

## Appendix 4: Health professional sheet

### Information for healthcare professionals providing evidence about a Disability Living Allowance claim for the DWP

In order to make a fair decision about a claim, the DWP requires very specific evidence from health professionals.

The DWP wishes to know:

- Length of time over which the patient has been treated
- Confirmation of any diagnoses (not just IBD diagnosis)
- Likely future clinical course

However, the most important information is a description of the consequences of symptoms and their cause. For example:

**Symptom:** Weakness and lethargy due to anaemia from chronic disease and blood loss.

**Effect:** Breathless and unsteady, even when walking a short distance or using stairs. Poor concentration; very slow performing daily activities; needs help to take medicine and safely carry out activities of daily living such getting in and out of bed.

In order to help the health professional supply this evidence, on the reverse of this sheet is a checklist of activities of daily living. The patient's parent or carer may have already completed this form. You may wish to go through it with them.

Parents or carers may not have previously revealed to their child's health professional the extent to which the disease affects their child's everyday their life. This may be because much of the additional care they provide for the child is in connection with non-medical activities such as school, social activities, washing, dressing, etc.

It is important to bear in mind that [Ulcerative Colitis](#) and [Crohn's Disease](#) are largely 'hidden' conditions – the disabilities which arise from them are not usually obvious. The evidence from health professionals can help make it clear that this does not reduce their importance.

## Components and rates of DLA

It needs to be shown that the child's need for attention or supervision is substantially in excess of that of other children of the same age who do not have a health condition or disability.

DLA is made up of two components, the care component and the mobility component.

### **Care component**

The rate depends on the level of looking after the child needs.

- Lowest rate – help for some of the day
- Middle rate - frequent help or constant supervision during the day or supervision during the night
- Highest rate – help or supervision throughout both day and night, or a medical professional has said they might have 12 months or less to live.

### **Mobility component**

The rate depends on the level of help the child needs getting about.

- Lowest rate (your child must be 5 years or over)– they can walk but need help or supervision when outdoors
- Highest rate (your child must be 3 years or over) – they cannot walk, can only walk a short distance without severe discomfort or could become very ill if they try to walk.

## Checklist

For the parent/carer to complete concerning their child, to help the health professional's understanding of the problems their child is experiencing.

Activity	Very brief details of the problem your child had with this activity, including variability. <i>'Wakes up in the night because of abdominal and joint pains. At least once a night, sometimes four or more times'</i>
Walking outdoors	
If your child needs someone with them when they are outdoors	
Someone keeping an eye on your child	
Your child's development	
Waking, getting up and going to bed	
Washing and bathing	
Dressing and undressing	
Help with toilet needs	
Communicating with other people	
Eating and drinking	
Help with medicine	

Help with therapy	
Help with medical equipment	
Blackouts, fits and seizures	
Your child's mental health	
Movement, co-ordination and moving about indoors	
When your child is in bed at night	
Social and leisure activities in the day	