than 50 metres.
E	Can stand and then move more than 1 metre but no more than 20 metres, either aided or unaided.
F	Cannot, either aided or unaided – (i) stand; or (ii) move more than 1 metre.

- Safely – there is no evidence that this activity poses any risk to Mr Y's safety. He has said he experiences pain but he knows

when to stop and rest. There is no indication that this causes him any harm

- To an acceptable standard – this is not an issue in this instance
- Repeatedly – Mr Y has to stop and rest after walking 100 metres and experiences increasing discomfort after the first 60 metres. It is then several hours before he can walk this distance again. As this is not as often as would reasonably be expected, Mr Y cannot be said to complete the activity repeatedly. He can repeatedly manage a few steps using his stick, which is less than 20 but more than 1 metre, therefore descriptor E best describes how he is able to repeatedly move around
- In a reasonable time period –The walking speed which is deemed within a reasonable time period is 30 metres per minute. Mr Y can walk the first 60 metres in a minute or two. Although slower than normal, this is a reasonable time period for someone to walk this distance and therefore he can complete the activity in a reasonable time period.

The HP therefore concludes that Mr Y can stand and then move more than 1 metre but no more than 20 metres, and selects descriptor E.

### Worked example 3

2.2.28 Ms Z can prepare and cook a simple meal. However, she lacks a perception of danger and occasionally cuts herself from mishandling knives or burns herself on hot pans. She is also impatient and does not cook food for as long as it should be cooked, as a result she prepares food that is lukewarm and meat that is not cooked properly – for example, chicken that is pink in the middle. Her sister usually has to be in the kitchen when she is cooking meals to make sure she does so safely and to remind her to leave food to cook fully.

2.2.29 In the Preparing Food activity, the HP should work their way through the descriptors considering each aspect of reliability, to find the one that best describes Ms Z’s ability to complete the activity reliably.

A	Can prepare and cook a simple meal unaided.
B	Needs to use an aid or appliance to either prepare or cook a simple meal.
C	Cannot cook a simple meal using a conventional cooker but can do so using a microwave.
D	Needs prompting to either prepare or cook a simple meal.

E	Needs supervision or assistance to either prepare or cook a simple meal.
F	Cannot prepare and cook food.

- Safely – Ms Z lacks a perception of danger and has previously cut and burnt herself. The HP should therefore conclude that descriptor A is not suitable for Ms Z as she cannot do so safely. Descriptor B, descriptor C and descriptor D are also not suitable as they do not remove the potential danger from using knives and hot pans. Descriptor E reflects the support that Ms Z needs in order to ensure her safety while cooking and is therefore the most suitable descriptor regarding safety
- To an acceptable standard – Ms Z is impatient and does not cook food for as long as it should be cooked. As a result the food is lukewarm and meat is not cooked through. The HP must consider whether that is an acceptable standard and in this case would conclude it is not. The HP should therefore conclude that descriptor A is not suitable because Ms Z is unable to do so to an acceptable standard. Descriptor B and descriptor C are also not suitable as they do not help Ms Z to complete the task to an acceptable standard. Descriptor D best describes how Ms Z is able to cook a meal to an acceptable standard and is therefore the most suitable descriptor regarding the standard
- Repeatedly – this is satisfied as Ms Z is able to cook all of her meals.
- In a reasonable time period – this is satisfied as Ms Z has not indicated it takes her an overly long time to cook her meals.

2.2.30 In this case there are two possible descriptors – D and E. For a descriptor to apply, all aspects of reliability must be satisfied. As descriptor D does not describe a manner in which Ms Z is able to carry out the activity safely, the HP should select descriptor E.

## 2.3 Daily Living Activities

### Activity 1 – Preparing food

#### Notes:

This activity considers a claimant's ability to prepare and cook a simple meal for one from fresh ingredients. It assesses ability to open packaging, peel and chop, serve food on to a plate and use a microwave oven or cooker hob to cook or heat food. Serving food means transferring food to a plate or bowl, it does not include presentation.

Carrying items around the kitchen or carrying food to where it will be eaten is not included in this activity.

This activity considers the claimants functional limitations in their ability to prepare food and not the claimant's lack of skill or opportunity to learn. If an individual cannot cook at all because they have never needed to learn, consider their ability to carry out activities at or above waist height and their cognitive ability to use a stove or microwave if shown how.

Cooking food at waist height does not consider the ability to bend down to access an oven.

If an individual cannot reliably complete an activity in the way described in a descriptor then they should be considered unable to complete it at that level and an alternative descriptor selected.

A	Can prepare <b>and</b> cook a simple meal unaided.	
<p>Within the assessment criteria, the ability to perform an activity 'unaided' means without either the use of aids or appliances; or help from another person.</p> <p>As well as claimants who can prepare and cook a simple meal unaided, this descriptor also applies to claimants who do not prepare or cook through choice; claimants who make use of commonly used everyday objects such as pans with rubber grip handles for ease; or who have someone else prepare their meals through choice rather than necessity.</p> <p>If someone only eats ready meals then the HP must look at their functional ability to see what they could do. If there is nothing that would prevent them from cooking and preparing a simple meal but they use microwave ready meals out of choice, 1a would apply.</p>		0
B	Needs to use an aid or appliance to be able to either prepare <b>or</b> cook a	2

	simple meal.	
	<p>In this activity, aids and appliances could include, for example, prostheses, perching stool, and spiked chopping boards.</p> <p>Where the claimant is reliant on pre-chopped vegetables, you should consider whether the claimant could peel and chop. If they could peel and chop with the use of an aid, they carry out preparation with aids. If the person uses pre-chopped vegetables because they couldn't peel and chop even with an aid, they need assistance to prepare a simple meal.</p>	
C	Cannot cook a simple meal using a conventional cooker but is able to do so using a microwave.	
	<p>May apply to someone with a condition that means they cannot safely use a cooker hob, but could use a microwave oven instead - for example, a cognitively impaired person who would be likely to leave a gas cooker on.</p> <p>Someone with very frequent but predictable seizures should be able to use a conventional cooker. Claimants with unpredictable episodes may need to use a microwave due to the risk of burning themselves with a conventional cooker.</p> <p>Using an oven or bending to cook are not considerations for this descriptor.</p> <p>A claimant can only satisfy this descriptor if they can prepare a meal unaided.</p>	2
D	Needs prompting to be able to either prepare <u>or</u> cook a simple meal.	
	'Prompting' means reminding, encouraging or explaining by another person. For example: may apply to claimants who lack motivation to prepare and cook a simple meal on the majority of days due to a mental health condition, or who need to be reminded how to prepare and cook food on the majority of days.	2
E	Needs supervision or assistance to either prepare <u>or</u> cook a simple meal.	
	For example: may apply to claimants who need supervision to safely heat or cook food using a microwave oven; or to claimants who cannot safely prepare vegetables, even with an aid or appliance. This descriptor also applies to claimants who are unable to determine whether food is safe to eat – for example, that meat is properly cooked – due to sensory or cognitive impairment.	4

	<p>Preparation of a simple meal includes the ability to peel and chop fresh ingredients. If someone can't do this without supervision or assistance then 1e will apply.</p> <p>For claimants who experience seizures 1e might apply to those where there is strong evidence that the altered consciousness is unpredictable and that they would not reliably be able to use a microwave.</p>	
F	Cannot prepare and cook food.	
	<p>This descriptor refers to the person's functional ability in relation to any impairment and their cooking skills should not be taken in to consideration for this descriptor. If a claimant cannot cook because they have never learned but their functional ability indicates they could undertake tasks involved in preparing and cooking food then this descriptor would not apply.</p> <p><u>Descriptor 1f measures the ability to prepare and cook food. A claimant can only satisfy 1f if they can neither prepare nor cook food (even with assistance or supervision). If they cannot do one of these, even with assistance or supervision, but can do the other then one of the other descriptors will apply.</u></p> <p>Claimants who can prepare food but cannot cook it, would not satisfy this descriptor.</p>	8

## Activity 2 – Taking nutrition

### Notes:

This activity considers a person's ability to be nourished, either by cutting food into pieces, conveying it to the mouth and chewing and swallowing; or through the use of therapeutic sources.

The defined term 'taking nutrition' refers solely to the act of eating and drinking and so the quality of what is being consumed is irrelevant for the purposes of daily living activity 2. Therefore, if for any reason a claimant elects to have a bad or restricted diet, makes dietary choices or chooses to avoid certain foods as part of dietary requirements, they are nevertheless 'taking nutrition' to an acceptable standard and therefore will not score under activity 2.

Cases where what is being consumed is so beyond any reasonable or rational view of what constitutes food or drink that it does not amount to 'taking nutrition' are possible but will be very rare. However, if a claimant needs prompting to eat because they have a physical or mental condition that affects their ability to make active choices about the food they consume (for example claimants with a learning disability or an eating disorder who because of that disorder need prompting to undertake the physical act of eating), they will qualify under descriptor d.

The frequency of taking nutrition should only be considered if the claimant has an underlying condition which affects their ability to remember to eat, or their motivation to eat e.g. dementia or severe clinical depression or an eating disorder

A therapeutic source means parenteral or enteral tube feeding using a device, such as a delivery system or feed pump.

If an individual cannot reliably complete an activity in the way described in a descriptor then they should be considered unable to complete it at that level and an alternative descriptor selected.

A	Can take nutrition unaided.	
Within the assessment criteria, the ability to perform an activity 'unaided' means without either the use of aids or appliances; or help from another person.		0
B	Needs – i. to use an aid or appliance to be able to take nutrition; <b>or</b> ii. supervision to be able to take nutrition; <b>or</b>	2



	iii. assistance to be able to cut up food.	
	<p>Applies to claimants who need to use specially adapted cutlery; claimants who are at significant risk of choking when taking nutrition; claimants who regularly spill food due to tremors or other factors and claimants who have difficulty cutting up food which is ready to be eaten (not raw ingredients as these are considered in activity 1).</p> <p><u>If someone needs an aid to peel and chop food (activity 1) you cannot automatically assume that they will need to use an aid or appliance to take nutrition. Somebody who has problems with manual dexterity or grip strength to the extent that they have problems chopping and peeling raw vegetables may have difficulties cutting cooked food into pieces, but this is not inevitable as it may be easier to cut cooked food than raw vegetables.</u></p>	
C	Needs a therapeutic source to be able to take nutrition.	2
	For example: may apply to claimants who require enteral or parenteral feeding but can carry it out unaided.	
D	Needs prompting to be able to take nutrition.	4
	<p>'Prompting' means reminding, encouraging or explaining by another person.</p> <p>Applies to claimants who need to be reminded to eat (for example, due to a cognitive impairment or severe depression), or who need prompting about portion size. Prompting regarding portion size should be directly linked to a diagnosed condition such as Prader Willi Syndrome or Anorexia. In cases where obesity is a factor and where there is no impaired cognition which would suggest a lack of choice or control then this descriptor would not apply.</p>	
E	Needs assistance to be able to manage a therapeutic source to take nutrition.	6
	For example: may apply to claimants who require enteral or parenteral	

feeding and require support to manage the equipment.		
F	Cannot convey food and drink to their mouth and needs another person to do so.	10

### Activity 3 – Managing therapy or monitoring a health condition

#### Notes:

This activity considers a claimant's ability to:

- (i) appropriately take medications in a domestic setting that are prescribed or recommended by a registered doctor, nurse or pharmacist;
- (ii) monitor and detect changes in a health condition; and
- (iii) manage therapeutic activities that are carried out in a domestic setting that are prescribed or recommended by a registered doctor, nurse, pharmacist or healthcare professional regulated by the Health Professions Council;

Without any of which their health is likely to deteriorate.

This activity only applies to medication or therapy delivered in the home environment i.e. where the claimant lives (and may include care homes).

Medication is pharmaceutical treatment i.e. treatment which involves the use of medicinal drugs. Drugs are substances which have a physiological effect when ingested or introduced into or onto the body. Examples of medication include tablets, injections, inhaled medications or creams.

Therapy is a non-pharmaceutical treatment i.e. treatments which do not involve the use of medicinal drugs. Examples of therapy include physiotherapy, home dialysis and special diets where both attention to the nature and timing of food is integral in the management of the diet and where failing to adhere to the diet would result in an immediate deterioration in the claimant's condition (e.g. a hyperglycaemic event for a diabetic).

Whilst medication and therapy do not necessarily have to be prescribed, there must be a consensus of medical opinion that supports their use in treatment of the condition, hence the necessity for them to be prescribed or recommended for the claimant by a registered healthcare professional or pharmacist. Therapy does not include taking or applying, or otherwise receiving or administering, medication (whether orally, topically or by any other means), or any action which, in the claimant's case, falls within the definition of "monitor a health condition".

For the purpose of descriptor 3c - f, the 'majority of days' test does not require the individual to actually be receiving therapy on the majority of days in a year. However, the descriptor would still need to accurately describe the claimant's circumstances on the majority of weeks in the required period. For example, if a claimant needs assistance for three hours to undergo home dialysis on Monday and Friday every week, they would not actually be receiving therapy on the majority of days in a year. However, the statement that they need 'assistance to be able to manage therapy that takes more than 3.5 but no more than 7 hours a week' would still apply, as it accurately describes the level of support

needed on the majority of weeks in the required period.

Monitoring a health condition means the ability to recognise significant adverse changes in a claimant’s health condition and take corrective action to implement treatment plans or modifications, as advised by a healthcare professional. The HP should expect to see evidence demonstrating recognition of the role the person is playing in actively monitoring the claimant ‘s health condition, for example a diabetic claimant whose blood sugar levels change and where the third party would be able to take action as a result, without which the claimant’s short or long-term health would be at risk.

Descriptors C – F: the need for supervision, prompting or assistance to be able to manage therapy apply to the duration of the supervision, prompting or assistance and **not** the duration of the therapy. In the case of managing special diets, time spent on supervision and monitoring cooking or eating is covered in activities 1 and 2. See the descriptors for illustrative examples of how to consider any intervention the claimant requires.

A nebuliser could be considered to be delivering either medication or therapy depending on the clinical indication and use. In some cases it will be used to deliver medications such as salbutamol in asthma. However it can also be used in a therapeutic role to deliver nebulised saline water in chronic chest conditions to help loosen mucous secretions and aid chest physiotherapy. In most cases the process of delivering nebulised liquids encompasses both medication and non-pharmaceutical treatment (i.e. therapy) so the higher descriptor would apply.

A claimant who requires a therapeutic source to take nutrition would not score under this activity, but may be considered under activity 2.

If an individual cannot reliably complete an activity in the way described in a descriptor then they should be considered unable to complete it at that level and an alternative descriptor selected.

A	<p>Either –</p> <ul style="list-style-type: none"> <li>i. Does not receive medication or therapy or need to monitor a health condition; <b>or</b></li> <li>ii. Can manage medication or therapy or monitor a health condition unaided.</li> </ul>	0
<p>Within the assessment criteria, the ability to perform an activity ‘unaided’ means without either the use of aids or appliances; or help from another person.</p> <p>The potential future needs of a person cannot be considered. If a person with a cognitive impairment or learning disability takes no medications, this descriptor</p>		

	should be chosen.	
B	<p>Needs any one or more of the following–</p> <ul style="list-style-type: none"> <li>i. to use an aid or appliance to be able to manage medication;</li> <li>ii. supervision, prompting or assistance to be able to manage medication</li> <li>iii. supervision, prompting or assistance to be able to monitor a health condition.</li> </ul>	
	<ul style="list-style-type: none"> <li>(i) Examples of aids to help manage medication include dosette boxes, alarms and reminders. Consideration of their use for the purpose of this activity should be directly linked with the reliability criteria – in other words the claimant is unable to reliably manage their medication independently and the use of aids or appliances <b>is required</b>.</li> <li>(ii) Supervision may be required to ensure that medication is taken properly, or to minimise the risk of accidental or deliberate overdose.</li> </ul> <p>Prompting may be necessary to remind the claimant to take medication at certain times, for example due to problems with short-term memory, or to repeatedly explain why it is necessary for the claimant to take medication where there are issues with their own capacity to understand.</p> <p>Assistance may be required for example, where the claimant needs physical help opening bottles or taking pills out of blister packs, or help interpreting blood sugar levels for the correct dose of medication.</p> <p>Inhalers, needles, glucose meters and nebulisers are not aids or appliances for managing medication, but are devices for delivering the medication or monitoring the health condition. However if a claimant requires assistance to use such devices to take medication or monitor their health condition they would score under this descriptor.</p>	1
C	Needs supervision, prompting or assistance to be able to manage therapy that takes no more than 3.5 hours a week.	
	Therapies could include domiciliary dialysis, talking therapies and exercise regimes undertaken in the home. For example, a claimant needs 15 minutes of assistance with applying compression bandages every day. The assistance required each week totals 1 hour and 45 minutes, even though the claimant	2

	wears the bandages (i.e. undertakes the therapy), all day every day. If the claimant is visited by a therapist for an hour per week, but undertakes the therapy independently for an hour on the other 6 days, only the hour where they are assisted to manage the therapy should be considered rather than the independent therapy.	
D	Needs supervision, prompting or assistance to be able to manage therapy that takes more than 3.5 but no more than 7 hours a week.	4
	For example: a claimant who undergoes home dialysis for three hours on Monday and 3 hours on Friday each week and who requires supervision throughout the duration of the dialysis.	
E	Needs supervision, prompting or assistance to be able to manage therapy that takes more than 7 but no more than 14 hours a week.	6
	For example: a claimant who requires assistance to perform exercises which have been recommended by a physiotherapist for the purpose of improving a health condition for 1.5 hours every day.	
F	Needs supervision, prompting or assistance to be able to manage therapy that takes more than 14 hours a week.	8
	For example: claimants who are undergoing intensive and prolonged therapeutic treatment which require the presence of another person to prompt, supervise or assist and without which the claimant would be unable to undertake the therapy safely, to an acceptable standard or as often as required.	

**Activity 4 – Washing and bathing**

This activity considers a claimant’s ability to wash and bathe.

‘Washing’ means cleaning ones whole body, including removing dirt and sweat.

Bathing’ means getting into and out of both an unadapted bath **and** an unadapted shower.

If an individual cannot reliably complete an activity in the way described in a descriptor then they should be considered unable to complete it at that level and an alternative descriptor selected.

**Notes:**

A wet room is not an unadapted shower. If a claimant reasonably requires use of a wet room it could be evidence that the claimant cannot access an unadapted bath or shower. Consideration should be given to the claimant’s ability to use an unadapted bath and shower and ascertain what, if any, help they need in relation to using these

Consideration should be given to the claimant’s functional restrictions to see if they:

- could reasonably use an aid such as a grab rail to get in or out of an unadapted bath or shower (4b)
- or whether they require assistance (4e) to get in and out of an unadapted bath or shower.

.The same principles will also apply when determining whether a claimant requires an aid (4b) or prompting or supervision (4c) to get into or out of an unadapted bath or shower.

Shaving or the ability to dry oneself is not considered in this activity.

A	Can wash and bathe unaided.	0
<p>Applies to claimants who can wash and bath unaided, including getting in to and out of both an unadapted bath and unadapted shower.</p> <p>Within the assessment criteria, the ability to perform an activity ‘unaided’ means without either the use of aids or appliances; or help from another person.</p> <p>The majority of people cannot touch every single part of their back. Most people without a disability cannot access their upper spinal region. If someone needs an aid or appliance or requires assistance simply to reach their upper spinal region this is insufficient in itself to score points as the majority of people experience the same restriction.</p>		

B	Needs to use an aid or appliance to be able to wash or bathe.	
<p>For example: a long-handled sponge to wash parts of the body that people without a disability could access independently, shower seat where the claimant has difficulty standing for the time taken to shower, or bath rail where there are issues with balance, stability or upper body strength. If a claimant uses a shower attachment on a bath, this should be considered as an unadapted shower.</p> <p>A deaf or hearing impaired claimant, who is not able to hear a standard fire alarm while washing or bathing, may need a visual alarm to alert them to the risk of fire, in order to wash or bathe safely.</p>		2
C	Needs supervision or prompting to be able to wash or bathe.	
<p>‘Prompting’ means reminding, encouraging or explaining by another person. For example: may apply to claimants who lack motivation or need to be reminded to wash, or require supervision for safety reasons. When considering safety use of both a bath and shower should be considered.</p>		2
D	Needs assistance to be able to wash either their hair, or body below the waist.	
<p>For example: may apply to claimants who are unable to make use of aids and who cannot reach their lower limbs, or their hair.</p>		2
E	Needs assistance to be able to get in or out of a bath or shower	3



This descriptor relates to physical assistance by another person and should be applied as a hypothetical test to consider whether the claimant needs assistance to get in to and out of either one of an unadapted bath, or an unadapted shower.

Unadapted baths and showers include a shower over a bath, a shower cubicle (i.e. a partitioned area with a threshold/ledge to step over) and shower attachments to bath taps. Those who cannot access either one of an unadapted bath or shower without assistance from another will qualify for descriptor 4e. A wet room shower, if its use is reasonably required, is evidence that the claimant cannot get into an unadapted shower.

The following decision matrix has been devised to help determine whether a claimant can satisfy 4e:

Does the claimant need assistance to get in or out of a BATH?	Does the claimant need assistance to get in or out of a SHOWER?	Does the claimant score points under descriptor 4e?
Yes	Yes	Yes
Yes	No	Yes
No	Yes	Yes
No	No	No

F	Needs assistance to be able to wash their body between the shoulders and waist.	4
For the purposes of this descriptor, the ability to wash ones upper spinal region is not a consideration.		
G	Cannot wash and bathe at all and needs another person to wash their entire body.	8

## Activity 5 – Managing toilet needs or incontinence

This activity considers a claimant's ability to get on and off the toilet, to manage evacuation of the bladder and/or bowel and to clean afterwards.

This activity does **not** consider the ability to manage clothing, climb stairs or mobilise to the toilet.

### **Notes:**

Managing incontinence means the ability to manage involuntary evacuation of the bladder and/or bowel including the use of a collecting device or self- catheterisation and cleaning oneself afterwards.

Claimants with indwelling (permanent) catheters or stoma are considered incontinent for the purposes of this activity.

If the urinary tract is normal there will be little risk of incontinence no matter how long it takes to mobilise to the toilet. If there is, however, a bladder problem and the claimant will be incontinent before they reach the toilet, then a commode could be considered as an aid for the bladder condition (toilet needs) not for the mobility problem (mobility needs). Urinary tract conditions that cause urgency of micturition will be relevant in this context; - other urinary tract conditions may not be relevant.

People may tolerate incontinence without seeking help, it is possible that they have accepted this as a normal part of having children or the aging process and purchase their own pads, in which case 5b would apply.

The volume of incontinence will vary between individuals and different people might tolerate different volumes of loss before feeling the need to purchase or obtain pads, including where use is on a precautionary basis.

There is no requirement for claimants to have a formal diagnosis but there should be enough evidence to be confident that the reported needs are consistent.

### **Toilet needs is defined as:**

- (a) getting on and off an unadapted toilet;**
- (b) evacuating the bladder and bowel; and**
- (c) cleaning oneself afterwards.**

Help is needed with managing toileting if a claimant needs assistance with one or more of these three actions.

If an individual cannot reliably complete an activity in the way described in a descriptor then they should be considered unable to complete it at that level and an alternative descriptor selected.

A	Can manage toilet needs or incontinence unaided.	0
<p>Within the assessment criteria, the ability to perform an activity 'unaided' means without either the use of aids or appliances; or help from another person.</p> <p>Descriptor (A) should be appropriate for claimants who use a commode due to limited mobility (and therefore have difficulty mobilising to the toilet) but otherwise can manage their toilet needs or incontinence.</p>		
B	Needs to use an aid or appliance to be able to manage toilet needs or incontinence.	
<p>For example: the claimant is unable to use a standard toilet due to their health condition or impairment. Suitable aids could include commodes, raised toilet seats and bottom wipers, incontinence pads or a stoma bag.</p>		2
C	Needs supervision or prompting to be able to manage toilet needs.	
<p>'Prompting' means reminding, encouraging or explaining by another person. For example: may apply to claimants who need to be reminded to go to the toilet or need supervision to ensure they cleanse properly.</p>		2
D	Needs assistance to be able to manage toilet needs.	
<p>This descriptor refers to claimants who require assistance to get on and off the toilet, evacuate the bladder and bowel to clean themselves afterwards, but not to claimants who require assistance due to incontinence. Claimants requiring assistance who are also incontinent are covered by descriptors 5E and 5F.</p>		4
E	Needs assistance to be able to manage incontinence of either bladder or bowel.	6

For example may apply to a claimant who requires assistance to change a stoma bag.		
F	Needs assistance to be able to manage incontinence of both bladder and bowel.	8

## Activity 6 – Dressing and undressing

This activity assesses a claimant's ability to put on and take off appropriate, un-adapted clothing that is suitable for the situation. This may include the need to use aids, or where the claimant requires prompting or assistance to dress.

If an individual cannot reliably complete an activity in the way described in a descriptor then they should be considered unable to complete it at that level and an alternative descriptor selected.

All claimants should be measured by their level of functional ability rather than by how they choose to dress. The key consideration should be the functions that are involved in dressing and undressing and the claimant's condition that is said to limit their ability to perform those functions.

Dressing and undressing may involve stretching, reaching, bending, gripping and other such movements.

A	Can dress and undress unaided.	
Within the assessment criteria, the ability to perform an activity 'unaided' means without either the use of aids or appliances; or help from another person.		0
B	Needs to use an aid or appliance to be able to dress or undress.	
<p>For example: button hooks and sock aids</p> <p>Consider whether the way in which the claimant uses an item is a regular way of performing the activity, in the sense that someone without any relevant impairment might also carry out the activity in that way. For example, in many cases a claimant will be able to dress or undress either sitting down, standing up, or through a combination of both standing and sitting, and this would be considered an acceptable way of dressing and undressing so they would score 6a. In some cases an aid may be required in addition, and the claimant would appropriately score 6b. There will be a minority of cases where the claimant is neither able to sit or stand to dress and undress, but they are able to lie on the bed to perform the activity and do not require an additional conventional aid or appliance to help them. In these circumstances the bed would be considered an aid. These cases are likely to be rare.</p>		2

C	Needs either – i. prompting to be able to dress, undress or determine appropriate circumstances for remaining clothed; <b>or</b> ii. prompting or assistance to be able to select appropriate clothing.	2
‘Prompting’ means reminding, encouraging or explaining by another person. For example: may apply to claimants who need to be encouraged to dress at appropriate times, e.g. when leaving the house or receiving visitors. Includes a consideration of whether the claimant can determine what is appropriate for the environment, such as time of day and the weather.		
D	Needs assistance to be able to dress or undress their lower body.	2
Applies to claimants who cannot dress or undress their lower body, even with the use of aids or appliances and require physical assistance of another person.		
E	Needs assistance to be able to dress or undress their upper body.	4
Applies to claimants who cannot dress or undress their upper body, even with the use of aids or appliances and require the physical assistance of another person.		
F	Cannot dress or undress at all.	8

## Activity 7 – Communicating verbally

This activity considers a claimant's ability to communicate verbally with regard to expressive (conveying) communication and receptive (receiving and understanding) communication in one's native language.

Clarity of the claimant's speech should be considered. In some cases the other participant in the conversation may have to concentrate slightly harder than normal, for example after a certain type of stroke it can be hard to articulate some sounds in speech. The speech sounds different to normal but is understandable. This is to an acceptable standard in the meaning of the descriptor. If the claimant couldn't make themselves understood and had to resort to hand gestures and writing notes this would not be to an acceptable standard.

### Notes:

Basic verbal information is information conveyed in a simple sentence: "Can I help you?", "I would like tea please.", "I came home today.", "The time is 3 o'clock."

Complex verbal information is information conveyed in either more than one sentence or one complicated sentence, for example: "I would like tea please, just a splash of milk and no sugar, as I always have sweeteners with me for when I go out."

Verbal information can include information that is interpreted from verbal into non-verbal form or vice-versa – for example, speech interpreted through sign language.

Communication support means support from another person trained or experienced in communicating with people with specific communication needs (for example, a sign language interpreter); or someone directly experienced in communicating with the claimant themselves (for example, a family member or carer).

Individuals who cannot express or understand verbal information and would need communication support to do so should receive the appropriate descriptor even if they do not have access to this support. For example, a deaf person who cannot communicate verbally and does not use sign language might need communication support to support them in another way even if they do not routinely have such help.

Lip reading is not considered an acceptable way to interpret verbal communication.

**Note:** The ability to remember and retain information is not within the scope of this activity e.g. relevant to those with dementia or learning disabilities.

When considering whether a claimant requires an aid or appliance, HPs should distinguish between:

- an aid or appliance that a claimant must use or could reasonably be expected to use, in order to carry out the activity safely, reliably, repeatedly and in a timely manner; and
- an aid or appliance that a claimant may be using or wish to use because it makes it easier to carry out the activity safely, reliably, repeatedly and in a timely manner.

<p>Descriptor advice in favour of an aid or appliance should only be given in the former case. An aid or appliance is not required in the latter.</p> <p>Where a claimant chooses not to use an aid or appliance that he or she could reasonably be expected to use and would enable them to carry out the activity without assistance, they should be assessed as needing an aid or appliance rather than a higher level of support.</p>		
A	Can express and understand verbal information unaided.	0
<p>Within the assessment criteria, the ability to perform an activity unaided means without either the use of aids or appliances; or help from another person.</p>		
B	Needs to use an aid or appliance to be able to speak or hear.	
<p>Applies to claimants who require a hearing aid in order to hear to an acceptable standard, or an electro larynx in order to speak. If the claimant is not using a prescribed hearing aid, there should be exploration of whether there is a medical reason such as chronic ear infection. If so, function without the aid should be assessed. If there is not a good reason, expected function with the aid should be assessed. If a claimant cannot speak or hear to an acceptable standard even with the use of aids then an alternative descriptor should be selected.</p>		2
C	Needs communication support to be able to express or understand complex verbal information.	
<p>This descriptor applies to claimants who can express and understand basic verbal information, but who need support to be able to express or understand complex sentences. If a claimant cannot express or understand even basic verbal information then Descriptor D or descriptor E would be appropriate.</p> <p><u>Claimants could still meet this descriptor even if they use aids, where those aids do not restore speech, hearing or understanding to an acceptable level.</u></p> <p>Individuals who cannot express or understand verbal information and would need communication support to do so should receive the appropriate descriptor even if they do not have access to this support.</p>		4
D	Needs communication support to be able to express or understand basic	8



	verbal information.	
	<p>Communication support means support from another person trained in communicating with people with specific communication needs (for example, a sign language interpreter). .</p> <p><u>Claimants could still meet this descriptor even if they use aids, where those aids do not restore speech, hearing or understanding to an acceptable level.</u></p> <p>Individuals who cannot express or understand verbal information and would need communication support to do so should receive the appropriate descriptor even if they do not have access to this support.</p>	
E	Cannot express or understand verbal information at all even with communication support.	12
	A claimant who cannot either speak, hear or understand verbal communication even with communication support would score under this descriptor.	

## Activity 8 – Reading and understanding signs, symbols and words

This activity considers the claimant's ability to read and understand written or printed information in the person's native language. To be considered able to read, claimants must be able to see the information – accessing information via Braille is not considered as reading for this activity.

If the claimant cannot read, this must be as a direct result of their health condition or impairment e.g. visual impairment, cognitive impairment, learning disability. Illiteracy or lack of familiarity with written English are not health conditions and should not be considered, except where they arise as a consequence of a sensory or cognitive impairment.

### Notes:

The ability to remember and retain information is not within the scope of this activity.

If an individual cannot reliably complete an activity in the way described in a descriptor then they should be considered unable to complete it at that level and an alternative descriptor selected.

A	Can read and understand basic and complex written information either unaided or using spectacles or contact lenses.	
<p>Within the assessment criteria, the ability to perform an activity unaided means without either the use of aids or appliances; or help from another person.</p> <p>The distance between the eyes and written material is not relevant. Some people hold text closer to their eyes than others, but if it can be read without aids then this descriptor will apply.</p>		0
B	Needs to use an aid or appliance, other than spectacles or contact lenses, to be able to read or understand either basic or complex written information.	
<p>For example: may apply to claimants who require vision aids.</p> <p><u>Some people have prisms in their glasses prescription to correct their vision In such cases the prism should not be considered an aid as it would be part of the normal spectacles prescription.</u></p> <p><u>If a larger prism has to be held in front of the person's usual glasses, then the prism lenses should be considered an aid.</u></p>		2

<p>Basic information is signs, symbols or dates e.g. a green exit sign on a door.</p> <p>Complex information is more than one sentence of written or printed standard size text e.g. “Your home may be at risk if you do not keep up repayments on your mortgage or any other debt secured on it. Subject to terms and conditions.”</p> <p>Consideration must be given to whether the claimant can read and understand information both indoors and outdoors. In doing so consideration should also be given to whether the claimant uses or could reasonably be expected to use aids or appliances, such as screen magnification to read text when indoors and a portable magnifying glass to do so when outdoors. If despite the use of aids the claimant cannot read basic or complex information both indoors <u>and</u> outdoors, another descriptor may apply.</p>		
C	Needs prompting to be able to read or understand complex written information.	
	Prompting means reminding, encouraging or explaining by another person. For example: may apply to claimants who require another person to explain complex written information due to a cognitive impairment.	2
D	Needs prompting to be able to read or understand basic written information.	
	Prompting means reminding, encouraging or explaining by another person. For example: may apply to claimants who require another person to remind them of the meaning of basic information due to a cognitive impairment	4
E	Cannot read or understand signs, symbols or words at all.	
	For example: may apply to claimants who require another person to read everything for them due to a learning disability or severe visual impairment.	8

## **Activity 9 – Engaging with other people face to face**

This activity considers a claimant's ability to engage with other people, which means to interact face-to-face in a contextually and socially appropriate manner, understand body language and establish relationships. The different aspects of the ability to engage with other people needs to be considered in the round.

This activity encompasses all forms of social engagement, whether the 'relationship' established lasts ten minutes, ten days or ten years. It should be considered in the context of everyday activities in which social and verbal interaction is required.

When considering whether claimants can engage with others, consideration should be given to whether they can engage with people generally, not just those people they know well.

Activities 7 and 9 are not mutually exclusive. If claimants require support to engage with others under activity 9, as well as communication support under activity 7, then their needs must be considered under both activities. For example, where someone with a sensory impairment scores under activity 7, it may be that anxiety arising from their impairment means they reasonably need help to engage with others face to face also.

Vulnerability to the actions of others needs to be considered. For example, someone with cognitive or learning impairment may be less risk aware and vulnerable to manipulation or abuse.

Behaviour which would result in a substantial risk of harm to the claimant or another person must be as a result of an underlying health condition and the claimant's inability to control their behaviour.

An inability to engage face to face must be due to the impact of impairment and not simply a matter of preference by the claimant.

Where, as a result of past intervention, the claimant is now able to engage with other people satisfactorily and without further help, then the claimant does not need support for face to face engagement.

If an individual cannot reliably complete an activity in the way described in a descriptor then

they should be considered unable to complete it at that level and an alternative descriptor selected.		
A	Can engage with other people unaided.	0
Within the assessment criteria, the ability to perform an activity unaided means without either the use of aids or appliances; or help from another person.		
B	Needs prompting to be able to engage with other people.	2
<p>Prompting means reminding, encouraging or explaining by another person. This could take the form of a person acting in a reassuring capacity e.g. calming someone who is anxious about interacting with others.</p> <p>Where prompting <b>must</b> be given by a person with training or experience, it is considered as satisfying 9c, not 9b.</p>		
C	Needs social support to be able to engage with other people.	4
<p>Social support means support from another person trained or experienced in assisting people to engage in social situations or someone directly experienced in supporting the claimant themselves (for example a family member or carer). In order to satisfy the descriptor, the claimant must require the help to be given by person/s who meet that definition. If the help can still be effective if given by someone who does not meet that definition, then 9c cannot be satisfied.</p> <p>Support can take many forms, depending on the needs of the claimant and the type of face to face engagement taking place. <b>Prompting can qualify as social support if it must be delivered by someone with training or experience.</b></p> <p>The other person may be a friend or family member. However, a close and comforting relationship, without the additional need for this training or experience, is not sufficient to constitute social support. It is the training or experience that is necessary for the social support to be effective.</p>		

	<p>Social support may be provided in advance of the activity, depending on the type of support provided and the nature of the face to face engagement. How far in advance support can be provided will be a question of fact and degree, established on a case by case basis, with the focus being on what the claimant needs.</p>	
<p>D</p>	<p>Cannot engage with other people due to such engagement causing either –</p> <ul style="list-style-type: none"> <li>i. overwhelming psychological distress to the claimant; <b>or</b></li> <li>ii. the claimant to exhibit behaviour which would result in a substantial risk of harm to the claimant or another person.</li> </ul>	
	<p>Overwhelming psychological distress means distress related to a mental health condition or intellectual or cognitive impairment which results in a severe anxiety state in which the symptoms are so severe that the person is unable to function. This may be as a direct result of a mental health condition, or as a result of another disability such as cognitive or developmental impairment.</p> <p>Note that in order to satisfy this descriptor it should be considered whether prompting and social support would overcome the problems, so this descriptor would only apply despite that help.</p>	<p>8</p>

## Activity 10 – Making budgeting decisions

The aim of this activity is to assess whether the claimant is able to make budgeting decisions, either simple or complex.

### Notes:

Complex budgeting decisions are those that are involved in calculating household and personal budgets, managing and paying bills and planning future purchases.

Simple budgeting decisions are those that are involved in activities such as calculating the cost of goods and change required following purchases.

Assistance in this activity refers to another person carrying out elements, although not all, of the decision making process for the claimant.

If an individual cannot reliably complete an activity in the way described in a descriptor then they should be considered unable to complete it at that level and an alternative descriptor selected.

This activity does not include the sort of decisions which require financial knowledge, such as calculating interest rates or comparing mortgages. This is well beyond what is considered as complex. Complex budgeting involves calculating household and personal budgets (e.g. knowing how much money is left to spend once bills and rent is paid), managing and paying bills (e.g. setting aside money from income for gas and electricity bills) and planning future purchases (e.g. knowing that saving is required when necessary).

The age of the person or whether they have ever done any household budgeting is irrelevant – it is their ability to make budgeting decisions and their level of cognitive function that is relevant.

Reduced vision or mobility does not impact on making budgeting decisions. The fact that a person's limited sight or mobility make it difficult for them to see price tags in shops or get about may mean that they require someone else to read or help with travel, but it does not itself give rise to difficulty in making the decisions.

A	Can manage complex budgeting decisions unaided.	0
Within the assessment criteria, the ability to perform an activity unaided means without help from another person.		
B	Needs prompting or assistance to be able to make complex budgeting decisions.	2

<p>This descriptor applies to people who need assistance with managing their household bills or planning future purchases. A level of vulnerability due to a cognitive or developmental impairment which leaves the person vulnerable as a result of not understanding everyday financial matters should also be considered.</p> <p>This activity also applies to people who need prompting, e.g. those who need to be encouraged or reminded to make complex budgeting decisions.</p> <p>Where bad budgeting decisions are made, consideration must be given to whether this is as a result of a health condition or impairment.</p> <p>Similarly, some individuals may lack motivation to carry out this activity and consideration must be given to whether this is as a result of a health condition or impairment and whether the individual would carry out the activity if they really had to, for example if they were to receive a final notice to pay a bill.</p> <p>A mental health condition may affect a person's ability to make complex budgeting decisions. Complex budgeting decisions are not just a string of simple sums, but the ability to respond appropriately to changing circumstances and events, as income and outgoings change, new demands are made, new things become priorities. Because of this, conditions such as depression can have an impact if they mean that the person is unable to respond to these changing circumstances and demands.</p> <p>An example of someone who needs prompting/assistance to manage complex budgeting decisions may be where a claimant can manage day to day simple budgeting decisions, e.g. when food shopping, buying clothes etc. but not longer term finances. This activity does not take in to account a person's choices around budgeting, but simply their functional ability. So if a person spends all their money at the start of the month and cannot prioritise spending, this must be due to a health condition in order to satisfy the descriptor.</p>		
C	Needs prompting or assistance to be able to make simple budgeting decisions.	
<p>Prompting means reminding, encouraging or explaining by another person. For example: may apply to claimants who need to be encouraged or reminded to make simple financial decisions or who need assistance to manage simple budgeting independently.</p>		4
D	Cannot make any budgeting decisions at all.	6



## 2.4 Mobility activities

### Activity 11 – Planning and following journeys

This activity considers a claimant’s ability to plan and follow the route of a journey. It is useful separately to consider:

- ability to plan the route of a journey in advance
- ability to leave the home and embark on a journey and
- ability to follow the intended route once they leave the home.

This activity is designed for limitations on mobility deriving from mental health, cognitive and sensory impairments, whereas activity 12 is generally designed for limitations from physical problems. Cognitive impairment includes orientation (understanding of where, when and who the person is), attention, concentration and memory. Any issues with the ability to stand and then move are not applicable under activity 11, but under activity 12.

Regarding falls, consideration must be given to how the risk of falling manifests itself. Ordinarily the risk to a claimant’s safety arising from a physical inability to move safely would be applicable under activity 12. However, where the fall arises as a result of a sensory or cognitive impairment (for example, seizures associated with loss of consciousness) the risk of the fall to a claimant’s safety would be applicable under activity 11. When assessing which descriptor might apply, consideration also needs to be given to any risks to an individual arising during the “recovery” period (for example, any post ictal confusion).

11d or 11f only apply where a claimant could not reliably make their way along a route without an accompanying person, assistance dog or orientation aid. The presence of another person out of preference, is not sufficient.

Examples provided in this guidance are for illustrative purposes only and are not designed to be exhaustive.

A	Can plan and follow the route of a journey unaided.	0
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<p>Within the assessment criteria, the ability to perform an activity unaided means without either the use of aids or appliances; or help from another person.</p>		
B	<p>Needs prompting to be able to undertake any journey to avoid overwhelming psychological distress to the claimant.</p>	
<p>This descriptor applies to claimants where undertaking any journey causes overwhelming psychological distress (OPD) and where they need prompting ('prompting' means reminding, encouraging or explaining by another person) on the majority of days to be able to undertake the journey. In practice, this is only likely to apply in the circumstance where someone needs prompting to set off on the journey, but would not need another person whilst on the journey itself.</p> <p>'Any journey' means that in order to satisfy the descriptor on a day the person must require prompting when undertaking <i>every single</i> journey on that day to avoid OPD. If the person can manage to leave the home to make a journey once without prompting then on that day the descriptor is not satisfied. For example, a claimant who can make visits to the local shop or collect their children from school without prompting on most days will not satisfy this descriptor, even if they are unable to undertake other journeys without prompting during the same day. However, being able to start a journey at night time only is not considered to be undertaking a journey to an acceptable standard. Therefore, in these instances, descriptor E may be more appropriate.</p> <p>OPD means distress related to a mental health condition or intellectual or cognitive impairment resulting in a severe anxiety state in which the symptoms are so severe that the person cannot undertake a journey without being overwhelmed. The threshold is a very high one - a claimant who, without prompting, would be left feeling anxious, worried or emotional does not meet it. OPD may occur in conditions such as generalised anxiety disorder, panic disorder, dementia or agoraphobia.</p> <p>Illustrative examples:</p> <p>The claimant becomes panicked before any journey and they are only able to get out of the door if someone provides encouragement and reassurance that there are no dangers or threats as a result of going outside. However, once they are out they are able to follow a route independently without help. They would therefore satisfy mobility 1B.</p> <p>If, however, a claimant can undertake any single journey on the majority of days in</p>		4

<p>the required period without prompting, for example, regular visits to the local shop to collect the daily paper, or regularly collect their children from school without support then they will not satisfy this descriptor, even if they are unable to set off on other journeys without prompting during the required period.</p>		
C	Cannot plan the route of a journey.	8
<p>This descriptor is most likely to apply to claimants with cognitive or developmental impairments who cannot formulate a plan for their journey in advance using simple materials, such as bus route maps, phone apps or timetables. The route that is being planned is unfamiliar – one does not need to plan a familiar route.</p>		
D	Cannot follow the route of an unfamiliar journey without another person, assistance dog or orientation aid.	10
<p>“Follow the route” means make one’s way along a route to a destination. This involves more than just navigation of the route; it also includes making your way along the route reliably. Safety should be considered in respect of risks that relate to making ones’ way along a route (for example, tendency to wander into the road, inability to safely cross a road or risk of self-harm due to overwhelming psychological distress caused). For example, a claimant with a severe visual or hearing impairment may be at a substantial risk from traffic when crossing a road.</p> <p>This descriptor is most likely to apply to claimants with cognitive, sensory or developmental impairments, or a mental health condition that results in overwhelming psychological distress, who cannot, due to their impairment, work out where to go, follow directions, follow a journey safely or deal with minor unexpected changes in their journey when it is unfamiliar. A claimant who suffers overwhelming psychological distress whilst on the unfamiliar journey and who needs to be accompanied to overcome the overwhelming psychological distress may satisfy descriptor 1d.</p> <p>A person should only be considered able to follow an unfamiliar journey if they would be capable of using public transport – the assessment of which should focus on ability rather than choice.</p> <p>The route has already been planned. Any significant diversions from that route are therefore irrelevant – it is no longer the planned route. However, making one’s way around road works, or a change of train platform, road closure or train cancellation (i.e. minor diversions) are part of being able to follow the route of a</p>		

	<p>journey. For example a deaf person may need a person to accompany them to relay information, such as changes to a journey, due to minor disruptions.</p> <p>The descriptor refers to “an unfamiliar journey” rather than “any unfamiliar journey”. Accordingly, claimants can satisfy the descriptor by showing that they typically need to be accompanied by another person or an assistance dog or to use an orientation aid on the majority of days when undertaking unfamiliar journeys (it’s not necessary to show that they need such support for every possible unfamiliar journey on most days)</p> <p>Orientation aids are <i>specialist</i> aids. Ordinary satellite navigation systems such as those found in mobile phones do not count as specialist. Maps or lists of directions do not count as specialist. A long cane (as used by person with sight impairment) is an example of a specialist orientation aid (NB – a symbol cane, which is used to signal to others the person has some sight impairment, is not an orientation aid as it does not actually help the person orient themselves).</p>	
E	Cannot undertake any journey because it would cause overwhelming psychological distress to the claimant.	
	<p>This descriptor applies to claimants where undertaking any journey on the majority of days causes overwhelming psychological distress (OPD) despite being aided.</p> <p>‘Any journey’ means that in order to satisfy the descriptor on any particular day the person must not be able to manage to undertake a single journey. If the person can manage to leave the home to undertake a journey once then on that day the descriptor is not satisfied, even if they are unable to undertake other journeys during the same day. Being able to complete a journey at night time only however, is not considered to be completing a journey to an acceptable standard. Therefore, in these instances, this descriptor may be appropriate.</p> <p>OPD means distress related to a mental health condition or intellectual or cognitive impairment resulting in a severe anxiety state in which the symptoms are so severe that the person cannot undertake a journey without being overwhelmed. The threshold is a very high one - a claimant who is anxious, worried or emotional does not meet it.</p> <p>This descriptor is likely to apply to claimants with severe mental health conditions (for example, severe agoraphobia, panic disorder or psychotic illness associated with severe paranoia) or cognitive impairments (for example, a person with dementia who may become very agitated and distressed when leaving home, to the extent that journeys outside the home can no longer be made either at all, or on the majority of days, even with the support of another person).</p> <p>A claimant who satisfies 1e cannot also satisfy 1f. If they cannot undertake a single journey on the majority of days due to overwhelming psychological</p>	10

	<p>distress, then 1e will be the applicable descriptor, even if there are occasions when they could follow a familiar route, if accompanied.</p>	
<p>F</p>	<p>Cannot follow the route of a familiar journey without another person, an assistance dog or an orientation aid.</p>	
	<p>“Follow the route” means make one’s way along a route to a destination. This involves more than just navigation of the route. Safety should be considered in respect of risks that relate to making ones’ way along a route (for example, tendency to wander into the road, inability to safely cross a road or risk of self-harm due to overwhelming psychological distress caused). For example, a claimant with a severe visual or hearing impairment may be at a substantial risk from traffic when crossing a road.</p> <p>The familiar route does not need to be planned – it is familiar. Any significant diversions from that route are therefore irrelevant – it is no longer the familiar route. However, making one’s way around road works, or a change of train platform (i.e. minor diversions) are part of being able to follow the route of a journey.</p> <p>The descriptor refers to “a familiar journey” rather than “any familiar journey”. Accordingly, claimants can satisfy the descriptor by showing that they typically need to be accompanied by another person or an assistance dog or to use an orientation aid on the majority of days when undertaking familiar journeys (it’s not necessary to show that they need such support for every possible familiar journey on most days).</p> <p>This descriptor is most likely to apply to claimants with cognitive, sensory or developmental impairments, or a mental health condition that results in overwhelming psychological distress, who cannot, due to their impairment, work out where to go, follow directions, follow a journey safely or deal with unexpected changes in their journey, even when the journey is familiar. A claimant who suffers overwhelming psychological distress whilst on the familiar journey and who needs to be accompanied to overcome the overwhelming psychological distress may satisfy descriptor 1f.</p> <p>A claimant who is actively suicidal or who is at substantial risk of exhibiting violent behaviour and who needs to be accompanied by another person to prevent them harming themselves or others when undertaking a journey would meet this descriptor. In cases such as this, the HP should look for evidence of suicidal thoughts and/or behaviour. In cases of violent behaviour there must be evidence that they are unable to control their behaviour and that being accompanied by another person, who can intervene if necessary, reduces a substantial risk of the</p>	<p>12</p>

person committing a violent act.

Orientation aids are *specialist* aids. Ordinary satellite navigation systems such as those found in mobile phones do not count as specialist. Maps or lists of directions do not count as specialist. A long cane (as used by person with sight impairment) is an example of a specialist orientation aid (NB – a symbol cane, which is used to signal to others the person has some sight impairment, is not an orientation aid as it does not actually help the person orient themselves).

## Activity 12 – Moving around

This activity considers a claimant's physical ability to move around without severe discomfort, such as breathlessness, pain or fatigue. This includes the ability to stand and then move up to 20 metres, up to 50 metres, up to 200 metres and over 200 metres.

If an individual cannot reliably complete an activity in the way described in a descriptor then they should be considered unable to complete it at that level and an alternative descriptor selected.

### Notes:

This activity should be judged in relation to a type of surface normally expected out of doors, such as pavements on the flat and includes the consideration of kerbs.

'Standing' means to stand upright with at least one biological foot on the ground with or without suitable aids and appliances (note – a prosthesis is considered an appliance, so a claimant with a unilateral prosthetic leg may be able to stand, whereas a bilateral lower limb amputee would be unable to stand under this definition).

"Stand and then move" requires an individual to stand and then move independently while remaining standing. It does not include a claimant who stands and then transfers into a wheelchair or similar device. Individuals who require a wheelchair or similar device to move a distance should not be considered able to stand and move that distance.

Limited pauses do not necessarily mean the bout of moving has come to an end. For example, a claimant who has some difficulty with balance may pause before avoiding a small obstacle or stepping up onto a kerb – the claimant should not be viewed as completely stopping at that point. The reliability criteria should be applied when assessing what distances the claimant can achieve.

Aids or appliances that a person uses to support their physical mobility may include walking sticks, crutches and prostheses.

When assessing whether the activity can be carried out reliably, consideration should be given to the manner in which the activity is completed. This includes, but is not limited to, the claimant's gait, their speed, the risk of falls and symptoms or side effects that could affect their ability to complete the activity, such as pain, breathlessness and fatigue. However, for this activity, this only refers to the physical act of moving. For example, danger awareness is considered as part of activity 11.

Posture should only be taken into account if it affects the person's ability to mobilise and to an acceptable standard (e.g. without severe discomfort). Physical symptoms arising from overwhelming psychological distress which have been considered for activity 11 should be disregarded for the purposes of activity 12.

NB: in legislation this activity is referred to as Mobility Activity 2.		
A	Can stand and then move more than 200 metres, either aided or unaided.	0
B	Can stand and then move more than 50 metres but no more than 200 metres, either aided or unaided.	4
C	Can stand and then move unaided more than 20 metres but no more than 50 metres	8
<p>Within the assessment criteria, the ability to perform an activity 'unaided' means without either the use of aids or appliances; or help from another person.</p> <p>For example, this would include people who can stand and move more than 20 metres but no further than 50 metres, without needing to rely on an aid or appliance such as a walking stick, or help from another person.</p>		
D	Can stand and then move using an aid or appliance more than 20 metres but no more than 50 metres	10
E	Can stand and then move more than 1 metre but no more than 20 metres, either aided or unaided.	12
F	Cannot, either aided or unaided – <ul style="list-style-type: none"> <li>i. stand; or</li> <li>ii. move more than 1 metre.</li> </ul>	12



## 2.5 Definitions

<b>Phrase</b>	<b>Legal definition (as per Social Security (PIP) Regulations 2013)</b>
Aid or appliance	Any device which improves, provides or replaces claimant's impaired physical or mental function – includes prosthesis.
Aided	With the use of an aid or appliance, or supervision, prompting or assistance.
Assistance	Physical intervention by another person and does not include speech.
Assistance Dog	A dog trained to guide or assist a person with sensory impairment.
Basic verbal information	Information in claimant's own native language conveyed verbally in a single sentence.
Basic written information	Signs, symbols and dates written or printed in standard size text in claimant's native language.
Bathe	Includes to get into or out of an unadapted bath and shower.
Communication support	Support from another person trained or experienced in communicating with people with specific communication needs, including interpreting verbal information into a non-verbal form and vice versa.
Complex budgeting decisions	Decisions involving calculating household and personal budgets; managing and paying bills and planning future purchases.
Complex verbal information	Information in claimant's native language conveyed verbally in either more than one sentence or one complicated sentence.
Complex written information	More than one sentence of written or printed standard size text in claimant's native language.
Cook	Heat food at or above waist height.
Dress or undress	Includes put on and take off socks and shoes.
Engage socially	Interact with others in a contextually and socially appropriate manner, understand body language and establish relationships.
Manage incontinence	Manage involuntary evacuation of the bowel or bladder, including use a collecting device or self-catheterisation and clean oneself afterwards.
Manage medication or therapy	Take medication or undertake therapy, where a failure to do so is likely to result in a deterioration in claimant's health.

<b>Phrase</b>	<b>Legal definition (as per Social Security (PIP) Regulations 2013)</b>
Aid or appliance	Any device which improves, provides or replaces claimant's impaired physical or mental function – includes prosthesis.
Aided	With the use of an aid or appliance, or supervision, prompting or assistance.
Assistance	Physical intervention by another person and does not include speech.
Assistance Dog	A dog trained to guide or assist a person with sensory impairment.
Medication	Medication to be taken at home which is prescribed by a registered doctor, nurse or pharmacist.
Monitor health	Detect changes in claimant's health condition which are likely to lead to a deterioration in claimant's health; and take action advised by a registered doctor, registered nurse or health professional who is regulated by the Health Professional Council without which claimant's health is likely to deteriorate.
Orientation aid	A specialist aid designed to assist disabled people to follow a route safely.
Prepare	In the context of food, means make food ready for cooking or eating.
Prompting	Reminding, encouraging or explaining by another person.
Psychological distress	Psychological distress related to an enduring mental health condition or an intellectual or cognitive impairment.
Read	Includes read signs, symbols and words, but does not include read Braille.
Simple budgeting decisions	Decisions involving calculating the costs of goods and calculating change required after a purchase.
Simple meal	A cooked one-course meal for one using fresh ingredients.
Social support	Support from a person trained or experienced in assisting people to engage in social situations.
Stand	Stand upright with at least one biological foot on the ground.
Supervision	The continuous presence of another person for the purpose of ensuring claimant's safety.
Take nutrition	Cut food into pieces, convey food and drink to one's mouth and chew and swallow food or drink; or take nutrition by using a therapeutic source.

<b>Phrase</b>	<b>Legal definition (as per Social Security (PIP) Regulations 2013)</b>
Aid or appliance	Any device which improves, provides or replaces claimant's impaired physical or mental function – includes prosthesis.
Aided	With the use of an aid or appliance, or supervision, prompting or assistance.
Assistance	Physical intervention by another person and does not include speech.
Assistance Dog	A dog trained to guide or assist a person with sensory impairment.
Therapeutic source	Parenteral or enteral tube feeding, using a rate-limiting device such as a delivery system or feed pump.
Therapy	Therapy to be undertaken at home which is prescribed or recommended by a registered doctor, nurse, pharmacist or health professional who is regulated by the Health Care Professional Council (HCPC) but does not include taking or applying, or otherwise receiving or administering, medication (whether orally, topically or by any other means), or any action which, in the claimant's case, falls within the definition of "monitor a health condition".
Toilet needs	Getting on and off an unadapted toilet, evacuating the bladder and bowel and cleaning oneself afterwards.
Unaided	Without the use of an aid or appliance or supervision, prompting or assistance.