

2. Taking nutrition

DWP Definitions and Guidance

This activity considers ability to be nourished either by cutting food into pieces, conveying to the mouth, chewing and swallowing or through the use of therapeutic sources (e.g. a feed pump).

Factor	DWP “reliability” examples
Safely	<i>Choking (not a general risk, but an ‘increased’ risk due to health/disability e.g. during a seizure or throat problems - but the DWP Safely Memo says the risk is too low for someone with weekly seizures because they can sit down and you don’t spend long eating!)</i>
To an acceptable standard	<i>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</i>

Descriptors and specific guidance:

- a. can take nutrition unaided..... 0
- b. needs to:
- use an aid or appliance to be able to take nutrition, or
 - supervision to be able to take nutrition take nutrition, or
 - assistance to be able to cut up food 2
- c. needs a therapeutic source to be able to take nutrition 2
“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
“May apply to claimants who need to be reminded to eat (e.g. due to a cognitive impairment or severe depression) or who need prompting about portion size which should be directly linked to a diagnosed condition such as Prader Willi syndrome or anorexia”
- e. needs assistance to be able to manage a therapeutic source to take nutrition 6
“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

Comment

Under DLA, someone e.g. with an eating disorder, or whose eating was severely limited by depression could easily meet the requirements for either the Middle or Higher rate of Care based just on their need for ‘attention in connection with eating’. Under PIP though, someone, e.g. with anorexia might pick up 4 points here, but would need to score from other areas to achieve any award of benefit.

Prompting - unusually- scores more points in this activity (2d rather than 2b).

Caselaw and the guidance have currently taken the view that nutritionally poor diets aren’t considered but there could be rare ‘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’.

The guidance states that for people suffering from obesity, prompting would not apply unless there is “impaired cognition which would suggest a lack of choice or control”.

If you need physical help to be able to manage a therapeutic source (e.g. tube feeding), it is important to explain here why and the type of help you need.

Examples of difficulties

Can be the need for ‘encouraging/ pushing’ linked to appetite loss - e.g. anxiety and depression - but also:

- encouraging someone to eat healthy food/ not ‘comfort’ eat/ binge/ eat an acceptable portion size - over or under eating due to mental health
- associated with anorexia
- a life threatening risk in both anorexia and severe depression
- there is significant harm to physical health associated with anorexia AND bulimia - ‘supervision’ not just prompting (but don’t forget the higher prompting score)
- associated with psychosis - e.g. some will fear poisoning
- the need to avoid ‘mess’ can prevent people eating properly (e.g. OCD)
- lacking motivation to eat due to the side affects of substance dependency
- rituals preventing eating a meal in a reasonable time
- reliably both starting and finishing adequate food

What people often say:

- I don’t think about food - mealtimes don’t mean anything to me*
- I feel sick all the time and just don’t eat unless someone’s there pushing me*
- The anxiety affects my stomach so I go without food*
- I feel so low I just don’t eat regularly*
- I starve myself for days as ‘control’ thing*
- I just stop eating when I go down*
- I have anorexia*
- I have bulimia - I ‘binge’ on food and then make myself sick*
- Because of the shakes I spill things a lot and need help to clean up afterwards*
- I should eat regularly because of my diabetes/ stomach problems/ ulcer*
- Any food has to be perfect or I just lose it and tip it in the bin/ throw it on the floor*
- I can’t wait for people to finish eating - I’m just wanting to take everything away and wash it*
- I think people are trying to poison me so I refuse to eat*
- I thought people were taking the food between my mouth and my stomach, so I stabbed myself in the neck to stop them*

Q4 - Eating and drinking

① Use page 7 of the Information Booklet to help answer these questions.

Tells us about whether you can eat and drink

This means:

- remembering when to eat
- cutting food into pieces,
- putting food and drink in your mouth, and
- chewing and swallowing food and drink.

Tick the boxes that apply to you, then provide more information in the extra information box.

Q4a - Do you need to use an aid or appliance to eat and drink?

Aids and appliances include things like:

- weighted cups, adapted cutlery

Yes

No

Sometimes

Q4b - Do you use a feeding tube or similar device to eat or drink?

This means things like a feeding tube with a rate limiting device as a delivery system or feed pump.

Yes

No

Sometimes

Q4c - Do you need help from another person to eat and drink?

By this we mean:

- do they remind you to eat and drink?
- do they supervise you?
- do they physically help you to eat and drink?
- do they help you manage a feeding tube?

Yes

No

Sometimes

This includes help you have and help you need but don't get.

Q4d - Extra information - Eating and drinking

Tell us more any difficulties you have when eating and drinking:

- tell us how your condition affects you doing this activity
- tell us how you manage at the moment and the problems you have when you can't do this activity
- tell us how long it takes you to complete this activity
- does whether you can do this vary throughout the day? Tell us about good and bad days
- do you experience any other difficulties, either during or after the activity, like pain, breathlessness or tiredness?
- tell us about the aids and appliances you need to use to help you eat and drink
- tell us about the help you need from another person when eating and drinking. This includes help you have and help you need but don't get.

ADSH My appetite is so poor that I don't eat regularly - I just tend to binge on comfort food like biscuits and chocolates

Or just don't bother, unless someone is encouraging me.

I have on a lot of weight due to the medication. I hate it but don't feel able to do anything to stop myself. I cannot the need to binge and then purge by making myself vomit when I'm feeling very low. (Descriptor 2d)

I have to drink because of the alcohol dependency, but don't think about food, am just not hungry. (Descriptor 2d)

P: When I first became unwell I was afraid that someone was trying to poison me and would only drink bottled water from Scotland not Wales.

Since being on medication it's more of a case of not being able to motivate myself to eat properly—I tend to rely a lot on junk food and biscuits. I need someone to encourage me to eat regularly and to eat healthier food. (Descriptor 2d)

If you need to add more please continue at Q15 Additional Information .