



# **Training & Development**

## **Activity 6 E-learning Module**

### **Training for Registered Nurses, Paramedics, Occupational Therapists and Physiotherapists**

#### **Activity 6 – Dressing and Undressing**

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# Document Control

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## Superseded Documents

Version	Date	Description	Author
1a (draft)	05-02-2018	First draft	KW
1b (draft)	19-02-2018	Initial review and updates	SB
1C draft	30-08-2018	QA BMc	BMc
1 Final	07-12-2018	Set to Final	SB
2 Final	05-11-2019	Updated in line with new PIPAG	MTB
3 Final	21-06-2022	Internal review of material	MG

## Changes since last version

Updated PIPAG reference; Foreword updated; removed reference to page numbers in the PIPAG; Spelling and grammar check.

## Outstanding issues and omissions

## Updates to Standards incorporated

PIP Assessment Guide parts 1-3, updated 24<sup>th</sup> January 2022

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## Foreword

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This module has been produced as part of an Independent Assessment Services (IAS) training programme for Health Professionals (HP's) who will be completing Disability Assessments.

All Health Professionals undertaking PIP assessments must be registered medical practitioners, registered nurses, paramedics, occupational therapists or physiotherapists who, in addition, have undergone training in disability assessment medicine and specific training in PIP Assessment. The training includes distance learning modules, theory training in a classroom setting, supervised practical training, and a demonstration of understanding as assessed by quality audit. The PIP Assessment Guide which forms an integral part of that training has been provided by the Department of Work and Pensions (DWP) and is referred to throughout the training provided by IAS.

There are areas in the training where it is useful to revise diagnostic or assessment principles, and where appropriate, these have been included for the relevant HPs.

In addition, the training module is not a stand-alone document, and forms only a part of the training and written documentation that a health professional receives. The DWP "PIP Assessment Guide" must be read in conjunction with IAS training material, as it provides information on the DWP's scope and intention for each of the twelve PIP Activities and corresponding Descriptors in each activity area. As disability assessment is a practical occupation, much of the guidance also involves verbal information and coaching.

Thus, although the training module may be of interest to non-medical readers, it must be remembered that some of the information may not be readily understood without background medical knowledge and an awareness of the other training given to Health Professionals. Some Health Professionals from these professional groups may find it a useful revision and are welcome to use these resources for reflective practice purposes if they wish.

PIP Clinical Director

June 2022

## Introduction

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This E learning is part of the ongoing training programme for Disability Analysts. It is designed as a learning tool to consolidate Health Professionals understanding of Activity 6 - Dressing and undressing

The focus for this training will be on the consideration and application of descriptors for activity 6.

This training will cover the following topics:

- What is the scope of Activity 6 dressing and undressing?
- What can impact on claimants' ability to carry out activity 6?
- Considering variability and reliability in activity 6.
- Descriptor intent in activity 6.
- Justifying descriptor advice in activity 6.

There will be three competency assessments:

- Drag and drop 10 True/False questions
- Drag and drop reliability scenarios x 4
- 6 case scenarios

## Overall Aim

To improve understanding of the scope of activity 6 and application of descriptors.

## Design/format

This workbook contains the information required through this CPD topic. It is important that you go through the module independently and as prompted by your CSL, failure to do this may result in misinterpretation of the information provided.



## Section 1: The scope of Activity 6

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The PIPAG states:

*"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 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."*

**Remember:** The person needs to have the motivation to change clothing and the insight to dress appropriately.

The ability to manage laundry tasks is not considered in the scope of this activity

### **Sitting to dress**

The PIPAG states that we must *"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, in many cases a claimant will be able to dress or undress either sitting down, standing up, or through a combination of both standing and sitting, and this would be considered an acceptable way of dressing and undressing so they would score 6a."*

## Section 2: Descriptor intent in activity 6.

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### A – CAN DRESS AND UNDESS UNAIDED

Claimant can dress and undress without any physical help or the use of aids despite any functional restriction they may. Variability as well as reliability have been fully considered and the evidence supports this activity can be completed on the majority of days in a timely manner, to an acceptable standard and as often as is required.

### B – NEEDS TO USE AN AID OR APPLIANCE TO BE ABLE TO DRESS OR UNDESS

This descriptor will apply mainly to claimants with physical restrictions. Once considering the claimants' ability to carry out the activity and considering variability and reliability they cannot complete the activity on their own.

The claimant's reliability in using the aid must also be considered, those with cognitive impairment or reduced grip will find the use of aids difficult. Aids can include sock aids, long handled shoe horns, and front fastening bras.

**Remember:** If a claimant wears loose fitting, stretchy clothing without fastenings and the evidenced functional restrictions supports the need for this style of clothing, this can then be considered an aid.

Consider a claimant who has arthritis in the hands; the MSO confirms weakness of pinch grip and dexterity. In this instance the use of adapted clothing as described above removes the assistance that would be required to fasten buttons/Zips etc. Therefore, the adapted clothing can be considered as an aid

The PIP Assessment Guide states *"There will be a minority of cases where the claimant is neither able to sit or stand to dress and undress, but they are able to lie on the bed to perform the activity and do not require an additional conventional aid or appliance to help them. In these circumstances the bed would be considered an aid. These cases are likely to be rare."*

Consider a claimant who is paralysed from the waist down, in order to dress their lower body, they have to lie down on the bed and roll from side to side. In this case it is not purely that it makes it a bit easier for them, but it is a necessity without which they would need assistance.



## C – NEEDS EITHER

- I. PROMPTING TO BE ABLE TO DRESS, UNDESS OR DETERMINE APPROPRIATE CIRCUMSTANCES FOR REMAINING CLOTHED OR
- II. PROMPTING OR ASSISTANCE TO BE ABLE TO SELECT APPROPRIATE CLOTHING

The PIP Assessment guide says *“‘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.”*

This means that 6C mainly applies to claimants with mental health problems or cognitive/intellectual difficulties, and in some situations those with visual impairment.

Prompting to change clothing can apply to those with low motivation or lack of awareness in conditions such as dementia or learning disabilities.

Determining appropriate circumstances for remaining clothed can apply to those with cognitive/intellectual problems, again such as dementia or learning disabilities.

Prompting or assistance to select appropriate clothing can apply to those who lack insight, such as mental health conditions such as bipolar or autism where adapting and change are difficult to manage.

This descriptor may also apply to those with significant levels of visual impairment, if they are unable to develop a system to allow them to reliably distinguish between clean and dirty clothing but this is expected to be rare

## D – NEEDS ASSISTANCE TO BE ABLE TO DRESS OR UNDESS THEIR LOWER BODY

6D *“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”.*

Usually claimants will have physical functional restrictions such as pain, fatigue, or breathlessness.

For claimant's who are breathless, dressing and undressing their lower body can be the most restricting part of this activity as bending restricts the diaphragm.

As dressing involves shoes and socks claimants with restricted forward flexion, knee flexion or hip flexion will also find difficulty with this aspect of the activity. Forward flexion to knee level when seated is insufficient enough to complete this activity unaided as there also needs to be some hip movement to reach to the feet.



In many cases the use of aids can usually overcome this however if there are upper limb restrictions, especially with arm power or grip, it is more likely that assistance will be required.

Reliability is important to consider here, there are no aids that can overcome fatigue or breathlessness. The HP must consider the time taken to carry out the activity, any aids already used already and the impact of the activity; if the HP assesses that the activity is NOT being completed reliably with this level of assistance then a higher descriptor may be appropriate.

#### E – NEEDS ASSISTANCE TO BE ABLE TO DRESS OR UNDESS THEIR UPPER BODY

6E *“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.”*

Again, for 6E to apply claimants are likely to have physical functional restrictions such as pain, fatigue, or breathlessness. Claimants who attract this descriptor will have significant levels of functional restriction which will relate mainly to upper body restrictions such as reduced shoulder movements, elbow movements and grip.

Claimants, who have upper limb restrictions that can participate by moving limbs when being helped to dress will attract this descriptor.

Also, in this descriptor we can possible consider severe cognitive/intellectually restricted claimants. If these claimants with conditions such as dementia or learning disability cannot dress or undress with prompting alone but will assist be moving limbs into sleeves, for example they will attract this descriptor.

Reliability is important to consider here, there are no aids that can overcome fatigue or breathlessness. The HP must consider the time taken to carry out the activity, any aids and assistance already used already and the impact of the activity; if the HP assesses that the activity is NOT being completed reliably with this level of assistance then a higher descriptor may be appropriate.

#### F – CANNOT DRESS OR UNDESS AT ALL

This descriptor would apply to those claimants with significant, severe physical or cognitive/intellectual problems, who are unable to even participate in the activity to any reliable level.

If the claimant can participate in the activity even to a minimal level e.g. lifting arms, fastening buttons, they cannot be considered as unable to dress or undress at all as long as their participation is reliable.



## Section 3: What impacts on function in activity 6?

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### PHYSICAL

Pain, fatigue and breathlessness can all impact on this activity as they may impact on the ability to complete the activity reliably. The level of functional restriction will determine whether the claimant requires aids or assistance but be mindful that there are no aids that would alleviate fatigue.

**Remember:** If the claimant's upper limb ability, especially their ability to grip or dexterity, will impact on their ability to use aids.

Considering that claimants can sit to dress as an acceptable standard, this must be considered when considering the level of help required.

### SENSORY

Hearing restrictions do not typically affect a claimant's ability to dress and undress.

**Remember:** The colour and style of the clothing is not relevant as each person has individual preferences. Indeed, there have been past fashions of ripped jeans, hyper-colour t-shirts showing sweat and poorly fitting clothes about which people might have different opinions on their acceptability. Therefore, even in the situation where clothing was physically displeasing to others if it was hygienic and suitable in terms of weather and body coverage it would be considered acceptable for the purposes of PIP.

This means that sight restrictions need to be considered carefully; if the claimant states they find it difficult to select clean clothes, the HP will need to investigate why – is it a result of cognitive or development condition or is it out of choice?

Dressing and undressing looks at the help an individual might need or use in order to be able to dress and undress themselves to an acceptable standard; and to dress to an acceptable standard one must avoid the selection of items which have, for example, become malodorous or which have already been worn to the extent that it would be unhygienic to wear them again.

A broad common-sense approach must be taken to all of this, and a claimant is unlikely to need help to choose appropriate clothing simply because he/she operates a less fastidious regime than others might. That said some claimants with visual impairment may require prompting or assistance to be able to select appropriate clothing if, for example, they cannot adequately organise their clothes in such a way that clothes they wore on the day are put into a dirty laundry basket and clean clothes are put in drawers and cupboards for storage and for selection when required.



## MENTAL HEALTH

Low motivation is the most common symptom of mental health that will affect the ability to dress reliably but lack of self-esteem and confidence can also impact.

The other mental health symptom that may impact on the ability to dress may be disinhibition, this may be seen in a claimant with bipolar, where an elevated mood (hypo-manic or manic episode) can result in provocative or inappropriate dress.

In these cases, probing is vitally important to establish what level of support is needed on the majority of days. Remember we are not considering someone's style or sense of fashion here, rather if are they dressing to an acceptable standard.

## COGNITIVE/INTELLECTUAL

As clothing should be clean in order to be considered to be dressed to an acceptable standard, recall of when they last changed clothing can be an issue in a claimant with a cognitive impairment.

Other issues may relate to having difficulty dressing appropriately, especially for the weather and sequencing issues meaning there are difficulties putting clothes on in the right order.

In some cognitive or intellectual impairments there may also be behaviours which involve removal of clothing inappropriately, and also co-ordination problems impacting on the physical ability to dress.

12.1





## Section 5: Variability and reliability in activity 6.

### VARIABILITY:

Variability and reliability are vital in this activity. Part 2.1.2 of the PIP Assessment Guide says that *“When assessing a claimant, the HP should consider all the evidence of the case and the likely ability of the claimant over a year-long period, before selecting the most appropriate descriptor to the claimant relating to each of the assessment activities, taking into account their level of ability, whether they need to use aids or appliances and whether they need help from another person or an assistance dog.”*

This means that the HP must consider the variability and fluctuation of a claimant's health condition and the effect on their needs. Where there is variability, the HP should consider what the need is on the majority of days.

Probing into the frequency of functional restrictions is vital, especially in physical and mental health conditions. Good days and bad days should be fully explored, and the level of help required on each clearly established. At consultation HPs should ensure they explore what type of day it is on that day as whether it is a good day or bad day will affect the outcome of the MSO or MSE

### RELIABILITY:

Part 2.1.4 of the PIP Assessment Guide (page 66) says that *“The fact that a claimant can complete an activity is not sufficient evidence of ability. HPs must consider:*

- *Approach – what the claimant needs to do; how they carry out the task; what assistance or aids are required; how long it takes; whether they can do it whenever they need to; and whether it is safe*
- *Outcome – whether the activity can be successfully completed and the standard that is achieved*
- *Impact – what the effects of reaching the outcome has on the claimant and, where relevant, others; and whether the claimant can repeat the activity within a reasonable period of time and to the same standard (this clearly includes consideration of symptoms such as pain, discomfort, breathlessness, fatigue and anxiety). The impact of completing one activity on the ability to complete others must also be considered.”*

This leads us to consideration of the four elements of **RELIABILITY** which are:

- **SAFETY** – There is no descriptor for supervision in Activity 6 as there are no significant safety concerns in regards dressing and undressing
- **TIMELY MANNER** – Section 2.2.2 defines a reasonable time period as “no more than twice as long as the maximum period that a non-disabled person would normally take to complete that activity”.
- **ACCEPTABLE STANDARD** – This is not defined in the legislation, but the PIPAG does say that *“An ‘acceptable standard’ is one which is good enough”*
- **REPEATEDLY** - Section 2.2.2 defines a repeatedly as being able *“to repeat the descriptor as often as is reasonably required”*.



This means that to advise that the activity can be completed reliably we must consider is the claimant able to complete the scope of dressing and undressing in a timely manner, to an acceptable standard, and as often as is reasonably required.

## TIMELY

If we look to the PIP Assessment guide, Section 2.1.13 states *"The timing of the activity should be considered i.e. whether the claimant can carry out the activity when they need to do it. For example, getting washed and dressed usually happens in the morning. For example, if a claimant takes medication (such as painkillers) allows the individual to carry out activities reliably when they need to throughout the day then the claimant can still complete the activity reliably when required."*

So if a claimant takes painkillers as soon as they wake, and they can get dressed soon afterwards they would be a 6A. The guide also explains (Section 2.1.14) that 14.1

So for example, if a claimant takes painkillers as soon as they wake but they have to delay the task of getting washed and dressed for 2 hours until the painkillers take effect then the HP should consider what help is required to carry out the activities reliably at the time the claimant would normally carry out those activities.

ACCEPTABLE STANDARD - an acceptable standard could be what would be considered as socially acceptable for each individual claimant. This would include ability to adapt dress for situations, the weather and that clothes are clean.

## REPEATEDLY

Again, if we look to the PIP Assessment guide, Section 2.2.14 states 14.3

So, most people would normally dress in the morning and undress for bed at night, if someone is not doing this the HP should consider whether the person is completing the activity less often by choice or due to their disability.

Additionally, the PIPAG states in Section 2.2.15 *"Some individuals may need to complete an activity more frequently as a result of their health condition or impairment."*

So, someone with Parkinson's may need to change their clothes more frequently, maybe after meals and in these cases the HP should consider whether it is reasonable for the individual to complete the activity more frequently as a result of their health condition or impairment, and if so what the reasonable number of times is in their individual case. It should then be considered whether or not the claimant is able to complete the activity that number of times.



Also, the PIPAG Section 2.2.16 says *"Where the act of completing the activity means the individual is unable to repeat the activity again, within a period when they could reasonably be expected to do so, they are likely to be considered as not completing the activity repeatedly."*

For example, an individual can dress themselves independently, but the exertion of doing so leaves them exhausted and they are unable to make their way downstairs and prepare their breakfast as a result; by lunchtime they have recovered enough to make a sandwich. Because, after dressing, you would reasonably expect someone to be able to move to another room and prepare breakfast, in this example the individual cannot be considered able to complete the activity repeatedly.

## Section 6: Drag and drop reliability scenarios x 4

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Drag and drop as to whether or not these scenarios would be considered reliable.

1. A claimant with widespread osteoarthritis, has significant contractures evident at assessment and MSO shows reduced power grip and no pincer grip, as well as reduced shoulder abduction and forward flexion to knees only. Currently he explains in functional history he uses loose fitting clothing with no fastenings, however due to pain in his back and arms, it takes him over an hour to dress. He lives alone.
2. A claimant has obsessive compulsive disorder (OCD). Due to this and her rituals and phobias, she changes her clothing up to 10 times a day due to fear of contamination. She is seen on a home assessment and by the end of the assessment she is increasingly agitated and indicated that she would have to change her clothes once the assessor left.
3. A claimant has mental health problems and an associated symptom as confirmed in letter received from the involved CPN is lack of motivation. There is also input from a support worker who visits daily to encourage the claimant to wash and change clothing as well as eat as the claimant is living alone. Due to this level of input the claimant washes, changes clothes daily and eats at least a meal a day, due to the response to prompting, the CPN is trying to get the claimant moved into supported accommodation.
4. A claimant has learning disabilities; she lives in 24 hour care. She can understand and follow simple instructions however has difficulty task processing, task sequencing and co-ordination. Staff have attempted to have her dress herself with verbal prompts, however it was found that each stage was taking her a long time as she had to process the instruction then attempt to complete it. Staff now physically dress her in full, however she is able to move her limbs to help the process.



## **Section 7: Justifying descriptor advice in activity 6.**

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When justifying activity 6, there is a variety of evidence that can be used to support descriptor advice; the challenge can be selecting the strongest piece of evidence to put in your justification.

For front office staff, you have a high level of evidence that you can utilise. The most robust will always be what you saw/assessed. Therefore observations, MSO, MSE, other systems, depending on the type of restriction will always be strong pieces of evidence. Also using evidence that is verifiable is strong if for whatever reason there is no assessed evidence, so medication and input can also be used. FE should also be considered, however consider the age of the FE, for example a physio report from 6 months ago following an arm injury may no longer be relevant to current functional ability. However, a school report from 2 years ago from someone with a long standing condition such as learning disability may be relevant.

For back office staff, further evidence is always amongst the most robust evidence that you can use. This should be fairly recent in cases of physical, cognitive or some mental health restrictions, as these conditions can fluctuate and deteriorate/improve. In intellectual restrictions, or those with severe, long-term, disabling mental health conditions, these tend to be lifelong with little change therefore evidence can be more historic in these cases.

If a descriptor is advised in the front or back office as a result of considering reliability, this should be clearly explained to the case manager. Why is how they carry it out now not reliable? Then support this with evidence. This gives clear reasoning to the case manager why a higher level of support is advised.

Likewise, if a lower level of support is advised than what is claimed for, this should be explained in detail to the case manager, of course referring to the relevant pieces of evidence to support. You must address why the claimed level of function is not being advised as well as explaining why the chosen descriptor is applicable on the majority of days. Remember to explain to the case manager what the evidence finding are so there is a clear picture of what the claimant can do reliably. It is also good practice to address reliability in such a justification as this will reassure the case manager that you have fully considered this.

## Starting with the end in mind

You should start to think about what you will require to cover in your justification from when you start your prep. By thinking about your justifications from the time you start prepping you are less likely to have any major omissions within your report.

Below you will find suggested answers for the previous questions, please note this list is not exhaustive.

### Areas that need Addressing for the Justification:

- Reason for needing/not needing assistance to dress lower body
- Pain/medication
- Physical ability to dress lower body
- Would he manage with aids, reason aids would be applicable?
- Variability

### Information Gathering:

- Social history: Work, what does he do, have there been any adaptations. Any aids or appliances currently prescribed/used in the home, Shopping- how does he manage, what if he had to get something from a lower shelf?
- Variability: good/bad days, what makes it a good/bad day, what is today?
- Functional History: Can you talk me through how you manage when getting dressed and undressed? Can you explain a bit more about why it is you need help with your lower body? How would you manage if your wife was not there?

### Examinations:

- MSO

### Observations:

- Did he bend down during the assessment?
- Did he grip anything during the assessment?
- Was he able to climb on and off the examination couch?



19.1



20.1





## Observation form

Please photocopy this page and use it for any comments and observations on this document, its contents, or layout, or your experience of using it. If you are aware of other standards to which this document should refer, or a better standard, you are requested to indicate this on the form. Your comments will be considered at the next scheduled review.

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# Redaction Summary

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## Page 19

### Redaction 19.1

#### Exemptions/exceptions:

- S.43 - Commercial interests

## Page 20

### Redaction 20.1

#### Exemptions/exceptions:

- S.43 - Commercial interests

## Page 12

### Redaction 12.1

#### Exemptions/exceptions:

- S.43 - Commercial interests

## Page 14

### Redaction 14.1

#### Exemptions/exceptions:

- S.43 - Commercial interests

### Redaction 14.2

#### Exemptions/exceptions:

- S.43 - Commercial interests

### Redaction 14.3

#### Exemptions/exceptions:

- S.43 - Commercial interests

### Redaction 14.4

#### Exemptions/exceptions:

- S.43 - Commercial interests