

# **Policy advice paper from National Disability Authority**

## **Domiciliary Care Allowance Review**

### **Introduction**

The National Disability Authority (NDA) is the independent statutory advisory body on disability policy and practice, and on universal design.

The NDA, while being represented on the Review Group, also welcomes the opportunity to present a formal advice paper to the review of Domiciliary Care Allowance (DCA).

### **Key issues**

#### **Purpose**

- Currently Domiciliary Care Allowance is described as ‘a monthly payment for a severely disabled child who is under age 16 and needs full-time care and attention far beyond what is normally required by a child of the same age’
- DCA is not an income replacement scheme (that role is played by Carer’s Allowance) but is there to meet additional costs that may arise as a result of the disability, outside of those met through services the child currently receives
- DCA is not a substitute for appropriate early intervention, education or therapy services

#### **Wider context**

- Cash supports for families of children with disabilities are part of a wider array of supports including HSE-funded disability services and supports to children with special needs in the education system

- The review of DCA should take in the wider context of the changes underway in relation to other support services, such as the reorganisation of children's multidisciplinary services into early intervention and school age teams, and the Value for Money and Policy Review of disability services
- The current balance between cash payments and services in kind may change in the future, in the context of a move towards individualised payments and more choice and control for service users

### **Eligibility and assessment**

- The current assessment relies to a significant degree on the diagnosis. An individual diagnosis may cover a spectrum of support needs from minor to extreme. We advise that the appropriate test is around support needs
- Support needs can arise due to physical, intellectual, behavioural or communication disabilities, and the application process and associated assessment should be geared to assess the support needs associated with different types of impairments
- The current criteria for qualifying for the DCA scheme are unclear. There is a lack of clarity for parents as to what is in and what is out
- There has been a significant upward movement in numbers qualifying for the scheme although the essential criteria have remained unchanged. Claimant numbers have more than doubled since 2001 and have quadrupled since the early 1980s
- Qualifying for DCA is 'all or nothing' whereas disability represents a continuum of care need – thus tiered payments might offer a better match to need

### **Target where can make most impact**

- It is estimated that the current package of cash supports, between DCA (£100m), Respite Care Grant (£45m), along with Carer's

Allowance and Household Benefits for those on DCA comes to a total of approximately €300m

- It is important that these monies are targeted to where they can make greatest impact for children with disabilities and their families
- The Growing Up in Ireland Survey shows about 0.7% of nine year olds severely affected by a disability and 4.1% moderately affected by a disability. This compares with an estimated 2.5% of the age cohort 0–16 who receive DCA
- Many countries have a tiered scheme rate, related to the severity of disability
- There is a case for differentiating the rates to focus resources more on where they are most needed

#### **Children outside the scheme**

- There are children with disabilities or special education needs who fall outside the definition of requiring ‘substantially more care’ than children of the same age
- Public monies towards meeting these children’s needs would be more appropriately focused on improving early intervention and school age therapy services or learning supports for children, as required, rather than in widening the coverage of the Domiciliary Care Allowance scheme.
- The strategic approach of the HSE is to have Early Intervention teams in every area, and to develop school–age teams of multidisciplinary professionals, in line with the recommendations of the Report of the National Reference Group on Multidisciplinary Services for Children
- NDA’s analysis of the parent survey showed that parents of school–aged children were much less likely to express satisfaction with the level of support services being received, even when other variables were taken into account, which is consistent with the relatively underdeveloped state of school age teams compared to Early Intervention teams. This supports NDA’s view that the further

development of school-age services rather than a wider net of income support would be the higher priority for children with disabilities

### **Application process**

- An improved application form and application process should be put in place with the aim of maximising the number of eligible applications that receive approval first time round without the need to undergo a medical review or appeal process
- The redesigned draft application form prepared by the subcommittee, subject to very minor amendments, covers the principal areas identified in the well-validated international assessment tools
- It is important that the redesigned form be in user-friendly language for parents

### **Assessment process**

- The main dimensions of care need are the intensity, frequency and duration of care
- There are a number of well-validated tools for assessing the support needs of children with disabilities. These could be further studied as the basis for decisions to award DCA, or as a basis for differential entitlements
- While there will be grey areas where a judgement call must be made, it may be possible to use such assessment tools as the basis for screening children into a ‘definitely yes’, and a ‘definitely no’ group
- The Review might recommend further detailed work be undertaken to refine the assessment process
- Eligibility for DCA should confer eligibility for disabled child’s tax relief, without the need for further assessment
- The HSE is moving towards a multidisciplinary model of delivery of children’s disability services. Multidisciplinary professionals working in the area of disability probably are the best qualified to assess the care needs of a child with a disability.

- The Medical Assessors should have available to them a source of specialist expertise in assessing disability care support, through nominating some relevant multidisciplinary or care support staff to the Medical Assessor panel

### **Communications**

- The Department of Social Protection should include some examples which illustrate what constitutes and what does not constitute ‘substantial care and attention’ over what would be required by another child of the same age
- The decision letters for parents should include a summary statement as to whether duration, intensity and frequency of care needs are substantially in excess of a child of the same age

### **History of the scheme**

The Domiciliary Care Allowance was introduced in 1973, by way of circular. The then Minister for Health said

This (payment) is specifically designed to help parents of severely handicapped children under 16 years of age. Very often these have to be cared for at home at considerable expense to the parents. It is my desire to help them and the children by making allowances to the parents. This will operate without a means test.

**Table 1**

**Timeline of changes affecting the scheme**

1973	Domiciliary Care Allowance introduced
1978	Full rate given to second or other qualifying child
1990	Carer's Allowance introduced.
1999	Respite Care Grant introduced
2000	DCA extended to children aged under 2
2005	Respite care grant for each person cared for
2008	Scheme put on legislative basis
2009	Scheme transferred to Department of Social Protection

The fundamental test of eligibility from the outset of the scheme has been

(i) the child has a severe disability requiring continual or continuous care and attention substantially in excess of the care and attention normally required by a child of the same age,

and

(ii) the disability is such that the child is likely to require full-time care and attention for at least 12 consecutive months

It is clear from an examination of the growth in numbers qualifying for the scheme that the way in which this has been interpreted has changed significantly over time. The number of children in receipt of the payment has more than doubled since 2002 and has quadrupled since the early 1980s. This growth cannot be explained by the modest changes in eligibility conditions, nor by the underlying changes in the size of the

child population.<sup>1</sup> If the numbers qualifying for the scheme have changed significantly without an underlying change in the terms of the scheme, that suggests that the qualification conditions are not clearly defined in an unambiguous way.

**Table 2**

**Nos. receiving Domiciliary Care Allowance, selected years**

	<b>Families</b>	<b>Children</b>
1975		3,771
1977		4,215
1981		5,705
1982		5,951
1984		6,365
1985		6,791
1986		7,102
1994		7,873
1995		8,125
1996		8,403
2000		10,570
2002		11,101
2003		14,233
2004		15,766
<b>2009</b>	<b>24,046</b>	<b>26,000</b>
<b>2010</b>	<b>23,428</b>	<b>25,234</b>
<b>2011</b>	<b>24,176</b>	<b>25,966</b>

Sources: Health Statistics; Statistical Information on Social Welfare, various years

---

<sup>1</sup> Extension to children aged 0–2 would have been expected to add at most about 14% to the underlying numbers eligible. The number of children aged 15 and under fell by 2002 to 79% of its 1981 level, and recovered to 93% of that level by 2011.

## How the scheme currently works

Domiciliary Care Allowance is a monthly allowance paid to the parent or guardian of children under 16 who have a severe disability requiring continuous care and attention. The condition must be likely to last for at least one year and the administering body may review eligibility from time to time. The allowance may be discontinued if a child no longer requires continuous care and attention. There is no means test.

The allowance is not paid for children who are full time residents in a residential special school or centre. **However, eligible children in part-time residential care who go home at weekends or holidays may receive a pro-rata payment, i.e. a nightly rate based on the number of nights spent at home.**

## How DCA interacts with other payments

The current rate of payment is €309.50 per child. However in addition to receiving DCA, each June all families are automatically paid a Respite Care Grant of €1,700. Families receiving these payments are also able to claim for Carers Allowance/ Benefit. Latest figures state that **55%** of parents in receipt of DCA also receive a Carers Allowance. The total funding available to families can also include the Household Benefits payment. Someone on a Carer's Allowance may get free travel for themselves (but not for the relevant child).

## Purpose of the scheme

At the outset, the scheme was introduced under a provision of the Health Acts that was intended to support alternatives to institutional care.

## Change in landscape of supports

There have been significant changes in the landscape of supports in the intervening period. Very few children are now admitted to residential care.

There has been a growth in the supports and services provided to children with disabilities both through HSE-funded disability support services and through the provision of supports in education with about 19,000 additional personnel (resource teachers and special needs assistants) supporting the delivery of education to children with special needs. The Carer's Allowance provides income support to full-time carers. HSE-funded respite care services and the Respite Grant associated with DCA help provide breaks that can sustain parents' ability to care for a child with substantial care needs.

It is also recognised that there are currently gaps in the availability of services, particularly multi-disciplinary supports, as has been documented through the statutory annual reports on aggregate needs and service gaps under Part 2 of the Disability Act. The current budgetary situation also means that disability support services are under some pressure and have been expected to manage within diminished budgets.

A UK study examining the time costs of caring for children stated that the care needs of children with severe disabilities was significantly greater than those of non-disabled children.<sup>2</sup> The study also found that the care needs do not decrease as children get older. Mothers of children with disabilities were unable to work outside the home because of these care needs, leading to the outcome that family income, even after benefits, was lower than peer families with non-disabled children. That evidence would support the provision of carer payments in respect of parents of children with severe disabilities.

---

<sup>2</sup> Curran, Sharples, White and Knapp (2001) Time costs of caring for children with severe disabilities compared with caring for children without disabilities

The fundamental remit of the DCA scheme was to allow families to care for and support their children with disabilities in the home. However as the Review Group does its work and considers the research evidence, international practice, and the response to consultation, a new rationale may emerge.

### **Costs not met through services**

As Carer's Allowance is primarily about income support to those caring full-time, what is the appropriate role of Domiciliary Care Allowance? A majority of those consulted by the Department of Social Protection in connection with this review argued that DCA is there to meet the extra costs of disability.

There will always be situations where there are additional costs and support needs associated with caring for a child with a significant disability, which are outside the ambit of HSE-funded services. It is more efficient to provide for a modest cash payment to cover such general expenses, than to provide for a system of individual payments or refund of vouched expenses which would give rise to significant administrative difficulties and delays for parents and the HSE.

If it is formally decided that this is the official purpose of the DCA scheme, that should be included in all documentation relating to the scheme.

### **Not a substitute for addressing service deficits**

The NDA however regards the provision of core early intervention, therapy and education support services as being primarily the responsibility of the HSE and the education authorities, while recognising the reality that some parents currently use their DCA to meet deficiencies and gaps in the availability of such services. The appropriate policy response to such gaps is however to strengthen the provision of early intervention and school age services, rather than to have a parallel system of income support attempting to fill these gaps.

One of the issues that was raised during the face-to-face consultation conducted by the NDA was the necessity for a parent to give up work because of the difficulties in scheduling her child's medical appointments. Looking at the support system as a whole, the appropriate policy response would be to provide for greater flexibility in the scheduling of appointments.

### **Focus on those with greatest needs**

The de facto widening of eligibility observed through the significant growth in scheme numbers has the potential to continue to expand, in the absence of greater clarity as to where the boundaries of the scheme are intended to lie. In the current circumstances, the NDA advises that the monies available for the scheme should be concentrated where they can make most impact in terms of the degree of support need.

### **Children outside scope of current scheme**

There are children with disabilities or special education needs who fall outside the definition of requiring 'substantially more care' than children of the same age. The NDA does not recommend that the definition of eligibility be broadened to include these particular children. Public monies towards meeting these children's needs would be more appropriately focused on improving early intervention and school age therapy services (in line with the Report of the National Reference Group on Multidisciplinary Services for Children), or learning supports for children, as required, rather than in widening the coverage of the Domiciliary Care Allowance scheme

### **Graduated care support needs**

The Growing Up in Ireland Survey shows about 0.7% of nine year olds severely affected by a disability and 4.1% moderately affected by a disability. A further 6.3% of nine year olds were reported as having a disability which did not have an impact.

Children with care needs are a diverse group. The level of disability can vary and so the level of dependency and the type and intensity of support and services required also varies. In addition to the diversity of disability, there can be varying needs for educational and social support as well as for personal care and home care. As well as child-specific factors, the need for support and services is influenced by environmental factors such as the support available from family and friends, and the availability and accessibility of state-funded supports. Thus, the relationship between level of dependency, and support and service needs, is complex.

### **Support needs not diagnosis**

The current assessment process relies to a significant degree on a diagnosis. An individual diagnosis may cover a spectrum of support needs from minor to extreme. **We advise that the appropriate test is around support needs.** Support needs can arise due to physical, intellectual, behavioural or communication disabilities, and the application process and associated assessment should be geared to assess the support needs associated with different types of impairments.

### **A standardised ‘core needs assessment’**

It is increasingly recognised that valid and reliable tools are needed to assess different kinds of disability and care needs and to guide service decisions:

There is a recognised need for more consistent and system-wide approaches to assessment for disability services, using tools that are widely accepted in the field. Determination of the level of service or

funding that should follow on from assessment is a complex task, but it is a task that must be undertaken.<sup>3</sup>

It is also acknowledged that the task of assessing support needs is already complex and challenging for a single-tiered payment, and that a multi-tiered payment could introduce additional difficulties in where to draw the line.

Children with disabilities and their families undergo a number of assessments for different purposes – for example the statutory assessment of need under the Disability Act, assessments for medical or therapeutic intervention, or assessment of educational support needs. Recognising there are different purposes and eligibility criteria applying to different assessments, nevertheless, there should be scope for having a core assessment which is carried out using a standard assessment tool, that can be used as an input into different assessment processes without the need for expensive or time-consuming reassessment where not otherwise warranted.

### **Use DCA eligibility as a passport for disabled child tax relief**

If a family are eligible for DCA, no further assessment should be required in order to qualify for tax relief as a child with a disability.

### **Assessment and eligibility**

#### **NDA 2011 research on assessment of need**

The NDA conducted research in 2011 on the HSE's statutory assessment of need process, which found that many of the children with the most significant disabilities do not undergo a statutory assessment, often

---

<sup>3</sup> P.9 Submission to Productivity Commission Inquiry into a Long Term Disability Care and Support Scheme From Anna L Howe, PhD, Consultant Gerontologist June, 2010. Accessed on 8<sup>th</sup> October at [www.pc.gov.au/\\_\\_data/assets/pdf\\_file/0010/99487/sub0056.pdf](http://www.pc.gov.au/__data/assets/pdf_file/0010/99487/sub0056.pdf)

because they are in services from birth. Much of the statutory assessment process involves assessing children with unspecified conditions or on the borderline, particularly with a view to establishing if they have a diagnosis that could qualify them for additional education supports. Trying to diagnose those children with ill-defined conditions is a very labour-intensive process. **The HSE's needs assessment system for children is not based on any standard suite of assessment tools. Different professionals and teams use different instruments.**

**In Australia, the corresponding assessment of need process is being reformed, and a 'toolbox' developed around a small number of assessment tools to capture different kinds of functional difficulties.**

### **NDA review of assessment tools**

The NDA has identified and reviewed different assessment tools that have been developed internationally for assessing the needs of children with disabilities and with autism, with a focus on those which have been tested and found to be rigorous, valid and reliable.

- Valid – they measure what they purport to measure
- Reliable – they give consistent results across time and across individual assessors

**The NDA has been examining these scientifically-validated assessment tools, and is continuing to explore to see what value these could be in assessing a threshold or thresholds for eligibility. A background paper on this topic has been prepared and submitted to the Review Group.**

### **Assessment tools in other jurisdictions**

**The current DCA scheme is not unique in its application and adjudication process. A number of other jurisdictions essentially apply a similar test of 'substantially more care than a child without a disability' for eligibility for their schemes. The in-depth review of six jurisdictions commissioned by the NDA has shown how other countries address the issue of eligibility and assessment.**

There are a relatively small number of validated tools that are in widespread use. Most of these tools are straightforward and take a short amount of time to administer. A separate background paper on these has been given to the review group.

A subset of these assessment tools might form a 'toolbox' that could be used by medical and therapy professionals when conducting assessments of children with disabilities, to ensure that functional capacities and care needs are captured in a standard way. Agreeing a suite of standard assessment tools is a wider project that would involve the health services and multidisciplinary therapy services, but the NDA's research offers a useful starting point for such a discussion.

### **Capturing key domains on the application form**

The work of the DCA Review subcommittee reviewing the application form have by and large captured the areas covered in these assessment tools, with a couple of minor exceptions, and the National Disability Authority has suggested minor additions to the wording of the application form to capture those.

### **Care needs v. functional capacity**

Most of the assessment tools reviewed focus on assessing the child's capacity in areas like activities of daily living, mobility, communication and social skills. Many tools measure care needs indirectly, in terms of activities or tasks the child has difficulty with, rather than more directly in terms of the time input of the parent. One tool which set out to measure support needs from the perspective of the carer input is the child version of the Supports Intensity Scale (SIS), launched in 2009 and being widely tested in the field.

The NDA is currently examining the scoring system used in the different assessment instruments in more detail.

## Adjudicating substantial care need

The underlying structure of the Supports Intensity Scale (SIS) offers a useful way to consider the different dimensions which would constitute ‘substantial care need’. These are

- Intensity of care support
- Frequency of support
- Duration of support

It could also be helpful to be able **to frame communication to parents** about the outcome of a claim in terms of where they scored on the three dimensions of intensity, frequency and duration of care, relative to the care of a child without a disability of the same age.

This table sets out the SIS scoring scheme for assistance **over and above what a child of the same age** would require

**Table 3 - SIS for Children scoring scheme**

Intensity of support		Frequency		Duration (per day)	
None	0	Negligible	0	None	0
Monitor	1	Infrequent	1	Under 30 mins	1
Verbal prompt	2	Frequent (50%)	2	30 mins – 2 hours	2
Partial physical assistance	3	Very frequent >50%	3	2 – 4 hours	3
Full physical assistance	4	Always	4	4 hours plus	4

While the SIS is designed to itemise the support needs across different kinds of activities of life, a similar kind of framework could offer a useful **summary** snapshot of the child’s care needs over the course of a typical month.

**Table 4**  
**Example: Summary of extra monthly care needed**  
 (compared to child of similar age)

Intensity of support	Frequency			Duration (per day)	
None	1	Negligible (< once a month)	1	None or negligible	1
Monitor child in other room	2	Infrequent (1-2 times a month)	2	Under 30 mins	2
Monitor child in same room	3		3		3
Partial physical help	4	Frequent (1-2 times a week)	4	30 mins - 2 hours	4
Full physical help	5	V. frequent (3-6 times a week)	5	2 - 4 hours	5
			Always (every day)		4 hours plus

Other systems e.g. the UK Disability Living Allowance assessment, draw a distinction, under duration of support, between providing care in the day time and care throughout the night.

Scores derived from a table like this could be used to provide an indicative range of what definitely constitutes substantial care; what does not constitute substantial care; and of the area where cases might be examined in more detail. A child scoring three 5s on Table 4 above would clearly qualify for DCA, where a child scoring three 2s would not generally be regarded as having substantial care needs.

A scoring system on these lines could also be used as the basis for a system of graduated payments. For example, a child scoring three 5s would receive the maximum payment or benefit package (DCA + Carer's Allowance + Respite care grant) whereas the parents of a child with a score of 5 - 2 - 5 might be considered for a partial payment, or for some elements only of the full package

#### **Fine-tuning a scoring system**

The NDA considers that further work could be done to fine tune a scoring system such as the above, to provide greater clarity about what

constitutes ‘substantial care needs’. There may be a need to adjust some of the descriptors or the score weights to be able to hone in more precisely on what is meant by care and attention substantially in excess of a child of the same age.

It might also be useful to derive a composite Care Index by either adding or multiplying the scores under each dimension of care.<sup>4</sup>

### **Total care needs v care needs above the norm**

There are parents who have no experience of caring for a child other than a child with a disability, who would have difficulty in calculating the ‘extra’ care needs over and above those of a normally developing child. It might therefore be easier to ask parents to assess the **total** care needs of their child, which might then be compared to standard tables of the corresponding care needs of a normally-developing child of similar age, to arrive at an appropriate indicative set of scores.

### **Recommend further detailed work on assessment process**

The NDA suggests that the Review Group might recommend that further detailed work be carried out on refining the assessment process.

### **Conduct of assessments**

There is a trade-off between having a simple straightforward assessment process that minimises the burden on parents, and ensuring that the process is a fair and robust one with suitable checks and balances. The current full package of supports represents a significant sum of money to both parents and to the state, and it is important that due weight is given to the process of assessment, as with any other decision carrying

---

<sup>4</sup> The scale was changed in the example table from 0–4 in the SIS to 1–5, to enable the scores under the three headings to be multiplied to derive a composite score.

significant financial implications. Information from independent sources such as the child's doctor, the multidisciplinary team and the school can provide a fuller picture and a system of cross checks.

### **Should the child be seen by the Department's medical assessors?**

The question of having children assessed directly by the Department medical assessment team has been raised.

Medical assessors (and other multi-disciplinary professionals who conduct assessments) come to their role from different specialities, but are trained to read and interpret professional reports by others not in their immediate field. The NDA accepts that this is an appropriate way to assess applications, and that there are potential difficulties if medical assessors were to conduct direct examinations of individual children in areas outside their direct competence. The NDA's review of practice in six countries showed that only Belgium conducts direct medical examinations (and this is a legacy practice which is being phased out), **so the current practice is in line with international norms.**

### **Multi-disciplinary assessments**

The current application process relies primarily on doctors as the appropriate professionals to supply reports to validate a claim, and through the Medical Assessors to assess claims.

While doctors are skilled in determining a diagnosis, other professionals have important expertise in assessing support needs. The current policy in children's disability services is to develop a series of multi-disciplinary teams, at Early Intervention level and school age intervention teams. The NDA advises that assessments by these disability specialists be considered as valid evidence, **and that such multidisciplinary skills in the area of disability be added to the Medical Assessment panel to expand its skills.**

### **Reliability of assessment**

An Australian report commented on the dilemma that some individuals will overstate the extent of a disability in order to receive increased levels of

funding. (This need not be by the person with disability. Under current arrangements, for example, service providers might face an incentive to overstate people's needs to get more funding). In some cases, people might be conscious of what others receive and may inflate their own claims.<sup>5</sup> An Australian study investigated whether assessment tools obtained different results for different purposes.<sup>6</sup> They found that the assessed support needs of individuals were much greater when they were assessed for funding purposes compared to when they were assessed for research purposes.

There are a number of ways to reduce the risk of such 'gaming'. These include the use of professional assessors, careful calibration and gatekeeping and the monitoring of data. But the choice of tools can also affect the scope for gaming with the use of objective and auditable measures reducing the risk of gaming.<sup>7</sup> It has been suggested that the use of objective functional measures are potentially less susceptible to manipulation and therefore may be more appropriately suited to funding purposes.<sup>8</sup> Where people receive an entitlement to supports rather than a

---

<sup>5</sup> Disability Care and Support inquiry report released on 10 August 2011 Accessed 8<sup>th</sup> October at <http://www.pc.gov.au/projects/inquiry/disability-support/report>

<sup>6</sup> Guscia, R., Harries, J., Kirby, N. and Nettelbeck, T. 2006b, 'Rater bias and the measurement of support needs', *Journal of Intellectual and Developmental Disability*, September, vol. 31, no. 3, pp. 156-60, Department of Psychology, University of Adelaide, cited in <http://www.pc.gov.au/projects/inquiry/disability-support/report>

<sup>7</sup> Harries, J. 2008, *Support Needs Assessment for Individuals with Intellectual Disabilities: An investigation of the nature of the support needs construct and disability factors that impact on support needs*, PhD thesis, School of Psychology, University of Adelaide, September cited in <http://www.pc.gov.au/projects/inquiry/disability-support/report>

<sup>8</sup> Dyson, M., Vile, S. and Allen, F. 2002, *Review of Accommodation Support Funding Process*, Disability Services Commission, Government of WA, Perth as reported in

budget to purchase those supports, the incentive to overstate needs is reduced. For example, a person would face little incentive to exaggerate their need for assistance in showering, if that only resulted in more showers (rather than a bigger budget)”.<sup>9</sup>

## Communication

The application process from submitting an application to undergoing the review has not been straight forward for families. This is an area where improvement can be made. Advice is available on making forms accessible and easy to read but the content of the application process must also be reworked.<sup>10</sup> See Appendix 2 for a draft version of the revised DCA claim form.

The Department website [www.welfare.ie](http://www.welfare.ie) should provide explanatory details regarding the application form, with guidance to complete the form, and with clear case studies illustrating both successful and non successful applications. There should be no ambiguity, as there can be with the current form. For example, the purpose of providing permission to contact the child’s doctor (i.e. to satisfy data protection requirements) should be made clear, and it should be clarified that the Department does not

---

Guscia2006a and Harries 2008 cited in  
<http://www.pc.gov.au/projects/inquiry/disability-support/report>

<sup>9</sup> Disability Care and Support inquiry report released on 10 August 2011 Accessed 8th October at <http://www.pc.gov.au/projects/inquiry/disability-support/report>

<sup>10</sup> Please see [www.accessibility.ie](http://www.accessibility.ie)

contact the child's doctor to request reports, any such would be supplied by the parent.

The process of applying for a fund to care for your child should be acknowledged as a difficult task for parents.

To increase parents' understanding, the NDA recommend that **any communication with parents** about the outcome of a claim is expressed in terms of where they scored on a matrix of the three dimensions of intensity, frequency and duration of care as discussed above.

## **Review of eligibility**

There should be clarity from the outset about the purpose of reviews and communication with parents about when the payment will be reviewed.

The purpose of a review is to assess whether the care need of the child has changed – whether it has lessened due to the increasing independence and maturity of the child, or whether it has increased due to a growing divergence between the child's care needs and that of a child of a similar age. **This is a separate matter from the underlying diagnosis or condition which does not change where a child is born with a permanent impairment.**

Where a child's care needs are not considered likely to change, or are considered likely to increase (for example where there is a progressive condition), the present practice of 'do not review' should continue for such cases.

## **Transitional arrangements**

The NDA suggests that where a review would result in the child no longer meeting the test of eligibility for Domiciliary care Allowance that payment of the Carer's Allowance, where relevant, would be maintained for a transitional period, for example six months, to provide time for parents to adjust to the changed level of state cash support.

## Systems in other jurisdictions

Examples of payments, assessors and instruments in some countries are shown in Table 5.

**Table 5 Examples of current payments, assessors and instruments** <sup>11</sup>

Country	Payment	Assessors and Instrument
Australia	Annual Child Disability Assistance Payment given for a child under 16 years who has a disability that attracts a Carer Allowance for their carer.	Assessment for Carer Allowance requires completion of questionnaires by the carer and by a health professional that can be a medical practitioner, registered nurse, occupational therapist, physiotherapist, psychologist, aboriginal health worker in geographically remote areas or a speech pathologist. In July 2010 the Disability Care Load Assessment (DCLA) was introduced.
New Zealand	Fortnightly Child Disability Allowance paid to the main carer of a child/young person with a serious physical, sensory, psychiatric or intellectual disability who requires constant care and attention. It is not income or means tested.	A Child Disability Allowance Application Form is used and the medical certificate in the application form needs to be completed by the doctor or specialist who provides the ongoing care of the child or young person. Between 2009 and 2011, the proportion of children aged under 18 years who were assisted by a Child Disability Allowance decreased slightly (from 4.2% to 3.6%). This decrease followed an increase between 2007 and 2009 (from 3.6% to 4.2%) <sup>12</sup> .
UK	Disability Living Allowance for a child with a severe physical or mental disability who have walking difficulties or who needs help in caring for themselves – the allowance contains a component for children who have	No formal instrument is used. The focus of the examination is on how a person's disability affects them. Assessments use existing information about a person's disability where possible. Where additional information is required a medical examination is conducted by a selected healthcare professional who has completed specialised training. Clients do not choose the examiner but can specify the preferred gender of examiner.

<sup>11</sup> More details of country schemes are provided in the appendixes

<sup>12</sup> <http://statistical-report-2011.msd.govt.nz/supplementary+benefits/child+disability+allowance>

	significant caring needs – washing, dressing, help preparing meals, etc	
United States	Supplemental Security Income Benefits for Children under 18 with physical and mental conditions that seriously limit their activities.	The assessment for Supplemental Security Income includes a review of information that has been provided to support an application including medical information provided by a doctor. Staff may contact the child’s doctor directly for further information or arrange additional examinations or tests to establish eligibility.
Ireland	Monthly Domiciliary Care Allowance given to the carer of a child with a disability under 16 years that requires care, attention and/or supervision in excess of what other child of the same age would require	Medical Assessment often completed by GP and reviewed by an Department Assessor
South Africa	Care Dependency Grant to the caregiver of children between 1 and 18 requiring permanent care due to severe physical or intellectual disability	Government employed medical practitioner must assess child to determine the severity of the disability, to verify that the child is in need of care and that the caregiver can adequately care for the child

## Relationship to other payments

### Carer’s allowance

A parent who receives Domiciliary Care Allowance is deemed to meet the ‘caring’ test for the purpose of qualifying for a Carer’s Allowance (subject to the relevant means test). **The latest data suggests that about 55% of those receiving DCA are also receiving a Carer’s Allowance.**

If a tiered approach were to be introduced in the medium term, one possibility could be to decouple the three linked payments (DCA, Carer’s Allowance, Respite Care Grant), with payment of DCA, as meeting some of the costs of disability, requiring a lower threshold of care need.

## **Disability Allowance**

### **Age of payment**

In its advice paper on the review of Disability Allowance,<sup>13</sup> the National Disability Authority has advised that the age limit be raised to 18. The NDA has also previously advised that given the merits of making a structural change in order to promote career aspirations of young people, that consideration might be given to adjusting the rate of DCA payable to families of 16 to 18 year olds as a transition measure to minimise the potential loss of family income and bridge part of any gap between getting DCA but not Disability Allowance.

### **DCA to Disability Allowance transfer should not be automatic**

There can be an expectation that where a Domiciliary Care Allowance is received for a child, the child should automatically qualify for Disability Allowance on reaching the appropriate age.

**There is a fundamental difference in the eligibility conditions for the two schemes.** The basis for receiving DCA is needing substantial care and attention, and the basis for DA is employability. These are not necessarily the same. For example, someone with significant physical disabilities may need a lot of physical help such as with dressing or toileting, but with the right facilities and technology may have the same capability to do office or desk work as a non-disabled person.

A decision to grant Disability Allowance at 16 is potentially a lifelong grant, worth over €0.5m, and as such should require careful examination within the terms of the DA scheme. Nevertheless, there can be situations where the nature and degree of a profound disability would be such that

---

13

<http://www.nda.ie/cntmgmtnew.nsf/0/17DDD9A53AB214C780257A79004CABCC?OpenDocument>

transfer to Disability Allowance would require little further investigation or reports.

### **Education/participation payment for 18–22s**

In its advice paper on the Review of Disability Allowance, the NDA advised that it is not appropriate to determine in an official way a person's long-term capacity to work, at a time when they have not completed their education or training, and their capacities have not been fully developed. The NDA has suggested rebranding the income support to younger people with disabilities as an Education/Participation payment, recognising the additional costs of disability for an individual and their family, but placing the focus on support to acquire the formal education and training and lifeskills that will maximise independence in the future. A key aspect would be a built in 'plan/ package' whereby a set of steps are made with the family and the young person, including education, training and work experience, to support them towards employment. The NDA has suggested that this approach might be piloted in the first instance.

### **Link with other public services**

As a way of recognising the real care and attention needs of children with severe disabilities the State is investing significant sums of money in DCA and associated payments. To put this into context, the HSE's expenditure on disability care services for all age groups is estimated at €1.4bn while total spending on the combined package of DCA, Carer's Allowance and Respite Care Grant for DCA families comes to just short of €300m. **However a cash support payment like DCA is not a substitute and can not replace the role of appropriate services for children.**

Early Intervention services are the key to support children with severe disabilities lead lives of full potential. The roll-out of school-age services, as currently being put in place by the HSE on foot of the Report of the

National Reference Group on Multidisciplinary Services for School-age Children, would be a priority, particularly in the light of the finding in the Survey of Parents that it is those parents with school-aged children who are more likely to report dissatisfaction with the level of services being received. Reforms are also planned in the area of educational supports, including greater upskilling of teachers to deliver an inclusive learning experience, and a strategic approach to tackling behaviour difficulties, based on NCSE research.

Families caring for children with severe disabilities can, at times of crisis, require better external support. It is striking, for example, that the proportion of DCA claimants who are parenting alone is higher than the average, and this may reflect particular stresses on relationships when there is a child with a disability to be cared for.

The NDA suggest that the Child and Family Support Agency should pay particular attention to supporting families under stress where there is a child with a disability.

### **Development of personalised budgets**

The Programme for Government, and the Value for Money and policy Review of Disability Services, both envisage the introduction of a system of individualised budgets, with direct payments likely to be among the options. The role of DCA and allied payments as a channel for possible direct payments, in lieu of services, to families, should be kept under consideration.

## **Conclusion**

The NDA continues to work on refining the possible choice of assessment tools, consideration of practice in other jurisdictions, consultation with stakeholders and consideration of the Irish research evidence to further refine this policy advice paper.

## Appendix 1

### Profile of carers of those aged under 16

(From special analysis of CSO carers' module, Quarterly National Household Survey Q3 2009)

Help given	%
Help with personal care	67
Help with physical care	46
Help with paperwork or financial matters	35
Help (other practical help)	76
Keeping them company	81
Taking them out	75
Giving medicines	71
Keeping an eye on them	90
Other types of help	69
<b>unweighted sample</b>	<b>145</b>

Hours of care	No.
Under 15 hours	28
15 to 56 hours	26
Varies - 15+ hours	8
57 + hours	83
<b>unweighted sample</b>	<b>145</b>

Proportion of carers where	%
sleep is disturbed	59
is inconvenient	43
is a physical strain	41
is confining	65
has been family adjustments	64
changes to personal plans	66
emotional adjustments	51
some behaviour is upsetting	42
upsetting to find change in caree	21
work adjustments	48
financial strain	48
feeling completely overwhelmed	49

other affects on lifestyle	48
no affect on health or lifestyle	14
has affect on health or lifestyle	86
<b>Caregiver Strain Index score</b>	
zero	14
1 to 6	31
7 or more	55
<i>Mean score</i>	6
<b>unweighted sample</b>	<b>145</b>

## Appendix 2 – Draft Revised DCA Claim Form

(NDA minor amendments in red)

### Part 4: To be completed by you regarding your child’s care needs

Tell us about the additional level of care your child requires (as compared to a child of the same age without their disability) and any other relevant information that will inform the medical assessor of your child’s care needs.

If you need more room to detail your situation, use another sheet of paper, put the corresponding category heading/number at the top and attach the additional paper to this form, e.g. Mobility (4.1.1)

#### 4.1.1 Mobility –

Can your child walk/get around unaided, like other children their age?  
Y/N

Can they safely climb stairs unaided? Y/N

Does your child need to be lifted, or given assistance to be transferred to or from:

The bed Y/N

A chair or wheelchair Y/N

The toilet, bath or shower Y/N

Describe what assistance is needed, if any, and what you have to do to help them?

Do they have problem with balance or co-ordination? Y/N

If Yes, what problems do they have, is it all the time or sometimes and how do you help them?

#### **4.1.2 Personal Care -**

Tell us what level of assistance your child needs in each of the following areas compared to a child of the same age without their disability.

Can they get out of bed safely on their own? Y/N

Can they dress themselves? Y/N

Manage buttons/zips? Y/N

Can they wash their face/hands/teeth on their own? Y/N

Can they use the toilet without help? Y/N

Can they shower or bath themselves/dry themselves after. Y/N

If you answered No to any of the above, outline below the level of assistance your child needs for each area and how often you provide this assistance each day.

Do they ever have bladder or bowel accidents? Y/N

Do they wear nappies, pull ups or incontinence pads? Y/N

If you answered Yes to any of the above, outline below the issues your child has and the level and frequency of the assistance your child needs from you.

### **4.1.3 Feeding/Diet**

Do they regularly need help/supervision to eat their food? Y/N

Do they normally need encouragement from someone to get them to eat?  
Y/N

Do they have a restricted/special diet, only eating limited types of food?  
Y/N

If you answered Yes for any of the above, outline for each, the issues involved, the level of assistance your child needs for each area and how often you provide this assistance.

**4.1.4 Education/Schooling –**

What type of school does your child attend?

Mainstream, preschool, primary, secondary \_\_\_\_\_

Is there a special unit attached to the school? Y/N

Special Needs school, preschool, primary, secondary \_\_\_\_\_

Do they need assistance at school Y/N, if yes, give details?

Do they have an SNA assigned to them? Y/N

Resource Hours assigned to them? Y/N

Learning Support assigned to them? Y/N

Has your child had any issues at school that meant you had to attend or have they been taken home from school early on regular occasions for any reason? Y/N

If Yes, tell us about them, how often it has happened and why!

**4.1.5 Sleeping –**

Does the child sleep well most nights? Y/N

If No give us details, how many times they wake up during the night, for how long, how regularly this happens and what you need to do for them.

**4.1.6 Communications –**

Does your child have any Hearing difficulties? Y/N

Is their speech/language and communication ability appropriate for their age? Y/N

Does the child understand what you say to them? Y/N

Do they understand non verbal communications, facial expressions, body language etc? Y/N

**Can your child tell you when they are not well? Y/N**

If you answered No to any of the above, give details of the issues, what their level of communication ability is and what assistance you provide them.

**4.1.7 Social Skills -**

Does your child display normal problem solving skills for their age? Y/N

Does your child make decisions in an age-appropriate way? Y/N

Does the child have to be encouraged /prepared in advance before they leave the house? Y/N

Are they regularly obsessional about things? Y/N

Does your child cope well with any changes in their routine?

Does your child need assistance to look after personal belongings? Y/N

Do they like to be on their own? Y/N

Can your child amuse themselves? Y/N

Does your child have difficulty playing/socialising with other children? Y/N

Does your child have difficulty participating in events? Y/N

If you answered Yes for any of the above, please give details of the impact it has on them and/or your family.

Do they display any high risk behaviours e.g. regularly requires another person to intervene and physically restrain them? Y/N

#### 4.1.8 Behaviour

Is the child regularly irritable/prone to outbursts and difficult to calm down. Y/N

Do they wander or run away from home/school/social gatherings? Y/N

Become aggressive to others, shouting, biting or kicking etc? Y/N

Demonstrate unusual /obsessive or repetitive behaviours? Y/N

Require certain household items to be locked away (e.g. matches, cleaning fluids, knives etc). Y/N

If you answered Yes to any of the above, outline for each, what is involved, how regularly they occur, the level of supervision/input your child needs on these occasions and the impact on your family life.

#### 4.1.9 Safety –

Does your child ever display self harming behaviours e.g. Hair pulling, head banging, hand biting? Y/N

Does your child appear to be significantly depressed or anxious? Y/N

Do they have no “stranger danger” awareness and would approach and go with people they don’t know. Y/N

Have dangerous obsessions e.g., fire starting, fascination with water, would wrap rope or cable around their neck. Y/N

Put foreign objects such as stones, twigs etc in their mouth, ears, nose? Y/N

Have little awareness of road safety, e.g. would run across the road without looking? Y/N

Have you made special adaptations /purchases to your home/car to make it safe for your child? Y/N

If you answered Yes for any of the above, outline for each, what is involved, the frequency they occur and the level of extra supervision your child needs as a result.

**4.1.10 Sensory issues –**

Does the child get distressed by sights/noises/smells that do not bother other people and which can limit places that he/she can go? Y/N

Does the child find it difficult to function or communicate when he/she is experiencing sensory overload? Y/N

Is the child's clothing restricted because he/she cannot tolerate certain fabrics on their skin? Y/N

#### **4.1.11 Additional Needs –**

Please detail any additional care your child may require, which you provide.  
Examples of such would include:

Use of specialist equipment/techniques to help their breathing

Special feeding arrangements

Dialysis

Dressing wounds

Stoma care requirements

Preparation of and/or administration of medication

**4.1.12 Other issues -**

Does your child's disability impact on childcare arrangements, affect the family in terms of recreation and socializing? Y/N

If Yes give details of how it impacts and how often.

**4.1.12 Household composition –**

Are there any other family members who need extra care? If so please give details.

## Appendix 3 - International Comparisons

ANED (Academic Network of European Disability Experts) country experts have undertaken an analysis of payments across Europe and found that the payments are made with regard to children with all kinds of impairments. However, the child must sometimes have a certain minimum level of impairment before the extra allowance is paid.

Each country has in place a system that is appropriate to their underlying policy objective.

### Developed countries with payments like DCA

	maximum age	minimum amount	maximum amount	varies by severity	varies by other factor
<b>Australia</b>	16				
<b>Austria</b>		€138		no	
<b>Belgium</b>	21	€76	€507	yes	
<b>Bulgaria</b>	18	€51		no	
<b>Canada</b>	17	€170		no	Income
<b>Estonia</b>		€69	€81	yes	
<b>Finland</b>	15	€89	€404	yes	
<b>France</b>	20	€128	€1,060	yes	
<b>Greece</b>		€4		no	
<b>Iceland</b>		€826		no	
<b>Ireland</b>	16	€310		no	
<b>Latvia</b>	18	€107	€204	yes	
<b>Lithuania</b>		100% of basic pension	200% of basic pension	yes	
<b>Luxembourg</b>		€186		no	
<b>Hungary</b>		€71		no	
<b>Malta</b>		€71		no	
<b>Netherlands</b>	18	€71		no	
<b>NZ</b>					
<b>Poland</b>	18	€13	€18	no	Age
<b>Portugal</b>		€59	€86	no	age. Lone parent status
<b>Romania</b>		€20	€46	no	age. Under 3s get more

<b>Slovenia</b>	18 to 26	€101	€202	yes	
<b>Slovakia</b>					
<b>South Africa</b>					
<b>Spain</b>	18	€83		no	
<b>Sweden</b>					
<b>United Kingdom</b>	18	€108	€411	yes	
<b>US</b>					

**EU and EEA countries that have no equivalent payment**

- Cyprus
- Czech Republic
- Denmark
- Germany
- Italy
- Liechtenstein
- Norway
- Switzerland

## Annex 1: Payments for children with disabilities in 14 Countries

COUNTRY	Australia	Austria	Belgium	Canada	Denmark	Spain	Finland	France	Italy	Luxembourg	Netherlands	Portugal	Sweden	UK
<b>Title of benefit</b>	where re parent qualifies for carer's allowance on grounds of child's disability	Child benefit supplement (erhöhte Familienbeihilfe)	Allocations familiales majorées pour l'enfant malade ou atteint d'un handicap	Child Disability Benefit	Income replacement benefit for domiciliary care of a disabled child.	Child benefit supplement	Alle 16-vuotiaan vammais tuki	Allocation d'éducation de l'enfant handicapé, Aeeh	None	Child benefit supplement	Care allowance scheme for disabled children living at home (TOG scheme)	Bonificação por deficiência, do subsídio familiar a crianças e jovens	Care allowance for disabled child (vårdbidrag)	Disability Living Allowance (care/mobility benefit): Payable to people, including children over age 3 who have personal care and/or mobility needs as a result of severe disability.

National Disability Authority policy advice paper to DCA Review

COUNTRY	Australia	Austria	Belgium	Canada	Denmark	Spain	Finland	France	Italy	Luxembourg	Netherlands	Portugal	Sweden	UK
<b>Short description of benefit regime</b>	<p>Carer allowance</p> <p>Carer Allowance is a supplementary payment available for parents or carers who provide additional daily care to an adult or child with a disability or medical condition or someone who is frail aged.</p> <p>Carer payment</p> <p>Carer Payment can provide financial support if you are unable to work in substantial paid employment because you are providing full time care to a child or adult with a</p>	<p>In addition to the general Child benefit (Familienbeihilfe) the increased child benefit (erhöhte Familienbeihilfe) of € 138.30 will be granted for severely handicapped children per month. A child is deemed severely handicapped when the degree of disability is at least 50% or in the event of permanent incapacity. If the earning</p>	<p>Supplementary allowance for children with disabilities under the age of 21, the amount of which varies according to the degree of disability (per child concerned):</p> <p>* € 76.09 if the child obtains at least 4 points in the first level and maximum 5 points in the three levels of the socio-medical scale;</p> <p>* € 101.34 if the child obtains at least 6 points and maximum 8 points in the three</p>	<p>Child Disability Benefit (CDB) is a tax-free benefit for families who care for a child under age 18 with a severe and prolonged impairment in mental or physical functions. Delivered by: Canada Revenue Agency (CRA) Eligibility Information Recipients must meet the following criteria:</p> <ul style="list-style-type: none"> <li>• be the primary</li> </ul>	<p>The local authority pays the parents' extra costs related to care for a disabled child in the home. The extra costs must be incurred as a result of the child's disability. The local authority may also grant assistance to cover wages lost while the parents at home are caring for a child with severely and permanently reduced physical or mental functional capability or an impairing chronic or long-term illness.</p>	<p>€ 83.33 per month for each child under 18 with a disability of at least 33%. € 347.60 per month for each child over 18 with a disability of at least 65%. € 521.40 per month for each child over 18 with a disability of at least 75% and assistance required.</p>	<p>Disability allowance for persons under the age of 16 payable for children having an illness or handicap that creates a need for care that lasts at least 6 months. The benefit is graded into 3 classes depending on the degree of strain on the family: € 85.93, € 200.51 or € 338.80 per month.</p>	<p>Special education allowance for a disabled child for persons with a more handicap, up to the age of 20: € 126.41 per month. The payment is not subject to a means test. Supplement for children is established according to the use of a third person and/or the amount of expenses</p>	<p>No specific payment. If one family member is disabled, the ceiling of the family income is increased by € 9,966.60 per year.</p>	<p>Supplementary allowance of € 185.60 for each child under 18 with an insufficiency or permanent reduction of at least 50% of physical or mental ability compared to that of a child of the same age.</p>	<p>The care allowance scheme for disabled children living at home (TOG scheme) provides financial support for people caring for disabled children between the ages of 3 and 17 who live at home. A child is considered to be disabled for the purposes of the TOG scheme if he or she has a physical or mental illness or disorder which causes restrictions (the handicap), and results in the child being substantially more dependent on care, assistance and supervision than a healthy child of the same age. A further requirement is that the child's disability must be of a severity to meet the</p>	<p>Supplement to Child Benefit for disabled children: descendants up to 24 years of age: for children up to 14: € 59.48 between 14 and 18: € 86.62 between 18 and 24: € 115.96 Increase of 20% if the beneficiary of the supplement is part of a single-parent family.</p> <p>Special education allowance (subsídio de educação especial): descendants up to 24 of age. Variable amount. Allowance</p>	<p>Social Insurance Code (Socialförsäkringsbalken) of 2010, Section B, Chapter 22, .</p> <p>Benefit based on residence within Sweden, but exportable in a Regulation 883/2004-perspective after a ruling by the European Court of Justice payable to a parent who takes care of a disabled child under 19 years of age. Amount max. 250% of the Price base amount (prisbasbelopp), i.e.</p>	<p>Disability Living Allowance (care/mobility benefit): Payable to people, including children over age 3 who have personal care and/or mobility needs as a result of severe disability.</p>

National Disability Authority policy advice paper to DCA Review

COUNTRY	Australia	Austria	Belgium	Canada	Denmark	Spain	Finland	France	Italy	Luxembourg	Netherlands	Portugal	Sweden	UK
	severe disability or medical condition or someone who is frail aged.	incapacity occurred before the completion of age 21 or during a later vocational training, however, before the age of 27, Child benefit and increased child benefit will be granted to an unlimited extent.	levels of the socio-medical scale;  * € 390.36 if the child obtains at least 9 points and maximum 11 points in the three levels of the socio-medical scale;  * € 390.36 if the child obtains at least 12 points and maximum 14 points in the three levels of the socio-medical scale or if the child obtains at least 4 points in the first level and from 6 to 11 points in all three levels of the socio-medical	caregivers of a child under age 18 with a severe and prolonged impairment in mental or physical functions  Other criteria may apply. Financial Information • The CDB amount is calculated according to base income, which is determined by the number of children for whom				incurred by the state of health of the child. There are six supplements to the allowance, the amount of which vary between € 94.81 and € 1,038.36 per month. Another supplement is paid to single parents (between € 51.36 and € 422.69 ).  Possibility to opt for the disability compensation allowance			conditions for placement in an institution, as defined in the National Act on Exceptional Medical Expenses (AWBZ). As from 1 January 2009, the care allowance comes to € 211.45 (payable quarterly)	for assistance by a third party (subsídio por assistência de terceira pessoa): € 88.37 per month.	SEK 107,000 (€ 11,722) a year.  Benefits are subject to taxation except for such parts of the care allowance for disabled child (vårdbidrag) which are supposed to cover special expenses due to the disability.	

National Disability Authority policy advice paper to DCA Review

COUNTRY	Australia	Austria	Belgium	Canada	Denmark	Spain	Finland	France	Italy	Luxembourg	Netherlands	Portugal	Sweden	UK
			<p>scale;</p> <p>* € 443.87 if the child obtains at least 15 points and maximum 17 points in the three levels of the socio-medical scale;</p> <p>* € 475.58 if the child obtains at least 18 points and maximum 20 points in the three levels of the socio-medical scale;</p> <p>* € 507.28 if the child obtains at least 21 points in the three levels of the socio-medical scale.</p>	<p>the CCTB is received.</p> <ul style="list-style-type: none"> <li>• The CDB is paid as a monthly supplement to the CCTB.</li> </ul> <p>\$214.58 per month</p> <ul style="list-style-type: none"> <li>• The CCTB is usually issued on the 20th of each month, and one week earlier in December.</li> </ul>				<p>e (prestation de compensation du handicap) instead of the supplement of the special education allowance for a disabled child (see table XII).</p>						