

## Daily living component activity 2 – taking nutrition

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### Introduction

1. This chapter provides information on activity 2 of the daily living component of Adult Disability Payment (ADP).
2. This chapter should be read and applied in line with the Overview of Decision Making and the Daily Living Component Introduction.
3. Daily living component activity 2 considers an individual's ability to be nourished either by:
  - cutting food into pieces, conveying food and drink to the mouth, then chewing and/or swallowing , or;
  - through the use of therapeutic sources.
4. The defined term 'taking nutrition' refers solely to the act of eating and drinking. The quality of what is being consumed is not relevant, as long as it is capable of providing nourishment.
5. Instances where what is being consumed is so beyond any reasonable view of what constitutes food or drink that it does not amount to 'taking nutrition' are possible, but will be very rare. For example, an individual living with symptoms of a medical condition such as Binge Eating Disorder or post-intensive care syndrome (PICS). These conditions would be relevant to this activity if they cause a client to be **unable to stop themselves** from eating things that are not safe for people to consume or **they are unable to stop themselves** eating to excess.
6. This should be distinguished from a client choosing to eat an unhealthy or restricted diet, to eat to excess, or to avoid certain foods due to dietary requirements.
7. A therapeutic source means parenteral or enteral tube feeding using a device, such as a delivery system or feed pump.

8. Therapeutic sources may include but are not limited to:
- gastro-nasal feeding tubes
  - PEG feeding tube
  - liquid diets (where this has been prescribed by a dietician and is related to a health condition that requires it)
9. If for any reason an individual 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 will usually not score under daily living component activity 2.
10. Daily living component activity 2 does not consider:
- Individual preference as to how many meals a day to eat
  - an individual's ability to cook food as this is considered in daily living component activity 1
  - the type of food to be cut up, for example tough meats, or the need to cut up uncooked food (again this would be considered in activity 1). If this is the only type of food the individual has difficulty cutting they would be considered able to cut up food for this activity
  - restricting food intake, due to personal preference.
11. The daily living component activity 2 descriptors describe six levels of functional ability to complete the activity.
- A. Can take nutrition unaided
- 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
- C. Needs a therapeutic source (see definition above) to be able to take nutrition
- D. Needs prompting to be able to take nutrition
- E. Needs assistance to be able to manage a therapeutic source (see definition above) to take nutrition
- F. Cannot convey food and drink to their mouth and needs another person to do so.<sup>1</sup>

*1 ADP regs, Schedule 1 Part 2 - Daily Living Activities, Activity (2)*

12. It is important to note that when considering what the client "needs" as used in the descriptors, consideration should be given to what the client may reasonably require even although they may not be receiving it.

**Daily living component activity 2 descriptor A (0 points) - can take nutrition unaided**

13. The ability to perform an activity unaided means without either the use of aids or appliances; or help from another person. <sup>1</sup>

*1 ADP regs, Schedule 1, Part 1*

14. Daily living component activity 2 descriptor A applies to any individual who is able to complete the activity unaided and as required by the reliability criteria (see below).

**Daily living component activity 2 descriptor B (2 points) – 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 take nutrition

15. An individual may use an aid or aids to assist them in completing this. (See the definition of aid or appliance). [LINK TO DESCRIPTOR LANGUAGE CHAPTER]  
Common aids can include (this list is not exhaustive):

- plate guards
- weighted plates
- wide handle grips
- lidded beakers

16. **NOTE:** If an individual needs an aid to peel and chop food (daily living component activity 1), it should not be assumed that they will need to use an aid or appliance to take nutrition. An individual who has problems with manual dexterity or grip strength may have problems chopping and peeling raw vegetables but may find it easier to cut cooked food.

17. Case managers will also consider if the individual needs, supervision or assistance from another person to complete the activity.

18. 'Supervision' means the continuous presence of another person for the purpose of ensuring an individual's safety. The supervision can be in relation to any risk to the individual's safety, whether or not the risk directly results from carrying out the activity in question.

19. "Assistance" means physical intervention by another person and does not include speech.

20. Daily living component activity 2 descriptor B may apply to an individual who:

- needs to use specially adapted cutlery, plates or drinking cups for example
- is at significant risk of choking when taking nutrition
- regularly spills food or drink due to tremors or other factors
- has difficulty cutting up food which is ready to be eaten (not cutting raw ingredients as these are considered in daily living component activity 1).

21. A case manager should both:

- be specific about the aids, supervision or assistance an individual needs, remembering that consideration should be given to what the client actually has use of, and what they could reasonably require.
- consider the risk of choking beyond normal everyday risk. An individual would likely have a condition that increases the risk of them choking, for example, a condition affecting muscle tone, coordination, consciousness, or causes swelling or obstruction of the oesophagus. And would likely provide information regarding previous choking episodes or one serious episode which required medical intervention.

Example: an individual who has reduced vision, who satisfies daily living component activity 2 descriptor B

Aaron lost some of the vision in both of his eyes 10 years ago, after an accident in science class at high school. He completed his ADP application on his computer using speech-to-text technology. He included his certificate of visual impairment with his application, which shows that he is still able to see colour but cannot see shapes or faces, and that he has around 50% vision left in both of his eyes.

In his application form, he says that he makes microwave meals, but his partner does most of the cooking. When his partner serves food, he uses a 'clock method' and a colour plate so that Aaron knows where the food is on his plate and can cut and eat this himself. He also uses cups and glasses that have a coloured bottom, so that he knows when he has finished the drink.

The case manager determines that Aaron satisfies daily living component activity 2 descriptor B because these pieces of equipment would be classed as aids.

**Daily living component activity 2 descriptor C (2 points)** - needs a therapeutic source to be able to take nutrition

22. Daily living component activity 2 descriptor C is most likely to apply to an individual who requires parenteral or enteral feeding (such as a delivery system or feed pump) but can carry it out unaided.

23. To satisfy daily living component activity 2 descriptor C, an individual should usually be able to complete the steps in the following process:

- prepare food for input into the feeding method
- deliver food
- clean the equipment

**Example: an individual living with the effects of throat cancer, who satisfies daily living component activity 2 descriptor C**

Camilla had throat cancer a year ago and at the time, had targeted radiotherapy to try and get rid of the cancer cells in her throat. A side effect of the radiotherapy was

that her throat was damaged. Camilla has completed her ADP application and sent it with a letter from her specialist doctor.

In a letter from her gastroenterologist, they explain that she has a percutaneous endoscopic gastrostomy (PEG) because the radiotherapy caused swallowing difficulties and eventually, she was not able to swallow anything. In her application form, she explains that she has a tube through the skin in her stomach that she attaches her 'meals' to each night. She does this for about 8 hours a night. She is able to do this herself. She says that she cannot take anything by mouth, because she cannot swallow anything.

As Camilla cannot swallow anything, she takes nutrition using the tube in her stomach, but she is able to look after this herself. The case manager determines that Camilla satisfies daily living component activity 2 descriptor C, because the tube is a therapeutic source of nutrition.

**Daily living component activity 2 descriptor D (4 points)** - needs prompting to be able to take nutrition

24. Daily living component activity 2 descriptor D is most likely to apply to an individual whose needs relate to a mental health condition and / or conditions that impact their cognitive abilities. Clients who this descriptor is relevant to are likely to need to be:

- encouraged to eat due to a significant lack of motivation or aversion to taking nutrition caused by severe depression or anorexia;
- reminded to eat due to loss of memory;
- encouraged not to eat or to refrain from eating certain things due to difficulty in controlling their impulse to eat caused by a condition such as Prader Willie Syndrome. (Note: this would not apply to clients who have choice and control over what and how much they eat).

25. 'Prompting' means reminding, encouraging or explaining by another person. This does not have to be in the physical presence of the individual.

26. While mild and moderate depression may affect appetite and motivation to eat to an extent, in order for a client to require prompting to overcome these challenges, they would need to be experiencing severe depression or have a serious eating disorder, such as anorexia. Supporting information which would indicate a need for prompting would include:

- mental health care plans
- higher levels of health professional or social work mental health officer input
- potent medication prescribed by a qualified health care professional and/or regular mental health or psychiatric treatment

**Example: an individual who has Prader-Willi syndrome, who satisfies daily living component activity 2 descriptor D**

Kyle is 19 years old and has Prader-Willi syndrome. This is a congenital disorder characterised by excessive appetite. He lives with his mum and dad, and they have completed his ADP application form for him. He also has a letter from his GP which confirms his diagnosis.

In his application form, it says that his meals are prepared for him. He will eat everything on his plate and then watch everyone else finish, in case there is anything left over. His mum and dad have to make sure that the kitchen cupboards are locked otherwise he would eat everything. They explain that they tell him not to keep eating, but because of the Prader-Willi syndrome, he tries to get food all the time.

As Kyle has a condition that causes him to feel the need to eat all the time, he has to be encouraged by another person not to eat. This is always his parents, and they have to do it a number of times a day.

The case manager determines that Kyle satisfies daily living component activity 2 descriptor D because of the active encouragement by another person to perform this activity to an acceptable standard (see reliability criteria below).

**Daily living component activity 2 descriptor E (6 points) - needs assistance to be able to manage a therapeutic source to take nutrition**

27. Daily living component activity 2 descriptor E may apply to an individual who requires parenteral or enteral feeding and requires support to manage the equipment, device or materials involved.

28. The need for assistance to manage the therapeutic source must be as a result of a health condition..

**Example: an individual who has advanced dementia, who satisfies daily living component activity 2 descriptor E**

Edina has advanced dementia. She has a letter from her specialist doctor that shows because her dementia is advanced, she also has problems with her ability to swallow food. In her ADP application form, which was completed by her son, he explains that she has all her meals through a feeding tube that is in her stomach, and because of her dementia she does not understand what it is for.

The application states that she can swallow thickened fluids, and that she enjoys having tea in the morning when someone brings this to her. She knows that she has a drink next to her so she will drink it, but she does not know what time of day it is so does not know when mealtimes are.

As Edina has symptoms relating to advanced dementia, she needs someone else to set up her nutrition, and to make sure that she has this regularly. The case manager

determines that Edina satisfies daily living component activity 2 descriptor E because of the assistance that she requires to take nutrition through a therapeutic source.

**Daily living component activity 2 descriptor F (10 points)** - cannot convey food and drink to their mouth and needs another person to do so

29. Daily living component activity 2 descriptor F is most likely to apply to an individual whose needs relate to physical health conditions and / or conditions impacting their cognitive abilities.

**Example: an individual who has cerebral palsy, who satisfies daily living component activity 2 descriptor F**

Nick has cerebral palsy and although he has occupational therapy and physiotherapy, he has not been able to use his arms since childhood. Both of his arms have contractures, which means that he is unable to use them.

His ADP application form was completed by his partner, who is also his full-time carer. They explain that at mealtimes, Nick has to be helped by someone else because he cannot move his arms, he cannot grip cutlery and he cannot bring his hands to his mouth. He has a letter from a neurologist that confirms his diagnosis.

As Nick is unable to bring his hands to his mouth and unable to hold cutlery he requires another person to help him eat every meal. The case manager determines that Nick satisfies daily living component activity 2 descriptor F because of this need of another person to convey food and drink to his mouth.

30. As with all Daily Living activities, a client's ability to take nutrition must be considered with reference to the reliability criteria. The reliability criteria are likely to be relevant to this activity in the following ways:

- Safely:
  - if the client has a disability which affects their ability to chew and swallow, they may be at risk of choking, and so require supervision or assistance to be able to complete the activity safely
  - if the client has a disability which means they have no choice or control over what and how much they eat, such as Prader-Willi Syndrome, they may be at risk of trying to eat something harmful, and so require supervision to be able to complete the activity safely
  - If a client is diabetic and has severe depression which impacts their motivation to eat, they may be at risk of not maintaining their blood sugar levels and so, require prompting to be able to complete the activity safely
- Within a reasonable time period:
  - If a client is able to take nutrition but due to muscle spasms and tremors it takes them an hour to finish a plate of food, they are not able to do so within a reasonable time period
- To an acceptable standard:



- if the client is able to take nutrition but in doing so, they get what they are consuming on their body and/or clothes, beyond what would ordinarily be expected, they are likely not able to take nutrition to an acceptable standard
- If the client is able to set up a therapeutic source but in doing so, they regularly cause the feed to leak or blockages to occur, beyond what is reasonable when using feeding pumps etc, they likely need assistance to take nutrition to an acceptable standard
- Repeatedly
  - If a client is able to feed themselves breakfast but it causes them so much fatigue that they are then unable to feed themselves lunch, they are unable to complete the activity repeatedly as it is reasonable to expect an individual to be able to feed themselves three times a day.
  - If a client has to eat at regular intervals and multiple times throughout the day due to being diabetic, they are reasonably required to be able to undertake the activity more times a day than would otherwise be expected. If such a client is then unable to complete the activity as often as required due to their disability, they would be unable to complete it repeatedly – even although they may be able to do so three times a day

**[End of chapter]**