Personal Independence Payment: initial draft of assessment criteria

A technical note to support the initial draft of the assessment regulations

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DWP Department for Work and Pensions

Contents

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1. Executive summary

1.1. In December 2010, the Government published its proposals to replace Disability Living Allowance from 2013/14 with a new benefit, Personal Independence Payment. They included a proposition that entitlement to Personal Independence Payment should be determined by an assessment designed to enable a more accurate, objective, consistent and transparent consideration of individuals, to identify those with the greatest need.

1.2. In collaboration with a group of independent specialists in health, social care and disability, the Department has been working to design assessment criteria which achieve these aims. Our early development work considered various possible ways to identify individuals with the greatest need, including assessing additional costs incurred or using existing measures of the impact of disablement. We concluded that the best approach would be to identify proxies for an individual's ability to participate in everyday life.

1.3. In developing the assessment criteria, we focused on ability to carry out eleven key activities which are fundamental to everyday life. These activities have been chosen to keep a strong focus on care and mobility while also providing a more holistic assessment of the impact of a health condition or impairment on an individual's ability to participate.

1.4. We have also sought to develop an assessment which considers and reflects the impact of a broader range of impairment types than Disability Living Allowance. We believe our proposed assessment will take better account of sensory impairments, developmental disorders, learning disabilities, cognitive impairments and mental health conditions.

1.5. Alongside this document we have published an initial draft of the assessment regulations, to provide context to discussions in parliament on the Welfare Reform Bill. These regulations will be subject to further development work and refinement and are not intended to be a final version.

1.6. We are keen to discuss the draft assessment criteria with disabled people and their organisations, to seek their views. We also plan to test our proposals during the summer.

2. Introduction and context

2.1. In December 2010, the Government published its proposals to replace Disability Living Allowance from 2013/14 with a new benefit, Personal Independence Payment. They included a proposition that entitlement to the benefit should be determined by an assessment designed to enable a more accurate, objective, consistent and transparent consideration of individuals, to identify those with the greatest need.

2.2. Our work to develop the assessment has to date concentrated on the design of the assessment criteria which will determine entitlement to Personal Independence Payment. We want to enable discussion on our initial proposals for the entitlement criteria as the legislation for this reform is considered by Parliament. This document therefore aims to provide context to the initial draft of the assessment regulations, published concurrently.

2.3. The criteria for entitlement will be at the heart of the new benefit and it is vital that we get this right. We want to use the experience and expertise of disabled people to build on our early development work, seeking views on the likely impact of our initial proposals and refining the draft criteria where necessary to ensure that they deliver fairer outcomes. We also plan to test the criteria over the summer, to ensure that they are accurately and consistently assessing individuals and to understand their likely impact. Further detail on the timeline for refining and testing the draft criteria can be found on page 12.

2.4. This document does not cover the operational processes for the new assessment. We are still considering the potential delivery model and how best to ensure that it is appropriate to individual circumstances. However, we envisage that it will include the following key features:

- Individuals' claims for the benefit and supporting evidence will be considered by a trained independent assessor, who will provide advice to a departmental decision maker.
- A decision maker, employed by the Department, will make the decision on whether individuals are entitled to benefit having considered all the available evidence.
- Most individuals will have a face-to-face consultation with the assessor as part of their claim. We believe that this will give

individuals the best opportunity to explain how their impairment affects their everyday lives.

- The process will involve consideration of additional evidence from a range of sources – such as those professionals involved in supporting the individual. Individuals will be able to advise us on the best sources of supporting evidence.

2.5. We are keen to work with disabled people and their organisations as we develop the detail of how the assessment and claims processes will operate.

3. The development process

3.1 The early design work on the assessment criteria has been undertaken by the Department in collaboration with a group of independent specialists in disability, social care and health. Members were chosen to encompass a wide variety of relevant expertise and include individuals from the fields of occupational therapy, psychiatry, physiotherapy, social work, general practice and community psychiatric nursing, as well as representatives from RADAR and Equality 2025. This approach has ensured that the development work has reflected a holistic view of the impact of health conditions and impairments.

3.2 The members of the Assessment Development Group (the Group) are as follows:

- Anne Byrne – Occupational Therapist, representing the College of Occupational Therapists
- Itai Chikomo – Community psychiatric nurse/Deputy Manager, attending as an independent member
- John Chisholm – General Practitioner and Member of Council, Royal College of General Practitioners, representing the College
- Hugh Constant – Social worker and practice development manager, representing the Social Care Institute for Excellence
- Judith Holt – Occupational Therapist, attending as an independent member
- Andy Rickell – Representing Equality 2025, a non-departmental public body set up to advise government on disability equality

- Marije Davidson – Public Affairs Manager for RADAR, representing RADAR
- Tom Sensky – Consultant psychiatrist, attending as an independent member
- Jenny Storer – Health visitor, attending as an independent member
- Annette Swinkels – Physiotherapist and researcher, attending as an independent member

3.3 Also attending group meetings were officials from the Department for Work and Pensions and the Department for Social Development in Northern Ireland.

3.4 The proposals set out in this paper have been developed in close collaboration with the Group. Wherever possible we have sought to achieve consensus across the Group and between Group members and Departmental officials. While we believe that there is broad agreement with our proposals, inevitably when dealing with a group representing a wide range of views it was not possible to achieve consensus on every point. As such the proposals in this paper should be seen as the Department's and not the Group's.

3.5. In designing the criteria, we have been able to consider information on current Disability Living Allowance customers gained from an early data gathering exercise and responses to the public consultation on the reform of Disability Living Allowance on issues pertinent to the assessment.

4. Our approach

4.1. Our initial thinking on the most appropriate model for the Personal Independence Payment assessment was driven by the desire to have a more objective method of determining entitlement than currently exists within Disability Living Allowance. An approach which aims to reduce subjectivity and increase accuracy, clarity and consistency will be better placed to identify those individuals with the greatest need. This will enable support to be targeted on those who face the greatest challenges to taking part in everyday life.

The principles underpinning our development work

4.2. We set out some broad principles for our approach to designing the assessment, alongside our aim to identify those individuals with the greatest need. These laid the foundations for our early development work:

- **More defined and objective criteria**: Designing criteria which are clear to understand and apply and consistent in their outcome;
- **More holistic**: Developing an assessment which takes a more comprehensive approach to disability than the current Disability Living Allowance criteria, fairly reflecting the full range of impairment types;
- **Less medical**: Developing criteria which are not based on the type of impairment individuals have but how these affect their everyday lives;
- **More active and enabling**: Creating a more active and enabling benefit, which considers what individuals can do rather than what they cannot;
- **Assessing fluctuating conditions more effectively**: Accurately capturing the impact of variable and fluctuating conditions and ensuring that an individual's safety is paramount in all cases; and
- **Safeguarding choice and control**: Seeking opportunities to ensure that disabled people have the same choices and opportunities as non disabled people.

Determining appropriate proxies

4.3. Personal Independence Payment, like Disability Living Allowance, will provide a cash contribution towards the additional costs faced by disabled people as a result of needs arising from a health condition or impairment. We considered whether it would be possible for the Personal Independence Payment assessment to assess the actual extra costs incurred by an individual. However, academic research shows a lack of consensus over what these costs are and how they

can be calculated[1]. Given this, and the likely wide range of factors affecting costs, we believe that basing the assessment on actual costs would necessarily be subjective and inconsistent, going against the aims of the new benefit. We are also concerned that it would result in a benefit which is more complex and expensive to administer. For these reasons, we do not consider that measuring actual costs incurred is a viable approach.

4.4. We believe that the most effective means of determining entitlement is to assess proxies for the impact of a health condition or impairment on individuals, including additional costs arising from disability. This should enable us to target Personal Independence Payment on those who need it most. Initially we considered whether existing proxies for the impact of an individual's disablement would be appropriate – for example, the International Classification of Functioning, Disability and Health developed by the World Health Organisation. Whilst providing helpful context to our development work, we were unable to identify anything which, unaltered, would be suitable for the Personal Independence Payment assessment. Instead, we felt that the best way to develop an assessment would be to identify suitable proxies and design the new entitlement criteria in collaboration with the Group and incorporating wider consultation with disabled people and their representatives.

Participation

4.5. Disability Living Allowance measures care and mobility needs as a proxy for the extra costs disabled people incur, giving priority to individuals with the greatest needs in these areas. We recognise that these are key factors affecting both extra costs incurred and the impact of a health condition or impairment on people's everyday lives, but also that they are narrowly defined and exclude important issues such as communication. While we felt that the assessment for Personal Independence Payment should keep a strong focus on care and mobility, we also wanted it to reflect wider factors and a more modern consideration of the impact of a health condition or impairment.

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[1] **Review of the existing research on the extra costs of disability**, 2005, DWP Working Paper 21. **Review of the international evidence on the cost of disability**, 2008, DWP Research Report 542.

4.6. We therefore decided to base the new assessment on an individual's ability to participate, defining 'participation' as 'involvement in life situations'[2]. The criteria are focused on outcomes and the impact of a health condition or impairment on an individual's ability to carry out a range of activities which are fundamental to everyday life.

5. Our model

The activities to be assessed

5.1 It would not be practical for the assessment to take account of the impact of a health condition or impairment on all everyday activities, nor to seek to include all possible areas where extra costs may be generated. This would lead to over-complexity and be challenging for consistency, administration and the time needed for assessments. Instead the assessment considers a series of key activities that cumulatively act as a proxy and so seeks to identify those individuals who are likely to have the highest level of need. To provide the best possible proxy, we sought to determine those tasks which are fundamental prerequisites for enabling participation.

5.2. Five activity groups were proposed: ability to access food and drink, manage a condition, manage personal care, communicate and get around. Within these groups, eleven key activities were chosen, each relating to one of the two components of the new benefit:

Daily Living component

1. Planning and buying food and drink;
2. Preparing and cooking food;
3. Taking nutrition;
4. Managing medication and monitoring health conditions;
5. Managing prescribed therapies other than medication;
6. Washing, bathing and grooming;
7. Managing toilet needs or incontinence;
8. Dressing and undressing; and

[2] From the **Internal Classification of Functioning, Disability and Health**, 2001, World Health Organization

9. Communicating with others.

Mobility Component

10. Planning and following a journey; and
11. Moving around.

5.3. To guide our development work we included a question in the public consultation on Disability Living Allowance reform asking which activities were considered most essential for everyday life. While some responses felt that this was a question that could only be answered subjectively, it was positive to see that many responses included some or all of the above eleven activities. There was also support for the broader focus on daily living and mobility activities versus the current definitions for 'care' and 'mobility' in Disability Living Allowance. This suggests that the eleven activities on which we have focused are likely to be suitable proxies to assess the impact of an individual's health condition or impairment on their ability to participate.

5.4. More information on what the activities cover is included at Annex A.

Accurately assessing a broad range of impairments

5.5. The entitlement criteria for Disability Living Allowance have been largely unchanged since its introduction in 1992 and can prioritise support to individuals with a physical impairment over those with mental or cognitive function impairments. Personal Independence Payment provides an opportunity to start from first principles and create an assessment which better reflects the needs arising from the full range of impairments, including sensory impairments, developmental disorders, learning disabilities and mental health conditions. We are committed to designing entitlement criteria which treat people as individuals, focusing on the impact of a health condition or impairment, and which do not provide automatic entitlement for specific conditions.

5.6. We believe that the draft criteria we have developed achieve our aim of providing a more holistic framework for the assessment of individual need. While two activities focus specifically on mental and cognitive function and one on physical function, the remaining eight have been designed to capture the impact of a health condition or impairment regardless of whether it has a mental, intellectual, cognitive or physical

basis. Furthermore, we have sought to incorporate a wider variety of everyday activities than those covered by the current Disability Living Allowance criteria. For example, we have introduced ability to plan and follow a journey as well as physically moving around, to reflect the equal importance of mental, cognitive and physical ability for an individual to be able to get around. Similarly, the inclusion of communication will enable the assessment to take better account of the impact of impairments which impact on sight, hearing, speech and comprehension.

6. How will the criteria be used?

Assessing ability

6.1 The assessment will consider an individual's ability to undertake the activities selected. Inability to undertake activities must be due to a physical, mental or cognitive impairment with disabling effects and not simply a matter of preference by the individual.

6.2 Where an individual is incapable of undertaking an activity due to a severe disorder of mood, behaviour or cognition, this will be regarded in the same way as physical difficulties unless otherwise specified within the assessment criteria. When considering the definition of disabling effects the risk of an event occurring alone is insufficient, there has to be actual functional impairment or evidence that the risk will occur.

Descriptors of ability

6.3 Underpinning each activity are a number of descriptors, each describing a varying level of ability to carry out the activity – for example, ranging from being able to carry out an activity unaided to needing continual support from another person to do so. Some activities have more descriptors than others. The detailed descriptors, with notes explaining their use, are found within Annex A.

6.4 When assessing an individual, the descriptor most appropriate to the individual for each activity will be chosen. Where more than one descriptor specified in an activity applies to the individual, the one furthest down the list (and having the highest score – see 'Points scores and entitlement thresholds' below) should be chosen.

6.5 An individual must be able to complete an activity descriptor reliably, in a timely fashion, repeatedly and safely, and where appropriate using suitable aids and appliances. Otherwise they should be considered unable to complete the activity described at that level. Consideration of these factors varies with activity and further guidance is provided for each area where necessary.

Point scores and entitlement thresholds

6.6 Each descriptor in the assessment criteria will have a point score attached to it, reflecting both the level of ability it represents and the overall importance of the activity. Whether an individual is entitled to the rates and components of Personal Independence Payment will be determined by adding up the points totals from each descriptor that apply to that individual.

6.7. Total scores above a certain level from the daily living activities (activities 1-9) will mean an individual will be determined as having either “limited ability to carry out daily living activities” or “severely limited ability to carry out daily living activities”. This will result in the individual having entitlement to the standard or enhanced rate of the Daily Living component respectively.

6.8. Total scores above a certain level from the mobility activities (activities 10-11) will mean an individual will be determined as having either “limited ability to carry out mobility activities” or “severely limited ability to carry out mobility activities”. This will result in the individual having entitlement to the standard or enhanced rate of the Mobility component respectively.

6.9. We do not yet have firm views on the point scores that should be associated with each descriptor or on the thresholds that should determine entitlement to the rates of the benefit. Further work will be carried out to decide these over the summer. Following this work and consideration of the results of the proposed testing of the criteria, points scores will be included in the next iteration of the criteria and regulations, due to be published in the autumn.

6.10. When set, the points scores are likely to follow these guidelines:

- In each activity, descriptor A is likely to attract **zero** points;

- Points for the remaining descriptors are likely to broadly increase as you move down the list/up the alphabet – for example, descriptor D is likely to receive more points than descriptor B but less than descriptor F;
- In some cases, descriptors may receive the same points;
- The scores awarded may not follow a uniform pattern for each activity (for example, b = 2; c = 4; d = 6) but will reflect the individual characteristics and priority of each activity; and
- The highest number of points possible in each activity may vary, again reflecting the individual characteristics and priority of each activity.

6.11. To help highlight the relative importance of activities in the assessment and therefore how the criteria might operate in practice, the following table gives each activity an indicative weighting of low scoring, medium scoring or high scoring:

1 – Planning and buying food and drink	Medium scoring
2 – Preparing and cooking food	Medium scoring
3 – Taking nutrition	Medium scoring
4 – Managing medication and monitoring health conditions	Low scoring
5 – Managing prescribed therapies other than medication	Low scoring
6 – Washing, bathing and grooming	Medium scoring
7 – Managing toilet needs and incontinence	Medium scoring
8 – Dressing and undressing	Medium scoring
9 – Communicating with others	High scoring
10 – Planning and following a journey	High scoring
11 – Getting around	High scoring

Aids and appliances

6.12. The assessment will take some account of aids and appliances that an individual uses in their everyday lives. In this context:

- **Aids** are devices that help a performance of a function, for example walking sticks or spectacles; and
- **Appliances** are devices that provide or replace a missing function, for example artificial limbs, collecting devices (stomas) and wheelchairs.

6.13. The assessment will take into account aids and appliances that are normally used by an individual. It will not take into account aids or appliances that might potentially help an individual but which are not normally used.

6.14. We recognise that some aids or appliances can help an individual but also attract significant ongoing costs. We have attempted to reflect this in the detail of the descriptors and will also seek to do so in the point scores associated with these. For example, descriptor 11(f) identifies individuals who are reliant on motorised aids separately from those who are reliant on manual aids, recognising the difficulties and cost of using motorised aids.

Support from other people

6.15. The assessment will take into account where individuals need the support of another person or persons to carry out an activity – including where that person has to carry out the activity for them in its entirety. The criteria refer to two types of support:

- **Assistance** is support that requires the physical presence and physical intervention of another person, i.e. actually doing the task in question. This specifically excludes non-physical intervention such as prompting or encouragement which are defined below; and
- **Prompting** is support provided by reminding or encouraging an individual to undertake or complete a task but not physically helping them. It again requires the physical presence of an individual, so telephone prompting is not considered.

6.16. In both cases, the amount of support required can be **continual**, where the person providing the support must help the individual for the entire

duration of the activity; or **intermittent**, where the person providing the support must help the individual for over half the time that the activity takes to complete.

‘Unaided’

6.17. Within the assessment criteria, the ability to perform an activity ‘unaided’ means without either the use of aids or appliances or assistance/prompting from another person.

Variable and fluctuating conditions

6.18. When assessing ability, an activity descriptor is deemed to apply if the disabling effect applies for the majority of the time.

6.19. 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, unless otherwise stated, the descriptor choice should be based on consideration of a 12 month period. If the activity cannot be completed in the way described for more than 6 months, aggregated over the 12 month period, then it should be viewed as not being completed at all and the appropriate descriptor applied.

6.20. In considering a one year period it is conceivable that an individual with a fluctuating condition could satisfy a range of different descriptors within an activity over that period for different proportions of the time. The most appropriate descriptor in this circumstance is therefore the one which is likely to apply for the greatest proportion of that time.

6.21. If someone is awaiting treatment or further intervention it can be difficult to accurately predict its level of success or whether it will even occur. Descriptor choices should therefore be based on the likely continuing impact of the health condition or impairment as if any treatment or further intervention has not occurred.

7. Refining and testing the draft criteria

7.1. We want to ensure that the assessment criteria are accurately and consistently assessing individuals and to understand their likely impact. We therefore intend to test the draft criteria over the summer, by seeking volunteers willing to take part in face-to-face consultations with independent trained healthcare professionals. During these consultations individuals will be assessed against the criteria set out in

the annex of this paper. Involvement in the testing will not affect customers' current or future benefit entitlement in any way.

7.2. The testing will begin later this month, when we will carry out a short preliminary exercise to assess whether the initial draft of the criteria is accurately identifying individuals and delivering consistent results. Alongside this we are keen to work with disabled people and their organisations to seek their views on the current draft and where it could be improved.

7.3. Once we have considered the outcomes of the preliminary testing and our early engagement with stakeholders, refining the criteria if necessary, we will conduct a longer exercise to test the likely impact of the revised draft criteria. We intend for this to run from June to September. We will continue to engage stakeholders alongside this.

7.4. Following completion of the summer testing, we will seek to refine the criteria further, as necessary. We will then publish a second draft of the assessment criteria/regulations in the autumn, ahead of the remaining stages of the Welfare Reform Bill being debated. Further testing and refinement may be necessary after this date.

7.5. The timeline for further development work on the criteria therefore looks as follows:

- **9 May**: Publication of this document and a first draft of the assessment regulations.
- **9 May-6 June**: Engage disabled people and their organisations to gather comments on this draft. Concurrently, carry out an exercise to ascertain if it is accurately and consistently assessing individuals.
- **Mid-late June**: Revise and refine the criteria if necessary.
- **Mid June-1 August**: Engage disabled people and their organisations for further comments.
- **End June-September**: Test the impact of the criteria.
- **September**: Refine the criteria further where necessary.
- **October**: Publish a second draft of assessment regulations, reflecting changes made to the criteria as a result of refinement and testing.

Annex A – Draft assessment criteria

Part 1 – Daily living activities

Activity 1. Planning and buying food and drink	
This activity considers the mental, intellectual and cognitive ability of individuals to plan and buy food and drink for themselves, including any food or drink necessary for therapeutic diets. It assesses ability to determine what food and drink is reasonably required to sustain themselves, to choose appropriately, to budget and prioritise the money required for purchasing and to purchase food and drink. The descriptors reflect whether support from another person is required to carry out these tasks. We envisage this activity applying to individuals with health conditions and disabilities affecting mental and cognitive function – for example individuals with mental health conditions, learning disabilities, autism and dementia. Physical ability is not considered in this activity, as it is dealt with in other activities – such as in "Getting around". *General notes:* *Planning means an individual's ability to determine what food and drink they reasonably require to sustain themselves and to choose appropriately.* *Buying means an individual's ability to determine how much money is required to purchase food and drink to sustain themselves, make an assessment of the availability of that money and to make a purchase.*	
A	Can plan and buy food and drink unaided.
	Notes: Applies to individuals who can plan food and drink without the use of aids and appliances or the assistance of another person
B	Can buy food and drink only with continual prompting.
	Notes: May apply to individuals who are unable to buy but can plan without support. May apply to conditions such as mild learning disability or moderate depressive illness.
C	Can plan food and drink only with continual prompting.

	Notes: may apply to individuals who can plan only with support. May apply to conditions such as moderate learning disability or moderate dementia.
D	Can plan food and drink only with continual assistance.
	Notes: May apply to individuals who can only plan with support. May apply to conditions such as moderate learning disability, severe depressive illness or moderate dementia.

Activity 2 – Preparing food and drink

This activity considers an individual's ability to prepare either a simple meal or an uncooked snack. This must be due to the impact of a health condition or impairment on ability to perform the tasks required, rather than a reflection of an individual's cooking ability. It assesses ability to open packaging, serve food, pour a drink, peel and chop food and use a microwave oven or cooker hob to cook or heat food. The descriptors reflect the use of aids or appliances and whether support from another person is required to carry out these tasks.

We envisage this activity applying to, for example, individuals with arthritis, mental health conditions, visual impairment, epilepsy, learning disabilities, multiple sclerosis and Parkinson's disease.

General notes:

Preparing food means basic preparation, such as peeling and chopping.

Cooking food means cooking or heating - for example, in a microwave oven or on a cooker. This activity assumes that all actions are carried out above waist level. Therefore it does not consider the ability to bend down - for example, to access an oven.

A simple meal is considered a one-course meal for one from either fresh or frozen ingredients.

A snack is considered something that is uncooked and can be easily made with minimal simple preparation, such as a sandwich.

Packaging includes tins, which may require the use of a tin opener.

In this activity aids and appliances includes things like a prosthesis,

perching stool, lightweight pots and pans, easy grip handles on utensils and single lever arm taps etc. *Descriptors d – g in particular may also apply to individuals with visual impairment depending on the extent to which they have adapted.*	
A	Can prepare and cook a simple meal unaided
B	Can prepare and cook a simple meal only with the use of an aid or appliance.
	Notes: may apply to individuals who can prepare and cook food but need aids and appliances. May apply to conditions such as moderate arthritis.
C	Can prepare and cook a simple meal only with continual prompting.
	Notes: may apply to individuals with conditions such as moderate/severe depressive illness with lack of motivation, psychotic disorders and moderate/severe learning disability where there is a need for them to be prompted to complete the task. This could also include someone with visual impairment who, amongst other things, is unable to ascertain if food is within date.
D	Can cook a simple meal using a conventional cooker only with continual assistance.
	Notes: may apply to individuals who cannot use a hob, either because of cognitive or mental health conditions or an upper limb disorder which prevents them from safely using hot pans but could still microwave a meal. It may also apply to someone with epilepsy who has regular fits and is unable to safely use a hob.
E	Can prepare a simple meal for cooking only with continual assistance.
	Notes: may apply to individuals who cannot prepare food because of, for example, moderately reduced manual dexterity due to conditions such as rheumatoid arthritis or Parkinson's disease.
F	Can cook a simple meal using a microwave only with continual

	assistance.
	Notes: may apply to individuals who cannot heat food without assistance - for example, because of a lack of awareness of danger, such as those with a severe learning disability.
G	Can prepare a simple snack only with continual assistance.
	Notes: may apply to individuals who cannot complete the task. May apply to conditions such as severe learning disability, severe psychotic illness, advanced multiple sclerosis or severe rheumatoid arthritis.

Activity 3 – Taking nutrition	
This activity assesses ability to be nourished, either by cutting food into pieces, conveying to the mouth, chewing and swallowing or through the use of therapeutic sources. The descriptors reflect the use of aids or appliances and whether support from another person is required to carry out these tasks. We envisage this activity applying to, for example, individuals with arthritis, dementia, neurological conditions, and those who require enteral and parenteral feeding. *General notes:* *A therapeutic source means parenteral or enteral tube feeding using a rate limiting device such as a delivery system or feed pump.*	
A	Can take nutrition unaided.
B	Can take nutrition only with the use of an aid or appliance.
	Notes: may apply to individuals who require aids and appliances. May apply to conditions such as arthritis.
C	Can take nutrition only with the use of a therapeutic source..
	Notes: may apply to individuals who require enteral or parenteral

	feeding but can do so unaided.
D	Can take nutrition only with intermittent assistance or prompting.
	Notes: may apply to individuals who need another person to be present intermittently whilst feeding. This may apply to individuals who can only finger feed, those with dementia who need to be reminded to eat and individuals with visual impairment. Eating disorders are unlikely to be apply here - however, functional effects from a severe eating disorder may lead to inability to complete descriptors in a number of other activities.
E	Can take nutrition only with the use of a therapeutic source and with intermittent assistance.
	Notes: support may be required to set up or monitor the equipment. May apply to individuals who require enteral or parenteral feeding and require support to manage the equipment. May apply to conditions such as disabling neurological conditions.
F	Can take nutrition only with continual assistance.
	Notes: may apply to individuals who need to be fed by someone else. May apply to conditions such as severe neurological conditions, profound or severe learning disability or low functioning autism.

Activity 4 – Managing medication and monitoring health conditions
This activity considers an individual's ability to take prescribed medication at the right time and to monitor and detect changes in a health condition, without which their health is likely to significantly deteriorate. The descriptors assess whether support from another person is required to carry out these tasks and the frequency per day of such support. Examples of prescribed medication include tablets, inhalers and creams. We envisage this activity applying to, for example, cognitive impairments, mental health conditions and upper limb disorders. *General notes:* *This activity does not take into account medication and monitoring provided*

by a healthcare professional. *Managing medication means the ability to take prescribed medication at the right time. Examples of prescribed treatment include tablets, inhalers, nasal sprays and creams.* *Monitoring a health condition or recognise significant changes means the ability to detect changes in the condition and take corrective action as advised by a healthcare professional, without which the person's health is likely to significantly deteriorate.* *The descriptors refer to the frequency of support required, for example, the dosing regime.* *Monitoring health condition will include individuals whose condition may significantly deteriorate in the short term if not adequately monitored, for example monitoring blood sugar levels in an insulin dependent diabetic.* *The ability to convey tablets to the mouth is captured in the descriptors for 'Taking nutrition' and therefore no separate descriptor is included here.* *Supervision due to the risk of accidental or deliberate overdose or deliberate self harm is captured in these descriptors as the person would require support from another person in order to prevent this.* *Aids, such as dosette boxes, are included in any consideration of ability to carry out the task. The descriptors are therefore only looking at whether assistance or prompting from another **person** is required.*	
A	Does not receive medication or need to monitor a health condition **or** can manage medication and monitor a health condition unaided or with the use of an aid or appliance.
B	Less than once a day, requires continual assistance or prompting to manage medication **or** monitor a health condition.
C	Once a day, requires continual assistance or prompting to manage medication **or** monitor a health condition.

D	Twice a day, requires continual assistance or prompting to manage medication **or** monitor a health condition.
E	At least three times a day, requires continual assistance or prompting to manage medication **or** monitor a health condition.

Activity 5 – Managing prescribed therapies other than medication	
This activity seeks to identify an individual's ability to manage long-term non-pharmaceutical, prescribed home therapeutic activities, without which their health is likely to significantly deteriorate. The descriptors assess whether support from another person is required to carry out these tasks and if so, the duration of such support. This varies according to the type of procedure undertaken. Examples of prescribed therapies include home oxygen, domiciliary dialysis, nebulisers and exercise regimes to prevent complications such as contractures and without which the person's health is likely to significantly deteriorate. We envisage this activity applying to, for example, individuals with cognitive impairments, mental health conditions and lower and upper limb disorders. *General notes:* *This activity does not take into account assistance with prescribed home therapies from a healthcare professional.* *This activity does not include management of incontinence as it is covered under activity 7.* *The duration of support varies according to the type of procedure.*	
A	Either is not prescribed therapies **or** can manage prescribed therapies unaided.
B	Where prescribed therapies are required for up to 3.5 hours a week, can manage only with intermittent assistance.

C	Where prescribed therapies are required between 3.5 and 7 hours a week, can manage only with intermittent assistance.
D	Where prescribed therapies are required between 7 and 14 hours a week, can manage only with intermittent assistance.
E	Where prescribed therapies are required at least 14 hours a week, can manage only with intermittent assistance.

Activity 6 – Washing, bathing and grooming

This activity assesses ability to clean one's face, hands, underarms and torso, to brush teeth and to brush and wash hair, to a level which is socially acceptable and not damaging to one's personal health. The descriptors reflect the use of aids or appliances and whether support from another person is required to carry out these tasks.

We envisage this activity applying to, for example, individuals with lower and upper limb impairments, cognitive impairments and mental health conditions.

General notes:

Bathing is the ability to clean one's face, hands, underarms and torso (the body excluding the head, neck, perineum and limbs), above a level of self neglect (to the extent of being socially acceptable), using a suitable bath or shower.

Washing is the ability to clean one's face, hands and underarms above a level of self neglect. It does not include cleaning the torso and limbs.

Grooming means the ability to brush teeth, comb/brush and wash hair above a level of self neglect.

The activities required to brush teeth and reach up to the head to brush/wash hair are similar to those required to shave. Therefore, this

activity is not explicitly included in the definition of grooming. *Cultural differences are reflected in this activity insofar as the skills required to complete the tasks are cross cultural.* *This activity excludes cleaning the perineum since this is covered under activity 7.*	
A	Can wash, bathe and groom unaided.
B	Can bathe unaided but can groom only with the use of an aid or appliance.
	Notes: may apply to individuals with moderate upper limb impairment affecting both manual dexterity and reaching. Suitable aids could include items such as modified hair brushes, combs and mirrors.
C	Can bathe unaided but can groom only with continual assistance.
	Notes: may apply to individuals with moderate upper limb impairment affecting both manual dexterity and reaching who are unable to make use of aids.
D	Can wash unaided but can bathe only with the use of an aid or appliance.
	Notes: likely to predominantly apply to individuals with moderate lower limb impairments who, for example, cannot either get into the bath or shower or remain standing without suitable aids or appliances, such as a walk in shower or bath/shower seat.
E	Can wash unaided but can bathe only with continual prompting.
	Notes: may apply to individuals with moderate/severe cognitive or mental health conditions such as depressive illness with lack of motivation and psychotic disorders.
F	Can wash unaided but can bathe only with continual assistance.
	Notes: likely to predominantly apply to individuals with moderate to severe upper limb impairment.

G	Can wash, bathe and groom only with continual assistance.
	Notes: may apply to conditions such as severe mental or cognitive impairment or severe upper limb impairment.

Activity 7 – Managing toilet needs or incontinence	
This activity considers an individual's ability to get on and off the toilet, to clean afterwards and to manage evacuation of the bladder and/or bowel, including the use of collective devices. For the purposes of this activity, individuals with catheters and collecting devices are considered incontinent. The descriptors reflect the use of aids or appliances and whether support from another person is required to carry out these tasks. We envisage this activity applying to, for example, individuals with lower and upper limb impairments, neurological conditions, mental health conditions and cognitive impairments. *General notes:* *Toilet needs means the ability to get on and off the toilet and clean oneself afterwards, including self-catheterisation.* *Managing incontinence means the ability to manage evacuation of the bladder and/or bowel including using collecting devices but does not include washing self and changing clothes.* *Individuals with catheters and collecting devices are considered incontinent for the purposes of this activity.* *For individuals with a stoma the relevant area to clean may not be the perineum.Therefore, a broader definition of cleaning oneself (which covers the relevant area) is used above instead of perineum.* *The activities required to manage menstruation are similar to those required to manage toilet needs or incontinence. Therefore, this activity is not explicitly included in the definition above.*	
A	Can manage toilet needs or incontinence unaided.

B	Can manage toilet needs or incontinence only with the use of an aid or appliance.
	Notes: relevant aids could include commodes, raised toilet seats, bottom wipers or bidets. May apply to individuals who are not incontinent but who have conditions such as moderate upper or lower limb impairment.
C	Can manage toilet needs only with continual assistance.
	Notes: may apply to individuals who are not incontinent but who have conditions such as severe mental or cognitive impairment or severe upper limb impairment. People with neurological problems who are unable to defecate/pass urine unaided may satisfy this descriptor.
D	Can manage incontinence of either bladder **or** bowel only with continual assistance.
	Notes: may apply to individuals who are incontinent of either bladder or bowel.
E	Can manage incontinence of both bladder **and** bowel only with continual assistance.
	Notes: may apply to individuals who are incontinent of bladder and bowel and unable to manage this (including the use of collecting devices) without support. May apply to conditions such as severe mental or cognitive impairment or severe upper limb impairment.

Activity 8 – Dressing and undressing
This activity assesses an individual's ability to appropriately select, put on and take off culturally appropriate and un-adapted clothing, which may include the need for fastening such as zips or buttons. The descriptors reflect the use of aids or appliances and whether support from another person is required. We envisage this activity applying to, for example, individuals with lower and upper limb impairments, spinal impairments, rheumatoid arthritis, mental health conditions, cognitive impairments, learning disabilities and autistic

spectrum disorders. *General notes:* *This activity does not include putting on a tie or tying shoe laces.*	
A	Can dress and undress unaided.
B	Can dress and undress only with the use of an aid or appliance.
	Notes: aids could include modified buttons, zips, front fastening bras, trouser, velcro fastenings and shoe aids. May apply to conditions that result in moderate upper, lower limb or spinal impairment - for example, generalised arthritis.
C	Can dress and undress unaided but can only select clothing appropriate for the environment **or** dress in the correct order with intermittent prompting.
	Notes: includes a consideration of whether the individual can determine what is appropriate for the environment, such as day/night and the weather, and therefore may apply to conditions that result in moderate mental or cognitive impairment.
D	Can dress and undress lower body only with intermittent assistance.
	Notes: may apply to conditions that result in severe lower limb and spinal impairment.
E	Can dress and undress unaided but cannot determine appropriate circumstances for remaining clothed.
	Notes: may apply to conditions that result in disinhibited behaviour.
F	Can dress and undress upper body only with intermittent assistance.
	Notes: may apply to conditions that result in severe upper limb impairment - for example, advanced rheumatoid arthritis.
G	Can dress and undress only with continual assistance.
	Notes: may apply to conditions such as severe mental or cognitive

	impairment or severe upper and lower limb impairment.

Activity 9 – Communicating with others

This activity seeks to identify an individual's ability to engage socially, convey information to and understand other people. The impact of overwhelming psychological distress and uncontrollable behaviour is taken into account and the descriptors distinguish between ability to convey a wish and a basic need. The descriptors reflect the use of aids or appliances and whether support from a trained individual is required, such as a sign language interpreter or lipspeaker.

We envisage this activity applying to, for example, individuals with learning disabilities, sensory impairments, mental health conditions, learning disabilities and autistic spectrum disorders.

General notes:

This activity only takes into account communication barriers caused by a health condition or disability – it does not take into account language ability or barriers more generally. For example, a lack of understanding of the English language is not taken into account.

Engage socially means to interact with others in a contextually and socially appropriate manner, understand body language and establish relationships.

*Communication support means either support from a person trained to communicate with people with limited communication abilities - for example, lip speakers - **or** from appropriate aids or appliances.*

A simple instruction could be to move out of the way to avoid a hazard. A basic need could be asking for food or help with an activity of daily living like going to the toilet. It may apply to conditions such as severe/profound learning disability or severe organic brain disorder.

Communicating/understanding a choice means exchanging thoughts and ideas by any means. This involves a higher level of ability than understanding a simple instruction or conveying a basic need.

Communication and social engagement cover a wide range of activities, beyond what is considered here, such as reading/accessing information. This is not included as the related impairments are reflected in a number of

other activity areas such as 'preparing and cooking food and drink'; 'dressing and undressing'; and 'planning and following a journey'. *This activity may include people who are deaf blind. The descriptor applied will be dictated by the extent to which the person has adapted.*	
A	Can communicate with others unaided.
B	Can communicate only with communication support.
	Notes: may apply in conditions such as severe/profound deafness.
C	Cannot, even with communication support, understand or convey a choice to an unfamiliar person.
	Notes: may apply in conditions such as severe learning disability or moderately severe organic brain disorder.
D	Cannot engage socially with other people due to such engagement causing either- i. overwhelming psychological distress to the claimant; **or** ii. the claimant to exhibit uncontrollable episodes of behaviour that would result in substantial risk of significant distress to the claimant or another person.
	Notes: there must be evidence of a severe health condition, such as severe autism, learning disability or a mental health condition such as psychotic illness. The level of distress must be so severe that the individual cannot manage day to day activities for several hours afterwards.
E	Cannot, even with communication support, understand or convey a choice to a familiar person.
F	Cannot, even with communication support, understand a simple verbal or non-verbal instruction or warning from another person.

G	Cannot, even with communication support, convey a basic need by either verbal or non-verbal means.

Part 2 – Mobility activities

Activity 10 – Planning and following a journey
This activity is meant to assess the impact of impaired cognitive or mental function and/or visual or hearing impairment on ability to get around. It considers the impact of a mental or cognitive function impairment on an individual's ability to work out and follow a route for a journey. The descriptors take account of the impact of psychological distress and reflect whether support from another person is required to enable an individual to follow a journey. We envisage this activity applying to, for example, individuals with mental health conditions, learning disabilities, cognitive impairments and visual or hearing impairments. *General notes:* *Planning means the ability to work out a route for a journey. Following means the ability to safely (without harm to self or others) follow a pre-planned route.* *Simple journey means travel to a familiar destination that requires walking and/or a single mode of transport such as a bus. Complex journey means travel to an unfamiliar destination that requires a combination of modes of transport (such as a bus and a train).* *It is easier, in terms of cognitive and mental function, to use a single mode of public transport such as a single bus rather than multiple modes such as a bus then a train.* *It is easier, in terms of cognitive and mental function, to get to familiar than unfamiliar destinations – the complexity of the journey is more important than the distance travelled.* *Guide dogs are not considered aids or appliances. They may, however, help an individual to follow a journey safely and reliably.*

For those descriptors which refer to overwhelming psychological distress, there must be evidence of an enduring mental health condition. The level of distress must be so severe that the individual cannot manage day to day activities for several hours afterwards. There must be evidence that overwhelming distress has/would occur, not just that it might. *Safety and reliability are particularly important considerations here if there would be a substantial risk to the individual or others if they went out alone.*	
A	Can plan and follow a complex journey unaided.
B	Cannot follow any journey alone due to such a journey causing overwhelming psychological distress to the claimant.
	Notes: may apply to individuals with severe anxiety disorders who are only able to leave the home when accompanied by another person on every occasion. If the person is able to leave the home on any occasion without another person then this descriptor is not satisfied.
C	Can follow a complex journey only- i. if it has been planned by another person; **or** ii. with continual prompting or intermittent assistance.
	Notes: may apply to individuals with moderate learning disabilities, cognitive impairments or severe visual impairments (depending upon the extent to which they have adapted to their impairment). If someone was unable to read English due to a health condition, this descriptor may apply. It may also apply in cases where an individual is unable to ask for directions whilst travelling due to a health condition.
D	Cannot follow any journey due to such a journey causing overwhelming psychological distress to the individual.
	Notes: may apply to individuals with severe anxiety disorders who are unable to leave the home at all.
E	Can follow a simple journey only- i. if the journey has been planned by another person; **or** ii. with continual prompting or intermittent assistance from

	another person.
	Notes: may apply to individuals with severe learning disability, cognitive impairment or severe visual impairment (who have not adapted to their impairment).

Activity 11 – Moving around

This activity assesses physical ability to move around outdoors. This includes ability to transfer unaided between two seated positions, to move up to 50 metres, up to 200 metres and over 200 metres. Factors such as pain, breathlessness, fatigue and abnormalities of gait are taken into account when assessing this activity. The descriptors reflect the use of manual aids such as sticks or prostheses, self-propelled wheelchairs and assisted aids such as electric wheelchairs.

We envisage this activity applying to, for example, individuals with arthritis of the lower limbs, those with Chronic Obstructive Pulmonary Disease, multiple sclerosis which affects the lower limbs, generalised neurological conditions, quadriplegia and cerebral palsy.

General notes:

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

A short journey is up to 50 metres (approximately half the length of a football pitch) such that an individual is able to achieve a basic level of independence such as the ability to get from a car park to the supermarket.

An extended journey is more than 50 metres but less than 200 metres (approximately twice the length of a football pitch) such that an individual is able to achieve a higher level of independence such as the ability to get around a small supermarket.

Manual aids are aids or appliances that an individual is using to support their physical mobility which are unassisted – for example, walking sticks, crutches and prostheses but excluding manual wheelchairs or motorised aids.

Assisted aids are wheelchairs propelled by another person or aids or appliances to assist propulsion that are powered by a motor – e.g. an electric

wheelchair. *Factors such as pain, breathlessness, abnormalities of gait and fatigue need to be taken into account when assessing this activity. Where an activity can only be completed at the expense of excessive fatigue, the individual should be regarded as unable to complete it.* *The person must be able to perform the activity safely and in a timely fashion - however, this only refers to the actual act of moving. For example, danger awareness (e.g. traffic etc) is considered as part of activity 10.*	
A	Can move at least 200 metres unaided or with the use of a manual aid.
B	Can move at least 50 metres but not more than 200 metres either unaided or with the use of a manual aid.
	Notes: identifies individuals who can move 50 to 200 metres unaided with or without the use of manual aids but have some limitation – for example, someone with severe arthritis of the lower limbs.
C	Can move up to 50 metres unaided.
	Notes: identifies individuals whose mobility is severely restricted and do not or cannot use aids and appliances - for example, someone with severe Chronic Obstructive Pulmonary Disease. Includes individuals who can move up to 50 metres but then require a wheelchair for anything further.
D	Can move up to 50 metres only with the use of a manual aid.
	Notes: identifies individuals who can use appropriate aids to move short distances unaided but have significant limitation - for example someone with multiple sclerosis affecting their lower limbs through increased tone and loss of coordination. Includes individuals who can move up to 50 metres but then require a wheelchair for anything further.
E	Can move up to 50 metres only with the use of a manual wheelchair propelled by the claimant.
	Notes: identifies individuals who can only move around with a self propelled wheelchair propelled by themselves.

F	Can move up to 50 metres only with the use of an assisted aid.
	Notes: identifies individuals who are reliant on motorised aids or physical support (such as someone pushing a wheelchair for them) such as individuals with a generalised neurological condition.
G	Cannot either- i. move around at all **or** ii. transfer from one seated position to another seated position located next to one another unaided.
	Notes: identifies individuals with severe disability such as quadriplegia or severe cerebral palsy where an individual cannot move 50 metres or cannot transfer unaided - for example, someone who is unable to get from a chair into a wheelchair by themselves.