Social Insurance Provisions for Children With Disabilities in Selected Industrialized Countries

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In the United States, low-income families who have a child or children with a disability may be eligible for cash benefits payable under the Supplemental Security Income (SSI) program. In the last few years, the number of these children on the SSI rolls has increased dramatically due, in large part, to new standards developed in response to a 1990 Supreme Court decision and the subsequent retroactive activity as a result of that decision. The rise in the number of child beneficiaries has led to increased concerns as to whether cash benefits are the best way to help these children and their families deal with the additional needs and expenses caused by disabilities. This article begins with a summary of recent American developments regarding the childhood disability issue as background to an exploration of comparative practices.

In light of the current interest in the United States concerning children with disabilities, it seems timely to explore the approaches used by other countries' social insurance programs. This study details the practices and provisions of 14 European countries and 4 other developed countries (Australia, Israel, Japan, and New Zealand). In addition to examining the variables involved in making cash benefits available and awarding them to families on behalf of disabled children, the article also provides information on in-kind benefits to which such families would be entitled and gives some insight as to the philosophy and policy goals of selected foreign programs.

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Children With Disabilities Under Programs in the United States

In the United States, low-income families who have a child or children with a disability may currently be eligible for cash benefits paid under the Supplemental Security Income (SSI) program, which is financed from general revenues. For many years, the number of eligible children remained fairly steady because the standard used required that the severity of their condition "meet or equal" the specifications in the Listings of Medical Impairments. Under the previous standard, there were less than 300,000 children with severe disabilities on the rolls in any given year.

However, in 1990, the U.S. Supreme Court ruled in Zebley *v.* Sullivan that the Social Security Administration (SSA), by using a different standard for children than that used for adults, was discriminating against children with disabilities. In other words, because the adjudication process for children stopped at the meet or equal step in the determination procedure, instead of providing children with an individual functional assessment as is afforded adult claimants with disabilities, SSA was not complying with the statute defining disability for children.

Following the Court's decision and directions to find a new way to adjudicate childhood disability claims, SSA consulted with childhood disability experts and developed a new standard that uses an individualized functional assessment for children whose impairments do not automatically meet or equal specifications in the listings. SSA also agreed to notify all childhood disability claimants who were denied benefits since 1980 because their impairments were not severe enough and to determine if those claimants wished to have their cases reexamined.

The combination of the retroactive effort, expanded eligibility criteria, increased attempts at outreach by both SSA and State and private organizations as well as the economic recession of 1990-91—that caused more families with disabled children to meet the program's low-income standards—resulted in 883,415 children and young adults (under the age of 21) with disabilities receiving SSI benefits in December 1994.[1] Consequently, particularly in the last year or so, there has been growing concern occasioned not only by the rapid increase in the rolls, but also by allegations in the press that some parents are misusing the checks meant for their children's care or are coaching their children to act inappropriately in order to be eligible for benefits.

These concerns (such as the labeling of and stigmatization of children with disabilities) along with other issues raised by parent groups and special education teachers led to the creation in 1994 of the National Commission on Childhood Disability as part of the legislation that made SSA an independent agency. The Commission's task is to undertake a comprehensive review of the SSI program for children with disabilities and to develop recommendations for redesigning the program. Specifically, the Commission's mandate is to examine: (1) whether the SSI definition of disability is an appropriate one and, if not, what alternative definition would be appropriate; (2) whether the needs of disabled children can be met most effectively through cash benefits, vouchers, expanded health coverage, or some combination of these; and (3) how the SSI program can be restructured to improve the chances that children who receive benefits will achieve their full work potential as adults.[2]

In addition to the work of the National Commission, the National Academy of Social Insurance established the Committee on Childhood Disability—a nonpartisan group of national experts—in response to a study request from the House Ways and Means Committee of the 102nd Congress. In their work, the Committee drew upon the Academy's Disability Policy Panel as well as the views of 12 additional experts in government, academia, and in the private sector. In May 1995, after a year of studying the issue, the group released its findings in a report entitled "Restructuring the SSI Disability Program for Children and Adolescents." [3]

This report endorsed the concept of cash benefits for children with disabilities. Jerry Mashaw, Sterling Professor of Law at Yale University and the chair of the Academy's Disability Policy Panel explained that:

> Cash payments must be seen in the context of needs for family support. There are myriad special burdens placed on families of children with severe disabilities. Cash support can ease those burdens, even if it cannot remove them. Low-income families, already at the margin, face particular difficulties meeting the added costs associated with their child's disability.[4]

Although endorsing the concept of maintaining cash benefits, the Committee also included some caveats that these benefits should be made "only in appropriate cases" and that "they should not be excessive in the modest number of cases where families have more than one disabled child." Finally, the experts urged that, "the approach to the support of disabled children through the SSI program should be reoriented towards an emphasis on the medical recovery, physical and mental development and job readiness of children with disabilities." [5]

In the midst of all the studies and recommendations, the House has passed legislation and the Senate has drafted legislation also aimed at the problems of families with disabled children. At the heart of the debate is the question of how to serve the special needs of these children and families in the most efficacious and cost effective way. Many different approaches are being discussed including eliminating cash benefits, providing services, restricting cash benefits to only the most severely disabled children, increasing frequencies of reviews, and so forth.

In light of the current interest in the United States on this issue, it seems timely to explore the practices of other industrialized countries vis-a-vis children with disabilities. This article looks at the provisions on behalf of these children in 14 industrialized European countries in addition to 4 other developed countries (Australia, Israel, Japan, and New Zealand). Before discussing the specific arrangements in the various countries, it is important to provide some background on the typical structure and program branches in the social insurance schemes of most industrialized countries so that the provisions for disabled children can be understood within the broader context of these overarching programs.

Programs for Children With Disabilities Under Foreign Systems

There are two essential differences, relevant to the discussion of benefits for children with disabilities, between the social insurance programs in all of the foreign countries under discussion and that of the United States: (1) all foreign social insurance programs provide *family allowance* benefits to families with children and (2) all have some form of universal, or near universal, health insurance. The existence of these two programs means that many of the issues related to the additional needs and costs of having a child with a disability are typically dealt with in either the family allowance or health insurance programs under these foreign social insurance systems.

In particular, the family allowance programs in these countries play a key role in helping families with disabled children provide for the additional costs of their care through payment of cash benefits. National health insurance programs, on the other hand, provide for all or most in-kind benefits that may be needed by children with disabilities. The sections that follow give more details on these two programs that are the key underpinnings to helping families care for children with disabilities.

Family Allowance Programs

According to *Social Security Programs Throughout the World—1993*, "all industrialized countries except the United States have family allowance programs." [6] These programs originated in 19th century Europe when some of the large companies began paying premiums to workers with families of considerable size. The idea spread gradually, and several European countries enacted programs during the 1920's and 1930's, often for pronatalist reasons, to help offset the population losses during World

War I. "Most programs in operation today, however, have been enacted since World War II." [7]

Types of Programs

There are essentially two types of family allowance programs: universal and employment related. Universal programs are typically funded from general revenues and provide allowances to all residents with the required number of children. On the other hand, employment-related programs are usually funded entirely or in considerable part by the employer, typically at a uniform percentage-of-payroll rate. In some countries, there is also a government subsidy if employer contributions cannot cover the entire program cost.

Some countries such as Belgium, France, and Israel expect the self-employed to contribute to family allowance programs, but otherwise employee contributions as a funding source for these programs are exceedingly rare (the exceptions are Portugal and Spain where insured workers' contributions to the family allowance programs are subsumed as part of the overall global contributions to the social insurance system (chart 1). These employment-related programs provide family allowance benefits to all wage and salary workers, and in some cases to the self-employed.

Eligibility for Benefits

Eligibility for family allowance benefits is commonly related to the size of the family and, in some cases, to family income. Although many countries pay benefits beginning with the first child and irrespective of family income, other countries require that there be two or more children in a household or that eligibility be subject to an income test. Benefits typically end with the last year of school or the minimum working age, usually between ages 14 and 18. Frequently, however, benefits are continued for university students, during apprenticeships, or during vocational training. In the case of children with disabilities, many countries extend the usual age limit or continue to pay benefits indefinitely. Chart 1 provides more information about the general family allowance program eligibility rules concerning age and persons covered.

Health Insurance Programs

"Programs for sickness are generally of two types: cash sickness benefits, paid when short-term illnesses prevent work; and health care, provided in the form of medical, hospital, and pharmaceutical benefits." [8] Because sickness benefits are cash payments meant to replace workers' income loss on a temporary basis, these benefits should be thought of more accurately as a form of income replacement and therefore will not be included in this discussion.

Instead, it is more important to mention the specific in-kind benefits provided under the national health care programs that are relevant to children with disabilities. Specifically, these in-kind benefits include generalized and specialist care; hospitalization; prescribed medicines; appliances such as wheelchairs, hearing aids, orthotics and prosthetics; some dental care; rehabilitation; patient transportation; home nursing services; and, in some cases, nonmedical care such as help with activities of daily living.

In addition, mention must also be made here concerning the provision of benefits associated with maternity. Specifically, most of the countries discussed in this article provide cash benefits to working women that act to replace lost income during maternity leave. However, more germane to this study is the fact that all of these countries also provide—to pregnant workers as well as to wives or partners of workers—medical care and hospitalization coverage for pregnancy and birth. In fact, several of the countries begin paying family allowance benefits prior to the actual birth and often during the first or second trimester of pregnancy. Chart 1 shows the value of the birth grant, when applicable.

In many cases, eligibility for these payments is through the treating physician's certification that the woman is being seen for regular examinations. The purpose of this linkage is to help ensure good prenatal care for the mother-to-be as well as to try to minimize infant morbidity and mortality problems. Therefore, it would not be an exaggeration to state that in foreign countries, childhood disability prevention typically begins under the national health insurance maternity programs. Chart 1 indicates those countries that require the mother to comply with specified medical examinations prenatally in order to qualify for birth grants.

Finally, there is one other common provision under many of these foreign programs that is known under a variety of names such as attendant care, constant attendance, long-term care, or nursing care allowances. Most of the countries discussed in this article pay allowances or supplements to individuals with severe disabilities who need daily care. Depending on the country, payments may also be made to family members or other caregivers in recognition that they are performing services that would otherwise have to be rendered in institutions or by health care providers.

The usual standard for payment of these attendant allowances is that the person requires a high level of care. As will be seen in the following discussion, some of the countries provide allowances to caregivers of severely disabled children. In any case, many of the countries apply the same test; that is, the level of care required, in relation to the question of eligibility for benefits for disabled children and/or to establish the level of compensation.

Eligibility Determination for Children With Disabilities

As indicated earlier, all of the foreign social insurance programs that pay benefits to children with disabilities have had to develop some type of objective measure to assess eligibility. In adults, the assessment of the severity of the disability is typically quantified in some manner, essentially by measuring the effect of the disability on the person's ability to function. For example, at least in most contributory schemes, the assessment for eligibility usually involves consideration of ability to perform work-related functions as well as consideration of the financial impact of the impairment on ability to earn an income at some prescribed level. In other words, countries often use work activity as the yardstick by which to measure the effect of the impairment on adults with disabilities.

However, because children do not work, social insurance schemes that wish to compensate families for the increased costs of caring for a disabled child need to construct other ways of measuring the impact of the disability. As a consequence, there tends to be two basic means of assessing disabilities in children: (1) by using specific lists of impairments with the degree of severity required for benefit entitlement, or (2) by comparing the level of functioning or degree of care required for a child with a disability to that which is needed for a nondisabled child of the same age. The Appendix provides the statutory definitions of disability for children in a sampling of countries.

Variations in Benefit Provision

Foreign countries' social insurance programs are the result of numerous factors that are directly related to an individual country's unique history, culture, and economic conditions. Not surprisingly then, and despite the programmatic commonalities mentioned earlier, the question of how countries provide for families with disabled children varies greatly depending on the individual country and the overall organization of its social insurance system.

Some of the European countries examined, specifically, Denmark, Germany, Italy, and the Netherlands, pay no additional cash benefits beyond the regular family allowance benefits, to further compensate families with disabled children. However, as will be seen in the sections that follow, even if no additional cash supplements are paid, at least two of the countries (Germany and Italy) extend or eliminate the usual age limits when entitlement to family allowance benefits cease, if the young person has a disability. Moreover, Italy increases the usual income limits that serve to determine family allowance benefit levels if there is at least one totally disabled family member. Chart 2 presents the countries that make any type of special provisions, including eligibility extensions or additional compensation, to families with disabled children.

In any case, most of the industrialized countries pay additional benefits for children with disabilities through the use of special exceptions or conditions, most commonly paid under their family allowance programs. However, in lieu of using the family allowance program as the mechanism to compensate for disabilities in children, a few of the countries simply extend the benefits available to adults with disabilities. For example, Israel and the United Kingdom make children with disabilities eligible for various allowances or benefits paid under their respective disability insurance programs.

In Germany, the new Dependency Insurance Act of April 1994, which is aimed primarily at elderly individuals who need nonmedical care and attention, is also applicable to children with disabilities who require such care. Similarly, the Austrian program provides a *care benefit*, again primarily aimed at the elderly but also applicable to dependent children, that provides for seven levels of benefits linked to the degree of care required. Chart 2 details the types of benefits available to families with children with disabilities and shows under what program these benefits are available in each country.

Age Limits

As mentioned earlier, the usual age limit when family allowance payments stop is typically between ages 14 and 18. In Belgium, Germany, and Ireland, the basic family allowance is payable up to age 16 (with extensions for students). However, in Belgium and Ireland, the allowance for a disabled child is paid up to age 18 and is extended indefinitely in Germany (also in Italy) if the young person is disabled. Far less typical is Japan, where unlike the European countries, normal family allowance benefits are payable only for the first few preschool years and then only to families who meet an income test and who have at least two children of preschool age. However, despite the generally more limited nature of Japan's family allowance program, an exception is made for children with disabilities. These children continue to receive benefits up to age 20.

Some countries (for example, Ireland, Israel, and the United Kingdom) impose a lower age limit on disabled children before they are eligible for certain benefits. In other words, those countries usually do not begin paying cash benefits until the disabled child is beyond toddlerhood. The logic is that all infants and toddlers require a high level of care so that it is too problematic to distinguish the level of additional care needed for a very young child with a disability. However, it must be said that the choice of what lower age is appropriate for this type of decisionmaking seems fairly arbitrary; that is, there does not seem to be any clear agreement on what lower age can be used as indicative of exceptional care needs over those needs of nondisabled children.

For example, Ireland pays a *domicile care allowance for a handicapped child* from age 2 if the child is cared for at home. On the other hand, in the United Kingdom, disabled children do not become eligible for the *mobility component* of the *disability living allowance* (DLA) until age 5. The British state that, "all children under the age of 5 have mobility needs. None is independently mobile. At age 5, it is possible to identify walking difficulties, which are clearly due to disability and those which are the result of variations in normal development."[9]

The Israeli program uses age 3 to delineate the differences between what is extraordinary care needed by severely disabled infants and toddlers versus the care that all very young children require. Thus, Israel pays a *disabled child benefit* to a child aged 3-18, "who, as a result of his [or her] impairments is dependent on the help of others to perform everyday functions to a degree significantly greater than is normal for his [or her] age group." The benefit is also payable to a child "suffering from a special impairment (Down's syndrome) or a child under 14 suffering from a deterioration in hearing as determined in the regulations."

However, Israel pays a *disabled toddler benefit* for those aged birth to 3 only when "the child has a severe illness, is blind, or suffering from developmental retardation according to types of impairments all as specified in regulations."[10] In other words, eligibility for this particular benefit is far more restricted and payable only on behalf of children whose disabling conditions are recognizable at birth or in early infancy, such as blindness or Down's syndrome.

Supplementary Benefits Under the Family Allowance Programs

Flat-rate Benefits

Countries that provide additional cash supplements to families with disabled children do so in a variety of ways. Some of these countries (for example, Australia, Ireland, Luxembourg, and New Zealand) pay flat-rate benefits to families of children with disabilities provided the basic eligibility requirements are met. The intent is simply to help compensate for the additional care assumed to be needed without attempting to categorize, in any way, the level of care.

Tiered Benefit Levels

The majority of the industrialized countries who pay cash supplements for children with disabilities do so by linking the benefit level to the degree of disability or level of care needed. As mentioned earlier, these benefits for children employ a concept that is similar to that sometimes used for attendant care allowances for adults with disabilities under the disability pension schemes and the work injury programs. Specifically, eligibility for the benefit is based on the recipient requiring a greater degree of help or care than would be necessary for a nondisabled individual.

In most countries, under the attendant care programs, adults who meet the requirements for a certain higher level of care are usually eligible for a flat-rate additional supplement. In essence, except for the United Kingdom and Finland, few countries through their attendant care programs attempt to delineate further the degree of care needed or link the benefit rate to that level of care. However, for attendance allowances payable to those persons over age 65 who need personal care, the United Kingdom does distinguish between care that is required both day and night and therefore paid at a higher rate, versus the lower rate benefit for care needed either during the day or at night. Finland applies similar standards to care of the frail elderly.

Finally, the new German Dependency Insurance Act mentioned earlier also distinguishes three categories according to the degree of care needed: (1) dependent persons; (2) seriously dependent persons; and (3) totally dependent persons.[11] With respect to the new German insurance, it must be stressed that this care is distinctively nonmedical; that is, the claimant's health condition is not expected to medically improve (hence the reason for divorcing it from care provided under the sickness insurance). Specifically, the care is "assistance in the performance of acts of everyday life other than courses of medical treatment, such as care of the body, feeding, mobility, or household help." [12]

Certainly, in the case of childhood disability benefits, many countries attempt to quantify the level of care needed in order to pay benefits that meet those needs more directly. For example, Finland has three levels of benefits for children with disabilities. The basic level pays a supplement worth about $85 (U.S. dollars) a month above the regular family allowance benefit. If the cost of the child's care or rehabilitation is quite high, the supplement increases to about $200 a month. Finally, if the child needs constant care or help, the supplement is expanded to about $375 a month.

Other countries also use benefit rates linked to the degree of disability. Japan has two benefit rates depending on the degree of disability; Belgium has three payment levels under their family allowance program for employees; France pays a basic flat-rate with additional payments linked to the degree of disability; and Sweden pays a *care allowance* for disabled children under age 16 at one-fourth, one-half, three-fourths, or at full-rated benefits, based on the additional expenses caused by the child's disability, with the assessment based on the total need for supervision and care. The *Swedish allowances* are generally taxable but a certain portion of the care allowance can be a tax free award for additional expenditures.

Sweden also pays several other types of allowances to individuals with disabilities, including children, depending on their care needs. For example, *assistance allowances* are cash benefits paid to persons, including children, who need personal assistance in everyday life for more than 20 hours a week. Typically, in the case of adults, assistance allowances are paid to the disabled person to help compensate for the cost of a personal assistant. However, children with disabilities can be entitled to an assistance allowance if they have a greater need of care than their parents can be expected to provide.

After age 16, the disabled adolescent in Sweden could be eligible for a disability pension and a *handicapped allowance*. A disability pension is payable to an insured person between the ages of 16 and 64 with reduced working capacity on a permanent or temporary basis. The disability pension is payable at full, two-thirds, one-half, or one-fourth rates with the full rate equivalent to a full old-age pension. The handicapped allowance is payable either as a principal benefit or as a supplement to a principal benefit. Entitlement to the handicapped allowance is based on the total need of assistance in everyday life and work.

Benefits for Children Under Disability Programs

As mentioned previously, at least two of the countries, Israel and the United Kingdom, pay benefits to children with disabilities under their regular disability programs for adults, instead of under their family allowance programs. The benefits for disabled children in Israel have already been described in the Age Limits section; further details are also provided in chart 2 and in the Appendix. Therefore, the remainder of this section will describe how the British system applies programs for adults with disabilities to meet the needs of families with disabled children.

The United Kingdom

The social security program in the United Kingdom is well known for offering a broad choice of benefits to fit many different situations, so that individuals can claim specific benefits that apply to their particular circumstances. For example, claimants needing help with purchasing eyeglasses or milk may file for those benefits. Furthermore, eligibility for one type of benefit may automatically entitle a claimant (for example, someone with a disability) to another type of benefit or supplement.

Therefore, given the flexibility of the British system to fit many different circumstances, it seems worthwhile to examine in further detail how these various benefits might apply to a family with a disabled child, depending on the particular type of condition, needs of the family and/or child, the child's or adolescent's age, and so forth. It should also be mentioned that eligibility for family allowance benefits is not affected in any way by entitlement to these disability program benefits.

Among the two principal disability benefits applicable to families with disabled children are: the *disability living allowance* (DLA) and the *invalid care allowance* (ICA). The DLA, in turn, has two components to it, each with a tiered rate of benefits. The 1995 values of both the DLA and the ICA are shown in U.S. dollars in the benefit amount column of chart 2 but the description below provides more detailed information on how the level of need is determined.

Disability Living Allowance.—This allowance is payable only to those persons whose disabilities begin before they reach age 65, including children (from the age of 3 months). There are two components of the DLA: (1) a *care component* for people who need help with personal care; and (2) a *mobility component* for those who need help with getting around. Both components entail a 3-month qualifying period during which the person needed help, plus a prospective test that determines if the need for such help will continue for at least 6 more months. Both requirements are waived in the case of terminal illness. To be eligible for the care component, a child under age 16 must have substantially greater care needs than other children of the same age. To qualify for the lower rate of the mobility component, the child must need substantially more guidance or supervision outdoors than would a child of the same age normally need. [13]

The two components of the DLA are detailed as follows:

(1) The care component has three rates depending on the amount of help with personal care that an individual needs. The highest rate is payable if a person needs help *both* day and night; the middle rate applies to those who need help *either* during the day or the night; and the lowest rate is paid if a person needs *some* help during a portion of the day but less help than that of the middle category. People who are terminally ill qualify for the highest rate.

(2) The mobility component, payable to persons aged 5 or older, is payable at two rates. The higher rate is payable if a person:

- is unable or virtually unable to walk due to a physical disability; or
- has had both legs amputated at or above the ankle, or was born without legs or feet; or
- is both deaf and blind and needs someone with them when outdoors; or
- is severely mentally impaired with severe behavioral problems and is receiving the highest rate of the care component.

The lower rate is payable if a person is able to walk but needs someone with them to provide guidance or supervision for most of the time when they are outdoors in unfamiliar surroundings.[14]

Invalid Care Allowance.—This allowance is paid to individuals of working ages (16-60 for women and 16-65 for men) who are unable to go to work or forego the opportunity of full-time work because they are caring for a severely disabled person at home. Carers need not be relatives but when the disabled person is a child, the caregiver usually is a parent or close relative. The criteria include the following:

- the child must be in receipt of the middle or highest rate care component of the DLA;
- the carer must provide service at least 35 hours a week;
- the carer must not have earnings of more than 40 pounds a week before taxes and after allowable expenses; and
- the carer must not be a full-time student (that is, more than 21 hours per week).[15]

Eligibility for the ICA does not require that the caregiver have paid any National Insurance (NI) contributions, but NI credits are given for each week that the caregiver receives an ICA. This granting of credits, in essence, serves to protect the retirement pension rights and some other benefits (for example, for a woman who drops out of the work force to stay home to care for her disabled child). The benefit is not means-tested as such but the earnings rule acts as a type of constraint.

In addition to the DLA and the ICA, disabled adolescents (aged 16 or older) would also be eligible for other benefits depending on whether they could work or not. On one hand, young people who become disabled before their 20th birthday and are therefore incapable of work can be eligible for a *severe disablement allowance* if they have not paid enough

NI contributions to entitle them to benefits under the contributory program.

On the other hand, young people (aged 16 or older) with disabilities who can work at least 16 hours a week may be eligible for a *disability working allowance*. Entitlement to benefits does not require that one contribute to NI but the benefit amount is income related. The complete details of these allowances are beyond the scope of this article but the point is that the "cafeteria plan" approach towards disability benefits under the British system provides admirable flexibility for the differing circumstances of families with disabled children and adolescents.

Finally, it should be noted that the above-mentioned example of the possibility of families of children and adolescents with disabilities combining various benefits is not unique to the United Kingdom. In fact, most of the countries in this study offer families or individuals with disabilities many types of supplemental benefits, either at the federal or local levels in addition to the specific disability-related benefits or allowances.

Sweden provides a good illustration. The various cash benefits for a child or adolescent in Sweden were described earlier, but, in addition to all benefits previously mentioned, there are also *car allowances*. Persons with permanent functional difficulties who have considerable problems moving about or using public transportation can receive financial support to purchase (every 7 years) and adapt a car, motorcycle, or moped. Specifically, among the groups who are entitled to a car allowance are disabled parents with children under age 18 and parents with disabled children.

Furthermore, Sweden pays cash benefits to parents who are kept from working because their child is ill, has an infection, or is institutionalized on a temporary basis. The benefits are payable up to 120 days per child per year for both parents together. One criterion for such benefits is that the parents visit the institution to learn how to care for the child (who must be under age 12).

It is not possible within the scope of this article to provide all of the various supplements payable to families with disabled children in most of the foreign programs in this study but there are supplements available that include help with rent and housing costs, payment for modifying a home or apartment to make it accessible, transportation expenses, allowances to buy a car and to adapt it, in-home nonmedical care, respite care for the parents or principal caregivers, cost of technical learning aids, personal assistance services, interpretation services for the deaf or hearing impaired, and so forth.

Methods for Making Disability Claim Decisions

Whether a country pays benefits to families on behalf of their disabled children under the family allowance program or the disability program, the fact remains that someone must certify that the child is disabled and that he or she needs a certain level of care. On one hand, given the recent controversy that has arisen in the United States about allegations that some parents are coaching their children to "act up" in order to gain eligibility for benefits, it may be surprising that many foreign programs simply take the parents' word, based on their claim form responses, concerning the level of care required.

On the other hand, the existence in all of the foreign countries of national health insurance programs also presents a very different scenario from that of many poor families with a disabled child in the United States. In particular, poor American families, especially those in rural areas, may not have access to good or ongoing medical care. The lack of such care may mean that the child does not get early intervention, medical treatment, or therapy that would help improve his or her condition; nor does the child have the necessary medical evidence, hospitalization records, or treatment history needed for speedy adjudication of his or her claim.

However, owing to the existence of national health insurance programs, these issues are usually not a problem in the foreign social insurance programs under discussion in this study. Typically, under the foreign programs, the family physician acts as a gatekeeper both for referral to specialists as well as for access to disability benefits. Therefore, in the event of some question about the claimant's condition or level of care needed, the social insurance agencies can either turn to the family physician or specialist, and a request for verification can be made through the use of medical records and from others who know the claimants' medical background, and so forth.

To see how this process actually is applied, it is useful to look at the description provided by the Swedish National Social Insurance Board for a view of their very individualized approach as well as the key role played by the treating physician:

> The treating physician certifies that the child is ill or disabled. If the medical papers give information that the child is that ill or disabled that he [or she] will be included in the group of children whose parents have the right to apply for care allowance, it is the amount of special care and supervision the child requires and the additional costs that is important. The word of the parent is very important. If he [or she] permits the word of the school teacher, care giver and other persons who know the child well, this also can be very important information for the social insurance office. Every family has a unique situation and the social insurance office has to penetrate the total situation of special supervision and care, in hours per week, and the additional costs related to the unique situation with the child concerned. Then it is up to the regional social insurance board to decide the level of the benefit in the individual case. If a parent is not satisfied with the decision he [or she] can appeal to the appeals tribunal.[16]

Finally, many countries use their own social insurance physicians either to do the actual disability assessment, to decide the degree of care needed, or to resolve any questionable cases. For example, in Finland, the treating physician gives a thorough description of the medical status to the Social Insurance Institution (SII). Then, expert physicians at the SII offices make the assessment of the disability and the degree of severity or care needed. [17]

To make a DLA determination, in the United Kingdom for example, the Department of Social Security generally relies on the disabled person's own assessment of the effect that the illness or disability has on his or her life. An independent adjudication officer makes the actual decision. If there are any questions, the adjudication officer 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. [18]

Conclusions

In some ways, children with disabilities present the greatest challenge to social insurance program administrators because they represent the generation that would normally be the future workers in a pay-as-you-go system. Failure to help these children achieve their maximum potential not only impacts on the children's lives and the lives of their family members, but ultimately affects the social insurance trust funds and the well-being of the whole society.

Perhaps that is why so many of the countries in this study have, for the most part, devoted so much time, money, and effort to create diverse, yet comprehensive, programs crafted to respond to the needs of such children and their families. The foreign disability policy experts and program administrators have been able to fashion these programs because they have looked at the question of how best to provide for these children by taking a micro, not a macro, view.

The program architects have begun looking at the child as an individual and have assessed the impact of the disability on the family unit. By determining what the family needs to help the child reach his or her potential and the extra resources the disability requires, the foreign social insurance systems have been able to fashion programs that are uniquely adaptable to the individual family circumstances. Most of all, the architects of these systems have been able to construct effective programs because their social insurance systems were founded on the notion of solidarity. There can be no better example of intergenerational solidarity than to provide a strong, secure foundation for children with disabilities to encourage and enable them to reach their full potential.

Notes

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[1] Table 2.A4.—SSI: Number and percentage distribution of children and adults receiving federally administered payments, by age and category, December, 1994, *Social Security Bulletin*, Vol. 58, No. 1 (Spring 1995), p. 113.

[2] Social Security Independence and Program Improvements Act of 1994 (P.L. 103-296), Title II, section 202 Commission on Childhood Disability, section (e), Study by the Commission.

[3] National Academy of Social Insurance (press release), "Expert Group Recommends Steps to Restructure Supplemental Security Disability Program for Children, Adolescents" (May 8, 1995), p. 1.

[4] *Ibid.*

[5] *Ibid.*

[6] *Social Security Programs Throughout the World—1993* Department of Health and Human Services, Social Security Administration, Office of Research and Statistics, Research Report #63, SSA Publication No. 13-11805, Washington, DC, (May 1994) p. xxix.

[7] *Ibid.*

[8] *Ibid.*, p. xviii.

[9] United Kingdom, Department of Social Security, *Fact Sheet on Disability Benefits for Children, British Embassy.* Washington, DC, (May 1995) Labour and Social Affairs Officer.

[10] See chapter on General Disability, for definitions of "disabled child," "disabled toddler," and "child dependent on the help of others" in *National Insurance Programs in Israel*. National Insurance Institute.

[11] For an excellent description of the provisions of the new German legislation and a comparison of its approach versus similar legislation in other countries, see Scheil-Adlung, Xenia, "Social security for dependent persons in Germany and other countries: Between tradition and innovation," *International Social Security Review*, Vol. 48, 1/95, pp. 19-34.

[12] *Ibid.*, p. 21.

[13] See "A Guide to non-contributory benefits for disabled people," Leaflet HB 5, Her Majesty's Stationery Office, Benefits Agency, Social Security (December 1994) pp. 26-30.

[14] *Ibid.*, p. 29.

[15] *Ibid.*, pp. 18-20.

[16] Else-Marie Moller, personal letter, June 22, 1995, in response to author's inquiry.

[17] Risto Seppalainen, personal letter, April 6, 1995, in response to author's inquiry.

[18] Her Majesty's Stationery Office, *op. cit.*, pp. 11-12.

Chart 1.—Family allowance benefits under foreign social insurance programs for selected countries, by program characteristics

[1995 benefit amount in U.S. dollars]

Australia

Age: Under 16 (25, if student).
Coverage: Parent or guardian as well as child (with exceptions); must be residents.
Payment structure: Every 2 weeks.
1995 benefit amount: Basic family payment (means-tested at high level) is $16.50 for each of 1st three children; $22 for 4th and each subsequent child. $22 for children in institutions. Additional means-tested payments depending on family income and children's age range from $26 to $71.
Financing source: Government pays entire cost from general revenues.

Austria

Age: Under 19 (18, if taxable income of child or student is over 3,500 shillings a month.
Coverage: Payable to permanent residents with one or more children, or to aliens if employed more than 3 months or in residence status for at least 5 years.
Payment structure: Monthly.
1995 benefit amount: $127.50 for a child up to age 10; $150 until age 19; then $155. Birth grant is $1,365, payable in installments if medical examination conditions are met; otherwise $182.
Financing source: Employer pays 4.5% of payroll. Government pays grants by municipalities; also some State support.

Belgium

Age: Under 16 (18, if apprentice or disabled; or 25, if student seeking employment). Eligible children may include dependent grandchildren, siblings, stepchildren, and other dependent minors.
Coverage: Payable to gainfully occupied persons and social insurance beneficiaries with one or more children.' Special system for public employees and self-employed persons. Families not covered under the above programs are eligible for means-tested programs.
Payment structure: Monthly.
1995 benefit amount: $81 for 1st child ($122, if child of old-age pensioner; $170, if child of disabled or unemployed beneficiary. Rates for 2nd child is $150 ($175 for child of any of the above categories); and $224 for 3rd and subsequent children ($228 for child of any of the above categories).
Financing source: Employer pays 7% of payroll. Government pays subsidies to employee and self-employed programs covering any deficits.

Finland

Age: Under 17.
Coverage: Payable to all residents with one or more children.
Payment structure: Yearly.
1995 benefit amount: $1,416 for 1st child; $3,205 for 2nd; $5,466 for 3rd; $8,025 for 4th; and $11,056 for 5 or more children, plus $298 for each child under age 3. Single parent supplement is $497 a year for 1st child. Birth grant payable to citizens upon birth of child is $157.

France

Age: Under 18 (20, if student, apprentice, vocational trainee, or disabled) and earning less than 55% of the minimum wage.
Coverage: Payable to families with two or more children.
Payment structure: Monthly.
1995 benefit amount: $124 for two children; $159 for 3rd and each subsequent child; plus a $35 increase for each child aged 10-15; and $62 for each child beyond age 15. Young child allowance is $178, payable beginning with the 5th month of pregnancy until the 3rd month after birth without means test, then until age 3 subject of means test. Additional allowances payable depending on means test, single parenthood, etc.
Financing source: Employer pays 5.4% of payroll (low wages are totally or partially exempted from contributions). Government pays 1.1% of all revenues.

Germany

Age: Under 16 (21, if unemployed, registered with an employment office and not in occupational training; 27, if student; no limit if disabled). For children above 16, the amount of the allowance is dependent on income. Regular family allowance requires proof of school attendance.
Coverage: Payable to residents with one or more children.
Payment structure: Monthly.
1995 benefit amount: $45 for 1st child; $45-$83 for 2nd; $45-$141 for 3rd; and $45-$154 for each subsequent child. (Higher rate for families with income below an annually adjusted ceiling. Lower rate may be paid if children reside in countries where cost of living is lower.
Financing source: Government pays entire cost.

Ireland

Age: Under 16 (18, if student or disabled).
Coverage: Payable to residents with one or more children.
Payment structure: Monthly.
1995 benefit amount: $31 for 1st and 2nd child; $38.50 for 3rd and subsequent children. Benefits doubled for each of triplets or more. Multiple birth grant is $154 per child for birth of twins or more.
Financing source: Government pays entire cost.

Israel

Age: Under 18.
Coverage: Payable to residents with one child or more. Special allowance (in addition to the regular family allowance) for 3rd and subsequent children if any member of the family has served or is serving in the Armed Forces.
Payment structure: Monthly.
1995 benefit amount: $40 a month for each of 1st two children; $79 for 3rd; $160.50 for 4th; $135 for 5th; $149 for 6th and each subsequent child. Automatic benefit adjustment four times a year for changes in general price levels.
Financing structure: Employer pays for 0.81% of payroll. Government pays for 1.67% of payroll, plus amount equal to 80% of contributions, plus entire cost of any special allowances.

Chart 1.—Family allowance benefits under foreign social insurance programs for selected countries, by program characteristics—*Continued*

[1995 benefit amount in U.S. dollars]

Italy

Age: Under 18 (no limit is disabled). Brothers, sisters, nieces, and nephews must be orphans or dependents under 18 (no limit if disabled)—up to a maximum of seven family members.
Coverage: Payable to employees, some self-employed persons, and social insurance and certain unemployed beneficiaries with one or more children or dependents.
Payment structure: Monthly.
1995 benefit amount: Increases in relation to family size and decreases in relation to family income For example, benefit is $443 for a family of four with an annual income of less than $9,420; for the same size family with an income between $12,934 and $15,520, the benefit is $106. No benefit payable to family of four with income in excess of $25,903. Ceiling for seven member family is $32,968.
Financing source: Employer pays for 6.2% of payroll. Government pays for various subsidies.

Japan

Age: First child under 4 and second and subsequent child under 3.
Coverage: Payable to residents with one or more children who meet the income test in the previous year. Requirements for a family of four is as follows: Resident's income must be less than $36,540 a year in the previous year; special allowances for employees with incomes less than $63,633. Employees and public employees with incomes less than ??? a year (in U.S. dollars) are eligible.
Payment source: Monthly.
1995 benefit amount: $51 for 1st and 2nd child; $102 for 3rd and each subsequent child.
Financing source: Employer pays 70% of cost. Government pays with respect to employees earnings above stated range. National treasury pays 20% of cost; prefecture pays 5%; and city or town pays 5%. With respect to self-employed and unemployed, the national treasury pays 66.6%; prefecture pays 16.7 %; and the city or town pays approximately 16.7%.

Luxembourg

Age: Under 18 (27, if student; no limit if disabled before 18.
Coverage: Payable to all children raised or legally domiciled in country. (Also payable to nonresident children of foreign workers).
Payment structure: Monthly.
1995 benefit amount: $100 for 1st child; $270 for 2nd; $547 for 3rd; and $277 for each additional child; plus a $16 supplement a child aged 6-11 and $49 for each child aged 12 or older. Additional supplements for school reentry and education allowances for parents (subject to income tests). Birth allowance is $1,750 payable in three equal installments prenatally, at birth and postnatally, if proof exists of prescribed medical exams and mother is a resident.
Financing source: Government pays 1.7% of payroll.

New Zealand

Age: N/A
Coverage: Domestic purpose benefit is payable to an unsupported single parent aged 18 or older who has been a resident for the last 10 years or whose child was born in New Zealand and who is caring for this child full time. Family support is payable to all families with low or moderate incomes, who have dependent children.
Payment structure: Weekly.
1995 benefit amounts: Domestic purpose benefit is $120, payable to single parent with 1 child; family support is up to $26 for 1st child or subsequent child over age 16; $22 for each additional child over age 12; and $15 for each additional child from birth to age 12.
Financing source: Government pays entire cost, financed from general revenues.

Norway

Age: Under 16.
Coverage: Payable to all resident children.
Payment structure: Yearly.
1995 benefit amount: $1,552 for 1st child; $1,628 for 2nd; $1,843 for 3rd; $1,938 for 4th; and $1,996 for each additional child. Annual supplement of $750 for each child under age 3. Families living in the arctic region receive an annual supplement of $557.
Financing source: Government pays entire cost.

Portugal

Age: Under 15 (25, if student; no limit if disabled).
Coverage: Payable to all employed persons and pensioners. Voluntary insurance available to persons ineligible for any other contributory program.
Payment structure: Monthly.
1995 benefit amount: $16 for each of 1st two children; $24 for 3rd child or more. Birth grant is $144 for each birth. Special supplement is 65% of salary, for low-income parents taking leave to care for children.
Financing source: Global contributions covering all branches (portion earmarked for family allowance program is 2.8%. Total rate paid by employers (24.5%), for insured workers (11%), and Government (partial subsidies).

Spain

Age: Under 18 (no limit if at least 65% disabled).
Coverage: Contributory system—payable to all employees, social security pensioners and persons receiving cash sickness benefits have only one or more eligible children. Noncontributory system—payable to all Spanish citizens and legally resident aliens entitled to social security benefits.
Payment structure: Yearly.
1995 benefit amounts: All (nondisabled) children under age 18 receive $277 a year.
Financing source: Employer pays for family allowances financed under global social security employer contributions of 24.4% of earnings. Insured person is financed as part of total contribution of 4.9% of covered earnings based of wage classes that vary according to 11 occupational classes. Government pays cost of noncontributory program, financed out of general revenues.

Chart 1.—Family allowance benefits under foreign social insurance programs, for selected countries, by program characteristics—*Continued*

[1995 benefit amount in U.S. dollars]

Sweden

Age: Under 16 (20, if student).
Coverage: Payable to all residents with one or more children.
Payment structure: Monthly.
1995 benefit amount: \$100 for 1st child; \$200 for 2nd; \$326 for third; \$479 for 4th; and \$598 for five or more children.
Financing source: Government pays entire cost.

Switzerland

Age: Federal program—under 16 (20, if unable to work and not receiving a full disability pension; 25, if student). Cantonal program—under 16 (18-20, if disabled; 25, if student).
Coverage: Federal program—agricultural employees and small self-employed farmers have one or more children and are married. Cantonal program—nonagricultural employees with one or more children; several cantons also cover some self-employed persons, including farmers.
Payment structure: Monthly.
1995 benefit amount: Federal program—\$110 for 1st two children (mountain regions, \$125); \$114 for 3rd and subsequent children (\$129 in mountains). Cantonal programs—legal minimum is \$98.50 to \$152 for each child. Funds often pay higher amount than legal minimum. Birth grants are \$455 to \$985 or more. Education allowances are \$114 to \$212 in some cantons.
Financing source: Federal program—agricultural employer pays 2% of payroll. Canton program—nonagricultural employer pays 1% to 2-1/2% of payroll, according to canton and fund.

United Kingdom

Age: Under 16 (19, if full-time student in nonadvanced education).
Coverage: Payable to residents (residing 26 weeks of the last 52 weeks) with one or more children.
Payment structure: Weekly.
1995 benefit amount: \$16 for 1st child; \$13 for each additional child; plus supplement of \$10 for the 1st child of a single parent.
Financing source: Government pays entire cost.

Source: U.S. Social Security Administration, Office of Research and Statisitcs, *Social Security ProgramsThroughout the World—1995* (in process) country charts.

Chart 2.—Programs paying cash benefits to disabled children in selected foreign countries, by program characteristics[1]

[1995 benefit amount in U.S. dollars]

Australia

Age: 16; (16-24, if student and not in receipt of another pension).
Supplementary benefits for disabled children: Yes.
Means or income testing: No.
Employment/insurance requirements for (a) parent and (b) other conditions concerning the child: (a) No. (b) Claimant must be eligible for family allowance; child must require substantially more care than a nondisabled child of the same age and must normally reside in the family home.
Payment structure: Flat rate.
1995 benefit amount: $53
Frequency of payment: Every 2 weeks.
Recipient: Primary caregiver.
Adjustments: Annual, linked to changes in price index.
Additional allowances: Family Allowance supplement payable to low-income families; sole parent's benefit payable to either mother or father. Guardian allowance payable to low-income single parent eligible for supplement.
Financing source: Government.

Austria

Age: (1) No age limit for entitlement to family allowance benefits if disabled (2) Payable from age 3.
Supplementary benefits for disabled children: Yes; two programs. (1) Supplements to family allowance benefits and (2) personal care benefit.
Means or income testing: No
Employment /insurance requirements for (a) parent and (b) other conditions concerning the child: (a) No. (b1) Child must be permanently disabled. (b2) Child must be above age 3, must normally reside in, and require care in, Austria because of a physical or mental disability expected to last at least 6 months.
Payment structure: (1) Flat rate. (2) Seven rates linked to level and time of care required.
1995 benefit amount: (1) $350. (2) Minimum rate is $240; Maximum rate is $1,917.50.
Frequency of payment: (1) and (2) Monthly.
Recipient: (1) and (2) Primary caregiver.
Adjustments: Annual and linked to changes in national average covered earnings.
Additional allowances: Based on need, in-kind benefits may also be provided under the personal care benefit.
Financing source: (1) Employers and Government.
(2) Government.

Belgium

Age: (1) 21. (2) 21, normally, but 25 in some cases.
Supplementary benefits for disabled children: Yes; two programs. (1) For employees. (2) Separate scheme for self-employed.
Means or income testing: No.
Employment/insurance requirements for (a) parent and (b) other conditions concerning the child: (a1) Parent must be employed, unemployed, pensioned, or disabled. (b1) Child must have a reduced physical or mental capacity of at least 66% and may not be engaged in any activity, which brings him/her under social security, except activity in a sheltered workshop. (a2) Usually must be currently self-employed.
(b2) Child must be dependent on parents.
Payment structure: (1) Three rates linked to degree of disability with lowest rate payable to child who obtains 0-3 points on an autonomy scale; middle rate for 4-6 points, and highest rate for 7-9 points.
(2) Increase up to 3rd child, rates also higher for pensioners.
1995 benefit amount: Basic supplement to family allowance is $364; $391 for second level; and $418 for most severe level of disability.
Frequency of payment: (1) Monthly. (2) Monthly.
Recipient: (1) To mother. (2) To father.
Adjustments: (1) and (2) At variable intervals, linked to rise in consumer prices.
Additional allowances: (2) Children of injured or disabled worker under this scheme are also eligible.
Financing source: (1) Employers. (2) Government and self-employed.

Finland

Age: 16.
Supplementary benefits for disabled children: *Yes.*
Means or income testing: *No.*
Employment/insurance requirements for (a) parent and (b) other conditions concerning the child: (a) Every Finnish resident 16 or older is insured. (b) The allowance is not paid if the child is institutionalized for over 3 months and the institution is financed mainly from government revenues. Child must need care and rehabilitation causing a special financial or other burden for at least 6 months.
Payment structure: Tax free supplement to regular family allowance paid at three rates depending on level of care needed.
1995 benefit amount: I.—$81.50. II.—$190 if extra cost of the care or rehabilitation are quite high. III.—$352.50 for child needing constant care or help.
Frequency of payment: Monthly.
Recipient: Guardian (usually parent).
Adjustments: Annual, linked to rise in consumer prices.
Additional allowances: Home care allowance paid by some municipalities; amounts vary.
Financing source: *Government.*

Chart 2.—Programs paying cash benefits to disabled children in selected foreign countries, by program characteristics[1]—*Continued*

[1995 benefit amount in U.S. dollars]

France

Age: 20.
Supplementary benefits for disabled children: Yes.
Means or income testing: Yes. Child must earn less than 55% of minimum wage.
Employment/insurance requirements for (a) parent and (b) other conditions concerning the child: (a) No. (b) Child must have an incapacity of at least 50% and must be cared for in the home: 1st category—impermanent attendance of another person needed or expenses equal to level of the supplement; 2nd category—need for constant attendance by another person or expenses equal to the supplement, and; 3rd category—severely disabled in need of continuous and highly qualified assistance, when the only alternative to domiciliary care would be institutionalization. The payment of this level supplement requires either that one parent stops working or the need for a third person.
Payment structure: Basic flat rate with additional payments linked to degree of disability.
1995 benefit amount: $124 plus a supplement of a minimum of $93 up to a maximum of $1,006.50 according to the degree of disability of the child.
Frequency of payment: Monthly.
Recipient: Parent, chosen by couple.
Adjustments: Twice yearly, linked to rise in consumer prices.
Additional allowances: Numerous supplemental allowances and guaranteed family minimum incomes.
Financing source: Employers, self-employed and farmers, and Government.

Germany

Age: No age limit for continued entitlement to family allowance benefit if disabled.
Supplementary benefits for disabled children: No. New dependency care insurance benefit as of 1 April 1995 to come into force in two stages—care in the home in 1995 followed by residential care in 1996.
Employment/insurance requirements for (a) parent and (b) other conditions concerning the child: Dependency care insurance benefits are linked to three categories (dependent, seriously dependent, and totally dependent) according to the degree of care needed to perform activities of everyday life other than medical treatment such as care of the body, feeding, mobility, or household help.

Ireland

Age: 2-16.
Supplementary benefits for disabled children: Yes.
Means or income testing: No.
Employment/insurance requirements for (a) parent and (b) other conditions concerning the child: (a) No. (b) Child must require a substantial level of care and attention and must be living at home.
Payment structure: Flat rate.
1995 benefit amount: $148.
Frequency of payment: Monthly.
Recipient: Mother.
Adjustments: Ad hoc.
Additional allowances: Sole parent's allowance (means tested)
Financing source: Government.

Israel

Age: 3-18.
Supplementary benefits for disabled children: Yes; two benefits. (1) Disabled child's benefit. (2) Mobility allowance (also includes a mobility grant to help with first vehicle purchase and a standing loan to cover sales taxes. Both (1) and (2) paid under disability program, not family allowance.
Means or income testing: (1) and (2) No.
Employment/insurance requirements for (a) parent and (b) other conditions concerning the child: (1) Yes, partially income-tested—(parents' income must be less than 3 times the average wage for eligibility for full benefit). (2) No. (a1 and a2) No. (b1) Children must be more dependent on parent's help in performing everyday functions than is usual for their age and must be living at home. Benefit level is determined by the degree of disability based on the level of care needed as well by child's age, student status, and parent's income. (b2) Child must have limited mobility due to a disability in the lower limbs. Young person who is able to drive himself/herself must have a disability of 40%; if unable to drive, must have a disability of 60%.
Payment structure: (1) Variable-rated benefit ranging from 30-120% of a full disability pension for a single person. (2) A mobility allowance is paid to a vehicle owner with a disability to help with upkeep of the vehicle; or as transportation expenses for nonvehicle owners with disabilities who work; mobility allowance rates vary with higher rates paid to those with greater degrees of disability, those who can drive themselves, and those whose income from employment is their principle source of livelihood.
Frequency of payment: (1) and (2) Monthly.
Recipient: (1) To parent. (2) To parent or young adult with a disability.
Adjustments: (1) Automatic adjustment for changes in the average wage. (2) Annually or anytime the cost of the car maintenance "basket" (that is—insurance, gas, repairs and service) increases by at least 12%.
Financing source: Government.

Chart 2.—Programs paying cash benefits to disabled children in selected foreign countries, by program characteristics[1]—*Continued*

[1995 benefit amount in U.S. dollars]

Italy

Age: No limit for continued entitlement to family allowance benefits, if disabled.
Supplementary benefits for disabled children: No
Additional allowances: None; but family income ceiling increases by about $8,700 if any member of the family is disabled.

Japan

Age: 20.
Supplementary benefits for disabled children: Yes.
Means or income testing: Yes on primary earner and linked to family size.
Employment/insurance requirements for (a) parent and (b) other conditions concerning the child: (a) No. (b) Child must have moderate\severe disabilities as defined by Cabinet Order. Parent cannot also receive disability pension.
Payment structure: Two rates linked to degree of disability.
Frequency of payment: Three times a year.
Recipient: To primary earner.
Adjustments: Ad hoc.
Financing source: Government.

Luxembourg

Age: 18 (no age limit is child is unable to care for him/her self, unless in receipt of another social insurance benefit).
Supplementary benefits for disabled children: Yes.
Means or income testing: No.
Employment/insurance requirements for (a) parent and (b) other conditions concerning the child: (a) No. (b) Child must have and insufficiency or permanent reduction of at least 50 % of physical or mental ability in comparison with that of a child of the same age.
Payment structure: Flat rate.
1995 benefit amount: $67.
Frequency of payment: Monthly.
Adjustments: Indexed to cost of living.
Additional allowances: Education allowances payable to parent who meets income test.
Financing source: Employers and Government.

New Zealand

Age: 16, if not in full-time employment.
Supplementary benefits for disabled children: Yes.
Means or income testing: No.
Employment/insurance requirements for (a) parent and (b) other conditions concerning the child: (a) No. (b) Child must require full-time care and attention due to a disability and parent(s)/guardian must not be receiving any other pension/benefit except orphan's benefit and/or unsupported child's benefit
Payment structure: Flat rate.
1995 benefit amount: $109.
Frequency of payment: Every 2 weeks.
Recipient: Mother
Adjustments: Annual, linked to rise in consumer prices.
Financing source: Government.

Norway

Age: (1) No limit; both children and adults are eligible. (2) No limit for ordinary rate grant; higher rates—age 18.
Supplementary benefits for disabled children: Yes; two programs. (1) Universal (basic) pension. (2) Auxiliary grant.
Means or income testing: (1) and (2) No.
Employment/insurance requirements for (a) parent and (b) other conditions concerning the child: (a1) and (a2) Child must have been insured for at least 1 year prior to claim. (b1) Illness or disability must be permanent; that is, must be expected to last at least 2-3 years. Extra expenses must be necessary and equal to at least 2/3s of lowest allowance rate. (b2) Child must need considerably greater care than a healthy child.
Payment structure: (1) Five rates linked to costs incurred from disability. (2) Four rates linked to degree of care needed.
1995 benefit amount: Rates not available.
Frequency of payment: (1) and (2) Monthly.
Recipient: To primary caregiver.
Adjustments: (1) and (2) Usually annual, linked to rise in consumer prices.
Additional allowances: Sole parent receives benefits for one child more than actually supported.
Financing source: (1) and (2) Government.

Chart 2.—Programs paying cash benefits to disabled children in selected foreign countries, by program characteristics[1]—*Continued*

[1995 benefit amount in U.S. dollars]

Portugal

Age: 24.
Supplementary benefits for disabled children: Yes.
Means or income testing: No.
Employment/insurance requirements for (a) parent and (b) other conditions concerning the child: (a) Noncontributory scheme. (b) Child must require specific treatment or education, or attend a special education institution, or be unable to engage in paid work.
Payment structure: Three rates according to child's age; plus flat rate attendance allowance if applicable.
1995 benefit amount: $36 to age 14; $53 to age 18; and $70 up to age 25. Attendance allowance is $61.
Frequency of payment: Monthly.
Recipient: To primary caregiver or child.
Adjustments: Periodic; linked to rise in prices and general welfare.
Financing source: Government.

Spain

Age: 18; no age limit if at least 65% disabled.
Supplementary benefits for disabled children: Yes.
Means or income testing: No.
Employment /insurance requirements for (a) parent and (b) other conditions concerning the child: a) No. (b) Child must be at least 33% disabled.
Payment structure: Three rates linked to degree of disability.
1995 benefit amount: $554 if child is at least 33% disabled; $3,145 if child is 65% disabled; and $4,717 if child is 75% disabled.
Frequency of payment: Yearly.
Recipient: To father or mother.
Adjustments: Ad hoc.
Financing source: Employers, employees, and Government.

Sweden

Age: Care allowance—16. Temporary parent's cash benefit—20, if student and 23, if student at special schools for mental retardation.
Supplementary benefits for disabled children: Yes.
Means or income testing: No.
Employment/insurance requirements for (a) parent and (b) other conditions concerning the child: (a) No. (b) Care allowance payable for children who require special supervision or care for at least 6 months because of illness, mental retardation, or other disability. Amount is based on the additional expense caused by the child's disability, and assessment is based on the total need for supervision and care. From age 16, eligible for disability pension and handicap allowance.
Payment structure: Four rates linked to degree of disability and payable at 1/4, 1/2, 3/4s, or full rate
1995 benefit amount: 1/4 rate is $247; 1/2 is $495; 3/4s is $742; and full rate is $989.
Frequency of payment: Care allowance—monthly.
Recipient: To mother or father or one-half of total amount each.
Adjustments: Annual adjustment of benefits as the base amount is adjusted (to changes in the consumer price index).
Additional allowances: Car allowances payable to families with a parent who is disabled or who has a disabled child. Temporary benefits and personal assistance for parents with a child who is either ill or in an institution.

Switzerland

Age: (1) 20. (2) 18-20 (varies with canton)
Supplementary benefits for disabled children: Yes; two programs. (1) Federal program—agricultural employees and small self-employed farmers. (2) Canton programs—nonagricultural employees and some self-employed persons depending on canton.
Means or income testing: No for employees; yes for all others.
Employment/insurance requirements for (a) parent and (b) other conditions concerning the child: (a) employees, self-employed in nine cantons; unemployed persons in three cantons. (b) Child must be incapable of paid work.
Payment structure: Rate varies by canton.
1995 benefit amount: Cantonal programs—legal minimum varies between $175-$400, but funds often pay higher than legal minimum.
Frequency of payment: Monthly.
Recipient: Parents.
Financing source: Employers and federal cantonal governments share residual cost for agricultural employees and entire cost for small farmers (2/3—federal, 1/3—cantonal governments).

Chart 2.—Programs paying cash benefits to disabled children in selected foreign countries, by program characteristics[1]—*Continued* [1995 benefit amount in U.S. dollars]

United Kingdom

Age: (1) The disability living allowance (DLA) care component payable from 3 months up to 65; mobility component payable from age 5 on. (2) The invalid care allowance (ICA) is paid to caregiver based on child's eligibility for care component.
Supplementary benefits for disabled children: Yes; two programs. (1) DLA and (2) ICA (each paid under disability program, not family allowance).
Means or income testing: 1) DLA—No. (2) ICA—No.
Employment/insurance requirements for (a) parent and (b) other conditions concerning the child: (a) (1) and (2) No.
(b) (1) DLA—child under age 16 must need substantially more attention or supervision than a child of the same age normally needs; (b) (2) ICA—payable to caregiver for child who is receiving middle or highest rate of the care component of the DLA; caregiver must provide at least 35 hours-a-week of care; and caregiver must not be earning over approximately $U.S. 75 a week after allowable expenses.
Payment structure: (1) DLA care component—three rates linked to level of care needed with highest rate for care both day and night; middle tier care needed day *or* night; lowest tier some help needed during some of the day. Mobility component two rates linked to level of mobility. Higher rate payable to those who cannot walk or who need someone with them because they are blind and deaf or severely mentally retarded, (2) ICA flat rate with adult and child dependency addition payable in some cases.
1995 benefit amount: (1) and (2) Weekly, payable to parent or caregiver (1) DLA care component highest is $U.S. 70; middle is $45; lowest is $U.S. 20; mobility component higher is $U.S. 48; and lower is $U.S. 20. (2) ICA is $U.S. 50, plus dependent additions, if appropriate.
Frequency of payment: (1) and (2) Weekly.
Recipient: Parent or caregiver.
Adjustments: (1) DLA both components yearly, linked to changes in the Retail Price Index.
Additional allowances: Income Support for low-income individuals who work less than 16 hours-a-week; housing benefit for low-income individuals to help with rent.
Financing source: Government.

[1] Numbers (1) and (2) denote different programs.
[2] Currency exchange rates as of December 31, 1994, rounded to nearest U.S. half dollar.

Sources: Donald, O. "Conditions for Entitlement to Family Allowances," Table 4, Report XVII, International Social Security Association, XXIVth General Assembly, Acapulco, November 22 through December 1, 1992; U.S. Social Security Administration, Office of Research and Statistics, *Social Security Programs Throughout the World*—1995 (in process) country charts. European Commission, Directorate-General Employment, Industrial Relations and Social Affairs, MISSOC, *Social Protection in the Member States of the Union: Situation on July 1st, 1994 and evolution,* Family Benefits, Table X-3, "Other benefits: Special allowances for handicapped children," pp. 254-255. International Social Security Association, *Social Policy and the Young Disabled, Geneva, 1985.*

Appendix.—Definitions of childhood disability under selected foreign programs for Australia, Israel, and France[1]

Country	Category	Definition
Australia	Disabled child	The Social Security Act 1991 defines a child as disabled if s/he: (a) has a physical, intellectual or psychiatric disability and; (b) because of that disability: (i) needs care and attention from another person on a daily basis; and (ii) the care and attention needed by the young person is substantially more than that needed by a young person of the same age who does not have a physical, intellectual, or psychiatric disability; and (c) the young person is likely to need that care and attention permanently or for an extended period.
Israel	Child	Disabled Child Law, April 1, 1981 Child (including adopted or step-child), of insured person, or insured person deceased as an Israeli resident, not yet 18 years of age.
	Child dependent on the help of others	A child aged 3-18 as defined in the regulations, who as a result of his impairments is dependent on the help of others to perform everyday functions to a degree significantly greater than is normal for his age group.
	Disabled child	A child age 3-18 "dependent on the help of others" or a "child" suffering from a special impairment (Down's syndrome) or a "child" under age 14 suffering from a deterioration in hearing as determined in the regulations.
	Disabled toddler	A toddler under 3 years old suffering from a severe illness, or blind, or suffering from a developmental retardation—all as determined in the regulations.
France	Disabled child or adolescent	Special flat-rate allowances for disabled children up to the age of 20 with at least a 50% or more handicap. Additional supplements linked to the degree of disability for children with an incapacity degree of 80% (or 50%-80% when taken into care by a specialized institution) according to the following categories:
	1st category	Impermanent attendance of another person or expenses equal to the amount of the supplement;
	2nd category	Constant attendance by another person or expenses equal to the amount of the supplement; and
	3rd category	Severely disabled in need of continuous and highly qualified assistance, when the only alternative to domiciliary care is a full-time hospital or institutional stay. The payment of this level allowance requires the suspension of work activities of one parent or the need for a third person.

[1] For purposes of this article, definitions have been summarized.