



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

Updated on 2 November 2017

2.3 Daily Living Activities

Activity 1 – Preparing food		
<p>Notes:</p> <p>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.</p> <p>Carrying items around the kitchen or carrying food to where it will be eaten is not included in this activity.</p> <p>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.</p> <p>Cooking food at waist height does not consider the ability to bend down to access an oven.</p> <p>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.</p>		
A	Can prepare and cook a simple meal 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>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>		
B	Needs to use an aid or appliance to be able to either prepare or 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 or 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 or 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,	4

	<p>that meat is properly cooked – due to sensory or cognitive impairment.</p> <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.	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 – i. to use an aid or appliance to be able to take nutrition; or ii. supervision to be able to take nutrition; or	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 and home dialysis. Whilst medications and therapies 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 it at least to be 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. 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"> i. Does not receive medication or therapy or need to monitor a health condition; or ii. Can manage medication or therapy or monitor a health condition 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>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 should be chosen.</p>		0
B	<p>Needs any one or more of the following–</p> <ul style="list-style-type: none"> i. to use an aid or appliance to be able to manage medication; 	1

	<ul style="list-style-type: none"> ii. supervision, prompting or assistance to be able to manage medication iii. supervision, prompting or assistance to be able to monitor a health condition. 	
<ul style="list-style-type: none"> (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 is required. (ii) Supervision may be required to ensure that medication is taken properly, or to minimise the risk of accidental or deliberate overdose. <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>		
C	Needs supervision, prompting or assistance to be able to manage therapy that takes no more than 3.5 hours a week.	
<p>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 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.</p>		

2

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.	
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.		4
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.	
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.		6
F	Needs supervision, prompting or assistance to be able to manage therapy that takes more than 14 hours a week.	
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.		8

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.

Applies to claimants who can wash and bath unaided, including getting in to and out of both an unadapted bath and unadapted shower.

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.

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.

0

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>		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, the likelihood of a risk to the claimant occurring in both a bath and shower should be considered. If the claimant can wash or bathe the majority of the time without risk of injury, for example because their health condition is under control through medication, then this descriptor would not apply.</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.

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.	
	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.	2
C	Needs supervision or prompting to be able to manage toilet needs.	
	'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.	2
D	Needs assistance to be able to manage toilet needs.	
	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.	4
E	Needs assistance to be able to manage incontinence of either bladder or bowel.	
	For example may apply to a claimant who requires assistance to change a stoma bag.	6
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, supervision 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.	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 to use an aid or appliance to be able to dress or undress.	2
<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, both standing up and sitting down are usual or normal ways of performing the activity of dressing and undressing. If a claimant cannot stand for all or part of the activity of dressing/undressing, (for example due to balance or back problem) the fact that they must sit down does not mean they are not performing the activity to an acceptable standard (as dressing whilst seated is a usual or normal way to carry out the activity). Therefore, when the claimant is seated instead of standing and a chair or bed is used to sit on, then the chair/bed is NOT an aid. However, there may be circumstances where a chair/bed is used not because the claimant has a problem standing, but for some other reason and it may then be an aid depending on the circumstances.</p>		

C	Needs either – i. prompting to be able to dress, undress or determine appropriate circumstances for remaining clothed; or ii. prompting or assistance to be able to select appropriate clothing.	2
<p>‘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.</p>		
D	Needs assistance to be able to dress or undress their lower body.	2
<p>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.</p>		
E	Needs assistance to be able to dress or undress their upper body.	4
<p>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.</p>		
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).

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>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 verbal information.	8

<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.	2
<p>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.</p>		
D	Needs prompting to be able to read or understand basic written information.	4
<p>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</p>		
E	Cannot read or understand signs, symbols or words at all.	8
<p>For example: may apply to claimants who require another person to read everything for them due to a learning disability or severe visual impairment.</p>		

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.

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.

Notes:

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.

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), who can compensate for limited ability to understand and respond to body language, other social cues and assist social integration. Most claimants with sensory impairments will be able to fully engage with others independently, however they may score on both activities 7 and 9 if, for example anxiety arising from their impairment means they reasonably require social support to engage with people generally.

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.

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.

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.	
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 prompting to be able to engage with other people.	
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		2

<p>someone who is anxious about interacting with others.</p> <p>9b prompting applies to people who need someone present for part of the time to help them socially engage, for example somebody with depression who might need intermittent encouragement.</p>		
C	Needs social support to be able to engage with other people.	
<p>Social support is something over and above prompting such as active intervention and not mere reassurance by presence.</p> <p>Descriptor 9c is all about needing social support to engage in order to reduce anxiety (note the legislation does not refer to overwhelming psychological distress and so the bar is much lower), or to assist with social integration, or to minimise harm to the claimant or others.</p> <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), who can compensate for limited ability to understand and respond to body language, other social cues and assist social integration.</p> <p>Applies to people who can only engage with others with active and skilled support on the majority of days, or who are left vulnerable due to their level of risk-awareness as a result of their condition.</p> <p>Vulnerability to the actions of others is considered in this activity. For example, someone with cognitive or learning impairment may be less risk aware and vulnerable to manipulation or abuse.</p>		4
D	Cannot engage with other people due to such engagement causing either – i. overwhelming psychological distress to the claimant; or ii. the claimant to exhibit behaviour which would result in a substantial risk of harm to the claimant or another person.	
<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>		8

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 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.

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 for reassurance, or out of preference, is not sufficient.

While a claimant who needs to be accompanied by another person to avoid overwhelming psychological distress (OPD) cannot satisfy 11d or 11f on that ground, it is possible that the same underlying condition (e.g. bipolar disorder, psychotic illnesses) may cause cognitive impairment too (either intermittently, when making journeys, or more generally). If that is the case, then a claimant may satisfy 11d or 11f on grounds that, without being accompanied by another person, they could not reliably make their way along the route because of the cognitive impairment.

11f may apply, where a claimant regularly experiences uncontrolled or unpredictable seizures which result in prolonged confusion and disorientation so that they need to be accompanied (on the majority of days) in order to make their way safely along even a familiar route.

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> <p>Can the claimant go out to make any single journey, without prompting most days? If so, mobility 1A is likely to apply.</p> <p>The majority of people with a seizure or blackout disorder will not require another person to accompany them, in order to make their way along a route out of doors safely. Those with well controlled seizure disorders or blackouts should be able to reliably go out alone, in which case 11a will apply.</p>		
<p>B</p>	<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 go out and/or complete a journey.</p> <p>'Any journey' means that in order to satisfy the descriptor on a day the person must require prompting with <i>every single</i> journey on that day. 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 complete a journey at night time only is not considered to be completing 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 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. In cases of agoraphobia, going out provokes anxiety but may still be possible with prompting. If agoraphobia is so severe that the claimant is unable to go out even with support on the majority of days, descriptor E may be more appropriate.</p> <p>Illustrative examples:</p> <p>A claimant goes out to his local shop four days each week but needs to have his wife with him to cope with this journey. He will sometimes try to go to his weekly</p>		<p>4</p>

<p>physiotherapy appointment alone if his wife is working, but this causes him severe anxiety (resulting in shaking uncontrollably, shortness of breath, faintness, nausea) and he has only managed this once in the last month; he cancelled the other appointments rather than make the trip alone. He can go out on most days but requires prompting / support to be able to do so and to avoid overwhelming psychological distress. He is only able to go out alone on occasion and very infrequently. He would therefore satisfy mobility 1B.</p>		
C	<p>For reasons other than psychological distress, cannot plan the route of a journey.</p>	8
<p>Applies 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	<p>For reasons other than psychological distress, cannot follow the route of an unfamiliar journey without another person, assistance dog or orientation aid.</p>	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. Safety should be considered in respect of risks that relate to following the route (tendency to wander into the road, or inability safely to cross a road, if unaccompanied), for example, a claimant with a severe visual or profound hearing impairment may be at substantial risk from traffic when crossing a road.</p> <p>Although psychological distress cannot contribute to the satisfaction of this descriptor if the claimant also has symptoms of cognitive or sensory impairment they may satisfy this descriptor.</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 (i.e. minor diversions) are part of being able to follow the route of a journey. For example a profoundly deaf person may need a person to accompany them to relay information, such as changes to a journey, due to 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</p>		

	<p>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	<p>Cannot undertake any journey because it would cause overwhelming psychological distress to the claimant.</p>	
	<p>This descriptor applies to claimants where undertaking any journey 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 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 (severe agoraphobia or panic disorder) or cognitive impairments (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, then 1e will be the applicable descriptor, even if there are occasions when they could follow a familiar route, if accompanied.</p>	10
F	<p>For reasons other than psychological distress, cannot follow the route</p>	12

	<p>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 following the route (e.g. tendency to wander into the road, or inability safely to cross a road, if unaccompanied), for example, a claimant with a severe visual or profound hearing impairment may be at substantial risk from traffic when crossing a road.</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 (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>Although psychological distress cannot contribute to the satisfaction of this descriptor if the claimant also has symptoms of cognitive or sensory impairment they may satisfy this descriptor.</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 person committing a violent act.</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>		

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 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 – i. stand; or ii. move more than 1 metre.	12

2.5 Definitions

Phrase	Legal definition (as per Social Security (PIP) Regulations 2013)
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.
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.
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.