Comparative Analysis of Benefits for Parents of Disabled Children in Canada and Other Industrialized Countries
Note to the reader
On 1 January 2016, the Régie des rentes du Québec and the Commission administrative des régimes de retraite et d’assurances merged into one agency named Retraite Québec.

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Introduction

Retraite Québec is the agency responsible for the child assistance measure, which provides for the payment of a supplement for handicapped children.

The supplement for handicapped children provides financial assistance to families responsible for the care, custody and education of a child with a severe disability. The supplement is one of a number of services and measures that are offered by several Québec government departments and agencies and whose management is not centralized.

For example, a handicapped child could be eligible for:

- adapted transportation, for personal outings and to go to school;
- equipment and specialized devices (orthoses, prostheses, hearing and visual aids and aids for communicating, specialized and medical equipment);
- having the child’s home and family vehicle adapted;
- physical or intellectual rehabilitation services;
- accompaniment services for the child’s leisure activities;
- childcare services in school or daycare;
- various services in school (adapted educational program, adapted school material, scholarships, etc.);
- tax credits to help the child’s family pay for additional costs stemming from the child’s handicap;
- respite, childcare and assistance for parents.

The purpose of this document is to compare eligibility requirements for the supplement for handicapped children to those of different countries with similar programs. The document provides only information validated by the competent authorities who administer the programs for handicapped children in those countries. As a result, we are able to ensure the reliability of the information being conveyed.

The data collected will provide readers with an overview of various programs offered to handicapped children under age 18. It therefore encompasses several different components. To summarize, this document:

- lists the programs offering a disabled child allowance;
- provides an overview of the programs;
- specifies the various administrative and medical eligibility requirements that families must meet;
- indicates the amounts paid to families to compensate for some of the expenses related to their child’s handicap;
- lists the medical criteria used to determine whether the children are eligible or ensure that the financial assistance corresponds to the type of handicap;
describes the processing of an application for financial assistance from the time it is received to the time it is accepted or rejected. It specifies the type of personnel (medical or not) who participate in the processing of the application and the control measures that ensure that families who meet defined criteria receive the help they need;

- mentions the name of the agency responsible for the financial assistance program;

- provides information on whether the Disability Creation Process (DCP1) or the International Classification of Functioning, Disability and Health (ICF2) are used to establish the eligibility criteria for different programs.

For details concerning the different programs offered to handicapped children in the countries identified, please contact the participating agencies.

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1. Useful link concerning the INDCP: [http://ripph.qc.ca/en](http://ripph.qc.ca/en)

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Australia

Program name

- Child Disability Assistance Payment (CDAP)
- Carer Payment (CP)
- Carer Allowance (CA)
- Carer Supplement (CS)
- Carer Adjustment Payment (CAP)

Program objectives

Child Disability Assistance Payment: An annual lump sum payment to assist parents with the costs of caring for a child with a disability.

Carer Payment: An income support payment for people who personally provide constant care to someone with a disability or medical condition, and because of the demands of their caring role, are unable to support themselves through substantial paid employment.

Carer Allowance: A supplementary payment for carers who provide additional daily care and attention for someone with a disability or medical condition.

Carer Supplement: An annual lump-sum payment to assist carers with the costs of caring for a person with a disability or medical condition.

Carer Adjustment Payment: A one-off non-taxable ex-gratia payment to assist families to adjust following a catastrophic event when a child under 7 years of age is diagnosed with a severe disability, or severe medical condition.

Eligibility requirements

Child Disability Assistance Payment
A person must receive an instalment of Carer Allowance for their child/children for a period that covers 1 July of that year.

Carer Payment
Both the carer and the care receiver must meet eligibility criteria.

Carer eligibility

- Person providing constant care for:
  - a person who has a physical, intellectual or psychiatric disability, or
  - a disabled adult who has a dependent child in their care. If the dependent child is aged six years or over, a person must qualify for and receive Carer Allowance for that child, or
  - a child with a severe disability, or a severe medical condition, or
  - two or more children with disability, or medical condition, or
  - a disabled adult and one or more children each with a disability or medical condition, or
  - a child with severe disability or severe medical condition on a short-term or episodic basis, or
  - a profoundly disabled child or a disabled child (saved pre 1 July 2009).
Parents exchanging care of two or more children each with severe disability or severe medical condition or disability or medical condition, under a parenting plan.

A person who receives Carer Payment for a child may automatically be entitled to Carer Allowance.

**Care receiver eligibility**
- The person being cared for must:
  - be assessed as having a physical, intellectual or psychiatric disability under the Adult Disability Assessment Tool, or
  - be assessed as having a severe disability or a severe medical condition under the Disability Care Load Assessment (Child) Determination, and
  - meet the care receiver income and assets tests, or
  - be receiving an income support payment or a Service Pension, or
  - not be receiving an income support payment only owing to not meeting residence requirements.

- The carer is not required to live with or adjacent to the person being cared for, but must be providing constant care in a private home of the care receiver.
- Carer and care receiver must be Australian residents and in Australia on the day the claim is lodged, unless claiming under an International Social Security Agreement.
- Available to newly arrived migrants after 104 weeks in Australia as an Australian resident (exemptions may apply).

**Carer Allowance**
Both the carer and the care receiver must meet eligibility criteria.

The carer must provide daily care and attention at home to a person with a disability or medical condition who is:
- aged 16 or over where the disability causes a substantial functional impairment, or
- a dependent child aged under 16:
  - for a Health Care Card only, the child must require “substantially more care and attention” compared to a child of the same age without a disability;
  - for Carer Allowance and a Health Care Card, the child’s disability must appear on a list of disabilities/conditions that result in automatic qualification or must cause the child to function below the standard for his or her age level.

- The child and the carer must live together in the same private residence or, if the child is hospitalised at the time of the claim, there must be an intention for the child to return home to live with the carer.
- Carer and care receiver must be Australian residents.

**Carer Supplement**
Paid to recipients of Carer Allowance, Carer Payment, and Department of Veterans’ Affairs (DVA) Carer Service Pension, and Wife Pension or DVA Partner Services Pension who also receive Carer Allowance.

**Carer Adjustment Payment**
Eligibility criteria:
- The child must be under 7 years of age and diagnosed with a severe disability or severe medical condition, and have significant care requirements – i.e. requires full time care from the carer for a minimum of 2 months following the catastrophic event.
- The child’s carer must be eligible for and receiving Carer Allowance in respect of the child, and not be eligible for Carer Payment.
- The carer and their partner must not be eligible for an income support payment.
• The carer must demonstrate a very strong need for financial support during the adjustment period after the catastrophic event.
• The claim must be lodged with the Department of Human Services within 2 years from the date of diagnosis of a severe disability, or severe medical condition following the catastrophic event.

**Amount paid**

**Child Disability Assistance Payment**
• A $1,000 annual payment made for a child under age 16 with a disability and who attracts Carer Allowance for their carer.
• Paid as an ongoing, non-indexed annual lump sum.

**Carer Payment Maximum Base Rates (20 March to 19 September 2015) (a)**

<table>
<thead>
<tr>
<th>Status</th>
<th>Rate per fortnight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>$782.20</td>
</tr>
<tr>
<td>Couple</td>
<td>$589.60 (each) or $1,179.20 (combined)</td>
</tr>
<tr>
<td>Couple separated due to ill health</td>
<td>$782.20 (each)</td>
</tr>
</tbody>
</table>

(a) Payment rates are indexed in March and September each year.

**Notes:**
• These amounts do not include the Pension Supplement or the Energy Supplement.
• The Pension Supplement is a fortnightly payment in addition to the base pension. The maximum rate of Pension Supplement is $63.90 a fortnight for a single person and $96.40 combined for a couple.
• The Energy Supplement is paid at $14.10 for a single person or $10.60 for each member of a couple.
• The rate of payment reduces where a person has income over $160 per fortnight (single) or $284 per fortnight combined for a couple.

**Carer Allowance**
Paid at the rate of $121.70 per fortnight. The rate of Carer Allowance is indexed on 1 January each year using the Consumer Price Index.

**Carer Supplement**
• All recipients of a Carer Allowance receive a Carer Supplement of $600 per year for each eligible person in their care.
• Recipients of the Carer Payment or Department of Veterans’ Affairs Carer Service Pension receive a Carer Supplement of $600 each year.
• Carers who receive the Carer Allowance and Wife Pension or Department of Veterans’ Affairs partner service pension receive an additional Carer Supplement of $600 per year.
• Some carers receive two or more Carer Supplements.
• Carers receiving a part-rate of the Carer Allowance under shared-care arrangements will receive a proportion of the Carer Supplement.

**Carer Adjustment Payment**
The maximum amount of the Carer Adjustment Payment any family can receive is up to $10,000 for each child in a single catastrophic event. The amount received is dependent on the family’s circumstances.
**Medical criteria**

Qualification for the Carer Allowance and Carer Payment is assessed against the Adult Disability Assessment Tool for care receivers 16 years and over and the Disability Care Load Assessment for care receivers under 16 years.

Both the ADAT and DCLA include two questionnaires. One is completed by the carer, and the other is completed by a Treating Health Professional (THP).

**Adult Disability Assessment Tool (ADAT)**

The ADAT has been designed to assess the care needs of an adult with disability or severe medical conditions, or who is frail aged, and provide a balanced assessment that assigns a similar score/rating to people with similar levels of disability.

The ADAT comprises questions that assess care needs across a range of physical, cognitive and behavioural areas. It is designed to ensure that, in addition to physical disabilities, the functional disabilities associated with dementia, intellectual disability, acquired brain injury and mental illness are also recognised.

Where a care receiver has been certified by a medical practitioner to be in the final stage of a terminal illness and is not expected to live more than 3 months, the care receiver is automatically considered to have attained the score necessary to meet the care requirements to qualify their carer for both Carer Allowance and Carer Payment.

**Disability Care Load Assessment (DCLA)**

The DCLA measures the level of care required by a child/children under 16 years because of a disability or medical condition and the level of care given by a person to the child/children.

A rating of intense is required in order to qualify for the Carer Payment and Carer Allowance.

For the purposes of the Carer Allowance, a child with a disability on the list of recognised disabilities does not have to be tested against the DCLA.

Where a child has been certified by a medical practitioner to have a terminal condition, and the average life expectancy for a child with the same or a similar condition is not substantially longer than 24 months, the care receiver is automatically considered to have attained the score needed to qualify their carer for both the Carer Allowance and Carer Payment.

The DCLA can be found at the following address: [https://www.legislation.gov.au/Details/F2011C00725](https://www.legislation.gov.au/Details/F2011C00725)

**Application review**

**Child Disability Assistance Payment**

No claim is required.

**Carer Payment**

The carer must complete a claim form, and provide supporting documentation and a questionnaire completed by a THP. The same claim form is used for both the Carer Payment and Carer Allowance.

Carer Payment recipients are subject to care load reviews and carer circumstances reviews. The type of review required can depend on the severity of the care receiver’s disability or medical condition and whether it is permanent and non-improving.

Carers receiving the Carer Payment (child) undergo a care load review when their child reaches the developmental milestone ages of 4 years 8 months and 13 years.
Carer Allowance
The carer must complete a claim form, and provide supporting documentation and a questionnaire completed by the THP.

Carer Allowance recipients are subject to care load reviews and carer circumstances reviews. The type of review required can depend on the severity of the care receiver’s disability or medical condition and whether it is permanent and non-improving.

Carers receiving a Carer Allowance (child) undergo a care load review when their child reaches the developmental milestone ages of 4 years 8 months, 10 years and 13 years.

Carer Supplement
No claim is required.

Carer Adjustment Payment
Claims must be lodged with the Department of Human Services within 2 years from the date of diagnosis of a severe disability or severe medical condition following a catastrophic event. The carer will need to provide other documentation to support the claim, such as medical reports, evidence of financial needs, costs incurred and proof of identity. Claims for the Carer Adjustment Payment are considered on a case by case basis by an independent panel.

Agency responsible
Policy responsibility – Australian Government Department of Social Services
Service delivery responsibility – Australian Government Department of Human Services

Disability interpretation (Disability Creation Process (DCP); International Classification of Functioning, Disability and Health (ICF))
Qualification for the Carer Payment and Carer Allowance is based on the Adult Disability Assessment Tool (16 years and over) and Disability Care Load Assessment (under 16 years) – see above. These tools, which were developed from a range of sources, measure the personal care required. Apart from the List of Recognised Disabilities for Carer Allowance (child), eligibility is not specifically based on medical condition or disability.
Belgium

Program name
Supplemental family allowance (SFA) for children with a disorder or disability
The information in this document concerns the SFA paid from January 2003 through 30 June 2015.

Program objectives
The SFA provides financial support to the parents, persons or institutions that care for, support and educate disabled children. It supplements the basic family allowances and the increased allowances.

Eligibility requirements
For the SFA to be paid, the child must:

- be entitled to family allowances;
  - The child must reside in Belgium, in the European Union or in a country with which Belgium has a family allowance agreement.
  - The child must be under 21. Before age 18, no education- or employment-related conditions apply. Between ages 18 and 21, specific conditions apply to school attendance and employment. Between ages 18 and 21, the child retains entitlement to the SFA if he or she:
    - works in a sheltered workshop;
    - is employed under an accredited apprenticeship contract and his or her gross income does not exceed 520,08 EUR a month;
    - as a student, works a maximum of 50 days per year;
    - studies and works under a standard employment contract or is self-employed, to a maximum of 240 hours per semester;
    - is employed under an individual vocational training plan or receives social benefits after completing such a plan, or receives a waiting allowance (unemployment benefits for those who have not yet found work).
  - Family allowances are paid to the person who cares for the child and with whom the child lives. Payments are made in the following order:
    Father, mother, stepfather or stepmother, or the oldest of the following persons: the partner of the mother or father, one of the child’s grandparents (if the grandparent lives in the child’s household), an uncle or aunt (if that person lives in the child’s household), a brother, a sister, a half-brother or a half-sister.
  - Family allowances (including the monthly and annual age supplements) can be paid directly to the child in the following cases:
    - The child is married.
    - The child receives family allowances for one or more children.
    - The child is legally emancipated.
    - The child is 16 years old and no longer lives with his or her parents or the person responsible for his or her education.
  - Cross-border commuters can also be eligible if the family allowances in their country of residence are lower than those in Belgium (their country of work). Such persons may receive the difference between the allowance amounts in both countries.
be under age 21 and have a physical or mental disability that affects his or her daily activities (mobility, learning, hygiene,...) or imposes significant constraints on the family (homecare, transportation, adaptation of living environment, etc.).

If the disorder or disability decreases the child’s earning capacity by two thirds, the child can apply to be medically assessed as an adult at age 20 to receive an income replacement allowance (ARR) or an integration allowance (AI) as of age 21. The criteria are not the same as for the SFA.

**Amount paid**

The amount is determined according to the child’s degree of autonomy.

- 79,17 EUR if the child is assessed at least 4 points for pillar 1 and 4 to 5 points for all three pillars combined;
- 105,44 EUR if the child is assessed at least 4 points for pillar 1 and 6 to 8 points for all three pillars combined;
- 246,05 EUR if the child is assessed at least 4 points for pillar 1 and 9 to 11 points for all three pillars combined;
- 406,16 EUR if the child is assessed at least 4 points for pillar 1 and 6 to 11 points for all three pillars combined, or 12 to 14 points for all three pillars combined;
- 461,83 EUR if the child is assessed a total of 15 to 17 points;
- 494,81 EUR if the child is assessed a total of 18 to 20 points;
- 527,80 EUR if the child is assessed a total of over 20 points.

The amounts paid are current and may be indexed.

**Medical criteria**

The physician evaluates the child’s physical and/or mental disability based on the pediatric pathologies outlined in the Arrêté Royal (royal decree) dated 28 March 2003, the official disability rating scale (BOBI) and the assessment charts in the medical examination form.

The Arrêté Royal (royal decree) dated 28 March 2003 can be found at the following address:
http://www.ejustice.just.fgov.be/cgi_loi/loi_a1.pl?sql=(text%20contains%20(''))&language=fr&rech=1&tri=dd%20AS%20RANK&value=&table_name=loi&F=&cn=2003032839&caller=image_a1&fromtab=loi&la=F

The BOBI can be found at the following address:

**Application review**

If the administrative eligibility requirements are met, the application for a medical assessment is sent to the Direction générale des personnes handicapées du Service public fédéral – Sécurité sociale.

The child is invited to take part in the assessment. The child is examined and allowed to speak. The parents explain their situation and the steps taken to care for and educate the child. The physician reads the various medical or school reports as well as the treatment reports. The physician then evaluates the physical and/or mental disability using the list of pediatric pathologies (Schedule 2 of the Arrêté Royal dated 28 March 2003) and the BOBI. After doing so, the physician completes the assessment scales in the medical examination form. There are four medical examination forms depending on the child’s age: under age 3, age 3 to 6, age 6 to 12, and age 12 to 21.
The physician evaluates the child’s disorder or disability according to the three pillars:

1. the physical and mental consequences of the disorder or disability (pillar 1);
2. the impact on the child’s autonomy and participation in daily life (pillar 2);
3. the impact of the disorder or disability on the child’s family (pillar 3).

Whether the child is deemed to be disabled depends on the child’s score further to the evaluation of each of the three pillars above. The child is deemed to be disabled if he or she is assessed at least 4 points for pillar 1 (a physical or mental disability greater than 66%) or at least 6 points for all three pillars combined. The maximum number of points that can be assessed is 6 for pillar 1, 12 for pillar 2 and 18 for pillar 3. The total number of points assessed for each pillar affects the allowance amount.

The physician assesses points for each pillar based on the following documents:

**Pillar 1**
A list of pediatric pathologies in the schedule to the Arrêté Royal dated 28 March 2003, which refers to the BOBI for certain pathologies.

- The list refers to a section of the BOBI, specifying the degrees of severity and the percentage to assess, such as for pathology 43 (nephropathies), pathology 37 (sickle-cell disease) or pathology 20 (asthma).
- The list informs the evaluating physicians of all the possible repercussions of a disorder or disability, such as for pathology 10 (rickets), pathology 30 (gastroesophageal reflux) or pathology 101 (cystic fibrosis).
- The list takes into account treatment constraints, such as for pathology 5 (clubfoot) or pathology 95 (leukemia).
- The list refers experts to the corresponding sections of the BOBI (such as for pathology 6, agenesia-partial or total limb amputation) without naming the specific sections.
- The list mandates a special calculation method, such as for the evaluation of hearing impairments with language disorders (pathologies 68 and 67).

For pillar 1, points are assessed as follows, depending on the child’s percentage of physical or mental disability:

- 0% to 24% disabled equals 0 points;
- 25% to 49% disabled equals 1 point;
- 50% to 65% disabled equals 2 points;
- 66% to 79% disabled equals 4 points;
- 80% to 100% disabled equals 6 points.

The list of pediatric pathologies in the Arrêté Royal always supersedes the BOBI.

If the child has several pathologies, a proportional rule is used to determine the final percentage.

The assessment itself can have effect retroactively for 5 years.

The duration of disability is generally determined by taking into account the possible evolution of the disorder or disease and the child’s autonomy (a baby with an amputation will not be assessed the same number of points as an older child, an infant with Down syndrome or a 13-year-old).

For serious conditions such as a recently diagnosed cancer, a special procedure enables the file to be quickly settled without the child being present at the examination.
During any assessment, the physician also evaluates whether social and tax benefits can be granted, such as a tax reduction or exemption from the TVA (value-added tax) applicable to vehicles.

**Pillar 2**

The impact of a disorder or disability on the child’s autonomy is assessed in relation to a child of the same age using specific assessment scales for four different age groups: infants and small children under 3, children age 3 to 6, older children age 6 to 12, and adolescents and youth age 12 to 21.

Pillar 2 includes the following four functional categories that may be divided into sub-categories and for which points are assessed according to graduated criteria:

- Mobility (P2.3);
- Communication (P2.2);
- Personal care and hygiene (P2.4);
- Learning, education and social integration (P2.1).

The highest score for each sub-category determines the score for each category. Thus, a maximum of 3 points can be assessed for each of the four categories, to a maximum of 12 points for pillar 2.

**Pillar 3**

A scale is used to assess the constraints on the family resulting from treatment administered at home for at least 6 months (P3.1), transportation for treatments and rehabilitation lasting more than 3 months (P3.2) and living environment and lifestyle adaptations (P3.3). Like pillar 2, each scale is age-specific. Zero to 3 points are assessed according to the established criteria and the highest scores are totaled for each area assessed. The impact on the family counts for double the number of points.

The highest score for each category determines the total number of points for pillar 3. Each highest score is added together, then the result is multiplied by two. The maximum number of points for pillar 3 is 18.

The child can be assessed a maximum of 36 points for the three pillars.

This method has been progressively used since 2003. Until 1 May 2009, children born before 1 January 1993 fell under the former evaluation system in which they were entitled to a supplement only if they were at least 66% mentally or physically disabled.

Since 1 May 2009, applications fall under the points-based evaluation system. In addition, children who were between 16 and 21 on 1 May 2009 and who were previously not entitled to a supplement have been reevaluated using the new criteria.

The Service Public Fédéral – Sécurité sociale continues to carry out the medical assessments and will do so until responsibility is fully devolved to the regions.

**Agency responsible**

Service Public Fédéral (Sécurité sociale) – Direction générale Personnes handicapées

**Interpretation of disability (disability creation process (DCP); International Classification of Functioning, Disability and Health (ICF))**

The family allowance is not granted solely on the basis of biomedical factors. Eligibility also depends on the daily constraints the child experiences and how the child’s disability affects his or her family.
When legislative amendments were made in 2003, discussions to determine the evaluation criteria were held with pediatricians specializing in each pathology from universities across the country, with parents associations and with special education representatives. The disability evaluation model has evolved since 1991. At that time, the Service Public Fédéral used an initial list of pathologies developed by pediatric specialists (provided as a schedule to the Arrêté Royal dated 3 May 1991) and the BOBI, which was originally used to assess war injuries. These tools were improved to better assess pathologies affecting children uniquely (such as blood diseases, intellectual disability, nephropathies, cleft lip, etc.). Each physician evaluator (whether French- or Dutch-speaking) was responsible for one or more groups of pathologies and had to contact the relevant specialists or associations, organize meetings, collect feedback and draft new guidelines stressing the impact of a disability or disorder with regard to the child’s incapacity or autonomy and the burden on parents.

The effects of a disability or disorder are evaluated and not the pathology itself. Scales were created and discussed with all participants during the 2003 reform in order to determine how a disability or disorder could affect a child’s life and his or her family.

A congenital disorder will not necessarily be recognized at birth, but only when the child’s mental or physical incapacity, the child’s autonomy or the burden on the family meet the threshold criteria.

Other changes have been made since 2003 (for example, for children with chromosomal abnormalities or genetic or metabolic diseases that affect mental function).

The criteria did not draw on the DCP or ICF but rather on the experience of Belgian physicians based on their contact with children as part of their practice and further to discussions with various stakeholders regarding the constraints on the child and his or her family.
Canada – Federal Government

Program name
Child Disability Benefit (CDB)

Program objectives
The CDB is for families with low or modest incomes who care for a child under age 18 with a severe and prolonged impairment in physical or mental functions.

Eligibility requirements
The CDB is a tax-free benefit that supplements the Canada Child Tax Benefit (CCTB)* or the Children’s Special Allowances (CSA).

Families who are eligible for the CCTB can receive the CDB only if their child is entitled to the disability amount, also called the disability tax credit (DTC).***

* The CCTB is a tax-free monthly payment made to eligible families to help them with the cost of raising children under age 18.

** The CSA program provides payments to federal and provincial agencies and institutions (e.g., children’s aid societies) that care for children.

*** The DTC is a non-refundable tax credit that helps disabled persons and the persons who care for them reduce the amount of income tax that they may have to pay. It includes a supplement for persons under age 18 at the end of the year.

Amount paid
The CDB is a tax-free benefit of up to 2 695 $ per year (224.58 $ per month) for the 2014 taxation year. The amount varies depending on the family’s income.

Medical criteria for the disability tax credit (DTC)
To be eligible, a child must have a severe and prolonged impairment in physical or mental functions. The attending medical practitioner must evaluate the two criteria listed below separately.

- Duration: The impairment must be prolonged (that is, it has lasted or is expected to last for a continuous period of at least 12 months).

- Effects of the impairment: The effects of the impairment must be those which, even with therapy and the use of appropriate devices and medication, cause the child to be restricted all or substantially all of the time (at least 90% of the time).

The effects of the child’s impairment must meet the criteria listed below.
<table>
<thead>
<tr>
<th>Categories</th>
<th>Criteria</th>
<th>Practitioners qualified to certify the effects of the impairment</th>
</tr>
</thead>
</table>
| Vision     | • A child is considered blind if, even with the use of corrective lenses or medication:  
visual acuity in both eyes is 20/200 (6/60) or less, with the Snellen Chart (or an equivalent); or  
the greatest diameter of the field of vision in both eyes is 20 degrees or less.  
|            |          | ✓ Medical doctor  
✓ Optometrist |
| Speaking   | • A child is considered **markedly restricted** in speaking if, even with  
appropriate therapy, medication, and devices:  
✓ he or she is **unable** or takes an **inordinate amount of time** to speak so as to be understood by another person familiar with the child, in a quiet setting; and  
✓ this is the case **all or substantially all of the time** (at least 90% of the time).  
Devices for speaking include tracheoesophageal prostheses, vocal amplification devices, and other such devices.  
An **inordinate amount of time** means that speaking so as to be understood takes **three times** longer than for an average child who does not have the impairment.  
**Situations where the child is “markedly restricted” in speaking:**  
• All or substantially all of the time (at least 90% of the time), the child must rely on other means of communication, such as sign language or a symbol board.  
• In his or her office, the medical doctor or speech-language pathologist must ask the child to repeat words and sentences several times so as to gauge whether the child takes an inordinate amount of time to be understood.  
|            | ✓ Medical doctor  
✓ Speech-language pathologist |
| Hearing    | • A child is considered **markedly restricted** in hearing if, even with  
appropriate devices:  
✓ he or she is **unable** or takes an **inordinate amount of time** to hear so as to understand another person familiar with the child, in a quiet setting; and  
✓ this is the case **all or substantially all of the time** (at least 90% of the time).  
Devices for hearing include hearing aids, cochlear implants, and other such devices.  
An **inordinate amount of time** means that hearing to understand takes  
|            | ✓ Medical doctor  
✓ Audiologist |
### Situations where the child is “markedly restricted” in hearing:

- All or substantially all of the time (at least 90% of the time), the child must rely completely on lip reading or sign language, despite using a hearing aid, in order to understand a spoken conversation.
- In his or her office, the medical doctor or audiologist must raise his or her voice and repeat words and sentences several times, and it takes a significant amount of time for the child to understand, despite the use of a hearing aid.

### Walking

- A child is considered **markedly restricted** in walking if, even with appropriate therapy, medication, and devices:
  - he or she is **unable** or takes an **inordinate amount of time** to walk; **and**
  - this is the case **all or substantially all of the time** (at least 90% of the time).

Devices for walking include canes, walkers, and other such devices.

An **inordinate amount of time** means walking takes **three times** longer than for an average child who does not have the impairment.

### Situations where the child is “markedly restricted” in walking:

- The child must always rely on a wheelchair, even for short distances outside of the home.
- The child can walk 100 metres (or approximately one city block), but only by taking a significant amount of time, stopping [...] because of shortness of breath or because of pain, all or substantially all the time (at least 90% of the time).
- The child experiences severe episodes of fatigue, and problems with coordination and balance. Several days at a time, the child cannot walk more than a few steps. Between episodes, the child continues to have these symptoms, but to a lesser degree. However, these symptoms cause the child to need an inordinate amount of time to walk, all or substantially all of the time (at least 90% of the time).
### Eliminating (bowel or bladder functions)

- A child is considered **markedly restricted** in eliminating if, even with appropriate therapy, medication, and devices:
  - he or she is **unable** or takes an **inordinate amount of time** to personally manage bowel or bladder functions; **and**
  - this is the case **all or substantially all of the time** (at least 90% of the time).

Devices for eliminating include catheters, ostomy appliances, and other such devices.

An **inordinate amount of time** means managing bowel or bladder functions takes three times longer than for an average child who does not have the impairment.

**Situations where the child is “markedly restricted” in eliminating:**
- The child needs daily help from another person to empty and tend to his or her ostomy appliances.
- All or substantially all of the time (at least 90% of the time), the child is incontinent of bladder functions and needs an inordinate amount of time to tend to his or her incontinence pads for daily incontinence.

### Feeding

- A child is considered **markedly restricted** in feeding if, even with appropriate therapy, medication, and devices:
  - he or she is **unable** or takes an **inordinate amount of time** to feed himself or herself; **and**
  - this is the case **all or substantially all of the time** (at least 90% of the time).

Feeding oneself does not include identifying, finding, shopping for or otherwise procuring food.

Feeding oneself does include preparing food, except when the time associated is related to a dietary restriction or regime, even when the restriction or regime is needed due to an illness or health condition.

Devices for feeding include modified utensils, and other such devices.

An **inordinate amount of time** means the child takes three times longer to feed himself or herself than an average child who does not have the impairment.

**Situations where the child is “markedly restricted” in feeding:**
- The child needs tube feedings, all or substantially all of the time (at least 90% of the time) to live.
- The child needs an inordinate amount of time to prepare meals or to feed himself or herself, on a daily basis, due to significant pain and decreased strength and dexterity in the upper limbs.
<table>
<thead>
<tr>
<th>Dressing</th>
<th>Mental functions necessary for everyday life</th>
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</table>
| • A child is considered **markedly restricted** in dressing if, even with appropriate therapy, medication, and devices:  
  ✓ he or she is **unable** or takes an **inordinate amount of time** to dress himself or herself; **and**  
  ✓ this is the case **all or substantially all of the time** (at least 90% of the time).  

  Dressing oneself does not include identifying, finding, shopping for, or otherwise obtaining clothing.  

  Devices for dressing include specialized buttonhooks, long-handled shoehorns, grab rails, safety pulls, and other such devices.  

  An **inordinate amount of time** means dressing takes **three times** longer than an average child who does not have the impairment.  

  **Situations where the child is “markedly restricted” in dressing:**  
  • The child cannot dress without daily help from another person.  
  • Due to pain, stiffness, and decreased dexterity, the child needs an inordinate amount of time to dress himself or herself on a daily basis.  

| • A child is considered **markedly restricted** in performing the mental functions necessary for everyday life if, even with appropriate therapy, medication, and devices (for example, memory aids and adaptive aids):  
  ✓ he or she is **unable** or takes an **inordinate amount of time** to perform these functions by himself or herself; **and**  
  ✓ this is the case **all or substantially all of the time** (at least 90% of the time).  

  An **inordinate amount of time** means taking **three times** longer than an average child who does not have the impairment.  

  The mental functions necessary for everyday life include the following:  
  • adaptive functioning (for example, abilities related to self-care, health and safety, abilities to initiate and respond to social interactions, and common, simple transactions);  
  • memory (for example, the ability to remember simple instructions, basic personal information such as name and address, or material of importance and interest); **and**  
  • problem-solving, goal-setting, and judgment, taken together (for example, the ability to solve problems, set and keep goals, and make appropriate decisions and judgments).  

  A restriction in problem-solving, goal-setting, or judgement that markedly restricts adaptive functioning, all or substantially all of the time (at least 90% of the time), would qualify.  

| ✓ Medical doctor  
✓ Occupational therapist  
| ✓ Medical doctor  
✓ Psychologist |
### Situations where the child is “markedly restricted” in mental functions necessary for everyday life:

- The child cannot leave the home, all or substantially all of the time (at least 90% of the time) due to anxiety, even with appropriate therapy and medication.
- The child is independent in some aspects of everyday living; however, despite medication and therapy, the child needs daily support and supervision due to an inability to accurately interpret his or her environment.
- The child cannot make a common, simple transaction, such as a purchase at the grocery store, without help, all or substantially all of the time (at least 90% of the time).
- The child experiences psychotic episodes several times a year. Given the unpredictability of the psychotic episodes and the other defining symptoms of the impairment (for example, lack of initiative or motivation, disorganized behaviour and speech), the child continues to need daily supervision.
- The child is unable to express his or her needs or anticipate consequences of behaviour when interacting with others.

### Cumulative effect of significant restrictions

A child can be eligible for the disability tax credit if he or she meets all of the following conditions:

- The child has an impairment in physical or mental functions that has lasted, or is expected to last, for a continuous period of at least 12 months.
- The impairment has caused a **significant restriction**, that is not quite a marked restriction (see definitions below), in **two or more basic activities of daily living** or in vision and one or more of the basic activities of daily living, even with appropriate therapy, medication, and devices.
- The significant restrictions exist together, all or substantially all of the time (at least 90% of the time).
- The cumulative effect of these significant restrictions is equivalent to being markedly restricted in one basic activity of daily living (see examples below).

Note: The time spent on life-sustaining therapy cannot be included.

“**Markedly restricted**” means that, all or substantially all of the time (at least 90% of the time), even with therapy (other than therapy to support a vital function) and the use of appropriate devices and medication, one of the following situations applies:

- The child is unable to perform one or more of the basic activities of daily living.
- The child takes an inordinate amount of time to perform one or more of the basic activities of daily living.
“Significantly restricted” means that, although the child does not quite meet the criteria for markedly restricted, his or her vision or ability to perform a basic activity of daily living is still substantially restricted all or substantially all of the time (at least 90% of the time).

**Examples of the cumulative effect of significant restrictions in a basic activity of daily living:**

- The child can walk 100 metres, but then must take time to recuperate. The child can perform the mental functions necessary for everyday life, but can concentrate on any topic for only a short period of time. The cumulative effect of these two significant restrictions is equivalent to being markedly restricted, such as being unable to perform one of the basic activities of daily living.

- The child always takes a long time for walking, dressing and feeding. The extra time it takes the child to perform these activities, when added together, is equivalent to being markedly restricted.

<table>
<thead>
<tr>
<th>Life-sustaining therapy</th>
<th>✓ Medical doctor</th>
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<tr>
<td>Life-sustaining therapy for the child must meet both of the following criteria:</td>
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<td>- the child needs this therapy to support a vital function, even if this therapy has eased the symptoms; and</td>
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<tr>
<td>- the child needs this therapy at least 3 times per week, for an average of at least 14 hours per week.</td>
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The child must dedicate the time for the therapy – that is, the child has to take time away from normal, everyday activities to receive it. If the child receives therapy by a portable device, such as an insulin pump, a CPAP machine, or an implanted device, such as a pacemaker, the time the device takes to deliver the therapy **does not count** towards the 14-hour per week requirement. However, the time spent setting up a portable device **does count**.

**Not included** are time spent on activities related to dietary or exercise restrictions or regimes, travel time to receive the therapy, attending medical appointments (other than appointments where the therapy is received), shopping for medication, or recuperation after therapy.

If the therapy requires a regular dosage of medication that needs to be adjusted daily, the time spent on activities directly related to determining and administering the dosage **does count** toward the 14-hour per week requirement (for example, monitoring blood glucose levels, preparing and administering the insulin, calibrating necessary equipment, ketones testing, or keeping a log book of blood glucose levels).

Time spent on activities that are considered to be part of following a dietary regime, such as carbohydrate calculation, as well as activities related to exercise, **does not count** toward the 14-hour requirement (even when these activities or regimes are a factor in determining the daily dosage of medication).
If a child cannot perform the activities related to the therapy because of his or her age, the time spent by the child’s primary caregivers performing and supervising these activities can be counted toward the 14-hour per week requirement. For example, for a child with Type 1 diabetes, supervision includes having to wake the child at night to test his or her blood glucose level, checking the child to determine the need for additional blood glucose testing (during or after physical activity), or other supervisory activities that can reasonably be considered necessary to adjust the dosage of insulin (excluding carbohydrate calculation).

Examples of life-sustaining therapy:

- Chest physiotherapy to facilitate breathing
- Kidney dialysis to filter blood
- Insulin therapy to treat Type 1 diabetes in a child who cannot independently adjust the insulin dosage

**Application review**

The Canada Revenue Agency (CRA) first determines entitlement to the disability tax credit (DTC), the Canada Child Tax Benefit (CCTB) and the children’s special allowances (CSA) in order to determine entitlement to the Child Disability Benefit (CDB). The CRA processes applications year round.

**Application process**

If an application has already been filed for the CCTB for a child who is eligible for the disability tax credit, the CDB will be calculated automatically.

If a person is eligible for the CCTB but has not yet applied for it, he or she must file form T2201, *Disability Tax Credit Certificate*, with the Canada Revenue Agency (CRA), which will determine whether the person is eligible for the disability and the CDB supplement.

If a child is eligible for the disability tax credit but no application has been filed for the CCTB, form RC66, *Canada Child Benefits Application*, must be filed with the CRA, which will determine whether the child is eligible for the CCTB and the CDB supplement.

Organizations must submit form RC64, *Children’s Special Allowances*, for each child for whom they intend to apply for CSA payments and the CDB supplement.

**Agency responsible**

Canada Revenue Agency

**Useful links**

Information on the disability tax credit: [http://www.cra-arc.gc.ca/dtc](http://www.cra-arc.gc.ca/dtc)


Information on the CCTB or the CSA: [www.cra-arc.gc.ca/benefits](http://www.cra-arc.gc.ca/benefits)
Interpretation of disability (disability creation process (DCP); International Classification of Functioning, Disability and Health (ICF))

Eligibility for the disability tax credit (DTC) is not based on a diagnosis but rather on the effects of an impairment as identified by the medical practitioner on form T2201, Disability Tax Credit Certificate. The criteria used to determine entitlement are taken directly from the Income Tax Act. When taxpayers submit form T2201 completed by their medical practitioner, the form is first reviewed by the employees of the Disability Tax Credit Unit at tax centres across Canada. The employees apply national procedures to determine eligibility in an impartial manner. Complex applications are transferred to CRA headquarters, where nurses evaluate the information in the file and contact medical practitioners, if necessary, to clarify the taxpayer’s exact limitations.
**Canada – Alberta**

**Program name**
Family Support for Children with Disabilities

**Program objectives**
The program provides information about various government programs and community services as well as referrals to advocacy groups, disability associations and other disability-related resources. It also helps families coordinate supports and services and assists with some of the extraordinary costs of raising a child with a disability.

**Eligibility requirements**
To be eligible for the FSCD program, the child must:
- be a resident of Alberta;
- be under 18 years of age;
- be a Canadian citizen or permanent resident; and
- have a disability.

Disability is defined as a chronic developmental, physical, sensory, mental or neurological condition or impairment, not including a condition for which the primary need is for medical care or health services to treat or manage the condition unless it is a chronic condition that significantly limits a child’s ability to function in normal daily living. The person applying for the program must be the child’s guardian. Medical documentation is required confirming:
- the child’s diagnosis and/or disability;
- that the child’s condition or impairment may lead to a disability and that the child is awaiting a medical diagnosis.

The letter or report may be written by, or on behalf of, the following health professionals who are able to make the diagnosis or probable diagnosis within their scope of practice:
- Physician or psychiatrist
- Physical or occupational therapist, speech and language pathologist or audiologist
- Clinical social worker or psychologist.

**Amount paid**
FSCD services are provided based on the:
- Family’s and child’s individual needs and circumstances
- Strengths and abilities of the family
- Family’s priorities and goals
- Extraordinary care demands that a family experiences in caring for their child with a disability
- Extraordinary costs that a family incurs related to their child’s disability
- Needs identified that cannot be addressed by any other program, service or resource
- Most cost-effective and appropriate options to address the identified service need
- Other circumstances as relevant for a particular family.
An agreement between the director and the child’s guardian may provide for the following family support services as a reimbursement:

(a) up to 20 hours annually of individual and family counselling to assist the family in caring for the child; DECEMBER 2014 Section 4-13
(b) if the child has extraordinary need for clothing and footwear directly related to the child’s disability, up to $400 annually;
(c) for travel in Alberta to a child’s medical or rehabilitation appointments or for hospitalization, directly related to the child’s disability,
   • $0.12 for each kilometre or, if public transport is used, the cost of the most cost-effective and appropriate means of public transport for the child and one adult accompanying the child, and
   • up to $10 daily for parking;
(d) for travel in Alberta to a child’s medical or rehabilitation appointments or for hospitalization, directly related to the child’s disability, if attending the appointments requires that the child be out of the home for at least 8 hours but not overnight,
   • up to $5 daily for meals for the child and up to $8 daily for meals for an adult accompanying the child, and
   • family support services described in clause (c);
(e) for travel in Alberta to a child’s medical or rehabilitation appointments or for hospitalization, directly related to the child’s disability, if in the opinion of a director overnight accommodation is required,
   • up to $85 daily for hotel accommodation,
   • up to $10 daily for meals for the child unless the child is in hospital or in a facility where accommodation includes meals and up to $15 daily for meals for an adult accompanying the child or up to $100 weekly for the purchase of groceries for food preparation for the child and the adult,
   • if in the opinion of the director a 2nd person must accompany the child, up to $15 daily for meals for the 2nd person or an additional $50 weekly for groceries for food preparation for the 2nd person and, if the adult, person and child are using public transport, the cost of the most cost-effective appropriate means of public transport, and
   • family support services described in clause (c);
(f) the cost of caring for the siblings of the child if the care is necessary to enable the adult who usually cares for the siblings to accompany the child to medical or rehabilitation appointments or hospitalizations directly related to the child’s disability;
(g) if the child attends medical or rehabilitation appointments or hospitalizations outside Alberta directly related to the child’s disability that are funded by the Minister of Health, family support services described in clauses (e) and (f) may be provided;
(h) up to 240 hours annually of care for the child, for the purpose of providing temporary respite to the guardian.

An agreement between the director and the child’s guardian may provide for the following child-focused services:

(a) the following respite service based on the child’s need for care related to the disability and the guardian’s need for respite:
   • short-term hourly care for the child,
   • if an extended period of respite services are needed, up to 30 24-hour days of care annually for the child,
Comparative Analysis of Benefits for Parents of Disabled Children in Canada and Other Industrialized Countries

- if more respite services are needed to maintain the guardian’s home as the child’s primary residence, additional 24-hour days annually of care for the child outside the child’s home;

(b) if respite services are provided under clause (a)(ii) and (iii) and public transport is the only possible means of travel, the cost of the most cost-effective and appropriate means of public transport for the child and one adult to accompany the child to and from the child’s home to the place where the respite services are provided;

(c) in order to assist in completing routine house cleaning and laundry that are impeded by the intensive care needs of the child directly related to the child’s disability, up to 12 hours monthly of homemaker services;

(d) up to 50 hours weekly of care for the child in the home, sibling care and assistance to the family with household daily tasks if in the opinion of the director that because of the child’s various complex needs this is the most appropriate and cost-effective way to provide for the child’s and family’s needs;

(e) while the guardian is at work, at school or attending training sessions, the following child-focused services:
   - if the child is less than 13 years of age, the portion of child care costs directly related to the child’s disability that are over and above the normal costs of child care,
   - if the child is 13 years of age or more, the costs of child care required because of the child’s disability,
   - the cost of an aide, if required, for the child attending a day care facility or an out-of-school program if the aide is needed because of the child’s disability to ensure the safety and supervision of the child and to have the child included in activities,
   - the cost for additional space in a family day home, if additional space is needed because of the child’s disability to ensure the safety and supervision of the child and to have the child included in activities;

(f) the cost of up to 4 hours for each weekday to a maximum of 20 hours weekly for child care in a day care facility and for an aide to assist the child in the day care facility, if the child is to attend a day care facility not because the guardian is at work, at school or attending training sessions but because
   - a physician has identified the need for the child to attend a day care facility to enhance the child’s development,
   - the child’s program plan satisfactory to the director identifies the need for the child to attend a day care facility,
   - the child meets eligibility criteria for and is awaiting the commencement of preschool programming from the Department of Education, and
   - the child requires services and has delays related to at least 2 areas of the child’s development;

(g) up to 4 hours daily for an aide to assist with the child’s personal hygiene and other daily personal care activities if
   - the child is dependent on an adult to meet the child’s personal hygiene and other daily personal care activities needs, and
   - the child’s ability to meet the child’s needs is not appropriate to the age of the child;

(h) up to 144 hours annually for an aide to assist the child in participating in community programs and activities if the child’s disability prevents the child from participating without the assistance of another person;

(i) up to 10 hours weekly for a maximum of 6 months, or more months if a review, satisfactory to the director, states that more is needed, for an aide
   - to assist the child in behaviour management and to assist the child’s guardian to manage the child’s behaviour if the child’s behaviour
Comparative Analysis of Benefits for Parents of Disabled Children in Canada and Other Industrialized Countries

(i) is unsafe for the child and others or significantly limits the child’s ability to carry out activities of normal daily living,

(ii) the assistance of an aide is likely to achieve measurable improvement in the child’s behaviour or sustain a level of behaviour or prevent a regression in the child’s behaviour or increased dependency in the child’s behaviour and is not for the purpose of assisting the child’s educational or academic development, and

(iii) the proposed assistance of the aide is based on established rehabilitative practices, strategies and approaches that are reasonable, least intrusive and, in the opinion of the director, have been demonstrated to be effective,

• to assist the child and to teach the child’s guardian to assist the child to reach a developmental goal if

   (i) the child has a developmental deficiency that significantly limits the child’s ability to carry out activities of normal daily living,

   (ii) the assistance is likely to achieve measurable improvement in the child’s development or sustain a level of development or prevent a regression or increased dependency in the child’s development and is not for the purpose of assisting the child’s educational or academic development, and

   (iii) the proposed assistance of the aide is based on established rehabilitative practices, strategies and approaches that are reasonable, least intrusive and, in the opinion of the director, have been demonstrated to be effective,

   or,

   • to assist the child for reasons referred to in subclauses (i) and (ii);

(j) the following health-related services if they are directly related to the child’s disability:

• the costs of dental and orthodontic treatment if it is recommended by the dental review committee established by the Alberta Dental Service Corporation

   (i) for the portion of costs exceeding the costs covered by the guardian’s dental insurance or benefit plan, or

   (ii) if the guardian does not have dental insurance or a benefit plan for dental care, the costs exceeding $250 annually,

• if the guardian has a health services insurance or benefit plan,

   (i) up to 30% of the cost of prescription drugs or drugs that are approved by the health services insurance or benefit plan, if the plan does not cover 100% of the cost, or

   (ii) the cost to the guardian of an additional health services insurance or benefit plan premium, if the cost of the prescription drugs the guardian would have to pay under paragraph (A) exceeds the cost of the premium of the additional insurance or plan,

• if a guardian does not have a health services insurance or benefit plan to cover prescription drugs and

   (i) if the guardian applies for coverage by such insurance or plan, the cost of prescription drugs for the lesser of 4 months or until the insurance or plan takes effect, or

   (ii) if the full cost of the prescription drugs is less than the cost to the guardian to purchase such insurance or plan, the cost of the prescription drugs,

• the amount by which formula prescribed or ordered by a physician in consultation with a registered diettitian or registered nutritionist or ordered by a registered diettitian or registered nutritionist exceeds the usual cost of formula for a child that age,
• the amount by which food prescribed or ordered by a physician, registered dietitian or registered nutritionist exceeds the usual cost of food for a child that age if the prescribed or ordered food is not vitamins but is part of an accepted, non-experimental nutritional regime to effectively manage an identified condition or dietary need of the child;

(k) the cost of medical benefits directly related to the child’s disability and, if the child has a sibling who is subject to an agreement under this subsection, the child’s sibling’s disability that is in excess of 2% of the aggregate net income reported on line 236 of the previous year’s income tax return by the child’s parents if, subject to subsection (4),

(i) the medical benefit is life sustaining or it would be debilitating if the child did not receive the medical benefit,

(ii) another program or source does not provide the same or similar benefit in whole or in part regardless of whether the child is eligible to receive it,

(iii) the use of the medical benefit is based on established rehabilitation practices, strategies and approaches that are reasonable and demonstrated to be effective, and

(iv) the medical benefit is available in Alberta;

(l) if a child’s condition related to the child’s disability requires emergency transportation by ambulance and the guardian does not have a health care insurance or benefit plan to cover ambulance services and the guardian applies for coverage under such an insurance or plan, the cost of ambulance services for the lesser of 4 months or until the insurance or plan takes effect;

(m) if a child has a severe disability resulting in significant limitations and service needs in 2 or more of the following areas:

(i) behaviour;

(ii) communication and socialization skills;

(iii) cognitive abilities;

(iv) physical and motor development;

(v) self-help skills and adaptive functioning;

and if

(vi) the level and complexity of the child’s needs require an array of integrated and coordinated services, including one or more specialized services,

(vii) a multi-disciplinary team has completed an assessment that identifies that the child has a critical need for a specialized service and recommends to the director that a specialized service be provided,

(viii) an individualized plan, satisfactory to the director, has been developed to coordinate and direct the delivery of services, including a specialized service,

(ix) the proposed specialized service is likely, in the opinion of a multi-disciplinary team, to achieve measurable improvement in a reasonable and predictable period of time or to sustain or to prevent a regression or dependency in the child’s activities of normal daily living,

(x) the proposed specialized service is based on established rehabilitative practices, strategies and approaches that are reasonable, least intrusive and demonstrated to be effective, and
(xi) other available programs and services are not appropriate or are insufficient to meet the child’s needs, one or more specialized services for the child and consultation services for the child’s guardian with respect to the specialized services, but with respect to areas referred to in subclauses (i) to (v) specialized services may not be provided for the purpose of assisting the child’s education or academic development;

(n) care of the child in a residence other than the guardian’s home if the needs of the child cannot be met in the guardian’s home;

(o) if care is provided to a child in a residence under clause (n), the cost of transportation at $0.12 for each kilometre or if public transport is the only possible means of travel, the cost of the most cost-effective and appropriate means of public transport

(i) for the child and one adult to accompany the child to and from the guardian’s home to the residence,

(ii) for the guardian to visit the child in the residence, and

(iii) for the child to visit the guardian in the guardian’s home.

**Medical criteria**

There is no specific diagnosis to meet the requirements of the FSCD program except that a professionals must be able to make the diagnosis or probable diagnosis within their scope of practice (reference in the eligibility requirements section) and fulfill the disability definition. The different reimbursement is based on the need of the child instead of being based on a specific diagnostic.

**Application review**

An FSCD worker makes this decision. The FSCD worker will review the information you provide in your application, as well as the medical letter or other medical information you provide regarding your child’s disability and consult with their supervisor or others as needed to make a well-informed decision. The FSCD worker will contact the family to discuss the child’s disability and may ask for some additional information if needed to clarify the eligibility for the program and then determine if the family and their child are eligible for the FSCD program.

**Agency responsible**

Alberta – Ministry of Human Services

**Disability interpretation (Disability Creation Process (DCP); International Classification of Functioning, Disability and Health (ICF))**

It is not based on the DCP or the ICF process even if the definition for disabled children (reference in the eligibility requirements section) look alike.
Canada – Ontario

Program name

- Assistance for Children with Severe Disabilities (ACSD)
- Special Services at Home (SSH)
- Enhanced Respite Funding (ERF)

Program objectives

The financial assistance that parents of disabled children receive under these programs is intended to help them cover part of the additional costs of caring for their children.

The programs aim to help disabled children lead as normal a life as possible by living at home, in their community.

Eligibility requirements

Assistance for Children with Severe Disabilities

The Assistance for Children with Severe Disabilities (ACSD) program provides financial assistance to parents to help them cover the additional costs associated with caring for a severely disabled child. The assistance is paid directly to cover costs such as special shoes and clothes, parental relief, specially trained caregivers, dental care, medications, eyeglasses, hearing aids, travel to doctors and hospitals, lodging, special equipment necessary for the child’s learning and development or prescription drugs not covered by another plan. The program also includes certain healthcare benefits.

To qualify for the ACSD program, the child must

- be under age 18;
- live in Ontario;
- live with the person responsible for his or her care;
- have a severe disability resulting in a loss of functional capacity;
- entail extraordinary costs that are incurred directly as a result of the disability.

A severe disability is an ongoing mental or physical condition that prevents the child from doing any activity considered necessary for normal daily living.

Extraordinary costs are costs related to the child’s disability that would not be incurred for a child of the same age who is not disabled. Parents must outline all costs in a report.

A child who qualifies for the ACSD program receives a drug card and a dental card. The drug card allows the child to receive, free of charge, the prescription drugs listed in the Ontario Drug Benefit Formulary.

The dental card provides the child with regular, preventive dental checkups free of charge. It does not cover special dental treatments such as braces (orthodontics).

Special Services at Home

The Special Services at Home (SSH) program provides financial assistance directly to families to help them cover the cost of services that are not available elsewhere in the community. The funding can be used to help the child acquire new skills and abilities or provide the family with respite.
To qualify for the SSH program, the child must
- be under age 18;
- live in Ontario (Canadian citizen, landed immigrant or protected person);
- need more support than most families can provide;
- live at home with his or her family or, if not, must not be helped by other residential services;
- have a developmental or physical disability;
- have functional limitations as a result of a disability.

Enhanced Respite Funding
The Enhanced Respite Funding (ERF) program includes a grant paid to families who are caring for a child who is medically fragile and/or depends on a technological device and who needs care 24 hours a day, 365 days a year. The grant is paid in addition to other respite services. It can be used to provide in-home or out-of-home care services, or both. The amounts paid under the program are separate from any other benefit amounts and do not reduce the amount of assistance received from other sources.

To qualify for the ERF program, the child must
- be under age 18;
- live at home;
- need intensive care and constant monitoring on a 24-hour basis.

Only children who meet the above criteria and fall within the following categories of care requirements qualify for the ERF program:
- Group 1: Children dependent at least part of each day on mechanical ventilators;
- Group 2: Children requiring prolonged intravenous administration of nutritional substances or drugs;
- Group 3: Children with prolonged dependence on other device-based support for tracheotomy tube care, suctioning, oxygen support or tube feeding;
- Group 4: Children with prolonged dependence on other devices which compensate for vital body functions who require daily or near daily nursing care, including children requiring apnea monitors (cardio respiratory), renal dialysis due to kidney failure, urinary catheters or colostomy bags plus substantial nursing care;
- Group 5: Children who are medically fragile according to the care requirements, but do not use a technological device.

Amount paid

Assistance for Children with Severe Disabilities
Assistance for Children with Severe Disabilities is a monthly amount between 25 $ and 440 $ CAN.

How much a family receives depends on the following:
- family income;
- the costs related to the disability;
- the severity of the disability;
- the type of support the child requires.
Comparative Analysis of Benefits for Parents of Disabled Children in Canada and Other Industrialized Countries

<table>
<thead>
<tr>
<th>Family size (including parents)</th>
<th>Full entitlement paid to (gross family income)</th>
<th>Full entitlement paid to (gross family income)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 4</td>
<td>42 000 $</td>
<td>63 641 $</td>
</tr>
<tr>
<td>Up to 5</td>
<td>43 000 $</td>
<td>64 841 $</td>
</tr>
<tr>
<td>Up to 6</td>
<td>44 000 $</td>
<td>65 641 $</td>
</tr>
<tr>
<td>Up to 7</td>
<td>45 000 $</td>
<td>66 841 $</td>
</tr>
</tbody>
</table>

The income levels will be raised by 18 000 $ for each additional child with a disability.

The amount received under the Special Services at Home (SSH) program depends on the following:
- the type and amount of service the child needs;
- what other help is available in the community;
- what kind of support the family is already receiving.

**Special Services at Home**
SSH amounts are not contingent on the parents’ income. Parents can receive up to 10 000 $ per year. That amount can be increased upon review and approval by a Special Agreements Officer.

**Enhanced Respite Funding**
Under the Enhanced Respite Funding (ERF) program, families can receive a maximum of 3 500 $ per year, per child. An amount of 1 750 $ can be paid for applications filed in the second half of the year.

**Medical criteria**
Entitlement to the various benefits depends only on the needs or costs related to the child’s disability, compared with those for a non-disabled child of the same age. The objective is to determine whether the need for assistance stems from the child’s disability. The attending physician’s report is therefore used to confirm that the child has a disability. However, the officer determines entitlement based on the child’s needs and the costs related to his or her disability. The costs borne by the disabled child’s family must be greater than the costs borne by a family of the same type without a disabled child.

**Application review**
Funding under the ACSD program is granted after the file is evaluated by special agreements officers. If it is the family’s first application, the child and his or her family will be visited at home to review the information on the application. The family must provide a list of all the extraordinary costs resulting from the child’s disability. The list can include, for example, meal and travel costs related to appointments, extra laundry expenses, the cost of special learning equipment, or uncovered medication costs. The officer determines the family’s eligibility and the amount it could receive based on the child’s age, the gross household income, the number of children living at home, the extent of the child’s limitations for normal daily activities (walking, communicating, feeding, personal hygiene, etc.) and the costs that the parent or guardian incurs or could incur solely due to the child’s severe disability.

Applications under the SSH program are evaluated by a special agreements officer (or officers). To qualify for funding, a child must have been diagnosed by a health professional or, if the first application was filed less than two years ago, received confirmation of his or her needs by a medical professional. The medical certificate must describe the impairment, explain why the support or service is necessary and give its cost. The officer sets priorities based on several factors, such as the type and amount of service the family needs, what the family needs to enhance its ability to cope with providing care, the complexity of the support required as a result of the severity of the child’s ongoing
functional limitation, the supports and services currently available in the community and the extent to which they meet the family’s needs, the support networks of the child and family, locally identified priorities and the availability of funds.

To qualify for enhanced respite funding, the child must have been evaluated by a professional (usually a social worker or a nurse) at a Community Care Access Centre (CCAC).

Decisions for the three Ontario programs are based on provincial programs and policy directives. The regional staff of the Ontario Ministry of Children and Youth Services and the Ministry of Community and Social Services make decisions regarding eligibility and support services under the ACSD and SSH programs. The nursing staff and other specialists make decisions regarding enhanced respite funding based on their clinical assessment and the applicable directives.

**Agency responsible**

Ministry of Children and Youth Services

**Interpretation of disability (disability creation process (DCP); International Classification of Functioning, Disability and Health (ICF))**

Under the three Ontario programs, the evaluation of a child’s disability and the determination of eligibility requirements are not based on the human development model (either the DCP or the ICF).
Canada – Québec

Program name
Supplement for handicapped children (SHC)

Program objectives
The supplement for handicapped children provides financial assistance to families responsible for the care, custody and education of a child with a severe disability. It makes up one of the two components of the child assistance measure, the other is the child assistance payment.

Eligibility requirements
To receive the supplement, an individual must meet the following conditions.

- To be eligible for child assistance, the beneficiary must:
  - be responsible for the care and education of a child under age 18;
  - live with the child or, if the child is placed by a youth centre, pay the parental contribution required by the centre;
  - live in Québec or temporarily outside Québec and maintain sufficient ties to Québec to still be considered a Québec resident under the Taxation Act;
  - be one of the following (either spouse):
    - Canadian citizen;
    - permanent resident;
    - temporary resident who has lived in Canada for at least 18 months;
    - protected person (refugee);
  - file a Québec income tax return (both spouses, if applicable), even if there is no income to report.

- Be responsible for child under age 18 with a severe physical or mental disability that significantly limits the child in his or her activities for a period expected to last at least one year.
  - These encompass the activities in which a child participates, depending on his or her age, with respect to personal care and social life. They include eating, getting dressed, communicating, learning and moving about.
  - The severity of the child’s disability is evaluated using specific criteria set out in tables in the appendices of the Regulation respecting the Taxation Act. The tables outline the impairments and developmental disorders corresponding to the most frequent disabilities. In cases other than those mentioned in the appendices, the severity of the disability is evaluated according to the following three criteria:
    - the impairments that remain despite the measures used to make the child’s life easier (corrective lenses, hearing aids, orthoses, etc.);

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3. Please note that this document outlines the payment of the supplement for handicapped children in Québec from January 2005 through 22 June 2016. On 22 June 2016, the Québec government announced the implementation of a new supplement called the Supplement for handicapped children with exceptional care needs, as well as the changes made to the eligibility requirements for the supplement for handicapped children. Consult the Information Bulletin 2016-6 for further information.
Comparative Analysis of Benefits for Parents of Disabled Children in Canada and Other Industrialized Countries

- the obstacles the child encounters in his or her environment (for example, the need for special accommodations at home);
- the constraints on the child's family owing to his or her impairment or developmental disorder (for example, the need to frequently assist the child for basic care).

An adult who is responsible for the care of a handicapped child and who is eligible for the supplement for handicapped children may be entitled to a temporarily limited capacity allowance from the Ministère du Travail, de l’Emploi et de la Solidarité sociale. This is also one of the conditions that could start a process leading to the child’s integration into daycare. The ministère de la Famille et des Aînés provides an allowance to facilitate the integration of handicapped children into daycare.

Amount paid

The supplement for handicapped children is granted based on not only the child’s impairment or developmental disorder, but also on the limitations the child encounters in his or her daily life and the care that he or she requires.

The supplement is monthly financial assistance that is a fixed amount and has been indexed yearly since its implementation in 2005. For example, the amount of the supplement is 189 $ in 2016 and is in no way affected by the following factors:

- family income;
- conjugal status of the beneficiary;
- the severity of the child’s handicap;
- the nature of the child’s impairment or developmental disorder;
- any expenses incurred as a result of the child’s condition;
- type of support the child requires.

All families receive the same amount, regardless of their situation (rich or poor, single-parent family or two-parent family), their child’s handicap or the expenses they incur to provide for their child’s need.

Medical criteria

The medical criteria can be consulted online at the following address:

Application review

To receive the supplement, the parent must use an Application for a Supplement for Handicapped Children form. The form is comprised of two sections.

The first section must be completed by the parent. He or she must provide information concerning:

- the impairment, obstacles and constraints the child and his or her family must endure;
- the child’s hospitalization related to the health problem for which the application for the supplement is being filed;
- the names and professions of the specialists who have examined or provided a regular follow-up of the child.

For certain types of handicaps, the parent may also be required to have the child evaluated by a school worker and then provide Retraite Québec with the evaluation report. The parent may also be required to send us the invoices for the medication bought over the last 12 months.
It is in the best interest of the parent to send his or her section of the application form to the Québec Pension Plan as soon as possible because the supplement can be paid retroactively for a maximum of 11 months before the application is filed, providing the parent met the eligibility requirements due to his or her child’s condition. The retroactive payment can cover a maximum of 11 months.

However, the child’s file will only be studied once the two duly-completed sections of the application have been received.

The second section must be completed by a health professional, physician, physiotherapist, psychologist or any other person who assessed or cares for the child and who best knows his or her state of health.

A member of a professional order must attest to the disorder in a report that describes the child’s abilities and disabilities, the support measures and treatment selected, and that contains the expert’s recommendations. The results of evaluations and standardized tests that rank the child with respect to the norms for his age group are required to support the diagnosis and must be enclosed with the application.

Once the two sections of the application are received, Retraite Québec’s medical team evaluates the severity of the handicap in accordance with the provisions of the Taxation Act concerning the supplement for handicapped children. The medical team also takes into account the disabilities that subsist in spite of facilitating factors, the obstacles in the child’s environment and the restrictions imposed upon the child’s family.

**Agency responsible**

Retraite Québec

**Interpretation of handicap (Disability creation process (DCP); International Classification of Functioning, Disability and Health (ICF))**

The program’s eligibility requirements were determined without using the DCP or the ICF.
**Canada – Saskatchewan**

**Program name**
- Cognitive Disability Strategy (CDS)
- Housing for Persons with Disabilities (HPD)
- Saskatchewan Rental Housing Supplement (SRHS)
- Respite Program

**Program objectives**
- The Cognitive Disability Strategy (CDS) provides services and/or financial benefits for individuals with cognitive disabilities who have significant behavioural and developmental challenges. CDS provides supports based on need and impact of the disability leading to more individualized and flexible services.
- The Housing for Persons with Disabilities program provides financial assistance for low-income households to modify their dwellings to improve the accessibility for a household member or tenant with a housing-related disability to live independently.
- The Saskatchewan Rental Housing Supplement (SRHS) helps low-to-moderate income families and individuals to access quality and affordable housing.
- A respite benefit is an income-tested, monthly financial benefit provided to parents or guardians of a child with an intellectual disability. The purpose of the respite benefit is to enable parents to pay for short-term alternative or additional supervision and care of the child. This monthly benefit gives eligible families the freedom to plan and manage their respite supports.

**Eligibility requirements**

**To receive from CDS program**
Individuals may have a diagnosis of FASD, Autism, or Acquired Brain Injury, but a diagnosis is not required to be eligible for assistance. However, all five of the following criteria MUST be met:
- Significant limitations in learning and processing information. Individuals are limited in retaining knowledge, learning skills, making decisions, and/or communicating with others.
- Behaviour Challenges that result in limited interpersonal, social, and emotional functioning.
- Developmental challenges that limit capacity to adapt to daily living in areas such as self-care, independence at home, in the community, at work or leisure.
- Limitations and impairments that are persistent and long-term. Please provide formal diagnosis, IQ information, etc., if available.
- The individual’s unmet needs and/or requests for services.

Also, the individual may have had a DLSA completed (the CDS Intake Committee will make determination if the completion of a DLSA is required.)
To receive financial assistance from the Housing for Persons with Disabilities program

- Homeowners:
  - Applicants must own and occupy the property as their principal residence and have a household member with a housing-related disability.
  - The household income and asset levels must be at or below the established income and asset limits as determined by Saskatchewan Housing Corporation.

- Rental property owners:
  - Must rent units to low-income households that includes a person with a housing-related disability.
  - Rental property owners must keep rents affordable based on the Saskatchewan Housing Corporation rent schedule for the term of the loan.
  - The annual household income must be at or below the income limits established by Saskatchewan Housing Corporation.

To receive financial assistance from the Saskatchewan Rental Housing Supplement program

The Saskatchewan Rental Housing Supplement (SRHS) includes two benefits:

- The Family Rental Housing Supplement
  - Eligibility is open to families with children under the age of 18.
  - Family size, location, rent and household income determine the amount of the supplement.
  - Eligible properties must meet specific health and safety requirements.

- The Disability Rental Housing Supplement
  - Eligibility is open to families, single individuals and couples.
  - The supplement is conditional upon one family member having a disability that produces a recognized housing impact.
  - Supports that address the housing impact of the disability must be in place at the time of application.

To receive from the Respite program

The parents or guardians must be residents of Saskatchewan and have a child living in their family home who is under age 18, meets the mandate of Community Living Service Delivery and has been accepted for services provided by the Branch.

Amount paid

Concerning the CDS program

Amount of funding available is dependent on:

- The applicant’s DLSA level;
- The family (or individual over 18) income as stated on their Notice of Assessment (line 236);
- Your unmet need.

Your request should reflect the amount of funding required to make your plan work even if that is above what you are eligible for. For families who fall between the two income points on the chart, there is a formula, which adjusts the amount you are eligible for. The number of people in the family unit with a disability also affects this formula. See the table on the following page regarding CDS funding parameters.
Comparative Analysis of Benefits for Parents of Disabled Children in Canada and Other Industrialized Countries

Cognitive Disability Flexible Funding Parameters

<table>
<thead>
<tr>
<th>Daily Living Support Assessment Level</th>
<th>1</th>
<th>1.5</th>
<th>2</th>
<th>2.5</th>
<th>3</th>
<th>3.5</th>
<th>4</th>
<th>4.5</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum Funding Monthly</td>
<td>$135</td>
<td>$237</td>
<td>$341</td>
<td>$498</td>
<td>$617</td>
<td>$778</td>
<td>$938</td>
<td>$1,099</td>
<td>$1,260</td>
</tr>
<tr>
<td>Funding begins reducing at annual</td>
<td>$1,620</td>
<td>$2,844</td>
<td>$4,092</td>
<td>$5,976</td>
<td>$7,404</td>
<td>$9,336</td>
<td>$11,256</td>
<td>$13,188</td>
<td>$15,120</td>
</tr>
</tbody>
</table>

CDS Flexible Funding may be provided for a special diet when this diet is directly related to the cognitive disability and is sanctioned by a registered dietician/nutritionist or other qualified medical personnel. The diet must also be backed by reputable evidenced based research. The amount of funding CDS will contribute towards a Gluten Free, Casein Free or Gluten and Casein Free diet cannot exceed the amounts identified in the table below. Other diets will be considered on an individual basis. The amounts in the table are based on the understanding that all families have the responsibility to provide a healthy diet to their children. The table reflects the additional costs when eating Casein and Gluten Free as determined by the Ministry of Social Services.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Standard Provincial Amounts</th>
<th>Northern Health Regions (Athabasca, Keewatin Yatte &amp; Mamawetan Churchill) Amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-3</td>
<td>$28.52</td>
<td>$34.80</td>
</tr>
<tr>
<td>4-8</td>
<td>$34.24</td>
<td>$48.16</td>
</tr>
<tr>
<td>9-13</td>
<td>$41.36</td>
<td>$64.18</td>
</tr>
<tr>
<td>14-18</td>
<td>$42.78</td>
<td>$78.26</td>
</tr>
<tr>
<td>19+</td>
<td>$27.10</td>
<td>$87.27</td>
</tr>
</tbody>
</table>

Concerning the Housing for Persons with Disabilities program

A forgivable loan to a maximum of $23,000. The property owner is responsible for all costs greater than the approved amount.

Concerning the Rental Housing Supplement program

The amount of the SRHS benefit for a month to which a client maybe entitled is the amount determined by the minister on the basis of the composition of the client’s eligible family unit, the category of the client, the income of the family unit and if a member of the eligible family unit is receiving Saskatchewan Assistance Program or Transitional Employment Allowance.
Concerning the Respite program

Benefits are determined on an individual basis from information contained in the completed assessments and income data for each family.

Medical criteria

CDS program: DLSA application

Application review

CDS program: Cognitive Disability Committees, which consist of representatives from the following organizations:

Members of the Cognitive Disability Committees will review their specific organization information only to determine if there is a role that someone in their organization has with the identified individual AND to assist in determining if the identified individual meets the criteria for the Cognitive Disability Strategy.

Housing for Persons with Disabilities program: Modifications required must be identified by a qualified health practitioner.

Agency responsible

All other programs: Saskatchewan – Ministry of Social Services

Housing for Persons with Disabilities: Saskatchewan Housing Corporation (SHC)

Disability interpretation (Disability Creation Process (DCP); International Classification of Functioning, Disability and Health (ICF))

They do not use the DCP or the CIF to establish their medical criteria.
Finland

**Program name**
- Disability allowance
- Special care allowance

**Program objectives**
- The purpose of disability benefits is to strengthen the autonomy and quality of life of persons with disabilities or long-term illnesses.
- The Special care allowance provides compensation for loss of income during periods in which a person is completely unable to work, operate a business or study full-time because of the sudden onset or exacerbation of their child’s illness.

**Eligibility requirements**
- Children under 16 can be paid disability allowance if they have an illness or injury that creates a need for care and rehabilitation that lasts at least 6 months and imposes particular strain and requires a greater commitment than the care of non-disabled children of the same age.
- To qualify for the special care allowance, a person must:
  - participate in the treatment or rehabilitation of their child, who is under 7 years old, in a hospital, outpatient clinic or a rehabilitation or adaptation training course, or
  - participate in the hospital or outpatient treatment or rehabilitation of their child, who is between 7 and 15 years of age and severely ill, or
  - Look after their child, who is under 16 and severely ill at home as part of a hospital or outpatient treatment plan.

**Amount paid**

**Disability allowance**
Disability Allowance for persons under 16 years of age is payable at three rates:

**Basic rate (EUR 92.88 per month)**
Disability allowance at the basic rate is payable for a child who on account of an illness, injury or handicap needs treatment and rehabilitation at least weekly, placing the family under additional strain for at least 6 months.

**Middle rate (EUR 216.73 per month)**
Disability allowance is paid at the middle rate if the treatment and rehabilitation of the child imposes a considerable strain daily for at least 6 months.

**Highest rate (EUR 420.26 per month)**
Disability allowance is paid at the highest rate if the treatment and rehabilitation of a child imposes an extreme, around the clock strain on the family for at least 6 months.

**Special care allowance**
Informal care allowance may be granted on the basis of both temporary and long-term need for care. Entitlement is based on need and not on a test of means. An agreement on necessary informal care is concluded between the informal carer and the local authority, and a plan of care and services is appended to the agreement. The minimum care allowance defined by law in 2011 was 353.62 € per month. If the informal carer is temporarily prevented from
working during a difficult transitional period in the care arrangements, the minimum allowance is increased to 707.24 € per month, subject to certain income-related conditions. The law sets the basic framework for calculation of the allowance and within those parameters the municipalities have discretion to decide the specific levels. Municipal budgets may be insufficient to meet demand.

**Medical criteria**

A medical diagnosis provides the evidence on the medical condition. The degree of care required forms the basis of the assessment. Thus the amount of Disability Allowance payable depends on the strain that the illness or disability imposes on the family and the level of commitment it requires. The Disability Allowance is awarded at an increased rate if the daily care of the child is demanding and time-consuming on a daily basis. The third, and highest, rate of disability allowance is for children who need around-the-clock care. As part of the assessment KELA evaluates how much extra time is needed when taking care of the child. This includes the need for transportation (for example, to and from rehabilitation), taking care of the child’s diet and/or medication, using sign language or some other way of communication etc. KELA does not use specific percentages or hours in the evaluation when determining the amount of care that the child needs. Both the Disability Benefits Act and KELA’s own guidance refer to the need for ‘weekly’, ‘daily’ and ‘round the clock’ care. KELA guidelines do not define these words any more precisely (with any percentages or hour limits). When considering the overall evaluation of the child’s individual circumstances, KELA officials believe the broad definitions (weekly, daily and round the clock) give more room to do their evaluation.

Certain conditions are considered to be relatively uniform in terms of the amount of care and assistance they demand, the strain they impose and the level of commitment they require. These diseases and the special needs associated with them are defined in the administrative guidelines applied by KELA. Such diseases include heart defects, vision and hearing disabilities, cerebral palsy, epilepsy and mental illnesses. However, while the guidelines include examples on how these illnesses or disabilities should be evaluated the decision is always based on the overall evaluation of the child’s situation and KELA officials believe therefore that it’s very important to take into consideration the child’s individual circumstances.

A medical certificate and a doctor’s statement, form C, should be enclosed with the application form B. The medical certificate/statement gives the medical side while the application form gives information on the situation within the family and care needs. There are questions in application form B that ask about the family’s concrete circumstances. These questions concern the child’s day care (how it is organised), school (what kind of help is needed during class etc.) and rehabilitation (what kind of rehabilitation, how often etc.). There are also questions about the actions, measures, inconvenience and extra work that are needed when taking care of the sick or disabled child. The application form allows the claimant plenty of space to give precise and detailed answers on how much time the different measures or actions take.

**Application review**

**Disability allowance**

Assessments are made by KELA’s officials. Some of them have medical qualifications (e.g. nurse). KELA also has medical doctors who can help in making the assessment. KELA considers that the application form B should give them the necessary information about the situation at home and the medical certificate C and other medical evidence provides the medical context. The personnel in KELA compare and combine the information from both forms.

The disability allowance can be awarded from the next month from the time the child became entitled to it. It can also be awarded retroactively, though not for more than 6 months before the date of application. The allowance is awarded until the child’s 16th birthday.

**Special care allowance**

An agreement on necessary informal care is concluded between the informal carer and the local authority, and a plan of care and services is appended to the agreement.
Agency responsible

The Social Insurance Institution, KELA, is responsible for providing vocational education for disabled people, their income security and the medical rehabilitation of severely disabled people. Disabled people and their organisations make an input to policy through the National Council on Disability which is linked to the Ministry of Social Affairs and Health; while at local level, administration and NGOs liaise through municipal councils.

Local authorities may pay an informal care allowance for family members caring for a sick or disabled child. Informal care allowance is an official, statutory social service, financed by local authorities, supported by central government subsidies.

Disability interpretation (Disability Creation Process (DCP); International Classification of Functioning, Disability and Health (ICF))

Medical information contains diagnosis on ICD-10 medical classification and also in some cases ICF. They also use the “Current Care Guidelines” provided by Finnish Medical Society Duodecim (http://www.kaypahoito.fi/web/english/home) and the International Guideline Library.
Grand Duchy of Luxembourg

Program name
Special additional allowance for a disabled child

Program objectives
Reduce the additional burdens resulting from the child’s disability.

Eligibility requirements
For the supplementary allowance to be paid, the child (including an adopted child or recognized natural child) must

- give entitlement to the family allowance by
  - being under age 18;
  - being domiciled in Luxembourg (which presupposes that the child’s parents or guardian(s) are legally domiciled there under Luxembourg law);
  - residing in Luxembourg on an actual and continuous basis (with no total interruption in residency lasting over three months in the year); or
  - being a member of a family that, while retaining its legal domicile in Luxembourg, temporarily lives abroad.

Residency requirements can be waived
- on an exceptional and individual basis, provided the conditions for legal domicile are met;
- if the child is raised in Luxembourg;
- if the child is raised abroad by a parent who works in Luxembourg (the amount paid by Luxembourg, however, takes into account the amount paid by the child’s country of residence

- have a permanent impairment or reduction in mental or physical abilities of at least 50%, compared with a child or adolescent without special needs of the same age.

Residents or non-residents maintain their entitlement to family allowances and the special additional allowance for a disabled child until age 27, provided they have been at least 50% disabled since childhood and they are not receiving the minimum income allowance for a disabled person or a similar benefit.

Amount paid
Between 0 and 5 years of age, the amount of the special additional allowance is equal to the family allowance paid for a single child: 185,60 € in 2014.

Between 6 and 11 years of age, the amount of the special additional allowance is equal to the family allowance paid for a single child 185,60 €, plus a supplement of 16,17 €.

For a child 12 or over, the amount of the special additional allowance is equal to the family allowance paid for a single child 185,60 €, plus a supplement of 48,52 €.

The special additional allowance can be paid retroactively for one year. However, the application must be received before the child turns 18.
Medical criteria
The medical criteria are not available since the attending physician determines whether the child meets the definition of “disabled child,” depending on the percentage of disability.

Application review
No medical specialists review the application. The attending physician certifies whether the child is at least 50% disabled compared with the mental or physical abilities of a child or adolescent without special needs of the same age.

Agency responsible
Ministère de la Famille, de l’Intégration et à la Grande Région

Interpretation of disability (disability creation process (DCP); International Classification of Functioning, Disability and Health (ICF))
Entitlement is based solely on biomedical criteria without taking into account the child’s restrictions in his or her daily activities or the constraints imposed on the family.

The DCP or ICF are not used to determine a child’s entitlement to the special additional allowance.
Hong Kong

Program name
- Normal Disability Allowance (NDA)
- Higher Disability Allowance (HAD)

Program objectives
Provide a monthly allowance to a child who is severely disabled to meet their special needs arising from disability.

Eligibility requirements
These 2 programs are part of the Social Security Allowance Scheme. They are designed to provide a monthly allowance to Hong Kong residents who are severely disabled to meet their special needs arising from disability.

To receive the NDA, the child must:
- Be under 18 years old;
- Reside in Hong Kong;
- Not receive any other allowance under the Social Security Allowance Scheme or assistance from the Comprehensive Social Security Assistance Scheme;
- Be certified by the Director of health or the Chief Executive, Hospital authority (or under exceptional circumstances by a registered medical practitioner of a private hospital) to be severely disabled and that his disabling condition will persist for at least 6 months.

To receive the HAD, the child must:
- Meet the eligibility criteria of the NDA;
- Be certified by the Director of health or the Chief Executive, Hospital authority (or under exceptional circumstances by a registered medical practitioner of a private hospital) to be in need of constant attendance from others in his or her daily life and not receiving care in residential institutions subsidized by the government or all public hospitals and institutions under the Hospital Authority, or boarding in special schools under the Education Bureau.

If the child receives care from residential institutions subsidized by the government or all public hospitals and institutions under the Hospital Authority, or boarding in special schools under the Education Bureau, he or she will only be given the NDA.

A child will be considered as severely disabled within the meaning of this Scheme if he or she is certified as falling into one of the following categories:

- Disabling Physical Condition or Blind
  - This means that a person is in a position broadly equivalent to a person with a 100% loss of earning capacity according to the criteria in the First Schedule of the Employees’ Compensation Ordinance:
    - Loss of functions of two limbs
    - Loss of functions of both hands or all fingers and both thumbs
    - Loss of functions of both feet
    - Total loss of sight
    - Total paralysis (quadriplegia)
    - Paraplegia
    - Illness, injury or deformity resulting in being bedridden
Any other conditions including visceral diseases resulting in total disablement.

- **Disabling Mental Condition**
  - This means that a person is suffering from a mental condition which produces a degree of disability broadly equivalent to that in category above:
    - Organic brain syndrome
    - Mental retardation
    - Psychosis
    - Neurosis
    - Personality disorder
    - Any other conditions resulting in total mental disablement

- **Profoundly Deaf**
  - This means that a person, who suffers from a perceptive or mixed deafness with a hearing loss of 85 decibels or more in the better ear for pure tone frequencies of 500, 1,000 and 2,000 cycles per second, or 75 to 85 decibels with other physical handicaps such as lack of speech and distortion of hearing.

There is no income and asset test for NDA or HDA. They are non-contributory programs.

**Amount paid**

Allowances are paid monthly at a flat rate to eligible child. Payments are based on the date of receipt of application by the Social Welfare Department or the date of eligibility, whichever is the later.

As of 1 February 2014, the amount of assistance payable per month for the Normal Disability Allowance and Higher Disability Allowance is HK$1,510 and HK$3,020 respectively.

**Medical criteria**

To ensure consistency and objectivity in medical assessment, a medical practitioner will make assessments with reference to a standardised "Medical Assessment Form" and a professional medical checklist. The "Medical Assessment Form" sets out the eligibility criteria for NDA, and the checklist is formulated by the Hospital authority and Department of Health for assessing disability. Medical practitioners will assess the degree of disability of NDA applicants in accordance with the established criteria and guidelines along with their professional knowledge and judgment.

The "Medical Assessment Form" criteria are describe in the eligibility requirements section.

If the applicant's disabling condition does not fall into any of the criteria describe in the eligibility requirements section, a medical assessment should be carried out to determine if the applicant is 'severely disabled' within the meaning of the scheme.

An applicant is considered in a position broadly equivalent to 100% loss of earning capacity and thus eligible for NDA if his physical or mental impairment or other medical conditions including visceral diseases have resulted in a significant restriction or lack of ability or volition to perform the following activities in daily living to the extent that substantial help from others is required in any one of the following areas:

- working in the original occupation and performing any other kind of work for which he is suited;
- coping with self-care and personal hygiene including feeding, dressing, grooming, toileting and bathing;
- maintaining one's posture and dynamic balance while standing or sitting, for daily activities, managing indoor transfer (bed/chair, floor/chair, toilet transfer), travelling to clinic, school, place and work; and
- expressing oneself, communicating and interacting with others including speaking, writing, utilizing social (community) resources, seeking help from others, and participating in recreational and social activities.
Application review

An application should be made by the child's parent or guardian. As soon as an application is received, a medical officer will make arrangements for an interview with the parent of the child. He will check the identity document and travel documents of the family. He will arrange the applicant to attend a medical assessment to be conducted by the Director of Health or the Chief Executive or the Hospital Authority and do the revision of the medical documents to be produced by the medical staff who examine the child. Medical officers will then assess the applicant's degree of disability and make recommendations to Social Welfare Department with the aid of a standardised "Medical Assessment Form" and a professional checklist. The Medical Assessment Form sets out the eligibility criteria for NDA, and the checklist is drawn up by Hospital authority and the Department of Health for assessing disability. After completion of the investigation, a formal notification letter will be sent to the applicant.

The Social Welfare Department also conducts data matching periodically or on need basis with other government departments, banks and organisation to cross-check the information given by the parent of the child.

Case review is conducted by Social Welfare Department to establish a recipient's continued eligibility and to identify changes in circumstances that might affect the payment of the allowance. Normally, no review is required for an NDA case where the recipient has been certified to be permanently disabled. An HAD case where the recipient has been certified to be permanently disabled is reviewed once every three years.

Agency responsible

Social Welfare Department

Disability interpretation (Disability Creation Process (DCP); International Classification of Functioning, Disability and Health (ICF))

The Social Welfare Department does not use the DCP or the CIF to establish his medical criteria.
Israel

**Program name**
Benefit for a disabled child

**Program objectives**
Alleviate the financial burden caused by the child’s disability and enable the child, as much as possible, to lead a normal life within his or her family and community.

**Eligibility requirements**
The child must:

- live in Israel. The following special conditions apply if the child no longer lives in Israel:
  - If the child was entitled to the benefit for a disabled child for at least two months before leaving Israel, the benefit can be paid for six months.
  - If the child travels abroad to receive medical treatment or if his or her parents are assigned abroad by their employer, the benefit can be paid for up to 24 months following the child’s departure, at the discretion of the National Insurance Institute.

- be the child of an insured person who contributes to the national insurance scheme;

- not be living with a foster family or in an institution (the benefit can be paid, however, if the parents cover the costs of the child’s placement in an institution);

- not be receiving the mobility allowance, except for a child who has been classified as being 80% mobility disabled or requires and uses a wheelchair (a family with two or more disabled children may be entitled to both the mobility allowance and the benefit for a disabled child for each child);

- have one of the following disabilities between birth and age 18:
  - Down syndrome;
  - Hearing loss (hearing loss of at least 45 decibels in speech frequencies in each ear, with no possibility of correction; hearing loss of 40 to 44 decibels in vocal frequencies in each ear requiring permanent hearing aids, with no possibility of correction);

- be 91 days to 18 years of age and meet the following conditions:
  - require the constant presence of another to prevent situations of danger to the child or others or he cannot be left alone without supervision except for very short intervals, due to frequent medical incidents or a severe illness or disability;
  - require constant supervision due to his disability, chronic illness, behavioral problem or impaired comprehension, the child cannot be left alone without supervision, even for short intervals, and he requires the presence of another person near him in order to prevent situations of danger to himself or others, to an extent significantly unusual for children his age;
  - vision loss (vision of less than 6/60 in each eye or a field of vision of less than 20° in each eye, with correction);
  - psychosis;
  - autism spectrum disorder;
  - special disability in both limbs (arms and legs);
  - require special medical treatment at a frequency determined by regulations.
• be 91 days to 3 years of age and have a severe developmental delay. The child does not perform most of the actions and motions with his head, limbs and back, which most children his age are able to perform;
• be 3 to 18 years of age and meet the following conditions:
  ✓ assistance is required to perform routine activities to a far greater extent than other children the same age (dressing, eating, bathing, mobility in the home and control of bodily functions);
  ✓ assistance is required to communicate due to a total lack of verbal communication.

When a child is eligible to the benefit for a disabled child, he is eligible to receive a disability card. Under the Equality of Rights Regulations for Persons with Disabilities (Accessibility of Services) 2013, persons (both adults and children) with a disability, including autism, do not have to stand in line to obtain services or to pay for an accompanying person.

**List of special treatments and their frequencies**

• A child who requires an IV infusion of one of the following, at least once a month: blood, blood-related products, blood substitutes, antibiotics and other infusions for continued treatment;
• A child who is undergoing regular dialysis treatments or who requires regular bladder catheterization (at least twice a day);
• A child who is receiving regular daily immunosuppressive treatments after an organ or bone marrow transplant, for a period that may not exceed three years from the date of the transplant;
• A child who requires an IV infusion of cytotoxic preparations at least once a month, or who is undergoing ionizing radiation treatments before or after the surgical excision of a malignant growth, throughout the treatment period and for 6 months thereafter, and during the period in which the child suffers from a constant and severe secondary illness stemming from the above treatment;
• A child who requires intravenous feeding or feeding via nasogastric feeding tube, or whose feeding takes at least one hour each time, all due to a severe physical impairment;
• A child who, due to a severe physical disability, has had Gstrstomih (Gastrostomy), Klostomih (colostomy), Tziststomih (Ileostomy), Ggnostomih (jejunostomy) or Ortrosomih (ostomy) for at least a year; A child receiving treatment with oxygen during most hours of the day, or who has a tracheostomy;
• A child who for at least six months regularly requires three of the following seven treatments, due to one illness, or four of the following seven treatments due to two or more illnesses:
  • Treatment with inhalers or aspirators (at least twice a day);
  • A child who requires treatment and supervision because of pathological bone fractures or severe chronic bone infections, for which physiotherapy or other rehabilitative therapy is prohibited;
  • A child who, according to a doctor’s instructions, requires blood tests that cannot be performed at home, at least once a week for at least six months;
  • A child who is must undergo special treatment due to a rare and severe illness or syndrome (one case in 100,000) which creates an extremely heavy burden on his family as required by the director of medical services in an institution or a senior pediatrician appointed for that purpose;
  • A child who has uncontrollable urges to eat, and who is constantly and compulsively looking for food, without regard for the quality of the food, as a result of a proved impairment crumosemli (such as: Prader Willi Syndrome);
  • A child who requires the permanent use of an appliance due to the lack of functioning in both limbs or a lack of both limbs, or who has significant difficulties in comparison with others in his age group in carrying out functions such as standing, walking, holding objects and eating, due to defective functioning in both limbs (usually a child with cerebral paralysis – CP);
A child who requires blood tests on a regular basis of at least twice a day during the first year of his illness, or a child whose unbalanced situation endangers him and he does not have the ability to identify warning signs of his dangerous situation (diabetes, for example).

Amount paid
The amount of the benefit is a percentage of the full disability pension for a single person (2 189 NIS in 2014). It varies according to the type of disability and whether the child attends school or requires developmental therapy.

- The benefit is 1 751 NIS for a child who is completely dependent on others, is age 3 to 18, does not attend school and has not begun developmental therapy.
- The benefit is 1 751 NIS for a child who is completely dependent on others, is age 3 to 14, attends school or has begun developmental therapy.
- The benefit is 2 627 NIS for a child who is completely dependent on others, is age 14 to 18, attends school or has begun developmental therapy.
- The benefit is 657 NIS for a child who requires a lot of assistance, is age 3 to 18, does not attend school and has not begun developmental therapy.
- The benefit is 1 095 NIS for a child who requires a lot of assistance, is age 3 to 14, attends school or has begun developmental therapy.
- The benefit is 2 627 NIS for a child who requires a lot of assistance, is age 14 to 18, attends school or has begun developmental therapy.
- The benefit is 657 NIS for a child who requires supervision, is 91 days to 18 years of age, does not attend school and has not begun developmental therapy.
- The benefit is 1 095 NIS for a child who requires supervision, is 91 days to 14 years of age, attends school or has begun developmental therapy.
- The benefit is 1 533 NIS for a child who requires supervision, is age 14 to 18, attends school or has begun developmental therapy.
- The benefit is 657 NIS, from birth to age 18, for a child who has Down syndrome, does not attend school and has not begun developmental therapy.
- The benefit is 1 095 NIS, from birth to age 14, for a child who has Down syndrome, attends school or has begun developmental therapy.
- The benefit is 1 533 NIS for a child who has Down syndrome, is age 14 to 18, attends school or has begun developmental therapy.
- The benefit is 1 095 NIS, from birth to age 18, for a child who has hearing loss, does not attend school and has not begun developmental therapy.
- The benefit is 1 751 NIS, from birth to age 18, for a child who has hearing loss, attends school or has begun developmental therapy.
- The benefit is 1 095 NIS for a child who has vision loss, is 91 days to 3 years of age, does not attend school and has not begun developmental therapy.
- The benefit is 1 751 NIS for a child who has vision loss, is age 3 to 18 does not attend school and has not begun developmental therapy.
- The benefit is 1 751 NIS for a child who has vision loss, is age 14 to 18 years of age, attends school or has began developmental therapy.
• The benefit is 1,095 NIS for a child who has a developmental delay, is 91 days to 3 years of age, does not attend school and has not begun developmental therapy.

• The benefit is 1,751 NIS for a child who has a developmental delay, is 91 days to 3 years of age, attends school or has begun developmental therapy.

• The benefit is 1,751 NIS for a child who has psychosis or an autism spectrum disorder, is 91 days to 18 years of age, does not attend school and has not begun developmental therapy.

• The benefit is 1,751 NIS for a child who has psychosis or an autism spectrum disorder, is 91 days to 14 years of age, attends school or has begun developmental therapy.

• The benefit is 2,627 NIS for a child who has psychosis or an autism spectrum disorder, is age 14 to 18, attends school or has begun developmental therapy.

• The benefit is 1,751 NIS for a child who requires special medical treatment (an IV once a month, dialysis or bladder catheterization, immunosuppressive treatment for transplants) and is 91 days to 18 years of age.

• The benefit is 1,751 NIS for a child who requires special medical treatment (cytotoxic preparations; intravenous feeding; treatment with oxygen, tracheostomy; treatment for broken bones, chronic infections of the bone; weekly blood tests outside the home; rare and difficult syndrome tests), is 91 days to 18 years of age, does not attend school and has not begun developmental therapy.

• The benefit is 2,627 NIS for a child who requires special medical treatment (cytotoxic preparations; intravenous feeding; treatment with oxygen, tracheostomy; treatment for broken bones, chronic infections of the bone; weekly blood tests outside the home; rare and difficult syndrome tests), is 91 days to 14 years of age, attends school or has begun developmental therapy.

• The benefit is 1,751 NIS for a child who requires special medical treatment (cytotoxic preparations; intravenous feeding; treatment with oxygen, tracheostomy; treatment for broken bones, chronic infections of the bone; weekly blood tests outside the home; rare and difficult syndrome tests), is age 14 to 18, attends school or has begun developmental therapy.

As of 2012, all children are entitled to a study increment even if they are not actually studying regularly, since the National Insurance Institute saw that 90% of the children are studying regularly, and regarding those who are not studying regularly, the reason is that their medical situation has deteriorated, and there was therefore no reason to discriminate against them.

Maximum retroactive payment period of one year.

A child who is entitled to benefits for more than one disability receives the benefit according to the disability that entitles him to the highest amount.

**Medical criteria**

The benefit for the disabled child has been paid in Israel since 1981. Since that year, two committees have discussed the topic, one in 1998 and one in 2010, following which significant reforms were instituted.

In determining conditions of entitlement to the benefit, the parents’ burden of care of their disabled child was taken into account.

Once the conditions of entitlement were determined, the burden of care of each particular child for whom a claim for benefit is submitted is not considered in determining entitlement.

However, there are two special situations in this context:

• Children in need of the supervision or the presence of others in order to prevent danger to themselves or others – usually these are children who do not fit into the category of any other grounds of entitlement (these constitute 16% of the children entitled to benefit).
• Children totally dependent on the help of others, as determined according to the Katz Scale (ADL) – these are children whose condition is severe in comparison with other children with the same illness (these constitute 13% of the children entitled to benefit).

The rate of benefit is determined in advance, with every grounds of entitlement having a set and uniform rate, in accordance with a scale created and recommended by the committee that discussed this matter.

**Application review**

The child's parent must submit a claim form for the benefit for the disabled child, accompanied by all the required medical documents. The case is then determined by a medical committee (usually the child’s presence is required), based on whether or not the medical criteria are met.

The determination of entitlement to the benefit is the sole decision of a pediatrician employed by the National Insurance Institute. He reaches his decision generally after examining the child; in some instances, if he feels that such an examination is not essential, he may reach his decision on the basis of the medical documents only.

**Agency responsible**

National Insurance Institute

**Disability interpretation (Disability Creation Process (DCP); International Classification of Functioning, Disability and Health (ICF))**

At the time that these criteria were being developed, the ICF was used, among other international classifications, but once the criteria were finalized, the National Insurance Institute did not base his decisions regarding a child's eligibility for the benefit on the ICF.
New Zealand

Program name
- Child Disability Allowance (CDA)
- Disability Assistance
- Childcare Subsidy

Program objectives
To recognise the extra care and attention needed for a disabled child.

Eligibility requirements
The Child Disability Allowance is paid to the main caregiver of a child or young person with a serious disability in recognition of the extra care needed for that child. CDA is financial recognition for where a child has a severe disability that is measured by the extra care and attention the primary caregiver has to provide.

Qualifying Criteria for Child Disability Allowance
The carer/client must:
- generally be 16 years or over
- be the principal caregiver of a dependent child with a disability (or if there is no principal caregiver, have the care and control of the child for the time being)
- be a New Zealand citizen or permanent resident (for example: not be in New Zealand unlawfully, here on a temporary entry class visa or a temporary permit) and
- generally be resident in New Zealand

In addition to this the child must:
- generally be resident in New Zealand
- be a dependent child (up to the age of 18)
- have a physical, sensory, psychiatric or intellectual disability
- need constant care and attention because of the disability
- be likely to need care permanently, or need care for more than 12 months and
- meet the required living arrangements

There is no income and asset test for CDA.

The Disability Allowance is for people who have a disability and need help with everyday tasks or ongoing medical care. It helps with things like regular visits to the doctor or hospital, pharmaceuticals, medical alarms, extra clothing or travel if these arise from your disability.

You may be able to get both the Disability Allowance and the Child Disability Allowance for the same child. But you can’t get this allowance if the child already gets a benefit (except for the Orphan’s or Unsupported Child’s Benefit).

Qualifying Criteria for Disability Allowance
- be a New Zealand citizen or permanent resident, who normally lives here;
- have a disability that is likely to last at least six months;
- need ongoing help or ongoing medical care.

If the child is eligible for DCA, he is eligible for Disability Allowance.
Parents will have to show some proof of extra costs engaged for a disabled child (receipts or invoices showing the date, cost and reason for a medical visit, electricity bill for heating, ...).

There is an income and asset test for Disability Allowance.

<table>
<thead>
<tr>
<th>If you’re</th>
<th>Your weekly income before tax must be under</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single aged 16–17 years with no children</td>
<td>$516.13</td>
</tr>
<tr>
<td>Single aged 18 years or over with no dependent children</td>
<td>$607.36</td>
</tr>
<tr>
<td>A married, civil union or de facto couple with or without children</td>
<td>$900.57</td>
</tr>
<tr>
<td>A sole parent with one dependent child</td>
<td>$719.82</td>
</tr>
<tr>
<td>Any other sole parent</td>
<td>$758.39</td>
</tr>
</tbody>
</table>

The Childcare Subsidy is for pre-school children aged under five years (or under six years if he gets the Child Disability Allowance for them) attending an approved early childhood programme. A parent can receive assistance for subsidised childcare between 9 and 50 hours a week.

**Qualifying Criteria for Childcare Subsidy up to 9 hours a week**
- under 5 years old or under 6 years old and qualify for DCA or under 5 years old and not yet attending a school (Childcare Subsidy payable for 4 weeks after the child turns 5 years old);
- attending an early childhood programme for three or more hours a week;
- need constant care and attention because of the disability;
- meet an income test;
- principal caregiver of a dependant child.

In addition to the Childcare Subsidy qualifications, up to 50 hours a week subsidised childcare may be available to clients who are:
- in paid employment (including full-time, part-time, temporary and casual) or
- participating in an employment-related training course offered by a course provider accredited by the New Zealand Qualifications Authority or
- participating in an activity to improve work readiness or
- attending a course of study at a Tertiary Institution or Secondary School or
- temporarily unable to continue employment because of illness or injury or
- attending an approved rehabilitation programme or
- seriously disabled or ill caregivers or
- receiving a Child Disability Allowance for a child or their sibling or
- caregivers of a sibling who is in hospital
Amount paid

The CDA is a weekly, non-taxable, rate of $46.25 in 2014.

The Disability Allowance is a weekly rate of $61.38.

Childcare Subsidy rate

A Childcare Subsidy is normally paid for up to nine hours of childcare a week. In some situations you may be able to get up to 50 hours a week.

<table>
<thead>
<tr>
<th>Number of children</th>
<th>Gross weekly income</th>
<th>Childcare Subsidy (per hour, per child)</th>
<th>Childcare Subsidy (per week, per child for 50 hours)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Less than $1,200.00</td>
<td>$3.98</td>
<td>$199.00</td>
</tr>
<tr>
<td></td>
<td>$1,200.00 to $1,299.99</td>
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<td>$139.00</td>
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<td>$1,300.00 to $1,399.99</td>
<td>$1.54</td>
<td>$77.00</td>
</tr>
<tr>
<td></td>
<td>$1,400.00 or more</td>
<td>nil</td>
<td>nil</td>
</tr>
<tr>
<td>2</td>
<td>Less than $1,380.00</td>
<td>$3.98</td>
<td>$199.00</td>
</tr>
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<td>3 or more</td>
<td>Less than $1,540.00</td>
<td>$3.98</td>
<td>$199.00</td>
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<td>$77.00</td>
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<tr>
<td></td>
<td>$1,800.00 or more</td>
<td>nil</td>
<td>nil</td>
</tr>
</tbody>
</table>

Medical criteria

The Department of Social Development relies on doctors or medical professionals undertaking the examination when it comes to accepting a child.

The examination must include:

- a diagnostic of a physical, sensory, psychiatric or intellectual disability;
- need constant care and attention because of the disability;
- be likely to need care permanently, or need care for more than 12 months.

Application review

No doctor or medical staff review the application form. However, in situations which are less clear-cut the application is reviewed by the Ministry of Social Development’s regional health and disability team. Where they are unsure they would refer to either the Ministry of Social Development’s Principal Disability advisor or Principal Health Advisor. Often the RH&D team will discuss the application with the doctor who completed the existing assessment to seek clarification.

To make sure that the eligibility process is homogeneous they have legislative guidelines, and regularly undertake training with General Practitioners (GP’s) to establish a consistent approach. The training of GP’s has been in place for the last five years. They also developed a guideline, which has now been replaced by a single page fact sheet.
Comparison of information may be made between the New Zealand Ministry and government agency to certify the information given by the client (Inland Revenue, Ministry of Justice, New Zealand Customs Service, Ministry of Health,...).

**Agency responsible**

Ministry of Social Development

**Disability interpretation (Disability Creation Process (DCP); International Classification of Functioning, Disability and Health (ICF))**

They do not follow either the DCP or the ICF. The CDA is an entitlement, which is a recognition of the substantial caring effort by the caregiver, therefore the ICF is not relevant.
Republic of Austria

Program name

- Supplement for a child with a severe disability (increased family allowance)
- Long-Term Care Benefit
- Care Leave Benefits
- 24-Hour Care

Program objectives

These programs are designed to cover additional expenses due to the disability of a child.

Eligibility requirements

All of these programs are under the jurisdiction of the federal government.

To receive the Supplement for a child with a severe disability, parents must:

- be entitled to family allowances;
  - permanently or habitually resident in Austria;
  - Noncitizens are eligible if employed for more than 3 months or residing permanently in Austria for at least 5 consecutive years;
  - their child (which can also be an adopted child, a foster child, a stepchild or a grandchild) lives together with them in the same household or if this is not the case, if the parents provide the principal part of child support;
- have a child with a disability rating of at least 50 percent or permanently unable to support himself;
- disability be likely to continue for at least six months;
- child must be under 18 years old.

No personal means test are made for the eligibility of the program, for a child under 18 (for a child who reaches 18, maximum annual income of 10 000 euros allowed).

There is no age limit for children who are permanently unable to work, provided that their disability arose before their 21st birthday or during vocational training before their 25th birthday.

The long-term care benefit is intended to provide flat-rate compensation for additional costs caused by care requirements, and to help enable the person to lead an independent life, which is orientated towards their personal needs. These cash benefits can be used to buy formal care services from public or private providers or to reimburse informal caregiving. The level of the benefit is determined by the specific amount of personal service and assistance required.

In order to be entitled to the long-term care benefit, the following conditions must be fulfilled:

- A constant need for care and assistance due to a physical, mental or psychological disability and/or sensory disability, which will presumably continue for at least six months;
- A need for constant nursing care amounting to more than 60 hours per month;
- The person has to be normally resident in Austria; under certain conditions, the long-term care benefit can also be granted in a European Economic Area state.
The long-term care benefit is granted in seven stages according to the extent of care required, and regardless of the cause of the need for care.

Assessment of categories 1 to 4 is based on the time required for care every month (more than 65 hours for category 1, more than 95 hours for category 2, more than 120 hours for category 3 and more than 160 hours for category 4). Categories 5 and up are based not only on the time required for care of more than 180 hours per month but also on quality criteria. For level 6, quality criteria are:

- if care measures are required, which cannot be coordinated in terms of time and these are provided on a regular basis during the day and night; or
- if the constant presence of a carer is required during the day and at night, because it is probable that the person requiring care or others would otherwise be at risk.

The hardship allowance for children and young people with severe disabilities amounts to:

- 50 hours per month for children up to the age of seven and
- 75 hours per month for children aged seven and over up to their 15th birthday.

For persons over the aged 15 and over with severe mental or physical disabilities, particularly those suffering from dementia, the hardship allowance is 25 hours per month.

In this way, many of those affected come into a higher stage of long-term care benefit.

Workers (under private law employment relationships, public-sector employees and unemployed persons) may take care leave (with no wage or salary being paid) or part-time care leave (with prorated payment of wage or salary).

In order to support caring and nursing family members taking care leave (Pflegekarenz) or part-time care leave (Pflegeteilzeit) or family hospice leave (Familienhospizkarenz) or part-time family hospice leave (Familienhospizteilzeit), these family members may claim care leave benefits under certain conditions.

The following persons are entitled to care leave benefits:

- Persons who have agreed on care leave or part-time care leave with their employer;
- Persons who take family hospice leave or part-time family hospice leave for the purpose of nursing a dying close family member or a seriously ill child;
- Persons who have deregistered from unemployment benefits or unemployment assistance for the purpose of taking care leave or family hospice leave.

A close family member may draw care leave benefits for one to three months during care leave or part-time care leave, depending on the period of leave agreed with the employer. During care leave or part-time care leave, care leave benefits may be claimed for up to six months for each family member in need of care (provided that at least two close family members take care leave/part-time care leave).

If care needs increase substantially - by one or more care benefit categories - carers may reapply for care leave benefits for up to six months after having agreed with their employers on renewing their care leave or part-time care leave for the same family member (unless such leave is taken simultaneously by two or more other closer family members).

The period of care leave benefits for the same family member in need of care may thus not exceed a total of 12 months, whereas in the case of family hospice leave these benefits may be claimed as long as hospice care is required.

If workers take family hospice leave, they may under certain conditions (financial distress) claim supplements from the leave programme’s compensation scheme.
To receive the **24-Hour Care benefits**: 

The cared-for must claim category 3 or up of long-term care benefits to qualify for support.

The net monthly income of persons in need of care must not exceed 2,500 € to qualify for this kind of support, with long-term care benefits, special bonus payments, family allowance, childcare allowance and housing assistance not being taken into account.

This income threshold is raised by 400 € for each dependant relative or by 600 € for each dependant relative with disabilities.

Support is not subject to a means test on the assets or property of the cared-for.

In order to ensure the required quality of care, carers must have:

- an educational background at least equivalent to that of home helps, or
- properly cared for the requesting party for six or more months, or
- been given due authorisation for the provision of (nursing/medical) care.

### Amount paid

An amount of 150,00 € per month (July 2014) is paid in addition to the family allowance for the **Supplement for a child with a severe disability**. These benefits may be paid retroactively for five years from the request, provided that the eligibility conditions are fulfilled during this period.

For the **Long-term care benefit**, the law defines seven levels of care need, resulting in a care allowance between 154,20 € for need between 50 and 75 hours of care per month (level 1) and a maximum of 1,655.80 € (level 7) for more than 180 hours of care per month in combination with complete immobility (see Table 1). The amount of time spent on care services is the relevant criterion to qualify for levels 1-4. An additional criterion has to be met to qualify for levels 5-7. As of January 1, 2016 the amounts of long-term care benefits in cash will be increased by 2% in each level.

<table>
<thead>
<tr>
<th>Care requirements per month in hours</th>
<th>Stage</th>
<th>Amount in €/month</th>
</tr>
</thead>
<tbody>
<tr>
<td>More than 65 hours</td>
<td>1</td>
<td>157,30</td>
</tr>
<tr>
<td>More than 95 hours</td>
<td>2</td>
<td>290,00</td>
</tr>
<tr>
<td>More than 120 hours</td>
<td>3</td>
<td>451,80</td>
</tr>
<tr>
<td>More than 160 hours</td>
<td>4</td>
<td>677,60</td>
</tr>
<tr>
<td>More than 180 hours when an exceptionally high level of care is required</td>
<td>5</td>
<td>920,30</td>
</tr>
<tr>
<td>More than 180 hours and if care measures are required which cannot be planned for in advance and which regularly have to be provided during the day and at night; or if the constant presence of a carer is required during the day and at night, because it is probable that the person requiring care or others would otherwise be at risk</td>
<td>6</td>
<td>1 285,20</td>
</tr>
<tr>
<td>More than 180 hours if no goal-directed movements of the person’s four extremities with functional implementation are possible, or if an equivalent condition is present</td>
<td>7</td>
<td>1 688,90</td>
</tr>
</tbody>
</table>

The rate of **Care Leave** benefits is income-related and basically equal to the rate of unemployment benefits (55% of daily net income).

Support for the **24-Hour Care** may total up to 1,100 € in case of care relationships involving employed carers or up to 550 € in case of care relationships involving self-employed carers.
Medical criteria

For the purpose of the payment of the family allowance supplement, the assessment of disability is a requirement.

The basis for this is the so-called Assessment Regulation, which lays down the criteria and mechanisms for determining the severity of the disability. At the federal level the Assessment Regulation from 2010 created modern medical criteria and parameters to determine the extent of a disability during an examination by medical experts. Before 2010 at the federal level the regulations of the War Victims’ Welfare Act (KOVG) and the so called “Richtsatzverordnung” (Reference Rate Ordinance) were used to determine the extent of war injuries and also of a disability.

To determine whether a child is disabled and eligible for the supplement for family allowances, the doctor does not refer only to biomedical criteria. Generally, this is not the cause or diagnosis of the disease, but the effect of the failure and the functional impairment that is the main objective of the review by a medical expert. The medical expert should determine which might impede the child in his everyday life and participation in social life. The extent of the constraints that the child encounters in his daily life is expressed by the degree of disability.

The degree of disability is determined by the type of disability and severity of functional impairment. To appreciate it, the doctor can use a Schedule to the Assessment Regulation that contains percentages allocated based on the child’s disability and level of constraint they encounter. This is a percentage, always expressed as a multiple of 10, which may be fixed or as a range.

To build the Assessment Regulation, the Federal Ministry of Labour, Social Affairs and Consumer Protection has first identified 13 different functional organ systems: sight, hearing, nervous system abnormalities, malignant neoplastic diseases, digestive system, skin disorders, musculoskeletal system, mental disorders, respiratory system, renal and urinary functions, endocrine disorders, heart and circulation and blood, blood-forming organs and the immune system. These are the categories of disability (groups). After that, they decided which impairment gives a value of 50% (the extent of a disability) within each of the individual organ systems. For this they have also used their practical experience. At the third step, the handicaps that have obtained a value of 50% or more in each of the categories of disability are compared with each other to determine if they have an equivalent in severity. For example, it is necessary to determine to which degree a child having disorders of vision will meet the same level of difficulty in his everyday life as a deaf child, or another one with cardiac disorders, and so on. That was the most difficult part to do. After this, the extent of a disability depending on the other impairments was determined gradually in steps of 10%. At this step the values were also compared and agreed with the values in the other groups. The last step was to determine the diagnostic methods and to describe the typical clinical pictures and/or the most common diseases.

If the effects of functional impairment are not listed in the Schedule to the Assessment Regulation, it must be determined by analogy with other comparable functional limitation, the degree of disability to assign to it.

If multiple functional impairments are present, the child’s condition assessment should be global and not made for each of the limitations encountered taken separately. You can not add the degrees of several different limitations for the same child. Rather identify the functional limitations for which the highest degree of disability has been awarded and watch how this degree can be increased by additional disabilities.

Application review

For the Supplement for a child with a severe disability, a medical expert has to produce a report in which, in addition to the personal information of the child, must contain the medical history of the child, the diagnosis, the evaluation of the degree of disability, the justification for this assessment and if applicable, the overall measure disability and its justification. The eligibility decision is made by means of an official notification with the possibility to appeal against this decision at the appropriate Labour and Social Court.
For the **long-term care benefit**, needs assessment is based on a doctor’s expert opinion, representatives of other fields (e.g. nursing) are also brought in for an extensive assessment of the situation. The expert opinion is usually drawn up after an examination in the home. It is possible for a trusted third party to be present during the medical examination, if desired by the person applying for long-term care allowance. The eligibility decision is made by means of an official notification with the possibility to appeal against this decision at the appropriate Labour and Social Court.

**Agency responsible**

Federal Ministry of Labour, Social Affairs and Consumer Protection.

**Disability interpretation (Disability Creation Process (DCP); International Classification of Functioning, Disability and Health (ICF))**

The Federal Ministry of Labour, Social Affairs and Consumer Protection follow the International Statistical Classification of Diseases and Related Health Problems (ICD-10) and determine on this basis additional parameters for the degree of disablement. These criteria are lay down in the Assessment Regulation.
Republic of Ireland

Program name
- Disability Allowance
- Domiciliary care Allowance (DCA)
- Respite Care Grant
- Carer’s Allowance
- Carer’s benefit

Program objectives
To alleviate, in some measure, the additional burdens created by the retention of handicapped children in the home.

Eligibility requirements

**Disability Allowance** is a weekly allowance paid to people with a disability.

To receive Disability Allowance, the child must be:
- Aged between 16 and 18 (program continues until 66 years old)
- Affected by a severe disability and be likely to continue for at least one year;
- Be substantially restricted, as a result of this disability, in undertaking work that would otherwise be suitable for a person who has the same age, experience and qualifications;
- Satisfy a means test;
- Satisfy the Habitual Residence Condition.

Disability Allowance is a means-tested payment.

To receive DCA, the child must:
- Be under 16 years
- Affected by a severe disability and be likely to continue for at least one year;
- Require continual or continuous care and attention, which is substantially in excess of that normally required by a child of the same age;
- Live at home with his family for at least 5 days a week;
- Live and be a resident with his family in the Republic of Ireland and only leave Ireland for holidays;
- Not live full time in residential care or in other placements.

DCA is not mean test.

The parents who receive the DCA may be qualify to receive the **Respite Care Grant** if:
- aged 18 or over;
- resident in Ireland;
- care for the child on a full-time basis;
- care for the child for at least six months. This period of care must include the first Thursday in June;
- live with the child they are looking after or can be contacted quickly by a direct system of communication (for example, a telephone or alarm) between their home and the home of the person they are caring for;
- not be employed or self-employed outside the home for more than 15 hours per week;
- not be attending a training or educational course for more than 15 hours per week;
- not be in receipt of Jobseeker’s Benefit or Allowance or be signing for credits;
The parents who receive the DCA may be qualified to receive the **Carer’s Allowance or the Carer’s Benefit**. These two measures help parents to reduce their hours at work to spend more time with the child who now needs more care. The parents can receive only one of these at a time.

To receive the **Carer’s Allowance**, the parents must:

- be in receipt of DCA for the child if child is under 16 years;
- be over 18 years;
- satisfy a means test;
- care for the child on a full-time basis;
- not be employed or self-employed outside the home for more than 15 hours per week;
- not be living in a hospital, convalescent home or other similar institution;
- fit to care;
- the child must be so incapacitated as to require full-time care and attention and be likely to require this full-time care and attention for at least 12 months.

To receive the **Carer’s benefit**, the parent must:

- be in receipt of DCA for the child, if the child is under 16 years;
- be over 18 years;
- be employed for at least 8 weeks in the previous 26 week period and cannot be engaged in employment for more than 15 hours a week;
- have worked for a minimum of 16 hours per week or 32 hours per fortnight;
- give up work in order to be a full-time carer;
- meet the Pay Related Social Insurance (PRSI) contribution conditions.

Contributions under PRSI helps pay for social welfare benefits and pensions.

**PRSI contribution conditions**

You must have at least 156 contributions paid at any time between entry into insurance and the time the claim for Carer’s Benefit is made and:

- 39 contributions paid in the Relevant Tax Year or
- 39 contributions paid in the 12-month period before the start of Carer’s Benefit or
- 26 contributions paid in the Relevant Tax Year and 26 contributions paid in the year before that.

The contributions do not have to be Class A. Instead, all employment contributions count (except Class S (self-employed) contributions). The Relevant Tax Year is the second last complete tax year before the year in which you make your claim. So, for claims made in 2014, the Relevant Tax Year is 2012.

Periods of insurance in another EU member state may be taken into account to meet the PRSI contribution conditions. The last week of insurance must be paid in Ireland.
### Amount paid

#### Disability Allowance

<table>
<thead>
<tr>
<th>Weekly means as assessed by us:</th>
<th>Personal rate</th>
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<td>Over €170.00 and up to €172.50</td>
<td>€18.00</td>
</tr>
</tbody>
</table>
Comparative Analysis of Benefits for Parents of Disabled Children in Canada and Other Industrialized Countries

| Over €172.50 and up to €175.00 | €15.50 |
| Over €175.00 and up to €177.50 | €13.00 |
| Over €177.50 and up to €180.00 | €10.50 |
| Over €180.00 and up to €182.50 | €8.00  |
| Over €182.50 and up to €185.00 | €5.50  |
| Over €185.00 and up to €187.50 | €3.00  |
| Over €187.50 | Nil   |

The Domiciliary Care Allowance rate is 309.50 € per month in 2015.

The payment is not based on the type of disability but on the resulting physical or mental impairment, which means that the child needs more care and attention than a child of the same age.

Parents may get a half-rate payment if the child comes home from residential care at weekends and/or for holidays.

If the parent is eligible, he can receive once a year 1 375 € from the respite Care Grant in 2014.

Carer’s Benefit rates in 2014

<table>
<thead>
<tr>
<th>Carer aged under 66</th>
<th>Maximum weekly rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caring for 1 person</td>
<td>205 €</td>
</tr>
<tr>
<td>Caring for 2 persons</td>
<td>307.50 €</td>
</tr>
<tr>
<td>Increase for each qualified child</td>
<td>29.80 € (full rate), 14.90 € (half rate)</td>
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</table>

Carer’s Allowance rates in 2014

<table>
<thead>
<tr>
<th>Carer</th>
<th>Maximum weekly rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aged under 66, caring for 1 person</td>
<td>204 €</td>
</tr>
<tr>
<td>Aged under 66, caring for 2 or more</td>
<td>306 €</td>
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<tr>
<td>Aged 66 or over and caring for 1 person</td>
<td>239 €</td>
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<tr>
<td>Aged 66+, caring for 2 person</td>
<td>358.50 €</td>
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<tr>
<td>Increase for a Qualified Child</td>
<td>29.80 € (full-rate)</td>
</tr>
<tr>
<td></td>
<td>14.90 € (half-rate)</td>
</tr>
</tbody>
</table>

Medical criteria

Eligibility is determined primarily by reference to the degree of additional care and attention required by the child rather than to the type of disability involved, subject to the means test. While no condition is debarred, conditions such as Asthma, Diabetes or Epilepsy are not normally considered unless there is a very high degree of additional care and attention required.

Medical eligibility guidelines are used guidelines to ensure a consistent and equitable treatment of customers nationally.
The Medical Assessor’s recommendation will be based on information contained as part of the application. This information will include:

- Personal details supplied on the application form by the child’s parent / guardian.
- Details of the additional care and attention required by the child as outlined by the parent / guardian on the application form.
- Medical details provided by the child’s general practitioner and included in the application form.
- Any additional information the parent / guardian considers relevant to the application. This could include consultant’s reports, reports from a Community Health Doctor, a copy of the needs assessment carried out by the Health Service Executive (HSE) etc.

The HSE provides health and social services to everyone living in Ireland. Its services are delivered in hospitals, health facilities and in communities across the country.

To assist the Medical Assessor, a guide to the normal age of attainment of certain activities (i.e. the age by which 90% of children can perform activity), compiled as part of the Office for Population Censuses and Surveys study on Disability in Childhood in the UK, can be used as reference.

### Application review

A medical assessor reviews the application form and determines if the child meets the admissibility criteria. A deciding officer makes a decision on eligibility after considering the opinion of the medical assessor and the application in its entirety.

Parents are required to have their own doctor complete a medical report, which is part of the application form, on the health status of their child. This report is reviewed by one of the Department’s Medical Assessors. The Medical Assessor is a registered doctor who will give the deciding officer an opinion on the child’s health status based on the medical report contained in the application form.

### Agency responsible

Department of Social Protection - Social Welfare Services

**Disability interpretation (Disability Creation Process (DCP); International Classification of Functioning, Disability and Health (ICF))**

Ireland follows the ICF for the eligibility of the child.

Ireland used the International Statistical Classification of Diseases and Related Health Problems (ICD 10) to codify the child’s primary condition. These ICD 10 codes were chosen because they are internationally recognised, they are currently in use in some areas of the HSE and they will facilitate the collation of statistical information.
Switzerland

Program name or benefit

- Helplessness allowance for minors
- Supplement for intensive care
- Personal assistance allowance

Program objectives

The purpose of the program is to compensate families for the additional burden caused by a child’s disability and enable parents to reduce their professional activities to care more for their disabled child, or to give them the means to hire another person to take care of the child. The program also gives parents financial assistance to care for their child in a family setting, rather than an institutional setting.

Eligibility requirements

The program includes three separate benefits, which can be cumulative. A child must qualify for the helplessness allowance to qualify for the other two benefits.

Helplessness allowance for minors

A child is considered to be disabled if he or she regularly requires the help of another person to perform the activities of daily living or if his or her condition requires ongoing care or supervision. A child is not entitled to the helplessness allowance if he or she only needs help with day-to-day tasks.

To qualify for the allowance, a child must:

- be domiciled in Switzerland and normally reside there (“normally” means any stays abroad last no more than three months a year);
  - Children with Swiss citizenship can receive the allowance if they are not domiciled in Switzerland but normally reside there.
  - Children from European Union (EU) or European Free Trade Association (EFTA) countries, along with children in certain countries with which Switzerland has a social security agreement, may be entitled to the allowance if they meet the domicile requirement. Their disability can have been diagnosed in a country other than Switzerland.
  - Children from countries that have no social security agreement with Switzerland must have lived in Switzerland for at least 10 years or have been entitled to rehabilitation under the Swiss Invalidity Insurance scheme.
- be under age 18;
- have a physical, intellectual or psychological impairment caused by a congenital condition, a disease or an accident;
- have a slight, moderate or severe disability that has been present for at least one year.

A child is not entitled to the allowance for the days he or she spends at a community care facility or the days spent at a rehabilitation facility, if the child also spends the night there.

For children under 1 year old, entitlement to the allowance begins once the disability is likely to last more than 12 months. For children over 1 year old, entitlement to the allowance begins one year after the need for assistance arises.
There are three degrees of disability:

- The disability is deemed to be severe if the child needs regular and significant help from another person to perform the six activities of daily living and the child's condition also requires ongoing care or supervision.

- The disability is deemed to be moderate if the child, even with assistive devices, needs
  - regular and significant help from another person to perform at least four activities of daily living; or
  - regular and significant help from another person to perform at least two activities of daily living and also requires ongoing supervision.

- The disability is deemed to be slight if the child, even with assistive devices, needs
  - regular and significant help from another person to perform at least two activities of daily living; or
  - ongoing supervision; or
  - particularly intensive care on an ongoing basis on account of his or her condition; or
  - significant and regular services from a third person where, on account of a severe sensory impairment or a severe bodily infirmity, the child requires those services to maintain social contact.

Help is considered to be regular if the child needs it on a daily basis. Help is considered to be significant if the child cannot perform an activity without help or can no longer perform an activity without inordinate or unusual effort. The help can be direct or indirect. It is direct when the child is unable or is only partially able to perform the activities of daily living himself or herself. It is indirect when the child, while being able to perform the activities of daily living himself or herself, would not do so, would do so imperfectly or would not do so in a timely fashion if unassisted. A third party is therefore regularly needed to supervise the child during the activities of daily living, to encourage the child to act, to prevent the child from harming himself or herself and to provide assistance if necessary. Supervision is considered to be ongoing where the child's condition requires the person assisting the child to devote a more than average amount of attention to the child and to be constantly available.

The same criteria are used to evaluate disability in children and adults. However, for children, the need for help is compared with that of a child of the same age in good health. The costs associated with the child's care (constant presence of caregivers, wear and tear of clothing, etc.) are also considered.

There are standards that stipulate what a non-disabled child is supposed to be able to do unassisted, at a given age, in relation to each of the six activities of daily living. These standards may be used to determine whether the child needs regular and significant help in carrying out normal day-to-day tasks. However, the standards do not apply categorically. There are often differences between these standards and a child's actual capacities that are unrelated to his or her condition. These differences are not taken into account when evaluating the need for help.

A standard developed with the various regional Invalidity Insurance offices is also used to determine the time that the six activities of daily living should normally take, depending on the child's age.

The six activities of daily living are described below.

- **Transferring** (standing up, sitting down, getting into bed)

  A person is disabled when he or she is unable to stand up, sit down, or get into bed without help. The various settings (home, work, other) must be assessed separately. If the person only requires help to get up from low seats (which the insured does not absolutely need) or the floor or to get into a vehicle, the disability is not regular and significant. However, if the person cannot cover himself or herself or stretch out once in bed, the person is considered to be disabled for this activity of daily living.

  Whether a third person must help the insured get out of bed at night is only important for determining the need for supervision. It is not significant with regard to the activity of standing up.
Disability evaluation standards

On average, at 15 months children can stand and change position unassisted. At 24 months, children can sit on a chair or at a table unassisted.

Up to 12 months, these activities should take around 20 minutes. They should take around 10 minutes up to age 2.

- **Dressing**

  A person is disabled when he or she cannot put on or take off an essential garment or prosthesis, or when the person can dress himself or herself but the clothing must be set out ahead of time or someone has to check that the clothing is appropriate for the weather conditions or that it has been put on correctly.

Disability evaluation standards

On average, at age 3 children can dress and undress themselves but may still need some help (for buttoning shirts, for example). At age 5, children can put their shoes on the right feet and recognize whether their clothes have been put on correctly. They can generally dress and undress themselves unassisted. At age 6, they can tie their shoes and do up any buttons. As of age 10, they no longer need any supervision.

Up to age 3, these activities should take around 20 minutes. They should take around 15 minutes up to age 6, and around 5 minutes up to age 10.

- **Eating** (cutting food, bringing food to mouth, bringing food to bed)

  A person is disabled when he or she cannot feed himself or herself with normally prepared foods without the help of another person. A special diet (for diabetes, for example) is not grounds for disability. However, a person is disabled when the person can eat unassisted but cannot cut foods himself or herself, when the person can only eat pureed foods, or when the person can only bring food to his or her mouth with his or her fingers.

  The need for help getting to or leaving the table or to sit down or get up is not significant since it is already assessed for another activity of daily living (Transferring). However, a person is disabled when meals must be brought to the person’s bed because of his or her health.

Disability evaluation standards

On average, at 13 months children can bottle-feed unassisted and eat small pieces of food (cookies or fruit) with their fingers. At 18 months, children can easily use a spoon and cup, which they can raise and put down unassisted. At age 3, children rarely need help eating cut food and can use a spoon and fork. At age 6, children can cut their food unassisted (except relatively hard foods such as meat) and use utensils. At age 8, children can eat independently, including relatively hard foods.

The following may also be taken into account:

- whether food must be pureed or boiled after age 2;
- whether the child is tube fed (from the date on which the care burden increased);
- whether the child must be supervised, as of 12 months of age, because of a risk of choking while eating (in cases of epilepsy, for example);
- whether the child requires more frequent meals (5 or more per day because of a metabolic disorder or stomach/gut condition, from the date on which the care burden increased);
- whether the child is autistic and must continually be returned to the table to eat (from age 6).

Up to 13 months, feeding activities should take around 105 minutes. They should take around 90 minutes up to 18 months, 60 minutes up to age 3, 15 minutes up to age 6 and 5 minutes up to age 8. As of age 3, it should take an
average of 75 minutes a day to eat three meals (15 minutes for breakfast and 30 minutes for lunch and dinner), where the mother or father eat with the child.

- **Grooming and personal hygiene** (washing, styling hair, shaving, bathing/showering)

A person is disabled when he or she cannot perform a grooming activity of daily living unassisted (for example, washing, styling hair, shaving, bathing/showering).

**Disability evaluation standards**

On average, children at age 6 no longer need help with grooming, although supervision is still required. As of age 8, they can wash and style their hair with supervision. As of age 10, they no longer need regular supervision. Up to age 6, these activities should take around 30 minutes. They should take around 15 minutes up to age 8 and 5 minutes up to age 10.

- **Toileting** (getting dressed, cleaning oneself, using a special toileting method)

A person is disabled when he or she needs help to get dressed or clean himself or herself after elimination. This also applies when a special toileting method must be used (for example, another person must empty the bedpan, bring and adjust a urinal, provide regular help with urination, etc.).

**Disability evaluation standards**

On average, at age 3 children no longer need diapers during the day. At age 4, diapers are no longer necessary at night since children generally no longer wet the bed. Children can use the toilet unassisted but still need supervision (cleanliness, getting dressed). At age 6, children can clean themselves. Up to age 3, toileting activities should take around 30 minutes a day (this assumes that any diapers are changed 6 times a day). Toileting activities should take around 10 minutes up to age 4 and 5 minutes up to age 6.

- **Functional mobility** (moving around at home or outside, making social contact)

A person is disabled when he or she, despite the use of assistive devices, is unable to move around at home or outside unassisted, or make social contact (meaning daily interpersonal activities such as reading, writing, going to concerts, attending political or religious events, etc.).

**Disability evaluation standards**

On average, at 10 months children are able to crawl. At 15 months they can walk unassisted. At age 2, they can climb the stairs unassisted. As of age 5, they interact with their immediate environment. Their speech can be largely understood, even by strangers. Children can safely walk to school. They understand social rules and can have a conversation. As of age 8, they understand traffic rules and the dangers posed by vehicles.

**Supplement for intensive care**

Where children require additional daily care lasting at least 4 hours because of the severity of their condition, a supplement for intensive care can be paid in addition to the helplessness allowance for minors. To determine the amount of the supplement, the increased burden resulting from the medical treatment(s) and the basic care is compared with the situation of a child of the same age in good health.

The supplement is based on three levels of care:

- At least 4 hours a day
- At least 6 hours a day
- At least 8 hours a day
In addition, the ongoing supervision required can be taken into account when a third party must be present all day to help the insured because he or she cannot be left alone (the insured is a danger to himself or herself or to others, for example).

If a child does not qualify for the helplessness allowance for minors, he or she does not qualify for the supplement for intensive care.

**Personal assistance allowance**
This benefit enables a person who is receiving a helplessness allowance, who lives or wishes to live at home and who needs regular assistance to hire a person to provide him or her with that assistance.

To qualify for the personal assistance allowance, a child must
- be entitled to the helplessness allowance for minors;  
- live at home; and  
- regularly follow the mandatory school curriculum in a normal class, or receive vocational training in the labour market or other training prior to the obtention of a secondary diploma; or  
- carry out a professional activity in the labour market of at least 10 hours a week; or  
- receive the supplement for intensive care (level of care: at least 6 hours a day).

The need for help can be recognized if the insured requires regular assistance, for at least three months, in the following areas:
- activities of daily living (getting dressed/undressed, standing up, sitting down, eating, etc.);  
- taking part in social and leisure activities;  
- educating and caring for children;  
- public service or volunteering;  
- initial or ongoing professional training;  
- carrying out a professional activity in the labour market;  
- daytime supervision;  
- night care (supervision and assistance).

Assistance is deemed to be regular where it is required to lead a normal life on a long-term basis.

A limited number of hours, calculated on a case-by-case basis, is taken into account.

Each category (such as activities of daily living, cleaning, socializing, etc.) is divided into sub-categories (such as eating). Each sub-category is divided into activities (such as preparing meals). Each activity is divided into specific actions (such as peeling, cutting, cooking, etc.).

For direct and indirect assistance, the need is established using a standardized assessment tool (FAKT). Direct assistance is in addition to the support a person needs to carry out activities. It includes assistance to compensate for hearing or vision impairments (interpretation, sign language, reading). Indirect assistance includes instructions and supervision during activities.

For each category and sub-category, the need for help is divided into the following five levels to which time values are assigned:
- Level 0 applies when the child is autonomous.  
- Level 1 applies when the child needs assistance that is minimal or sporadic, but that is considered regular for the purposes of the personal assistance allowance.  
- Level 2 applies when the child needs help for several actions but can still do things by himself or herself.  
- Level 3 applies when the child can participate only minimally in various actions or make only a modest contribution to complete a task.  
- Level 4 applies when the child can no longer make a modest contribution to a task or activity.
Comparative Analysis of Benefits for Parents of Disabled Children in Canada and Other Industrialized Countries

Each category or sub-category is divided into various activities. A child is assessed a level for each activity, and a value in minutes is assessed for each level. The sum of the minutes for each activity determines the level for each category or sub-category. For children, their age is taken into account. However, a level is assigned in the same way as for adults. Depending on the category or sub-category and the insured’s age, the overall need for help is then reduced by 25% to 100%.

For each category, supplements can be granted to insureds if they need significantly more time to perform a task. For example, a supplement of 10 minutes can be granted if the insured has violent spasms affecting his or her ability to get dressed or undressed. As a rule, the supplements can be granted only if the normal assistance requirement for the category or sub-category meets at least level three criteria.

**Amount paid**

The helplessness allowance for minors is calculated on a daily basis and varies according to the degree of disability. The allowance can be paid retroactively for 12 months prior to the date on which the application is received.

A supplement for intensive care can also be paid. It is calculated on a daily basis and varies according to the number of additional hours of care the child needs per day.

In 2015, the supplement is 15,70 CHF for a care requirement of at least 4 hours a day, 31,30 CHF for a care requirement of at least 6 hours a day and 47,00 CHF for a care requirement of at least 8 hours a day. It is paid for every day that the child lives at home and not in a community care facility (that is, a facility that provides lodging and supervision or care, excluding curative treatment, to multiple residents).

The allowance and the supplement are not taxable and are not based on family income or household assets.

If the child is placed in a community care facility, a rehabilitation facility or a hospital, the allowance and supplement are not paid.

The personal assistance allowance is calculated according to the assistance time the person regularly needs. The time taken into account for other benefits (helplessness allowance, supplement for intensive care for minors, basic care under the compulsory Invalidity Insurance scheme, etc.) is excluded.

The personal assistance allowance is 32,90 CHF per hour. If, because of the child’s disability, the caregiver must hold special training to provide assistance in certain areas (public service or volunteering, initial or ongoing vocational training, carrying out a professional activity in the labour market), the amount of the allowance can increase to 49,40 CHF per hour.

The amount for nightcare is calculated on a case-by-case basis depending on the extent of the assistance the child requires. The maximum amount is 87,80 CHF a night. The amounts paid include employee and employer social security contributions as well as vacation pay.

**Medical criteria**

Entitlement to the various benefits is based solely on the needs resulting from the child’s disability compared with those of a non-disabled child of the same age. Care is taken to establish a definitive link between the child’s condition and the resulting needs.

**Application review**

Children are assessed in their home to gauge their limitations for day-to-day tasks and to evaluate whether additional assistance may later be required.

Switzerland

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The report prepared by the Invalidity Insurance office (present in each Swiss canton, or administrative region) of the canton where the child lives is then compared with the documents provided by the attending physician. If significant discrepancies are noted, the file is submitted to medical specialists at the Service Médical Régional (SMR) so that they can assess the child.

SMR specialists may consult with the Invalidity Insurance office to ascertain whether the nature of the disability can prevent the child from carrying out the activities of daily living and, if so, to what extent.

The Invalidity Insurance office then decides whether the child qualifies for the helplessness allowance for minors and the supplement for intensive care.

The application for the personal assistance allowance is separate from the application for the helplessness allowance and the supplement for intensive care. The regional Invalidity Insurance office gathers the data and documents needed to evaluate the child and make a decision. The child is assessed in his or her home and the results may be submitted to the SMR to determine the assistance required.

**Agency responsible**

Invalidity Insurance office of the canton where the child lives

**Interpretation of disability (disability creation process (DCP); International Classification of Functioning, Disability and Health (ICF))**

The DCP and the ICF are not used to establish the eligibility criteria for benefits for disabled children or to evaluate a child’s disability.
United Kingdom

Program name

- Disability Living Allowance for children (DLA)
- Personal Independence Payment (PIP)
- Carers’ Allowance (CA)
- Employment and Support Allowance (ESA)
- The disabled child elements of Universal Credit (UC Policy) in addition to the normal child element and Child Benefit
- The disabled child elements of Child Tax Credit (HMRC) in addition to the normal child element and Child Benefit (Child Benefit is for all children whether disabled or not)

Program objectives

All of these programs help disabled people to meet the extra costs they incur in participating in society.

Eligibility requirements

DLA is a benefit that depends on a person’s need for care and help with mobility arising from a disability. It is a tax-free benefit made up of 2 components: the Care component and the Mobility component. The child might qualify for one or both components. The care component is paid for children who need extra care and attention. The mobility component can be paid for children who either have problems with walking or with getting around in unfamiliar areas.

Usually, to qualify for DLA, the child must:

- be under 16;
- be in Great Britain, another European Economic Area (EEA) country or Switzerland when you claim - there are some exceptions, e.g., family members of the Armed Forces;
- have lived in Great Britain for 2 out of the last 3 years if over 3 years old;
- A child under 6 months must have lived in Great Britain for at least 13 weeks;
- A child aged between 6 months and 3 years must have lived in Great Britain for at least 26 of the last 156 weeks;
- The rules on residence don’t normally apply if a child is terminally ill;
- be habitually a resident in the UK, Ireland, Isle of Man or the Channel Islands;
- not be subject to immigration control;
- be disabled for at least 3 months and expect to last for at least 6 months. If the child is terminally ill (i.e. not expected to live more than 6 months), he does not need to be disabled for 3 months.

There are some exceptions to these conditions if the child is living or coming from another EEA country or Switzerland.

Specific Conditions for the Care component:

- need help with things like eating, washing, getting dressed, going to the toilet or communicating needs;
- need someone to supervise the child and to stop him being a danger to him and others;
- need someone with the child when he is on dialysis. The child must need to have dialysis at least twice a week. If the child is an out-patient, he will only get DLA if no member of the hospital staff helps him with or supervises the treatment;
- need someone with the child to help him lead a normal social life;
- require substantially more care from another person than children of the same age would normally require or require care that younger children in normal physical and mental health may need but a child the same age in normal physical and mental health would not require.
You can make a claim for the care component of DLA as soon as a child is born, but you will not be paid any benefit until the child is 3 months old. If the child is terminally ill, special rules apply.

Specific Conditions for the Mobility component:
- The child cannot walk outdoors on an unfamiliar route without guidance or supervision from another person for most of the time. This could be because of either a physical or mental disability.
- The child is unable or virtually unable to walk because of pain, the effect on his health or the limitations on his walking.
- The child requires substantially more guidance or supervision from another person than children of the same age in normal physical and mental health would require, or needs guidance or supervision that children of the same age in normal physical and mental health would not require.

Children under 16 cannot get the mobility component of DLA until they are three, for the higher rate, or five, for the lower rate.

At 16 years old, DLA payment stops and is replaced by the Personal Independence Payment (PIP).

Like the DLA Program, PIP remains a non-means-tested, tax-free cash payment, paid regardless of employment status, which can be used as recipients choose towards extra costs incurred.

Usually, to qualify for PIP, the child must:
- be aged 16 to 64 (for the study, a child is under 18 years old);
- have a long-term health condition or disability and difficulties with activities related to ‘daily living’ and or mobility;
- be in Great Britain when you claim - there are some exceptions, e.g., members and family members of the Armed Forces;
- have been in Great Britain for at least 2 of the last 3 years;
- be habitually resident in the UK, Ireland, Isle of Man or the Channel Islands;
- not be subject to immigration control (unless you are a sponsored immigrant).

PIP has the same 2 components as DLA: care and mobility component.

The Carers Allowance (CA) is paid to carers above 16 years old who are only doing a limited amount of work or no work at all. Even if the carer is caring for more than one child, he can claim CA only for one disabled child.

To qualify for CA, for a disabled child:
- The child must be in receipt of the middle or highest rate care component of the DLA or the PIP daily living component must be in payment.
- The carers must provide service at least 35 hours a week.
- The carer must not have earnings of more than £110 a week after the deduction of allowable expenses, such as tax, national insurance contributions and some pension contributions.
- The carer must not be a full-time student (more than 21 hours per week).

If the parent pays someone to look after their child/children while he is working, up to half of his net earnings may be ignored. Other income (such as an occupational pension) and savings will not affect his Carer’s Allowance.

The parent might not get the Carer’s Allowance if he already gets one of these benefits:
- State Pension
- Bereavement Allowance
- contribution-based Employment and Support Allowance
• contribution-based Jobseeker’s Allowance
• Incapacity Benefit
• Industrial Death Benefit
• Maternity Allowance
• Severe Disablement Allowance
• Training Allowance
• Unemployability Supplement – paid with Industrial Injuries Disablement Benefit or War Pension
• War Widow’s or Widower’s Pension
• Widowed Mother’s Allowance
• Widowed Parent’s Allowance
• Widow’s Pension

He should still apply for the Carer’s Allowance even if he gets these as his benefits might be increased.

Employment and Support Allowance helps people with an illness or disability to move into work.

It is often tricky to ascertain what information people want. In this case, they want to know what support a disabled child will receive from the social security system. ESA does not provide any specific support for children, only once a child is no longer dependent on a parent and the Child Benefit has ended. At that stage, the disabled child is regarded as independent of their parents and can claim benefit in their own right.

The support that is available includes:

• the disabled child elements of Universal Credit (UC Policy) in addition to the normal child element and Child Benefit;
• the disabled child elements of Child Tax Credit (HMRC) in addition to the normal child element and Child Benefit;
• DLA or PIP.

Once a child is no longer dependent on their parent and no longer entitled to a child element, Employment and Support Allowance (ESA) may become payable.

A claimant may be entitled to ESA if:

• They are at least 16 years of age and not dependent on their parents/guardians and not in receipt of child benefit.
• They have an illness or disability that limits their ability to work – this applies regardless of their normal employment status, i.e. whether they are normally employed, self-employed or unemployed. And,
• They are not entitled to Statutory Sick Pay (SSP), or their entitlement to SSP has ended. SSP is a payment made by employers for up to 28 weeks to employees who are incapable of work because of a health condition or disability.

Structure of ESA

• ESA is divided into two phases – an assessment phase and a main phase. This is because the process of assessing whether an individual has limited capability for work is expected to take around three months.
• When first claiming ESA, a basic (assessment phase) rate of benefit is paid while capability for work is established. During the assessment phase, people do not have to engage in work-related activity.
• During the assessment phase, people complete a questionnaire to explain how their health condition affects them and have a Work Capability Assessment (WCA) following which they can either be found fit for work (not entitled to ESA), or placed in one of two groups:
Work Related Activity – Claimants placed in this group have been identified as having a limited capability for work, but able to take part in some form of work-related activity. They are required to take part in work-focussed interviews. Claimants are encouraged to participate in activities, including permitted and voluntary work that can act as a stepping stone to return to the labour market.

Support Group – Claimants placed in this group have been identified as not able to take part in any work-related activity and will not be expected to take part in work-focussed activities. Claimants in the Support Group however, can take part in work-focussed activities and interviews on a voluntary basis.

The WCA is a functional assessment of the capability to work. Entitlement to ESA is not dependent on a condition or disability but the effects of the condition or disability.

To qualify for ESA, the disabled child could:

- be off work or out of work;
- be self-employed;
- be aged 16 or over, but under pension age (for this study, between 16 and 18 years old);
- not be entitled to Jobseeker’s Allowance;
- work for an employer but cannot get Statutory Sick Pay; or
- have been getting Statutory Sick Pay but it has now stopped.

He must go to a Work Capability Assessment while his ESA claim is being assessed. This is to see to what extent his illness or disability affects his ability to work.

He will then be placed in 1 of 2 groups if he is entitled to ESA:

- a work-related activity group, where he will have regular interviews with an adviser;
- a support group, where he does not have interviews.

**Amount paid**

The DLA rate, in 2015-2016, is

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<th>DLA – CARE and MOBILITY</th>
<th>DLA CARE</th>
<th>DLA CARE</th>
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There is a range of disability conditions relating to care and mobility needs. Satisfying any one of the conditions gives entitlement.

The care component is paid at three rates depending on how often and how much you need care:

- lowest rate - is
- during the day, supervision at night or someone to help while they are on dialysis;
- highest rate - is awarded awarded to people who are so severely disabled physically or mentally that they need help for some of the day (i.e. about an hour);
- middle rate - is awarded to people who are so severely disabled physically or mentally that they need frequent help or constant supervision to people who are so severely disabled physically or mentally that they need help or supervision throughout both day and night, or they are terminally ill.

The mobility component is paid at two rates, depending on how much difficulty the child has with walking.
• Lowest rate: the child can walk but is so severely disabled mentally or physically that he needs help and or supervision when outdoors. A child under 16 years old must also require substantially more guidance or supervision from another person than children of the same age in normal physical and mental health would require, or need guidance or supervision that children of the same age in normal physical and mental health would not require.

• Highest rate: the child cannot walk, can only walk a short distance without severe discomfort, could become very ill if he tries to walk or is blind, severely sight impaired. The child is severely mentally impaired, displays severe behavioural problems and satisfies the conditions for the highest rate of DLA Care component or the child has both legs amputated either through or above the ankle or has one leg amputated either through or above the ankle and is without the other leg or is without both legs to the same extent as if they had been amputated through or above the ankle, for example, children born without legs.

The conditions for the lower rate are quite different to those for the higher rate. They relate to the needs people have to enable them to walk out of doors, rather than their inability to walk.

Payments of DLA care component and mobility component stop after 12 weeks if a child under 16 is a hospital inpatient. If the child is in hospital when the claim is made, it cannot be paid until he leaves hospital. If the child is currently in a residential school or residential care and this is paid from public funds, then the DLA care component stops being paid after 28 days. The mobility component is not affected.

For the PIP, it is the same rate of payment except that the lowest level in the Care component does not exist.

For the Carers Allowance, the rate of payment is £61.35 per week. Carers Allowance is taxable.

For the Employment and Support Allowance, for 13 weeks after his claim the child normally get the assessment rate up to £57.35 a week if he is aged under 25.

After that, if he is entitled to ESA, he will be placed in 1 of 2 groups and will receive:
• up to £101.15 a week if he is in the work-related activity group;
• up to £108.15 a week if he is in the support group.

Medical criteria

The Children’s Medical Guidance provides information on the care and mobility needs for the most common medical conditions.

It can help the decision maker (DM) to understand the evidence provided on claims. It is also useful in helping the DM to decide when and from whom to seek further medical advice. Medical Services have no authority to determine claims and cannot advise directly on whether a person satisfies one of the disability tests. Medical services give advice only.

Medical Services may help where:
• There is a discrepancy between
  ✓ the description of the effects of a particular condition in the Children Medical Guidance and
  ✓ any evidence submitted by the claimant. Or
• There are inconsistent statements in the claim pack. Or
• There is a corroborative statement that is inconsistent with claimed needs. Or
• The medical condition does not appear in the Children’s Medical Guidance. Or
• A prognosis is needed to help in determining duration of award. Or
• There is doubt as to what type of further evidence may be needed.

The DM should look at the evidence and consider: whether the person has a disability, what bodily functions are impaired, whether the person reasonably requires attention in connection with those functions and how often the attention is required and how long it takes.
For the **care component**, the amount of attention required to satisfy the conditions of entitlement is not defined in legislation. This should be decided from the:

- frequency and pattern of the person’s need for attention; and
- evidence of the person’s requirements over a period of time.

To satisfy the conditions of entitlement, attention has to be reasonably required, not medically required. However, any medical attention (such as from a District Nurse) that is reasonably required should be aggregated with other attention requirements, giving consideration to frequency as well as quantity. It is the amount of attention regularly required that is the determining factor, not the amount of attention received.

Although items may be available to reduce the effects of a person’s disability, the DM must decide whether it is reasonable and practicable for that disabled person to obtain and use them. It is also essential to consider the consequence of any suggested solution.

For children under 16 years old, the DM must look if the child requires substantially more care and/or more guidance or supervision from another person than children of the same age would normally require or requires care that younger children in normal physical and mental health may need, but a child the same age in normal physical and mental health would not require.

The question of what is meant by “substantially” is for the DM to determine. This has to be measured against the normal attention or supervision needs of a child of the same age who is not disabled, and not what would be needed by the child who is claiming DLA if that child was not physically or mentally disabled.

Children’s attention and supervision needs vary considerably. At any age there is a wide range of requirements for attention or supervision. The attention or supervision needed should not be regarded as “substantial” unless it is outside the whole range of attention or supervision that would normally be required by a child of the same age who is not disabled.

Medical criteria can be found at the following address: [Children’s AZ of Medical conditions - Gov.uk](https://www.gov.uk/childrens-a-z-of-medical-conditions).

**Application review**

To make a DLA determination, they generally rely on the disabled person’s own assessment of the effect that the illness or disability has on the child’s life. An independent decision maker (who is not medically qualified) makes the actual decision. If there are any questions, he can ask the claimant to supply additional information, or ask for permission to contact other persons to gather such information, or they can send a departmental physician to the claimant’s residence for an examination.

For the PIP, the claimant is assessed by an independent health professional to help Department for Work and Pensions (DWP) work out the level of help the child needs. This may be a face-to-face consultation. DWP makes the decision about the claim based on the results of the assessment, the application and any supporting evidence the child includes.

For CA a big part of the review is already made in DLA or PIP. The personnel of the DWP review the claim.

**Agency responsible**

Department for Work and Pensions