

**Some ideas/helpful phrases that may help you to complete a PIP Renewal Form.**

**Not all phrases will apply to you/your young person, and there may be things that we haven't included below. Question numbering/headings may differ.**

With PIP Renewals you are asked to let them know about any **changes** in how you/your young person carries out the 12 PIP daily living or mobility activities since the DWP last looked at your/their award. Please remember you will also have to **send supporting evidence of these changes (eg, a new prescription, or report from consultant etc).**

Examples of changes include:

- A new diagnosis.
- They are waiting to be assessed for a suspected new condition.
- New medication or a change in dosage of a previous medication.
- They have new aids or equipment.
- There has been a change in their mental health (eg, anxiety has increased).
- A change in the therapy they are receiving.
- They have been referred to a new professional such as CAMHS, Physiotherapy, Occupational Therapy (give details of this new professional(s)).
- A change in education/training. Maybe they are going to college now or have a job.
- A change in how they get around. Maybe they have learnt to drive.
- An event has occurred which has had a detrimental effect on how they function each day.
- Their ability to carry out daily living tasks has lessened or changed.

**IMPORTANT: IT IS NOT ENOUGH TO WRITE  
'NO CHANGE'  
YOU ARE STILL REQUIRED TO PROVIDE DETAILS/  
WRITE A SUMMARY OF YOUR/THEIR DIFFICULTIES**

### **SECTION 3 – HOW YOUR HEALTH CONDITION OR DISABILITY AFFECTS YOU**

**MOST QUESTIONS ON THE FORM ARE SET OUT IN THE FOLLOWING FORMAT:**

(continued on next page)

## EXAMPLES

1	<b>PREPARING FOOD AND COOKING</b>
	<b>Tell us if something has changed and approximately when</b>
<b>EXAMPLE</b>	<i>‘No significant changes or improvements in the preparation of food and cooking, but *****’s levels of anxiety have increased since their last award, and their hypermobility has worsened in recent weeks’.</i>
	<b>Tell us how you managed this activity now, including the use of any aids that you need</b>
<b>EXAMPLE</b>	<i>‘***** will not go the shop to buy food independently anymore because their anxiety has increased, so they must be accompanied now. Adapted openers for cans etc have been purchased due to *****’s weak grip’.</i>
	<b>Tell us about any changes to the help you need or the help you get from another person</b>
<b>EXAMPLE</b>	<i>‘No significant changes, and ***** still needs supervision and/or assistance to either prepare or cook a simple meal daily’.</i>  <i>***** still generally has difficulties with organisation, concentration, independence and living skills because of their ADHD, ASD, and hypermobility. They do not have the motivation nor inclination to prepare and cook themselves a meal using fresh ingredients, however, will make themselves a sandwich when hungry. ***** will not go the shop to buy food independently anymore because their anxiety has increased, so they must be accompanied now. They find it difficult to tolerate busy situations and can become quickly overwhelmed in busy environments. Whilst ***** can read simple labels, they would struggle to follow and understand instructions independently. ***** will get frustrated and give up easily when things aren’t going well. ***** also lacks problem-solving skills, so won’t think of alternative ways to solve any difficulties that arise. ***** is easily distracted and needs support to stay on task. They are clumsy with utensils due to hypermobility, Due to hypermobility ***** can struggle to grip and open certain things. They are also unable to carry heavy items and adapted openers for cans etc have been purchased due to their weak grip’.</i>
<b>PLEASE SEE HELPFUL PHRASES FOLLOWING FOR MORE IDEAS FOR CONTENT</b>	

## **PREPARING FOOD & COOKING**

### **LEARNING BARRIERS**

- They do not have the focus nor understanding to prepare and cook themselves a meal using fresh ingredients.
- They do not have the confidence to go to the shop to purchase the ingredients independently. Even if accompanied, and with support, instructions, and a shopping list, they are very unlikely to find all the items on the list. They would be overwhelmed by the choice of items in the shop and are likely to give up.
- They generally avoid shops due to their anxiety and dislike of busy, crowded environments.
- They are unable to read a recipe, understand or follow the instructions. They would not understand cooking terminology.
- They generally have difficulties with organisation, independence and living skills.
- They are slower to pick up and absorb/retain new skills and information.
- They need close supervision, step-by-step instructions, and assistance to cook even the simplest of foods (eg, put a pizza in the oven).
- The most they can prepare for themselves is a bowl of cereal or toast (for example) but all items have to be accessible.
- They generally do not understand how appliances work and, even when shown, will forget.
- They struggle to find things in the kitchen.
- They need assistance to ensure the oven is set to the right temperature as they would struggle to do this independently.
- They need support to measure and weigh ingredients.
- They are clumsy, have poor attention and are easily distracted. An example of poor attention is that they will forget what they are doing, walk away and leave the oven-on (for example).
- They require constant reminders to be safe in the kitchen, especially with sharp utensils (eg, and remembering to use oven glove etc).
- They have a poor concept of time so would not be able to monitor cooking times without support.
- They struggle to tell the time but may be able to use the timer on their phone.
- Will repeatedly ask questions for reassurance (eg, “Am I doing this right?”).
- They would be unable to judge if something is properly cooked or not, defrosted thoroughly etc.
- They would not check best before dates or understand how to store food safely and appropriately.
- They do not always tidy up after themselves in the kitchen and their skills relating to food hygiene are lacking (eg, they do not know about meat cross-contamination).
- They get frustrated and give up easily when things aren’t going well or if they haven’t understood something.
- They lack problem-solving skills, so won’t be able to think of alternative ways to solve any difficulties that arise.

### **EMOTIONAL BARRIERS (IE, ANXIETY, CONFIDENCE ETC)**

- They have an eating disorder and don't like to be around food preparation.
- They do not have the confidence, independence nor inclination to go to the shop to purchase the ingredients due to their severe anxiety.
- They get overwhelmed by the choice in shops, even with a list.
- They lack confidence in their abilities, so are reluctant to try things for themselves.
- Despite warnings, they will still have to satisfy themselves by investigating potential dangers (eg, when told the hob is hot, they will still touch the hob to find out for themselves).

### **PHYSICAL BARRIERS (INC. SENSORY)**

- Due to their hearing impairment the person helping them needs to be close by so they can hear them, and face-to-face as much as possible so they can read their lips.
- They are visually impaired and require support preparing food (please explain).
- Physical difficulties make lifting and carrying things impossible. For example, they cannot lift a saucepan off the hob and cannot open the oven door or put a baking tray into or take out of the oven.
- They do not have the strength/co-ordination to chop ingredients, (for example).
- They have no strength in their wrists to carry things, open tins, packets etc, even with adapted equipment (eg, a ring-pull opener). Light-weight pans when full are still too heavy for them to lift.
- They are unsteady on their feet and prone to falls which is a hazard in the kitchen.
- They can have a seizure at any time which is a hazard in the kitchen.
- They experience significant pain and/or fatigue daily and this affects how they function.
- On days when they experience a lot of pain and tiredness, they take much longer to perform tasks.
- They get out of breath doing the simplest of task.
- Visually, they struggle with depth perception so can misjudge distances (eg, when putting a plate on a work surface).
- They must prepare food from a sitting position.
- They experience sensory overload in shops due to the noise, lights, people etc, so avoids them.
- Scoliosis (for example) makes it difficult for them to bend down and pick things up.

## **EATING & DRINKING/TAKING NUTRITION**

### **LEARNING BARRIERS**

- When hungry they are not motivated to get themselves something to eat. More often they will wait for food to be prepared for them.
- They must be pre-warned before anything and need repeated reminders to leave their room to eat at mealtimes. Even with these repeated reminders, they will often miss meals.
- Generally, they have a poor appetite, limited diet, and they will not try new foods.
- Their medication is an appetite suppressant.
- They must be encouraged to eat and prompted when it is mealtimes.
- Their poor sleep pattern affects when they eat, and they need encouragement to eat at regular intervals.
- They need reminding to make good food choices and to eat at good times during the day (eg, not before meals or during the night).
- They are encouraged to take multi-vitamins due to their poor diet.
- They need reminding to drink enough fluids during the day.
- They don't think to check the temperature of hot food/drink.

### **EMOTIONAL BARRIERS (IE, ANXIETY, CONFIDENCE ETC)**

- Has an eating disorder.
- Due to anxieties, they will only eat at home.
- Is extremely anxious around food due to severe food allergies, especially about eating out, and they need a lot of support and reassurance around this.
- They stop eating during periods of severe anxiety/depression.
- They will not eat in front of people.
- They have a fear of vomiting (for example).
- They have a fear of food contamination so will only eat food prepared at home.

### **PHYSICAL BARRIERS (INC. SENSORY)**

- Due to their hearing impairment the person helping them needs to be close by so they can hear them, and face-to-face as much as possible so they can read their lips.
- They are visually impaired and require support with eating and drinking (please explain).
- They must be physically fed by another person.
- Is Tube/Peg fed.
- They have physical difficulties which make it difficult for them to chew and swallow.
- Suffers from painful mouth ulcers (for example) which can affect eating.

- Is underweight/has anorexia and therefore their calorie intake must be increased (eg, preparation of high calorie shakes etc).
- Weight/diet must be regularly monitored by health professional. A food diary is kept.
- They have no strength in their wrists to open packets etc.
- Due to fine motor difficulties, they cannot use a knife and fork together effectively to eat, butter bread etc.
- They cannot hold a knife steady enough to cut their food effectively, so they still need support with this.
- They prefer to eat with their fingers/eat finger food, so must be encouraged to use cutlery when appropriate.
- They tend to overfill their mouth when eating which is a choking risk, so they need reminding to chew and swallow their food before putting more food into their mouth.
- They are clumsy drinking from cups and are prone to spilling drinks.
- They cannot yet drink from an open cup.
- They need encouragement to eat at the table/sit appropriately.
- Sensory issues around eating/drinking cause further challenges (eg, they are very sensitive to smells, textures, the way food is presented etc).
- They do not seem to feel hunger and thirst.
- They experience significant pain and/or fatigue daily and this affects how they function.
- On days when they experience a lot of pain and tiredness, they take much longer to perform tasks.
- They need support to avoid certain foods due to allergies etc.
- They suffer from reflux and need encouragement to drink milk (for example).

## **MANAGING TREATMENTS/TAKING MEDICATION/MONITORING HEALTH CONDITIONS**

### **LEARNING BARRIERS**

- They have no awareness of when to take their medication nor how much to take, therefore they must be reminded each day, otherwise they would not remember to take it.
- They need reminders about subsequent dosages.
- They can be reluctant to take medication in general, needing further encouragement and supervision to ensure that they do not spit it out (for example).
- It is impossible to get them to take ANY medications.
- They would not be able to read, understand or follow the instructions on the label of medication.
- They are unable to self-medicate. If they have a headache, for example, they wouldn't think to take paracetamol and would ask 'what should I do?'.
- Whilst their asthma (for example) is well-managed, they need reminders to ensure they always have their inhaler on them.
- Must be prompted/reminded to take their EpiPen out when required.
- Must have cream applied to their skin.
- Needs support/reminding/encouraging to do their physio exercises at home.
- They need someone to monitor their condition(s) as they are unable to do so themselves.
- They would not remember their regular review appointments and could not attend them without support.
- At appointments, they need someone to explain things to them in the simplest of terms to help them understand.
- At appointments, they need someone to help them hear what's being said to them.
- They are unable to order their repeat prescriptions.
- They need help to make good decisions around their health.
- With regards to therapies, they need to build a good relationship with the therapist before they engage.

### **EMOTIONAL BARRIERS (IE, ANXIETY, CONFIDENCE ETC)**

- They can be reluctant to take their medication, needing further encouragement, and supervision to ensure that they do. These repeated reminders can cause them to become frustrated and agitated.
- They are worried about the side effects of taking medication so need reassurance around this.
- Some appointments (eg, immunisations, blood tests etc) are very traumatic for them and they require a lot of encouragement and reassurance to attend these.
- They need to be prepared in advance for health appointments.

- All potentially harmful items (eg, tablets etc) still must be always locked away for their safety.

#### **PHYSICAL BARRIERS (INC. SENSORY)**

- Due to their hearing impairment the person helping them needs to be close by so they can hear them, and face-to-face as much as possible so they can read their lips.
- At appointments, they need someone to help them hear what's being said to them.
- They are visually impaired and require support with taking medication (please explain).
- They need encouraging and reminding how important doing their daily physio/exercises/therapy is. Without this support, encouragement and reminding, they are unlikely to do them at all.
- Sensory issues around attending appointments cause further challenges (eg, size of the building, noise, crowds etc).
- Due to physical difficulties, they are unable to open bottles of medication/blister packs.
- They experience significant pain and/or fatigue daily and this affects how they function.
- On days when they experience a lot of pain and tiredness, they take much longer to perform tasks.



## **WASHING & BATHING**

### **LEARNING BARRIERS**

- They need repeated prompts to undertake all their self-care and personal hygiene needs, otherwise they are unlikely to do them.
- They have low self-esteem and doesn't look after themselves or care about their appearance.
- They do not recognise when they need to wash etc and would remain dirty if left to their own devices.
- On bad days, they may refuse outright to wash etc.
- They need some encouragement to get into the bath or shower as they are reluctant to do so, and need support to stay on task as they are easily distracted.
- All appropriate products must be accessible otherwise they are unlikely to use them, or they will use them inappropriately.
- They are easily distracted so need support to stay on task.
- They are encouraged to use an alarm to ensure they don't spend too long in the shower. They have no concept of time.
- They will do the bare minimum and are forgetful, so needs to be checked afterwards to ensure they have washed themselves/effectively rinsed shampoo out of their hair etc.
- They often lie and say they have done something when they haven't.
- They need additional reminders and guidance (eg to use a mirror to shave themselves) and checked to ensure they have undertaken tasks (eg shaving) effectively.
- They must be prompted to clean their teeth properly as they don't brush them for long enough.
- They still need help with their appearance (eg, brushing hair, shaving, nails cut, encouragement to trim eyebrows etc).
- They need prompting to dry themselves otherwise they will put on their clothes whilst they are still wet.
- Needs to be accompanied to hairdressers etc as they won't go alone.

### **EMOTIONAL BARRIERS (IE, ANXIETY, CONFIDENCE ETC)**

- Due to OCD traits, they need to be discouraged from over washing their hands (for example)
- Has a fear of water.
- Lacks confidence in their abilities, so is reluctant to try things for themselves.

### **PHYSICAL BARRIERS (INC. SENSORY)**

- They need repeated reminders to take their Hearing Aids out to prevent them from getting wet, otherwise they are likely to forget.
- Due to their hearing impairment the person helping them needs to be close by so they can hear them, and face-to-face as much as possible so they can read their lips.
- Due to visual impairment, they require support with washing etc (please explain).
- Due to physical difficulties, they are unable to wash themselves.
- They are not able to reach all parts of their body to wash/dry etc.
- They are uncoordinated and not able to move certain parts of their body to effectively wash themselves.
- Can be very stiff and doesn't know how to move their body accordingly to assist.
- Gets very tired bathing or has pain when getting in/out of the bath.
- Due to absences/seizures, cannot be left in the bath alone.
- Scoliosis (for example) makes it difficult for them to bend down and pick things up and carry out tasks such as shaving and cutting nails.
- They use a raised toilet seat due to physical difficulties.
- They use a grab rail to support themselves whilst they lower themselves onto a shower/bath seat.
- Someone must be always close by in case they slip or fall.
- They have no strength in their wrists, so they use an electric toothbrush and shaver which requires less effort.
- They require help to open bottles of shampoo etc.
- Despite efforts to get them to clean their teeth, they have had to have teeth removed because of poor dental hygiene.
- They miss bits of their face when shaving due to their physical difficulties/vision problems so still needs some support with this.
- Their nails must still be cut for him.
- They have issues with their heart/blood pressure and will pass out if they stand up too quickly. This could present a danger in the bathroom.
- They could have a seizure at any time which is a hazard in the bathroom.
- They get out of breath doing the simplest of tasks.
- They still need accompanying to hairdressers, dentist etc.
- Needs extra care due to allergies/skin conditions etc. Skin care products must be used.
- Sensory issues cause further challenges when showering etc (please explain).

- A bath still must be run for them and the bath/shower water temperature checked because they won't think to do themselves.
- They experience significant pain and/or fatigue daily and this affects how they function.
- On days when they experience a lot of pain and tiredness, they take much longer to perform tasks.

## **MANAGING TOILET NEEDS OR INCONTINENCE**

### **LEARNING BARRIERS**

- When in the toilet they need reminding to close the toilet door and flush the toilet.
- Afterwards they need reminding to wash and dry their hands and, on occasion, to re-dress appropriately (eg, do up flies).
- they need prompting throughout the day to use the toilet as they tend to hold themselves until its urgent, and they don't recognise when they need to go.
- They need support to manage their periods (eg, reminders to change pads regularly/dispose of pads appropriately, manage pain etc).

### **EMOTIONAL BARRIERS (IE, ANXIETY, CONFIDENCE ETC)**

- Due to OCD traits, they need to be discouraged from over washing their hands.
- They are reluctant to use public toilets and will hold themselves until they get home.
- Anxiety causes them to have bowel issues (eg, loose bowels, IBS etc).

### **PHYSICAL BARRIERS (INC. SENSORY)**

- They are doubly incontinent and wear continence pads.
- Has bladder issues and doesn't get a lot of warning before they need the toilet.
- Has an extended bowel/impacted bowel. As a result, they suffer frequently with liquid overspill.
- They do not recognise when their bowel is full, and this results in soiling. This causes them extreme anxiety about soiling when out.
- They withhold toileting due to their need to be in control, which often results in pain and constipation.
- They need support to get on/off toilet.
- They support themselves onto and off the toilet by holding onto rails. Someone must be always close by in case they slip or fall.
- They must still be physically wiped.
- Physical difficulties mean they have no strength in their wrists, so they use wet wipes to wipe themselves which requires less effort.
- they suffer from pain, discomfort, anxiety relating to constipation. They are given reassurance around this and are encouraged to relax etc.
- They could have a seizure at any time which is a hazard in the bathroom.
- They get out of breath doing the simplest of tasks.
- They experience significant pain and/or fatigue daily and this affects how they function.
- On days when they experience a lot of pain and tiredness, they take much longer to perform tasks.

## **DRESSING & UNDESSING**

### **LEARNING BARRIERS**

- Their clothes must be accessible and laid out for them in advance/in the right order of sequence.
- they have a poor concept of time, and no sense of urgency so need repeated prompting to keep on time when dressing.
- They are easily distracted so need support to stay on task.
- they require reminders to change clothes otherwise they would remain in the same clothes for days at a time, and even when they are obviously dirty.
- They need prompting to change for bed (eg, on occasion they have gone to bed fully clothed).
- They need guidance on what to wear for what occasion and weathers (eg, they would assume that it is hot if it is sunny, even in winter).
- They would need to be encouraged to wear a coat when it's cold.
- They still need help with fastenings (eg, buttons, zips, shoelaces, ties etc).
- They must be told which shoe goes on which foot.
- They must be supported to correct mistakes when dressing.
- They will not say if they are too hot or too cold, so needs prompting to take clothes off/put clothes on.
- They are also unaware when clothes/shoes have become too small for them.
- Their clothes are washed for them, as they are unable to use the washing machine.
- Their clothes are ironed for them as they are likely to burn themselves on the iron or forget and leave it switched on.
- Has little interest in going to the shops to buy clothes for themselves.

### **EMOTIONAL BARRIERS (IE, ANXIETY, CONFIDENCE ETC)**

- Lacks confidence in their abilities, so is reluctant to try things for themselves.
- Very particular about what they will wear/is a perfectionist.

- Too anxious to go to shops to buy clothes.

### **PHYSICAL BARRIERS (INC. SENSORY)**

- Due to their hearing impairment the person helping them needs to be close by so they can hear them, and face-to-face as much as possible so they can read their lips.
- They require full support to physically dress/undress.
- Due to visual impairment, they require support with dressing/undressing (please explain).
- Due to their physical difficulties, they struggle to move certain parts of their body to effectively dress themselves so needs some physical intervention from others.
- Dressing/undressing can cause them to lose their balance, so someone must be always close by in case they fall.
- Sensory issues around clothes cause further challenges when dressing/undressing (eg, labels must be removed from clothes in advance of wearing them, and they will only wear very specific items/materials).
- They could have a seizure at any time which is a hazard when getting dressed/undressed.
- They get out of breath doing the simplest of tasks.
- They experience significant pain and/or fatigue daily and this affects how they function.
- On days when they experience a lot of pain and tiredness, they take much longer to perform tasks.

## **SPEAKING TO PEOPLE/HEARING & UNDERSTANDING WHAT THEY SAY**

### **LEARNING BARRIERS**

- Has significant speech & language delay/is nonverbal.
- It is difficult for others to understand them.
- They have a stutter/stammer/Tourettes.
- They mimic other's speech patterns/use an American accent (for example), which is discouraged.
- They have difficulties understanding spoken language and may not understand or react to warnings (for example).
- They struggle to verbally express and explain themselves which can lead to frustration and a meltdown.
- They struggle to regulate their emotions and needs support with this.
- They need additional time to process information and may need things repeated to them and/or additional explanations.
- Instructions must be broken down and language kept simple.
- They need support to be able to express or understand complex verbal information.
- Their perception of what's being said to them may differ as they easily misinterpret things.
- They rarely instigate conversations (especially with unfamiliar people but with familiar people too).
- They struggle with social communication, interaction and the 'rules' of two-way conversation (eg, interrupts as finds it difficult to wait their turn).
- When they want to say something, they will blurt it out rather than wait their turn to speak for fear of forgetting what they want to say.
- Doesn't always listen and gets fixated on topics which interest them.
- Their answers and approach could sometimes be perceived as off-hand or rather impolite to people who do not know them or understand their needs.
- They usually answer in one-word answers and don't elaborate/offer more information.
- They will often just shrug their shoulders when asked questions.
- They lack empathy and can't see how their actions/words might affect others.
- In conversation they do not always respond appropriately and will go off-topic and make random, irrelevant comments with no basis.
- They want to talk about subjects that interest them and can become very impatient when they can't say what they want, when they want.
- They also find it difficult to get to the point and find the right words and will often go round the houses.
- They easily lose their thread when speaking.
- They are quiet/shy with unfamiliar people.
- They have some difficulties understanding facial expressions, body language and social cues.
- They do not recognise if someone is being mean or unkind to them.
- They tend to speak too loudly so must be encouraged to lower voice.

- They do not understand jokes or sarcasm and are very literal.
- They are extremely reluctant to ask for help and want others to ask or speak on their behalf.
- They assume others always understand them, their needs etc.
- They do not ask for help if required.
- They won't ask questions to clarify points for themselves, or if they need more information.
- They do not like people talking about them however and can get very upset if they don't get the response they expect.
- Their attention often must be gained first.
- Eye contact is fleeting and on their terms. They are more likely to look over someone's head.
- They have no filter and can come across rude.
- Does not greet others on meeting.
- Inappropriate language/swearing must be discouraged.

#### **EMOTIONAL BARRIERS (IE, ANXIETY, CONFIDENCE ETC)**

- When anxious, they will repeatedly ask 'Why?' questions to reassure themselves.
- Severe anxiety prevents them from speaking/communicating at all.

#### **PHYSICAL BARRIERS (INC. SENSORY)**

- Uses a hearing aid.
- Due to their hearing impairment the person helping them needs to be close by so they can hear them, and face-to-face as much as possible so they can read their lips.
- Requires communication aids/another person to be able to communicate effectively for them.
- They experience significant pain and/or fatigue daily and this affects how they function/communicate.
- On days when they experience a lot of pain and tiredness, they take much longer to perform tasks/communicate.



## **READING/UNDERSTANDING SIGNS & SYMBOLS**

### **LEARNING BARRIERS**

- They are completely unable to read.
- They struggle to read and have suspected Dyslexia.
- Whilst they can read very simple text, their comprehension is poor, and they do not always understand what they have read. Therefore, they need support and explanations to help them understand basic written information.
- They would not be able to read or understand recipes, instructions, medication labels etc.
- They would also not be able to interpret/understand the meaning of signs and symbols unless they were very familiar to them, even if they were warning signs.
- They struggle to retain and process information and may forget what they have read. They must have information repeated to them for it to sink in.
- They won't/can't read text if it is too small.
- They are a very slow reader.
- They rush and do not read things properly and will miss large amounts of information. They are also easily distracted when reading.
- They don't read for pleasure/avoid reading if possible (eg, watch You Tube video instead).

### **EMOTIONAL BARRIERS (IE, ANXIETY, CONFIDENCE ETC)**

- Too much information on a page of text can overwhelm them, so they need help from someone to break it down for them.
- Lacks confidence in their abilities, so is reluctant to try things for themselves.
- Is embarrassed by their reading/learning difficulties, so tries to hide them.

### **PHYSICAL BARRIERS (INC. SENSORY)**

- They are unable to read.
- They are unable to read due to visual impairment.
- Needs reading aids (eg, braille, coloured over-lays/paper, tinted glasses etc).
- Needs a guide/uses finger to follow lines of text when they read.
- Uses Google to read for them.
- Requires fonts to be enlarged.
- They experience significant pain and/or fatigue daily and this affects how they function.
- On days when they experience a lot of pain and tiredness, they take much longer to perform tasks/read.

## **MIXING WITH OTHER PEOPLE**

### **LEARNING BARRIERS**

- Often ignores others when spoken to.
- Prefers to be at home and not mix with others.
- Usually declines invitations/needs encouragement to join in social activities.
- Wants to be sociable but struggles with social rules, cues, and boundaries, and finds social interaction difficult and confusing.
- In unable to navigate/understand social interaction via social media.
- Often misreads social situations which leads to misunderstandings, and they need help from others to make sense of it all.
- They have a few friends but generally struggle to make friends/sustain friendships. They haven't extended their friendship group in a long time.
- Wouldn't instigate a conversation with someone, especially unfamiliar people.
- Generally, doesn't know how to engage with others.
- Invades other's personal space.
- When they feel wronged by someone, they will hold a grudge for a very long time.
- They have a very strong sense of right and wrong.
- Has a powerful sense of fairness which can hinder their participation in games and team sports, where perhaps the rules do not make sense to them.
- They are immature for their age, and they prefer the company of people who are younger. People of their own age struggle to relate to them.
- They want to please which makes them very vulnerable as they can be easily led/manipulated.
- Needs guidance on how to be appropriate in social situations.
- **H**as limited understanding of other's intentions and whether they are positive or negative towards them.
- They are very sensitive. Peers seem to know what buttons to press, and they are not resilient to this.

### **EMOTIONAL BARRIERS (IE, ANXIETY, CONFIDENCE ETC)**

- On bad days, they will completely withdraw and stay in their room needing encouragement to come out.
- Currently, the only social interactions they have is with family (for example).
- they dislike being in large groups of people and can't cope with noise/loud voices/multiple voices.
- Large groups cause them anxiety and therefore they are missing out on some activities with their friends (eg, football matches, concerts etc).
- Friendship issues impacts on their confidence and self-esteem.

- Is becoming more self-aware, and they know they are different from their peers. This is causing them more stress and frustration.

#### **PHYSICAL BARRIERS (INC. SENSORY)**

- Due to their hearing impairment the person helping them needs to be close by so they can hear them, and face-to-face as much as possible so they can read their lips.
- they struggle to hear in groups when multiple people are talking, especially when there's additional noise, which can lead to isolation. Therefore, they need help to follow conversations.
- Their attention must be gained first as they do not always hear when they are being spoken to.
- Due to visual impairment, they need support to mix with people (please explain).
- Sensory issues around mixing with other people cause further challenges (eg, crowds, noise etc).
- They experience significant pain and/or fatigue daily and this affects how they function/interact.
- On days when they experience a lot of pain and tiredness, they take much longer to perform tasks/be more reluctant to interact and mix with people.

## **MAKING DECISIONS ABOUT SPENDING AND MANAGING MONEY**

### **LEARNING BARRIERS**

- I (parent) am currently their Appointee to help them manage their money as they do not have the mental capacity to do so for themselves.
- Whilst they have a very basic understanding of money, they still need support and reminders about how to manage money safely and appropriately.
- They do not recognise coin denominations.
- Unable to budget and save money, and they sometimes make impulsive purchases.
- Unable to budget or pay bills, and needs bills explained to them.
- Doesn't know the difference between a debit and credit card, and wouldn't associate a bank card with actual money.
- Needs help to make purchases/with use of Bank card.
- They must be reminded to set money aside to pay phone bill etc.
- Whilst they have a basic understanding of the value of money, they struggle to count coins and notes and would not know if they have been shortchanged.
- Does not check bank account before making purchases or withdrawing money and therefore does not know whether they have enough money to pay for purchases.
- Does not also appreciate the worth of money or know what they can afford (eg, does not know that £1k is a lot of money).
- They are too trusting and therefore very vulnerable and would think nothing of giving their money away if asked for it.
- Needs frequent reminders about keeping their PIN number safe etc.
- They get frustrated and give up easily when things aren't going well or if they haven't understood something.
- Lacks problem-solving skills, so won't be able to think of alternative ways to solve any difficulties that arise.
- They have some awareness of on-line safety, but this must be closely monitored.
- Would not be able to deal with any difficulties that arise with purchases themselves (eg, dealing with returns, faulty goods etc).

### **EMOTIONAL BARRIERS (IE, ANXIETY, CONFIDENCE ETC)**

- Lacks confidence in their abilities, so is reluctant to try things for themselves.
- Is very anxious about making purchases for themselves.

### **PHYSICAL BARRIERS (INC. SENSORY)**

- Needs visual aids.
- They experience significant pain and/or fatigue daily and this affects how they function.
- On days when they experience a lot of pain and tiredness, they take much longer to perform tasks.

## **PLANNING AND FOLLOWING A ROUTE TO ANOTHER PLACE**

### **LEARNING BARRIERS**

- Their needs are so great, and they are so vulnerable that they cannot go anywhere alone.
- They do not have the ability to make sound judgements, nor the ability to discern the true nature of a situation.
- They are unable to reason and deliberate, and to evaluate information before making a decision.
- They need 2:1 care in the community.
- They are not streetwise.
- They cannot go anywhere alone due to their seizures (or other health condition).
- Needs someone to take them to College/Work, and they won't go anywhere alone.
- They have no sense of direction and gets lost easily (even in familiar places, like college).
- they must be shown and accompanied on new routes/journeys many times before they feel confident to do them alone.
- Even if shown a route many times, they are unlikely to retain information to enable them to undertake the journey themselves.
- Only goes to a few very familiar places independently.
- they received/are to receive support from the Travel Training Team.
- They are extremely reluctant to ask for help and want others to ask or speak on their behalf therefore, if lost, they would not ask for help and would not be able to understand or follow directions.
- They would not be able to read or understand bus/train timetables.
- They would be unable to effectively interact with people and wouldn't want someone unfamiliar sitting next to them on public transport.
- They would also be unable to buy tickets, or deal with any other transaction.
- They now drive an automatic car. Before they go anywhere, we must ensure they have enough fuel in their car and set up their Sat Nav to ensure they reach their destination.
- They will only drive on local roads to familiar places.

### **EMOTIONAL BARRIERS (IE, ANXIETY, CONFIDENCE ETC)**

- On bad days, they will completely withdraw and stay in their room needing a great deal of encouragement to come out.
- Their anxieties are so great that they will not go anywhere alone.
- Suffers panic attacks when out and about due to anxieties.
- Fear of having a panic attack prevents them from going to places.
- The way they behave outdoors and react to situations is very dependent on their mood and level of anxiety.

- Will not use public transport due to fears for their safety or due to lack of confidence.
- Would also get very anxious and would struggle if there were unexpected changes to their journey, including delays. They are likely to panic and would be unable to ‘think on their feet’ and adjust their plans accordingly.
- Lacks confidence in their abilities, so is reluctant to try things for themselves.
- Needs a lot of planning and preparation ahead of every trip out.

### **PHYSICAL BARRIERS (INC. SENSORY)**

- Due to vision/hearing problems, does not have the confidence to use public transport.
- Struggles with depth perception so finds it very difficult to judge the distance from the kerb to the vehicle.
- Sensory issues around going out cause further challenges (eg, crowds, noise, weather etc).
- Could have a seizure at any time which is a hazard when going out.
- Gets out of breath doing the simplest of tasks.
- They experience significant pain and/or fatigue daily and this affects how they function.
- On days when they experience a lot of pain and tiredness, they take much longer to perform tasks.

### **MOVING AROUND**

- They are unable to walk and use a wheelchair.
- They are virtually unable to walk and use a walking aid (eg, stick, frame etc).
- They are visually impaired and need support from someone else, and/or an aid (eg white stick, guide dog).
- Can just about manage the short walk from the house to the car but would then have to sit and rest to recover before continuing.
- Once they have sat down, they will need physical help from someone else to get up again.
- Inactivity has resulted in low muscle tone, and consequently muscle fatigue and muscle discomfort.
- They require support to assist moving around indoors, either in a supportive walker or by holding hands with someone.
- Requires 1:1 support to transition into a supportive walker.
- Wears specialist boots.
- Has splints on their legs.
- Must wear high-top shoes or trainers for extra support when walking.
- At home they move around the room by holding on to furniture.
- Requires support to carry items when walking.
- Needs help to negotiate uneven, or rough surfaces and steps/kerbs.

- They have a blue badge.
- We must always consider the amount of walking involved when we go out, and park as close to venues as possible.
- Medical advice has been received to limit walking.
- Finds standing in one place for long/queuing very challenging.
- Needs to hold on to someone or handrails when going up and down stairs.
- Struggles to bend over due to scoliosis (for example).
- Their physical difficulties and health conditions (eg, heart problems) cause them pain and discomfort, and to tire very easily.
- Any exertion can exacerbate their asthma (for example).
- They cannot move around unaided or un-supervised. Moving and standing from a sitting position can cause a significant increase in heart rate. This in turn leads to increased anxiety, dizziness, and poor balance, and they are at high risk of fainting.
- Their physical difficulties make them unsteady and prone to falls.
- If they fall, they are not able to consistently put their arms/hands out to save themselves, and he will need support from someone else to get up.
- Outside the home, they are completely wheelchair bound and are reliant on help from other people to provide them with the accessibility they need including ramps, Evac support etc.
- Needs support from other people due to vision/hearing problems when moving around.
- They experience significant pain and/or fatigue daily and this affects how they move around.
- On days when they experience a lot of pain and tiredness, they are unable to move around/take much longer to move around.

### **ANYTHING ELSE?**

Anxiety levels are increasing with age.

Has PDA/ODD so sees all instructions as demands.

Ritualistic type behaviours (eg OCD) increase the time it takes to do tasks.

Has become more uncooperative and, since they have turned 18, often responds to requests with “I’m an adult, you can’t tell me what to do”.

Their co-operation with anything is very mood dependent.

Finds all change and transitions extremely difficult.

They need additional time to process information and has poor short-term memory so struggles to retain information.

Most tasks are a lot for them to process and it helps to have structure and routine.

Has slow reaction times because of their condition(s).

Negative experiences/events can have long-lasting effects which will impact on how they function day to day.

Significant sleep issues may impact on how they function from day to day.