

PIP Assessment Descriptors

How do the indicators for assessment apply to someone with type-1-Diabetes and an eating disorder?

The Personal Independence Payment (PIP) application and assessment process can be exhausting and mentally draining. (As is that for Employment and Support allowance) Moreover the questions that are asked can be confusing and many people lose points on irrelevant details and miss out on the awards they are deserving of. It is important to talk about your worst day and to stress the difficulties you experience with as much information as possible. It might be said that the purpose is for you to give up! Seek support from charities or professional organisations if you need to, but get those damn forms filled in! Once they've returned their decision (with the thud of that dreaded brown envelope on your doormat) if you then feel it is wrong you can go through their notes with a fine tooth comb to find the snags.

Below I pull out and provide notes on the sections of the assessment forms that may be particularly relevant for people with type 1 diabetes and an eating disorder. Of course, other sections may be relevant to you as well but the parts indicated stood out as particularly important concerning T1ED/EDDMT1 and/or Diabulimia.

DAILY LIVING ACTIVITIES

1. Preparing food.

- a. Can prepare and cook a simple meal unaided. **0 points.**
- b. Needs to use an aid or appliance to be able to either prepare or cook a simple meal. **2 points.**
- c. Cannot cook a simple meal using a conventional cooker but is able to do so using a microwave. Points. **2 points**
- d. Needs prompting to be able to either prepare or cook a simple meal. **2 points.**
- e. Needs supervision or assistance to either prepare or cook a simple meal. **4 points.**
- f. Cannot prepare and cook food. **8 points.***

****Someone with T1ED/ED-DMT1 will undoubtedly struggle to prepare food with guilt playing a large physiological role.***

2. Taking nutrition.

- a. Can take nutrition unaided. **0 points.**
- 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
 - (iii) assistance to be able to cut up food. **2 points.**
- c. Needs a therapeutic source to be able to take nutrition. **2 points.**
- d. Needs prompting to be able to take nutrition. **4 points.**
- e. Needs assistance to be able to manage a therapeutic source to take nutrition. **6 points.***
- f. Cannot convey food and drink to their mouth and needs another person to do so. **10 points.**

****Accepting nutrition can be very difficult for someone with an eating disorder and often they cannot trust themselves. They may need someone to overlook the mealtime process and to ensure they are giving themselves the energy and sustenance they need.***

3. Managing therapy or monitoring a health condition.

- a. Either –
 - (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. **0 points.**
- b. Needs any one or more of the following –
 - (i) to use an aid or appliance to be able to manage medication;
 - (ii) supervision, prompting or assistance to be able to manage medication.
 - (iii) Supervision, prompting or assistance to be able to monitor a health condition. **1 point.**
- c. Needs supervision, prompting or assistance to be able to manage therapy that takes no more than 3.5 hours a week. **2 points.**
- d. Needs supervision, prompting or assistance to be able to manage therapy that takes more than 3.5 but no more than 7 hours a week. **4 points.**
- e. Needs supervision, prompting or assistance to be able to manage therapy that takes more than 7 but no more than 14 hours a week. **6 points.**
- f. Needs supervision, prompting or assistance to be able to manage therapy that takes more than 14 hours a week. **8 points.***

****Insulin is constantly required to keep a type 1 diabetic well and someone with an intertwined eating disorder is at risk of omitting this medication supply at any time. At times they may need to be supervised while blousing via pump or administering their injections.***

4. Washing and bathing.

- a. Can wash and bathe unaided. **0 points.**
- b. Needs to use an aid or appliance to be able to wash or bathe. **2 points.**
- c. Needs supervision or prompting to be able to wash or bathe. **2 points.***
- d. Needs assistance to be able to wash either their hair or body below the waist. **2 points.**
- e. Needs assistance to be able to get in or out of a bath or shower. **3 points.**
- f. Needs assistance to be able to wash their body between the shoulders and waist. **4 points.**
- g. Cannot wash and bathe at all and needs another person to wash their entire body. **8 points.**

****Depression and/or exhaustion caused by eating disordered behaviours may mean that someone with T1ED/EDDMT1 may neglect to take care of washing and bathing requirements.***

5. Managing toilet needs or incontinence.

- a. Can manage toilet needs or incontinence unaided. **0 points.**
- b. Needs to use an aid or appliance to be able to manage toilet needs or incontinence. **2 points.**
- c. Needs supervision or prompting to be able to manage toilet needs. **2 points.**
- d. Needs assistance to be able to manage toilet needs. **4 points.**
- e. Needs assistance to be able to manage incontinence of either bladder or bowel. **6 points.**
- f. Needs assistance to be able to manage incontinence of both bladder and bowel. **8 points.***

***Gastroparesis which is a complication of insulin omission and manipulation can have a profound damage to bowels and the bladder, causing problems with toilet needs.**

6. Dressing and undressing.

- a. Can dress and undress unaided. **0 points.**
- b. Needs to use an aid or appliance to be able to dress or undress. **2 points.**
- 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 points.**
- d. Needs assistance to be able to dress or undress their lower body. **2 points.**
- e. Needs assistance to be able to dress or undress their upper body. **4 points.**
- f. Cannot dress or undress at all. **8 points.**

****This can be impacted by depression, lethargy or neuropathic pain in limbs which may cause movement to be painful.***

7. Communicating verbally.

- a. Can express and understand verbal information unaided. **0 points.**
- b. Needs to use an aid or appliance to be able to speak or hear. **2 points.**
- c. Needs communication support to be able to express or understand complex verbal information. **4 points.**
- d. Needs communication support to be able to express or understand basic verbal information. **8 points.***
- e. Cannot express or understand verbal information at all even with communication support. **12 points.**

****Starvation of the body's resources and lack of insulin in the blood often leads to poor concentration and impaired cognitive functioning. This can lead to problems with communication and understanding and/or responding to other people.***

8. Reading and understanding signs, symbols and words

- a. Can read and understand basic and complex written information either unaided or using spectacles or contact lenses. **0 points.**
- 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. **2 points.**
- c. Needs prompting to be able to read or understand complex written information. **2 points.**
- d. Needs prompting to be able to read or understand basic written information. **4 points.**
- e. Cannot read or understand signs, symbols or words at all. **8 points.***

****Additionally, malnutrition leading to a breakdown in comprehension may result in difficulty in understanding written information or even signs and symbols.***

9. Engaging with other people face to face.

- a. Can engage with other people unaided. **0 points.**
- b. Needs prompting to be able to engage with other people. **2 points.**
- c. Needs social support to be able to engage with other people. **4 points.**
- 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. **8 points.***

**This point is largely influenced by any other existing mental health concerns, largely anxiety or panic disorder. Such conditions, alongside an eating disorder and/or type 1 diabetes can make communication and social events extremely frightening. The sufferer may use self harm or other self destructive behaviours in order to help them cope with subsequent feelings.*

10. Making budgeting decisions.

- a. Can manage complex budgeting decisions unaided. **0 points.**
- b. Needs prompting or assistance to be able to make complex budgeting decisions. **2 points.**
- c. Needs prompting or assistance to be able to make simple budgeting decisions. **4 points.**
- d. Cannot make any budgeting decisions at all. **6 points.***

**Again, the decline in cognitive reasoning can mean someone with T1ED may lack the ability to budget. It is not uncommon for reckless spending to run alongside eating disordered behaviours and so someone with T1ED/ED-DMT1 may need monitoring with purchases and budgeting.*

MOBILITY ACTIVITIES

1. Planning and following journeys.

- a. Can plan and follow the route of a journey unaided. **0 points.**
- b. Needs prompting to be able to undertake any journey to avoid overwhelming psychological distress to the claimant. **4 points.**
- c. For reasons other than psychological distress, cannot plan the route of a journey. **8 points.**
- d. For reasons other than psychological distress, cannot follow the route of an unfamiliar journey without another person, assistance dog or orientation aid. **10 points.**
- e. Cannot undertake any journey because it would cause overwhelming psychological distress to the claimant. **10 points.***
- f. For reasons other than psychological distress, cannot follow the route of a familiar journey without another person, an assistance dog or an orientation aid. **12 points.**

**This descriptor has undertaken a change which means it aims to recognise anxiety and mental health distress as significant and as worthy of recognition as physical ailments. Difficulty in undertaking a journey may come down to anxiety, stress or the tendency for someone dealing with type 1 diabetes and an eating disorder to isolate themselves from the real world. Such journeys may cause panic attacks which can feel hugely debilitating.*

11. Moving around.

- a. Can stand and then move more than 200 metres, either aided or unaided. **0 points.**
- b. Can stand and then move more than 50 metres but no more than 200 metres, either aided or unaided. **4 points.**
- c. Can stand and then move unaided more than 20 metres but no more than 50 metres. **8 points.**
- d. Can stand and then move using an aid or appliance more than 20 metres but no more than 50 metres. **10 points.**
- e. Can stand and then move more than 1 metre but no more than 20 metres, either aided or unaided. **12 points***

- f. Cannot, either aided or unaided, –
(i) stand; or
(ii) move more than 1 metre. **12 points.**

****These descriptors may be relevant with respect to the physical complications of neuropathy, gastroparesis or retinopathy. Such ailments can lead to problems with standing, moving around and correct navigation from place to place.***

Personal Independence Payment (PIP) daily living component points scores

To get an award of the daily living component, you need to score:

8 points for the standard rate
12 points for the enhanced rate

Personal Independence Payment (PIP) Mobility Component Points Scores

To get an award of the mobility component you need to score:

8 points for the standard rate
12 points for the enhanced rate

Variable and fluctuating conditions

Taking a view of ability over a longer period of time helps to iron out fluctuations and presents a more coherent picture of disabling effects. Therefore the descriptor choice should be based on consideration of a 12 month period. *

****This is hugely important in relation to type 1 diabetes which can fluctuate greatly in effect from day to day.***

Scoring descriptors will apply to individuals where their impairment(s) affects their ability to complete an activity on more than 50 per cent of days in the 12 month period. The following rules apply:

If one descriptor in an activity applies on more than 50 per cent of the days in the period –
i.e. the activity cannot be completed in the way described on more than 50 per cent of days –
then that descriptor should be chosen.

If more than one descriptor in an activity applies on more than 50 per cent of the days in the period, then the descriptor chosen should be the one which applies for the greatest proportion of the time.

Where one single descriptor in an activity is not satisfied on more than 50 per cent of days, but a number of different descriptors in that activity together are satisfied on more than 50 per cent of days – for example, descriptor 'B' is satisfied on 40 per cent of days and descriptor 'C' on 30 per cent of days – the descriptor satisfied for the highest proportion of the time should be selected.

Reliably, in a timely fashion, repeatedly and safely

An individual must be able to complete an activity descriptor reliably, in a timely fashion,

repeatedly and safely; and where indicated, using aids and appliances or with support from another person (or, for activity 10, a support dog). Otherwise they should be considered unable to complete the activity described at that level.

Reliably means to a reasonable standard.

In a timely fashion means in less than twice the time it would take for an individual without any impairment.

Repeatedly means completed as often during the day as the individual activity requires. Consideration needs to be given to the cumulative effects of symptoms such as pain and fatigue – i.e. whether completing the activity adversely affects the individual's ability to subsequently complete other activities.

Safely means in a fashion that is unlikely to cause harm to the individual, either directly or through vulnerability to the actions of others; or to another person.

Risk and Safety

When considering whether an activity can be undertaken safely it is important to consider the risk of a serious adverse event occurring. However, the risk that a serious adverse event may occur due to impairments is insufficient – there has to be evidence that if the activity was undertaken, the adverse event is likely to occur.

Support from other people

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 three types of support:

Assistance is support that requires the presence and physical intervention of another person i.e. actually doing some or all of the task in question. This specifically excludes non-physical intervention such as prompting or supervision which are defined below. To apply, this only needs to be required for part of the activity.

Prompting is support provided by reminding or encouraging an individual to undertake or complete a task but not physically helping them. To apply, this only needs to be required for part of the activity.

Supervision is a need for the continuous presence of another person to avoid a serious adverse event from occurring to the individual. There must be evidence that any risk would be likely to occur in the absence of such supervision. To apply, this must be required for the full duration of the activity.

Unaided

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

Supervision and monitoring from an outside party is a crucial consideration when it comes to dealing with mental health issues including eating disorders. This is because even if someone may have the physical capability to undertake a task, their cognitive imbalance may cause them to act in a way that causes damage to themselves or others.

Epilepsy

Epilepsy is a marked example of a fluctuating condition where an individual can have no functional limitation one minute and considerable limitation the next. Assessment should be based on the impact this causes.*

**The manner in which epilepsy is considered here may also be relevant in terms of type 1 diabetes, which is also an illness that can often lack consistency or pattern.*

Original information taken from <https://www.benefitsandwork.co.uk>.