

International Comparison of Disability Benefits

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1. Executive summary

Scotland Act 2016 devolves to the Scottish Parliament full powers over existing disability benefits (Attendance Allowance (AA), Disability Living Allowance (DLA) and Personal Independence Payment (PIP)), the power to create new additional disability benefits, or to replace the existing benefits with its own. This report provides comparisons of aspects of financial support models for people receiving disability benefits in five countries: Denmark, France, New Zealand, Norway, and Sweden - chosen on the basis of the comparability of their disability benefits to the ones being devolved to Scotland.

There is an important distinction to be made between *disability benefits* (referred to here as 'extra costs benefits') and *incapacity benefits* (referred to here as 'income replacement benefits') – as used in this report:

- *Disability benefits* cover extra costs borne by disabled people as a result of their condition(s) – regardless of employment status.
- *Incapacity benefits* compensate disabled people who are unable to work as a result of their condition(s).

In this report, the focus is on benefits which provide support for care and additional daily living costs incurred as a result of disability – equivalent to AA, DLA, and PIP – as opposed to benefits which replace or supplement income lost through reduced capability for work as the result of a disability – e.g. Employment Support Allowance (ESA). Although extra costs disability benefits are found in the countries reviewed here, this report shows that the UK and Scotland are unique in the reach of such benefits. This may be because in most other countries, the main disability support is provided in the form of contributory 'disability pensions', and extra costs are assumed to be covered by these. Assessments for extra costs benefits differ from those for income replacement benefits, which tend to assess capability for work.

Three broad approaches to assessment are deployed in the countries reviewed here – though, the specific processes involved in assessments vary according to international context and individual case:

- The impairment approach – existence and extent of disability is inferred from information about health conditions and/or impairments.
- The functional limitation approach – Assesses basic simple actions, such as: lifting, standing, handling, hearing, seeing, and concentrating.
- The disability approach – a full, direct and non-inferential description of all relevant dimensions of the person's life and disability, for example, work capacity, including health condition, impairments, functional limitations and personal and environmental factors.

The UK is the only country in this comparison to use a functional limitation approach to disability assessment. The UK is also the only country in this report to use privately contracted assessors – though, it is apparent that UK disability benefits have a significantly larger caseload than others compared here.

This report provides an examination of each country– drawing out payment rates, claimant numbers, approaches to assessment, and duration of awards. All countries reviewed here require a letter from the claimant’s GP alongside an application. The following bullet points present a summary of key features of each country’s system:

- **Denmark:** Benefits administered by Municipalities (local government authorities). Assessment process decided and arranged at discretion of case-specific social worker, according to circumstances and needs of claimant. The social worker is the final decision maker.
- **France:** In the paper-based French assessment process, fundamental importance is placed on a personal statement of aspiration, called the *Projet de Vie*, or Life Project – written by the claimant and their GP. Assessments are conducted by multi-disciplinary teams – tailored so as to best understand the needs and condition of the claimant.
- **New Zealand:** Assessment carried out by claimant’s own GP. Disability Certificate and application form checked by social security department Case-Managers at face-to-face meeting with applicant. Case-Managers are not medically trained, and this meeting is purely administrative.
- **Norway:** Social security department doctors (employed 50% of their time for Norwegian Government, and 50% of their time in private practice) carry out paper-based assessment of claimant’s GP letter and application. Evidence of additional costs must be provided in the form of receipts and invoices.
- **Sweden:** Majority of first-time claimants (as opposed to those renewing claims) have face-to-face assessment with social security department assessor. In the case of renewals, it is up to the assessor to decide if a meeting is necessary on a case-by-case basis - or if the process can be done on paper or over the phone.

Table 1 – Key features of comparator countries' disability benefit provision

Feature of system	Denmark	France	New Zealand	Norway	Sweden
Comparable benefits [abbreviation] (UK/Scottish equivalent) ¹	<p><i>Additional Expenses for Adults [DK-MTV] (Adult DLA/PIP)</i></p> <p><i>Additional Expenses for Children [DK-MTB] (Child DLA)</i></p>	<p><i>Disability Compensation Benefit [FR-PCH] (DLA/PIP/CA)</i></p>	<p><i>Child Disability Allowance [NZ-CDA] (Child DLA)</i></p> <p><i>Disability Allowance [NZ-DA] (Adult DLA/PIP)</i></p>	<p><i>Attendance Benefit [NO-AB] (CA)</i></p> <p><i>Basic Benefit [NO-BB] (AA, DLA, PIP)</i></p> <p><i>Higher Rate Attendance Benefit [NO-HRAB] (Child DLA)</i></p>	<p><i>Attendance Allowance [SE-AA] (CA/Child DLA)</i></p> <p><i>(Child) Care Allowance [SE-CA] (Child DLA)</i></p> <p><i>Disability Allowance [SE-DA] (PIP)</i></p>
Approach to disability	Varied (at discretion of assessor)	'disability approach'	'impairment approach'	'disability approach'	'impairment approach'
Role of (medical) evidence	At discretion of social work assessor on case-by-case basis	Compulsory medical certificate submitted to assessor	GP-signed 'disability certificate' and proof of additional costs in form of receipts/invoices	Letter and medical certificate from GP, along with proof of additional costs in form of receipts/invoices - medical evidence may be requested from a medical specialist.	GP statement describing disability and how it affects claimant

¹ The abbreviations in parentheses show UK and Scottish benefits which are broadly equivalent to the comparable benefits in each comparator country **PIP**: Personal Independence Payment; **DLA**: Disability Living Allowance; **CA**: Carer's Allowance; **ESA**: Employment Support Allowance; **AA**: Attendance allowance

Public/Private sector assessment?	Public sector	Public sector	Public sector	Public sector	Public sector
Feature of system	Denmark	France	New Zealand	Norway	Sweden
Form of assessment	At discretion of assessor on case-by-case basis e.g. can be based on medical evidence alone or can be face-to-face assessment.	International Classification of Functioning used to assess paper application and personal statement of aspirations ('life project')	Face-to-face assessment carried out by claimant's own GP. Condition and additional costs confirmed by GP, and presented to WINZ in person by claimant, to be checked, along with proof of additional costs in form of receipts/invoices	Based on GP's letter and accompanying evidence of costs. However, additional evidence and decision at discretion of NAV (DWP equivalent) doctor.	Attendance Allowance: meeting with non-medical 'personal administrator'. (Child)Care Allowance: paper-based assessment of need. Disability Allowance: meeting with 'personal administrator'.
Face-to-face assessment? (beyond claimant's own GP)	At discretion of assessor on case-by-case basis	No	No (though form may need to be submitted in person)	Possible, but uncommon	Attendance Allowance: yes (Child)Care Allowance: Telephone interview Disability Allowance: Telephone interview
Assessor(s)	Social worker (assigned to claimant/case)	Multi-disciplinary team, tailored to claimant's condition and circumstances - may include: doctors, nurses,	NZ Gov Work and Income (WINZ) [DWP equivalent] assessor	GPs employed by NAV [DWP equivalent] (GPs work approx 50% of time for NAV, and 50% in private practice)	Försäkringskassan [DWP equivalent] 'personal administrator'

		social workers, and psychologists.			
Feature of system	Denmark	France	New Zealand	Norway	Sweden
Duration of awards	Both benefits: Rolling (period between reviews not defined)	<i>FR-PCH</i> : Fixed term up to 10 years (component- specific award durations)	<i>NZ-CDA</i> : Indefinite (to 18 y/o) <i>NZ-DA</i> : Rolling (period between reviews not defined)	All benefits: Rolling (period not defined) Average period between reviews ~3 years	<i>SE-AA</i> and <i>SE-CA</i> : Rolling (review ~every two years) <i>SE-DA</i> : Notionally indefinite (though, potential for review)
Additional information	Both benefits: Assessment process decided on case-by-case basis by social work case- manager.	<i>FR-PCH</i> : each claimant provided with personalised payment plan – outlines specific duration of award for each <i>FR-PCH</i> component. Assessment decisions made by multidisciplinary team	Both benefits: Means-tested <i>NZ-CDA</i> : Onus on claimant to inform of changes <i>NZ-DA</i> : 'Whole- life' benefit	<i>NO-AB</i> : Paid to disabled person, rather than carer. <i>NO-BB</i> : 'whole-life' benefit	<i>SE-AA</i> : Paid to disabled person to pay for Informal or professional care

2. Background

The Scotland Act 2016, gives the Scottish Parliament the power to alter the following existing disability benefits (Attendance Allowance (AA), Disability Living Allowance (DLA) and Personal Independence Payment (PIP)), create new additional disability benefits, or to replace the existing benefits with its own. The Scottish Parliament will be able to determine the structure of any disability benefits and set the rates at which they will be paid.²

The Act defines a 'disability benefit' as a benefit which is normally payable in respect of:

(a) a significant adverse effect that impairment to a person's physical or mental condition has on his or her ability to carry out day-to-day activities (for example, looking after yourself, moving around or communicating), or

(b) a significant need (for example, for attention or for supervision to avoid substantial danger to anyone) arising from impairment to a person's physical or mental condition.³

The new powers do not extend to incapacity benefits, which exist to replace or supplement income lost as the result of a disability (e.g. Employment & Support Allowance (ESA)), these are reserved to the UK Government.

This research report provides comparisons of aspects of financial support models for people receiving disability benefits in other countries. It should be noted that the report does not attempt to assess the success of comparator systems in relation to optimising disability benefit reach, and improving disabled people's quality of life. It is acknowledged that such insights would be an important aspect in putting these international approaches into context but this information is much more difficult to collate and present, not least because of different policy objectives and definitions for eligibility.

3. Comparability of social security provision

It should be noted that this kind of project presents challenges around comparability of support systems for disabled people in different countries, and the findings in this report should be viewed in that context.

Disability benefits and incapacity benefits

One key comparability issue is that the clear distinction between *disability benefits* (all those being devolved) and *incapacity benefits* (Employment Support Allowance - which remains reserved) that is present in the UK system does not necessarily exist in all countries. The UK system is fairly unique in its clear separation of extra costs disability benefits from income support disability benefits.

In the process of reviewing existing literature it was found that much work has been done on work capacity assessments for claimants of income-replacement disability benefits (e.g. Employment and Support Allowance in the UK). However, far less literature exists on assessment for disability benefits which cover extra costs⁴ borne

² SPICe (May 2016) ['New Social Security Powers.'](#)

³ [Scotland Act 2016 \(c. 3\)](#)

⁴ This paper deploys Antón *et al's* (2016) definition of 'extra costs' as: 'the over-cost faced by households with members with disabilities to reach a given level of well-being compared to similar

by disabled people (e.g. Personal Independence Payment in the UK). This is partly due to the focus on the employability and disabled workers policy area.

Table 2 – number of beneficiaries by benefit, as % of age-eligible population

Country/Benefit(s) ⁵	Number of beneficiaries	as % of age-eligible pop
UKⁱ⁶		
Child DLA (0-15)	433,658	3.5%
PIP + working age DLA (16-64)	2,428,034	5.9%
Pension age DLA + AA (>65)	2,338,897	19.9%
Scotlandⁱⁱ		
Child DLA (0-15)	34,623	4.0%
PIP + working age DLA (16-64)	267,104	7.5%
Pension age DLA + AA (>65)	225,516	22.6%
Franceⁱ		
FR-PCH (<60)	128,500	0.3%
New Zealandⁱⁱⁱ		
NZ-CDA (<18)	35,935	2.9%
NZ-DA (all ages)	234,492	5.1%
Norwayⁱ		
NO-AB (all ages)	50,000	1.0%
NO-HRAB (<18)	22,700	1.9%
NO-BB (all ages)	119,000	2.3%
Swedenⁱ		
SE-CA (<19)	55,000	2.5%
SE-AA (all ages)	16,000	0.2%
SE-DA (>19)	64,000	0.8%

This research has found that extra costs benefits are uncommon in other countries. Indeed, in a New Policy Institute report for the Joseph Rowntree Foundation, MacInnes et al (2014 – emphasis added) argue that, as far as they are aware: ‘no other European or OECD country [...] makes such extensive use of a cash benefit to meet the additional costs of disability.’⁷ As a result, the sample of countries examined was necessarily constrained – including only countries with broadly comparable benefits. To this end, this report presents an examination of assessment for disability benefits in: Denmark, France, New Zealand, Norway, and Sweden. Even in countries where extra-costs disability benefits are offered, their reach is far more limited than in Scotland/UK (see Table 2).

households with non-disabled members” – see: Antón et al (2016) [‘An analysis of the cost of disability across Europe using the standard of living approach’](#). SERIEs: Journal of the Spanish Economic Association

⁵ Population data Sources: i – [EuroStat](#); ii – [ONS](#); iii – [UN Population Division](#).

⁶ No data is collected by the Danish Municipalities for the country’s benefits covered in this report.

⁷ Although this form of cash benefit is relatively rare outside of the UK, other examples can be found. Based on countries where similar benefits are offered.

In many countries social security benefits, referred to as ‘disability allowances’ or ‘disability pensions’ are intended to provide a replacement income but also cover some (or all) costs associated with being a disabled person. However, this approach is criticised by the UN Special Rapporteur on the rights of persons with disabilities:

When disability benefits bundle assistance to cover disability-related extra costs or access to health care together with income support aimed at reducing poverty, persons with disabilities may lose the entire benefit package if they gain a higher income than the poverty line or minimum income threshold. This places persons with disabilities at a crossroads, where they must choose between securing a minimum but stable income, and seeking employment and further socioeconomic participation and contribution; the latter option bearing the risk of job insecurity or insufficient income to cover all expenses.⁸

This ‘bundling’ together of extra-costs benefits with income replacement benefits poses a challenge for clear comparison, given that assessment varies according to policy requirements.

Beveridge system and Bismarck system

In addition to above, it is worth bearing in mind that two distinct approaches to social security can be distinguished between:

- *Social assistance⁹ or ‘the Beveridge system’¹⁰*: Social security system where entitlement is based purely on need. Benefits are financed from general taxation and most are means-tested to limit entitlement, although some, like disability benefits in the UK are universal.
- *Social insurance or ‘the Bismarck system’*: Social security system where entitlement is based on contributions made by individuals and employers. Benefits are not normally means-tested, and are often related to former earnings. In some countries, contributory based benefits are referred to as “pensions” even when they can be claimed by people below pension age.

Most advanced economies – and all of the countries included here – use a combination of these systems. However, the balance between the two can vary significantly which can pose a challenge for comparability of benefit entitlements. Furthermore, public expenditure on social protection varies between comparator countries, and the benefits reviewed here should be understood in this context. UK disability benefits are most aligned with the Beveridge system, and therefore countries where the Bismarck contribution based system is dominant in the provision of disability benefits were not considered to be comparable.

4. Methodology

Given the challenges of comparison highlighted above, the countries included in this report were chosen because they offer disability benefits which are broadly

⁸ UN Special Rapporteur on the rights of persons with disabilities (August 2015) [‘Report of the Special Rapporteur on the rights of persons with disabilities’](#), presented to the 70th session of the UN General Assembly.

⁹ JRF (October 2015) [‘Young People and Social Security: An International Review’](#).

¹⁰ OBR (June 2015) [‘Welfare Trends Report’](#).

comparable with those being devolved to Scotland. This research was commissioned to examine countries with a similar economic, socio-demographic, and cultural profile to Scotland. With this in mind, OECD figures for GDP per capita were used to establish an initial broad sample which was roughly economically similar to the UK. As well as the countries examined in this report, this first sample included countries such as Austria, The Netherlands, Belgium, Canada, Spain, Italy, and Finland. Upon examination of these countries' disability benefit provision, it became clear that they were not suitable for comparison, since disability benefits provided in these countries were either incapacity benefits (and therefore linked to capacity for work), or contributory 'disability pensions' with bundled additional costs support. Through narrowing down this initial sample, the list examined here was settled upon.

A review of the relevant literature was also carried out by CAD analysts, and a literature search was conducted by the Scottish Government Library service.

Limitations of this report

This report does not represent a comprehensive analysis of all countries which offer disability benefits. This was beyond the scope of the project. Instead, the most clearly comparable countries were chosen pragmatically on the basis of a rapid review of existing literature, and countries' guidance. This means that there may be some comparable countries omitted.

One further methodological challenge of international comparison research is the language barrier encountered when working with documents which are not available in English. Google Translate has made this job much easier, but although such translations are invaluable, they are often less than perfect. Extensive communication with English-speaking correspondents working in each country's government allowed for clarification. Further efforts have been made to mitigate any inaccuracies, through circulating specific draft country sections to those correspondents for comment.

5. Forms of assessment

In their research for the World Bank, Bickenbach et al¹¹ define disability assessment as 'the process of making an authoritative determination about the kind and extent of disability a person has, as part of a larger administrative process.'

The European Commission¹² classifies European disability assessments into four 'types' according to a matrix of the particular combination of medical evidence and assessor discretion employed (i.e. high medical evidence/low discretion; high medical evidence/high discretion; low medical evidence/high discretion; low medical evidence/low discretion).

¹¹ Bickenbach et al (June 2015), ['Assessing Disability in Working Age Population A Paradigm Shift: from Impairment and Functional Limitation to the Disability Approach'](#), World Bank

¹² European Commission (September 2002), 'Definition of Disability in Europe: A Comparative Analysis'.

The above distinction is acknowledged by researchers for the World Bank¹³, but they build on it to highlight three broad approaches to assessment which are based more directly on human experience linked to disability:

- *Impairment approach*: inferring the existence and extent of disability from information about health conditions and/or impairments. This is the oldest and still most commonly used strategy, and is represented either by simple Baramas scales – which assign percentages of impairment to particular conditions (e.g. 90% impairment for amputation of the leg(s) at the level of the hip) – or complex tools such as the American Medical Association Guidelines.¹⁴ Countries which employ this approach include: New Zealand, and Sweden.
- *Functional Limitation approach*: as a response to criticism of the Impairment approach, this approach added information about basic simple actions – lifting, standing, handling, hearing, seeing, and concentrating – to an assessment of work capacity. The application of this approach has led to development of Functional Capacity Evaluation (FCE) instruments. Countries which employ this approach include: The UK.
- *Disability approach*: a full, direct and non-inferential description of all relevant dimensions of the person's life and disability, for example, work capacity, including health condition, impairments, functional limitations and personal and environmental factors. This approach is based on the WHO International Classification of Functioning model of disability – which provides a standard language and framework for the classification of functioning, disability, and health. Countries which employ this approach include: France, and Norway

Having outlined the background and methods of this report, an examination of each country now follows – examining payment rates, claimant numbers, approaches to assessment, and duration of awards.

6. United Kingdom (UK)

The UK operates a system of social assistance – the original Beveridge system – where entitlement for most benefits is based purely on need. This means that many benefits are means-tested, to limit entitlement. Disability benefits, however, are not means-tested in the UK. Support in the UK is financed from general taxation. The three benefits which are compared internationally in this report are:

- *Attendance Allowance (AA)*

¹³ Bickenbach et al (June 2015), [‘Assessing Disability in Working Age Population A Paradigm Shift: from Impairment and Functional Limitation to the Disability Approach’](#), World Bank

¹⁴ Uses functionally based histories, physical findings and broadly accepted objective clinical test results to determine an impairment grade.

- *Disability Living Allowance (DLA)*
- *Personal Independence Payment (PIP)*

As outlined above, power over these benefits is being devolved to the Scottish Government, and they will be paid by the newly formed Scottish Social Security Agency once it is up and running. Although there are Scottish Government commitments to make changes to these benefits,¹⁵ this report outlines the benefits as they currently exist, within the UK benefits system.

AA is a benefit for people with disabilities who have attention or supervision needs, and who are over 65 when they claim. It cannot be claimed if the claimant is eligible for PIP or the care component of DLA. It is paid at a higher and lower rate, according to the claimant's need for care during the day and/or night.

DLA is a benefit for people with disabilities who need help getting around and/or with supervision or attention needs. The benefit covers extra costs incurred as a result of disability. New claims may only be made on behalf of a child under 16. However, if a claimant turned 65 on or before 8 April 2013 and already claimed DLA, they may continue to claim.¹⁶

PIP replaces DLA for working-age claimants, and provides support with extra costs incurred as the result of a disability. The benefit has two components, Mobility and Daily Living, and claimants may qualify for one, both, or neither of these. As PIP replaces DLA, all DLA claimants between 16 and 64 are required to apply for PIP and attend reassessment. New claims for PIP began in October 2013 and managed migration from DLA to PIP started two years later in October 2015.

6.1 Payment rates

- AA is paid at one of two weekly rates.

AA payment rates	
Higher rate	£83.10
Lower rate	£55.65

- DLA has two components – *Mobility*, and *Care*. The mobility component is paid at a higher and lower weekly rate, whilst the care component has three weekly rates of payment – high, middle, and low.

¹⁵ Scottish Government (June 2016) '[Dignity, Fairness and Respect in Disability Benefits](#)'.

¹⁶ DWP (n.d.) '[Disability Living Allowance \(DLA\) For Adults](#)'.

DLA payment rates	
Mobility component	Higher rate - £58
	Lower rate - £22
Care component	Highest rate – £83.10
	Middle rate - £55.65
	Lowest rate - £22

- PIP has two components – *Daily Living*, and *Mobility* – which are each paid at a lower or higher weekly rate.

PIP payment rates	
Daily Living component	Higher rate - £83.10
	Lower rate - £55.65
Mobility component	Higher rate - £58
	Lower rate - £22

6.2 Claimant numbers

- In November 2016,¹⁷ the DWP paid AA to 1,450,133 people in the UK (of which, 127,663 claimants were in Scotland).¹⁸ Payments by rate are as follows:

AA rate	Claimant numbers	
	UK	Of which in Scotland
Higher rate	885,693	80,486
Lower rate	564,440	47,184

- In November 2016, the DWP paid DLA to 2,535,136 people in the UK (of which, 265,008 claimants were in Scotland). payments by component and rate are as follows:

¹⁷ Latest available data.

¹⁸ DWP Stat-Xplore data.

DLA component	Rate	Claimant numbers ¹⁹	
		UK	Of which in Scotland
Mobility component	Higher rate	1,323,068	143,177
	Lower rate	879,610	92,434
	Nil rate	332,463	29,391
Care component	Highest rate	679,436	71,582
	Middle rate	918,139	95,975
	Lowest rate	622,802	63,651
	Nil rate	314,763	33,792

- In November 2016²⁰, the DWP paid PIP to 1,140, 605 people in the UK (of which, 147,546 claimants were in Scotland).. payments by component and rate are as follows:

Pip component	Rate	Claimant numbers	
		UK	Of which in Scotland
Daily Living component	Higher rate	531,891	71,641
	Lower rate	558,258	70,610
	Nil rate	50,453	5,299
Mobility component	Higher rate	416,159	55,044
	Lower rate	349,183	45,465
	Nil rate	375,262	47,037

¹⁹ Since it is possible to be awarded one *or* both of the components, the figures in this and the following tables should not be added together, to avoid double counting.

²⁰ The November '16 figures are used here to give a better comparison with the latest DLA figures (from the same month), since there is movement between the two as DLA cases continue to be migrated onto PIP.

See Table 2 for claimant numbers as a proportion of age-eligible population.

6.3 Assessment process(es)

Claims for AA and DLA have similar assessment processes. Applications must be submitted in writing to the DWP, using a comprehensive form which asks about the functional abilities and impairments of the claimant.²¹ This is then assessed by a DWP decision maker. An award can be made on the basis of the claim form alone, but the decision maker may choose to contact someone named on the form for more information.²² The decision maker also has the power to order a medical examination of the claimant by a healthcare professional working on behalf of the DWP.²³ Assessments for DLA are carried out by the Centre for Health and Disability Assessments (CHDA), which is operated by Maximus.²⁴ During face-to-face assessment for DLA, assessors may carry out physical examinations, as well as reviewing claimants' medical records.

Claims for PIP must be made by telephone in most cases (though a paper claim form may be sent in exceptional circumstances). Once a valid claim has been made, claimants must fill out a questionnaire which asks for permission to contact health professionals who know how their condition affects them. The questionnaire also asks about daily living activities and mobility issues.²⁵ Decisions can be made on the basis of these forms alone, however, the majority of PIP claimants are required to attend a face-to-face assessment consultation in an assessment centre, with an assessor working for one of two private companies – Independent assessment Services^{26,27} or Capita²⁸. This consultation uses a point-based system to assess a claimant's ability to undertake specific daily living and mobility activities. If a claimant scores 8 points or more, in either component they are awarded the lower rate for that component. If they score 12 points or more, they are awarded the higher rate.²⁹

6.4 Duration of awards

AA may be awarded for a fixed or indefinite period, dependent on assessment of a claimant's needs. There is no legal minimum length for an AA award. For indefinite awards, claimants never have to apply for renewal – though the DWP reserve the right to reduce or stop an award if it has grounds to do so. For fixed awards, claimants are invited to apply for renewal up to six months before the award ends.

²¹ DWP (July 2017) ['Disability Living Allowance for Children Claim Form.'](#)

²² CPAG (2017) *'Welfare Benefits and Tax Credits Handbook 2017/2018'*

²³ *ibid*

²⁴ CHDA, ['Disability Living Allowance \(DLA\).'](#)

²⁵ *ibid*

²⁶ In Scotland.

²⁷ Name [recently changed](#) from Atos.

²⁸ In England and Wales.

²⁹ Citizens Advice (n.d.) ['How the DWP Makes a Decision on PIP Claims.'](#)

DLA can be awarded for a fixed period or indefinitely to age 16 according to assessment of how long a child's condition is likely to last. Minimum award is usually six months, because of the requirement that a child must satisfy the disability conditions for at least six months.

PIP is normally awarded for a fixed period of one, two, or five years, according to the likelihood of changes in claimant's condition and/or circumstances. It is possible to receive an indefinite award, but this is rare. Most indefinite awards should be reviewed every ten years to check continued entitlement.³⁰

7. Denmark (DK)

There are two disability benefits in Denmark which are broadly comparable to those being devolved to Scotland:

- *Merudgiftsydelse Til Børn* (DK-MTB)³¹ [Additional Expenses for Children]
- *Merudgiftsydelse Til Voksne* (DK-MTV) [Additional Expenses for Adults]

The Danish welfare model is based on the principle that all citizens shall be guaranteed certain fundamental rights in case they encounter social problems such as unemployment, sickness or dependency. All citizens in need are entitled to receive social security benefits and social services – regardless of their participation in the labour market.³² The public sector is responsible for the provision of social security benefits and social services, which are mainly financed from general taxation.

Disability benefits are laid out in legislation at the level of the state, but are administered at the Municipal level.³³ Although this administrative structure is not comparable with the UK, much like the French example below, there is clear value in analysis of the benefits and their assessment processes here.

Both of these benefits provide financial support to assist with the additional costs incurred by disabled people (or their parents) as a result of their disability.

7.1 Payment rates

Payment rates for both benefits vary according to need. Both benefits exist to cover 'necessary additional costs', and, as such, have no maximum award. However, eligibility for both is based on a minimum value of estimated additional costs.³⁴ For

³⁰ CPAG (2017) *Welfare Benefits and Tax Credits Handbook 2017/2018*

³¹ Due to the duplication of acronyms across different national contexts this report uses the convention of affixing the country's two-letter abbreviation to each benefit acronym i.e. New Zealand's Disability Allowance is represented by the acronym NZ-DA, whilst Sweden's Disability Allowance is represented by the acronym SE-DA.

³² Danish Ministry of Social Affairs and Integration (December 2011) ['Social Policy in Denmark'](#).

³³ Denmark is divided into 98 Municipalities, which have devolved power over administration of social security benefits.

³⁴ Estimates of additional costs are compiled using prescriptive tariffs, e.g. ['2016- takster for merudgifter'](#) ('2016 tariff for additional expenses')

DK-MTV, the minimum monthly cost coverable is DKK 524 (~£64). For DK-MTB, the minimum is DKK 388 (~£47).

7.2 Claimant numbers

Municipal statistics on DK-MTV and DK-MTB are not collected.³⁵ Therefore, there are no figures to report.

7.3 Assessment process(es)

Because responsibility for administration of social security benefits is devolved to Denmark's Municipalities, the process of assessment is subject to slight variation according to different Municipal systems. On the whole, the processes outlined below are followed.³⁶

Paper applications for DK-MTB and DK-MTV are made to the claimant's Municipality, whereupon claimants are assigned to a social worker employed by the Municipality. Social workers are responsible for case management, and for working with claimants to assess their needs.

The nature of the assessment is decided on a case-by-case basis at the discretion of the social worker. Depending on the nature of the claimants condition(s), the social worker decides what evidence is necessary – and makes arrangements for this to be produced and collected. This may involve, for example, requesting notes from the claimant's GP, or setting up face-to-face meetings with the claimant and appropriate healthcare professionals. A functional assessment tool – *Funktionsevne metoden* – is also available, in order to assess the claimant's functional abilities. In cases where need is obvious (for example if a claimant doesn't have legs), assessment may be made by the social worker, on the basis of a meeting with the client, and with little or no outside evidence required. Even in the case where medical evidence has been sought from healthcare professionals, social workers are responsible for the final decision on an award.

7.4 Duration of awards

Both benefits are awarded on a fixed-term rolling basis.³⁷ The Municipality has a responsibility to 'follow-up' on whether the benefit addresses claimants' needs. This usually involves an annual meeting with the Municipality, where claimants' situation and needs are reviewed. Claimants are encouraged to provide evidence of larger costs alongside 2-3 months' worth of relevant receipts – though, there is no obligation to do so.³⁸

³⁵ This information comes from direct personal communication between CAD analysts and policy advisors in 'Kontoret for Handicap' (the department for disability) at the Danish Government. Unsuccessful searches on Statistics Denmark's StatBank confirm this.

³⁶ The information in this section is gathered from direct personal communication between CAD analysts and policy advisors in 'Kontoret for Handicap' (the department for disability) at the Danish Government.

³⁷ Until claimant reaches pensionable age

³⁸ DUKH (November 2015) ['Merudgifter til børn'](#).

8. France (FR)

France was found to have one comparable disability benefit:

- *Prestation de compensation du handicap* (FR-PCH).

France operates a similar system of social insurance to the UK, where the social security system is financed largely by general taxation - though employer and employee contributions generally play a larger role in France.³⁹ Social reforms in 2005 introduced a range of new provisions for disabled people, promoting inclusivity and greater equality. *Maisons Départementales des Personnes Handicapée* (MDPH) – local services for people with disabilities – were set up in 2005, and are dispersed throughout the 96 *Départements métropolitains*⁴⁰ – French local government organisations. They are responsible for providing information and advice to disabled people, and their families, within their local authority, as well as carrying out the administration of disability benefits.

The 2005 reforms also brought France's current main disability benefit into being. The *Prestation de compensation du handicap* (FR-PCH), or Disability Compensation Benefit, provides financial aid intended to reimburse additional expenses related to a loss of autonomy suffered as the result of a disability.

FR-PCH is payable to claimants under 20 who already receive Child Disability Benefit (*Allocation d'éducation de l'enfant handicapé* - FR-AEEH), and adults up to the age of 60 (or over 60 if they are still working). In both cases, the claimant must show an 'absolute difficulty' in carrying out one activity from a list including elements of mobility, personal conversation, communication, tasks and general requirements and relationships with others, or a 'serious difficulty' (requiring assistance) in carrying out at least 2 of those activities (people living in a social or medical-social institution can qualify for PCH).

8.1 Payment rates

The payment of FR-PCH is not means-tested, but takes certain personal (non-professional) income into account - covering 80% or 100% of eligible expenses according to a personal income equal to or below a threshold of €26,579.92 p/a.⁴¹

FR-PCH is made up of five elements:

- Human aids (care)
- Technical aids
- Housing adaptation
- Help with transport
- Animal help (guide dogs)

³⁹ European Commission (2013) ['Your Social Security Rights in France'](#).

⁴⁰ Plus five overseas *Départements*.

⁴¹ However, some resources are excluded from this calculation (ie have no impact on the amount of benefit), including earned income, unemployment benefit, retirement and invalidity pensions, family/child benefits and various other types of aid.

Each of these elements is paid separately at varying rates on a sliding scale, according to eligibility and need. The average amounts paid for each element in 2016 are as follows:

FR-PCH element		Average amount (2016)
Human help (care)		€856 (~£776) per month
Technical aids		€875 (~£794) per year
Adaptations	Home	€3,083 (~£2796) per year
	Vehicle	€2,612 (~£2369) per year
Specific and exceptional expenses		€61 (~£51) per month
Animal help		€52 (~£47) per year

8.2 Claimant numbers

The MDPH paid PCH to 128,500 claimants in 2016.⁴² See Table 2 for claimant numbers as a proportion of age-eligible population.

The success rate for PCH claims in 2016 was 46% for adult claims and 40% for child claims.⁴³ Application rates have risen significantly from 2006 to 2016 whilst awards have remained steady.

In 2016, the benefit went towards⁴⁴:

- 44.7% Human aids
- 21% Specific and exceptional expenses
- 19.1% Technical aids
- 15% Housing adaptations and adaptations to the vehicle, additional transport costs
- 0.2% Animal aid (guide dogs)

8.3 Assessment Process(es)

Assessments for FR-PCH are carried out by in-house multidisciplinary teams from the MDPH. The multidisciplinary team has a flexible composition, bringing together professionals with medical or paramedical skills, skills in the fields of psychology, social work, academic and academic training, employment and vocational training.

⁴² CNSA (May 2017) '[Analyse Statistique - Prestation de compensation du handicap 2016: Évolution et contenu de la prestation](#)' [translated using Google translate].

⁴³ CNSA (May 2017) '[Analyse Statistique - Prestation de compensation du handicap 2016: Évolution et contenu de la prestation](#)' [translated using Google translate].

⁴⁴ CNSA (May 2017) '[Analyse Statistique - Prestation de compensation du handicap 2016: Évolution et contenu de la prestation](#)'

Its composition must make it possible to assess the needs for compensation for disability, whatever the nature of the demand and the type of disability.⁴⁵ It may vary according to the characteristics of the disabled person. The guidance on assessment states:

The purpose of this guide is to allow users to determine the disability rate of a person regardless of age, on the basis of the analysis of their deficiencies [sic] and their consequences in their daily life, and not only on the nature of the medical condition or the condition from which it originated [...] The determination of the disability rate is based on an analysis of the interactions between three dimensions: deficiency [...] incapacity [...] and] disadvantage [...] These three dimensions are closely linked, but their intensity is not necessarily comparable and can vary considerably from one person to another, including when the disability is related to the same origin or pathology.⁴⁶

The team is responsible for assessing the disability of the disabled person by means of a scoring guide for the assessment of disability and impairment of persons with disabilities. They also assess the claimant's compensation needs on the basis of their *projet de vie*, or 'life plan'. The Life Plan is a fundamental element of the assessment process, and gives claimants an opportunity to outline their aspirations and the kinds of activities which would increase their quality of life, but which they cannot currently undertake as a result of their disability.⁴⁷ The team may have to meet with the disabled person, their parents if the claimant is a child, or their legal representative. They may also visit the claimant's home or place of work. However, face-to-face forms of assessment are not always necessary, and the team often meets without the claimant present.

Following initial assessment, a personalised compensation plan is developed by the multidisciplinary team. This plan includes proposals which go beyond monetary compensation (benefits, guidance, advice). The Life Project forms a central part of the multidisciplinary team's decision-making process, and subsequent award.

Once this personalised plan has been produced for each claimant, a subset of claims are scrutinised by the MDPH decision making committees (the CDAPH, *Commission des droits et de l'autonomie des personnes handicapées*, or Disabled Persons' Rights and Autonomy Committee) who assess the incapacity rate of the disabled person and their compensation needs. This part of the process is often carried out in dialogue with the claimant.

CDAPH include representatives of the State at local level, of the Regional Health Agency (Agence régionale de santé – ARS), of the health insurance and family benefits social security agencies, representatives, of trade unions and of disabled people representatives and their families (about one-third of the total since the law of the 11th February 2005 "for equality of rights and opportunities, participation and citizenship of persons with

⁴⁵ MDPH, '[L'équipe Pluridisciplinaire](#)'.

⁴⁶ CNSA (May 2013) '[Dossier Technique: Guide des éligibilités pour les décisions prises dans les maisons départementales des personnes handicapées](#)' [translated using Google translate].

⁴⁷ CNSA (February 2017) '[Du projet de vie à la compensation](#)'.

disabilities”).⁴⁸ The MDPH have been facing an increase in activity of around 7% in recent years. In order to respond to this increase, several measures have been adopted in order to simplify certain procedures:⁴⁹

- assessment of the degree of disability
- application in order to receive a special transport card (carte inclusion mobilité)
- application forms regarding PCH and medical certificate requirements.

Furthermore, entitlement for certain benefits have been extended, while third-party payment and invoice payments have been made possible for some elements of PCH (for instance, technical aids). An online service is currently being developed in order to facilitate the sharing of information between various stakeholders. These changes are being implemented in order to enable the MDPH to concentrate on the most complex situations.

8.4 Duration of awards

Awards for FR-PCH are always made for a fixed-term. Each individual element of FR-PCH carries its own maximum duration of award. These are as follows:⁵⁰

FR-PCH Element	Maximum duration of award
Human aid	10 years
Technical aids	3 years
Adaptation of the vehicle and the additional costs related to transport	5 years
Animal aid	5 years
Housing adaptation	10 years
Specific charges	10 years
Exceptional charges	3 years

Following assessment, claimants are provided with a personalised payment plan, which specifies the duration of each element. When the award reaches six months prior to its end-date, claimants are invited by their MDPH to reapply. This triggers

⁴⁸ Secretary of State for people with disabilities (June 2017), [‘La commission des droits et de l’autonomie des personnes handicapées’](#).

⁴⁹ Information provided by representatives from the *Ministère des Solidarités et de la Santé*, of the French Government.

⁵⁰ *Maison Départementale De L’Autonomie*, [‘La Prestation de Compensation du Handicap’](#).

an entirely new application process, whereby prior costs and evidence are disregarded.⁵¹

9. New Zealand (NZ)

New Zealand operates a system that is based largely around the social assistance model, where most benefits are means-tested. New Zealand offers two disability benefits:

- *Child Disability Allowance* (NZ-CDA)
- *Disability Allowance* (NZ-DA)

Whilst NZ-CDA is for children between the age of 1 and 18, NZ-DA can be claimed by anyone over 18 or on behalf of a child under 18. Therefore, it is possible to claim both NZ-DA and NZ-CDA *for the same child*.⁵² NZ-CDA payment is made to the main carer of a child or young person with a serious disability. It is paid in recognition of the extra care and attention needed for that child. It is *not* means-tested.

These benefits are comparable to DLA/PIP/AA and are classified by the NZ government as 'extra help', whilst the Supported Living Payment (incapacity benefit, roughly equivalent to ESA) is classified as a 'main benefit'.

NZ-DA is a means-tested weekly payment for people who have regular, on-going costs because of a disability, such as visits to the doctor or hospital, medicines, extra clothing or travel. In most cases costs are annualised.⁵³ Evidence of relevant expenditure must be presented in the form of receipts, tickets, and bills.

NZ-DA can be claimed by people who have a disability that is likely to last at least six months, and have regular ongoing costs because of this. The benefit can be claimed on behalf of a dependent child (<18yo).

Claimants who are already in receipt of another benefit need only provide a completed paper application form (complete with GP's signed disability certificate) and proof of costs incurred (in the form of receipts, tickets, and bills). Claimants not in receipt of another benefit must fill in an online form, and attend a meeting at the Ministry of Social Development.

9.1 Payment rates

- NZ-CDA is paid at a flat rate of NZD 47 (~£27) p/w for each qualifying child.⁵⁴
- Disability Allowance pays up to a maximum of NZD 62.37 (~£35) p/w dependent on extra costs incurred.⁵⁵

⁵¹ MDPH (November 2011) ['Guide Pratique MDPH – CNSA – DGS'](#).

⁵² Though, Child Disability Allowance is only payable to a child who is not already in receipt of another children's benefit (e.g. Orphan's or Unsupported Child Benefit).

⁵³ e.g. a cost of \$100 p/a, made up of a 6-monthly \$50 expense, would be paid at \$1.92 p/w.

⁵⁴ WINZ, ['Child Disability Allowance'](#).

⁵⁵ WINZ, ['Disability Allowance'](#).

9.2 Claimant numbers

- NZ-CDA was being paid to 35,935 people as of July 30 2017⁵⁶
- NZ-DA was being paid to 234,492 people as of July 30 2017⁵⁷

See Table 2 for claimant numbers as a proportion of age-eligible population. Whilst Supported Living Payment (ESA type payment) is considered by the NZ Ministry of Social Development (MSD) as the main disability benefit, NZ-DA – classified by MSD as ‘extra help’ – has a much larger caseload. According MSD, Supported Living Payment caseload in 2016 was around 93,000 claimants.⁵⁸

9.3 Assessment process(es)

Assessment for NZ-DA is carried out by claimant’s own GP⁵⁹, who completes a hard-copy ‘Disability Certificate’ for their patient, on the basis of their professional knowledge of qualifying condition(s) and additional costs. On this certificate, GPs make recommendations of costs to be covered (e.g. medicines, additional GP appointments [chargeable in NZ], rental of medical aids such as insulin pumps). Claimants must then attend a meeting at Work and Income (WINZ - DWP equivalent), where a Case Manager - employed directly by WINZ - reviews their application, Disability Certificate, and proof of costs, and makes a decision. Case Managers are not medically trained, and this meeting is purely administrative. Case Manager’s decisions are based on the assessment of need provided by the GP. In cases where a Case Manager has any concerns about a claim, the application is referred to a Regional Advisor who makes a recommendation, upon review of the form and evidence.

9.4 Duration of awards

Both NZ-DA and NZ-CDA are awarded on a rolling basis, with the onus on claimants to report changes in circumstance or need. For NZ-DA Duration depends on assessment of claimant’s disability by a registered medical practitioner or specialist, whereupon claimants are assigned to one of four duration groups: 6 to 12 months, 1 to 2 years, 2 to 3 years or ‘permanent’. However, these groups relate to the duration of the disability, and NOT to the duration of payment. There may be occasions where a finite award is made (e.g. 10 sessions of counselling over 20 weeks), but most commonly awards are reviewed annually with a self-return form to confirm continuity of circumstances and costs. A similar system of self-reporting exists for NZ-CDA whereby a form is sent to claimants by WINZ. If nothing of the claimant’s circumstance has changed, then no action is required. A breakdown of current claims by length of award is as follows:

⁵⁶ Data request to IAP Data Warehouse, prepared by Business Reporting Team, Insights MSD Group, Ministry of Social Development

⁵⁷ Ibid.

⁵⁸ MSD produce quarterly statistics on selected ‘supplementary benefits’ – Child Disability Allowance is not included in this release. The most recent published statistics seem to be from 2013, when caseload was around 93,000 claimants.

⁵⁹ It is important to note that GP surgeries are privately owned, and patients pay a consultation fee –set by each surgery – for every visit. This is one of the costs coverable by NZ-DA.

Length of award in payment	NZ-CDA total clients	NZ-DA total clients
<14 days	97	1,034
15 to 30 days	236	1,818
1-3 months	1,076	8,367
>3-6 months	1,635	12,157
>6-9 months	1,804	10,187
>9-12 months	1,726	9,645
1-2 years	5,512	29,420
>2-3 years	4,292	23,981
>3-5 years	6,220	67,956
>5-10 years	9,104	36,962
Over 10 years	4,233	32,965
Total	35,935	234,492

(Source: IAP Data Warehouse, prepared by Business Reporting Team, Insights MSD Group, Ministry of Social Development)

The majority of NZ-DA awards are made on an indefinite rolling basis. Claimants have an obligation to inform WINZ of any changes in circumstance which might affect eligibility, and WINZ contact claimants annually with a review form. If the claimant's circumstances have not changed, this is indicated on the review form, and the NZ-DA award continues to be paid. If circumstances have changed, a new application must be made.

10. Norway (NO)

Norway's social security model has undergone substantial reform since 2011, which saw a shift towards more contributory types of support.⁶⁰ Disability benefits, however, are still provided universally – with no means-testing or contributions-based eligibility criteria applied. Norway's DWP equivalent – NAV – provides three disability benefits which are comparable to Scottish devolved disability benefits:

- *Basic Benefit* (NO-BB)
- *Attendance Benefit* (NO-AB)
- *Higher Rate Attendance Benefit* (NO-HRAB)⁶¹

NO-BB is awarded to cover – in full or in part – extra expenses a claimant incurs as a result of illness, injury or congenital defects and disabilities. It is broadly equivalent to PIP in Scotland, but has no upper or lower age-limit to eligibility. The benefit is granted if the claimant's illness, injury, or disability involves extra expenses above the lowest *NO-BB* rate.

NO-AB provides financial support for people with a special need for care and supervision as a result of a disability, where such care is provided informally by a

⁶⁰ USA Social Security Administration (2016) '[Social Security Programs Throughout the World: Europe, 2016](#)'.

⁶¹ Although their titles are similar, *NO-HRAB* and *NO-AB* have different eligibility criteria and purposes. However, they are combined for the purposes of NAV statistical analysis.

family member or friend. NO-AB is similar to Carers Allowance in the UK, but is paid to the disabled person rather than directly to the carer. NO-HRAB is a higher rate benefit payable for children under 18 whose need for care and supervision is significantly greater than that covered by standard NO-AB. NO-HRAB is similar to Child DLA.

10.1 Payment rates

- NO-BB monthly rates are as follows:

NO-BB rates	
Tier	Per month
1	NOK 670 (~£65)
2	NOK 1,023 (~£99)
3	NOK 1,342 (~£130)
4	NOK 1,977 (~£192)
5	NOK 2,679 (~£260)
6	NOK 3,346 (~£325)

- NO-AB pays a flat rate of NOK 14,412 (~£1,400) p/a.
- NO-HRAB pays two, four, or six times the rate of NO-AB, according to need. The 2016 rates are as follows:

NO-HRAB rates	
Tier	Per month
1	NOK 2,402 (~£233)
2	NOK 4,804 (~£467)
3	NOK 7,206 (~£700)

10.2 Claimant numbers

- NO-AB was paid to 50,000 people in 2016⁶²
- NO-HRAB was paid to 22,700 people in 2016⁶³
- NO-BB was paid to just below 119,000 people in 2016⁶⁴

See Table 2 for claimant numbers as a proportion of age-eligible population.

10.3 Assessment Process(es)

Assessment for all three of the Norwegian disability benefits discussed here is carried out on paper. There is no face-to-face assessment for any of the benefits, and final decisions are made at the discretion of the NAV (DWP equivalent) doctor.

⁶² NAV (December 2016) '[Hjelpetønadsmottakere, etter kjønn, fylke og sats. Pr. 31.12.2016. Antall](#)'. [Translated using Google Translate]

⁶³ Ibid.

⁶⁴ NAV (June 2017) '[GRUNNSTØNAD I ENDRING: ØKTE UTGIFTER, FÆRRE MOTTAKERE](#)'. [Translated using Google Translate]

Doctors are employed directly by NAV for roughly 50% of their working time, and they work the other 50% in their own private practice.

For all three benefits, claimants must provide a letter from their own GP, outlining their condition and their associated extra costs. In the case of NO-BB and NO-AB, proof of additional costs must also be submitted in the form of receipts and invoices. If the claimant has no receipts, or has not yet started receiving care, a costing of necessary care must be submitted. This evidence is reviewed by a NAV doctor, and decisions are made on a case-by-case basis.

NO-HRAB Claimants must be under 18 and have a doctor's certificate that documents the child's functional impairment and cause, as well as the extent of the need for stimulation, supervision, education and exercise. The higher rate attendance benefit must increase the likelihood that the child will be able to continue living at home. This decision is made at the discretion of the NAV doctor.

10.4 Duration of awards

All three of Norway's disability benefits discussed here have a standard model of awards and review. Awards are reviewed at varying intervals - with an average award length of around three years, and no minimum award length (though awards of less than a year are very rare according to NAV). There are no permanent awards granted for any of the three disability benefits outlined here. All awards are made at the discretion of NAV, by NAV doctors and are dependent on the condition and circumstances of the individual claimant. However, no indefinite awards are put in place.⁶⁵

11. Sweden (SE)

In Sweden, eligibility for disability benefits is universal for those living or working in Sweden. None of Sweden's disability benefits are means-tested.

There are three disability benefits in Sweden which are broadly equivalent to the devolved disability benefits:

- *Attendance Allowance* (SE-AA)
- *(Child)care Allowance* (SE-CA)
- *Disability allowance* (SE-DA):

SE-AA is financial support for disabled people under the age of 65⁶⁶ to hire 'personal assistants' (carers).⁶⁷ SE-AA is administered differently depending on the claimant's need of assistance. If a claimant needs assistance for more than 20

⁶⁵ SG analysts have contacted a NAV agent directly to clarify the policy and the following response was provided: 'if a claimant has lost both of their legs, NAV will make sure that they are not called for annual reassessment. It is clear that that is a permanent disability, and the award would reflect that. However, no award is never reviewed.'

⁶⁶ SE-AA may be paid to beneficiaries after the age of 65 *if it was awarded before they turned 65*.

⁶⁷ SE-AA cannot be granted to claimants over the age of 65. However, a claimant who was entitled to attendance allowance at the age of 65, is entitled to the benefit indefinitely, provided there is no significant change in the conditions that were current when the benefit was first granted.

hours per week, application is made to Försäkringskassan (Swedish social security agency). For a claimant who needs less than 20 hours of assistance per week, applications are made to their Municipality. SE-AA is like a hybrid of PIP and Carer's Allowance, with the payment being made to the disabled person, rather than the carer, to ensure the disabled person can afford to purchase the care they need.

SE-CA is support for parents caring for a child under 19⁶⁸ with a disability or long-term illness. There are two elements to SE-CA – extra-costs, and care and supervision. It is possible to receive both elements, or extra-costs alone. The care and supervision element is taxable, whilst the extra-costs element is tax-free.⁶⁹

SE-DA is financial support for people over the age of 19 who have a disability or illness and as a result need assistance in daily activities or have additional expenses. This is different to SE-AA in that the support is not specifically to cover the cost of formal care. SE-DA is roughly equivalent to PIP and DLA.

11.1 Payment rates

SE-AA has two tiers of payment, depending on need of assistance. The tiers for 2017 are as follows:

SE-AA lower tier	SEK 284 (~£26) per hour of necessary assistance
SE-AA higher tier	SEK 318 (~£29) per hour of necessary assistance ⁷⁰

SE-CA has two tiers of payment for the extra-costs element, depending on size of additional costs. There are four tiers of payment for the care and supervision element. The tiers for 2017 are as follows:

SE-CA extra-costs lower tier	SEK 16,128 (~£1517) per year
SE-CA extra-costs upper tier	SEK 28,000 (~£2634) per year
SE-CA care and supervision tier 1	SEK 2,333 (~£219) per month
SE-CA care and supervision tier 2	SEK 4,667 (~£439) per month
SE-CA care and supervision tier 3	SEK 7,000 (~£658) per month
SE-CA care and supervision tier 4	SEK 9,333 (~£878) per month

⁶⁸ At most, claimants can be paid SE-CA until June of the year the child turns 19.

⁶⁹ If a claimant applies for childcare allowance for both elements, and has additional costs exceeding SEK 8,064 per year, they can receive part of the childcare allowance tax-free.

⁷⁰ In the case of a claimant with particularly high costs because of a need for assistance during the night or assistants with specialist training.

SE-DA has three tiers of payment according to how much assistance is needed or how large a claimant's additional expenses are (established at assessment). The tiers for 2017 are as follows:

SE-DA lower tier	SEK 1344 (~£121) per month
SE-DA middle tier	SEK 1979 (~£179) per month
SE-DA maximum tier	SEK 2576 (~£233) per month

11.2 Claimant numbers

- SE-CA was paid to just over 55,000 people in December 2015⁷¹ (84% of recipients were women, and 16% were men).⁷²
- SE-AA was paid to just over 16,000 people in December 2015.⁷³
- SE-DA was paid to just over 64,000 people in December 2015.⁷⁴

See Table 2 for claimant numbers as a proportion of age-eligible population.

11.3 Assessment process(es)

Assessments or meetings with a 'personal administrator' are conducted in-house by joint service offices of Försäkringskassan (Swedish social security agency) and the Swedish Tax Agency. For SE-AA, most face-to-face assessment meetings are held in the claimant's home.

Försäkringskassan assessment of disability takes the 'impairment approach'. For SE-AA, face-to-face assessment is not compulsory. However, as a general rule, the assessor has a personal meeting with all first-time claimants. As for cases where the claimant applies for an increase in the number of hours of care they are being compensated for and cases that are up for a '2-year reassessment', it is up to the assessor to decide if a meeting is necessary or if the process can be done on paper or over the phone.⁷⁵

11.4 Duration of awards

All of the Swedish benefits reviewed here are awarded on a variable rolling basis, with reviews at varying intervals. Reviews consider changes in circumstance and additional expense, which suggests they may be different to undergoing a full

⁷¹ Latest figures.

⁷² Försäkringskassan (May 2017) '[Socialförsäkringen i siffror 2016 \(Engelsk\)](#)'.

⁷³ Ibid.

⁷⁴ Ibid.

⁷⁵ Information gathered through personal communication with policy colleagues at Försäkringskassan.

'reassessment' as in the case of PIP.⁷⁶ Following a successful claim, awards are made with no fixed end date. Försäkringskassan review claimants' circumstances 'every few years' – with the first review date indicated in the initial decision letter. SE-AA and SE-DA awards 'apply until further notice' by Agency (i.e. unless something changes, claimants do not need to apply again), and are linked to required hours of care. However, the Agency reviews cases every two years to ascertain whether circumstances have changed. During review, Försäkringskassan assesses the available material and determines the scope of the review on a case-by-case basis. At the discretion of the assessor, the review may involve a face-to-face meeting, submission of new medical certificates, or information from other relevant parties (i.e. child care, school, the Municipality etc.).

SE-CA The benefit may be awarded for a specific time-period, or with no time limit. The Agency conduct a follow-up every two years. The benefit is payable until June of the year that the child turns 19.

⁷⁶ However, there is a legal requirement to reassess AA every two years. The reassessment is unconditional and the assessor is not bound by the previous assessment. A reassessment could mean a revocation of the benefit or an increase or decrease in the number of hours granted.

How to access background or source data

The data collected for this <statistical bulletin / social research publication>:

- are available in more detail through Scottish Neighbourhood Statistics
- are available via an alternative route <specify or delete this text>
- may be made available on request, subject to consideration of legal and ethical factors. Please contact <email address> for further information.
- cannot be made available by Scottish Government for further analysis as Scottish Government is not the data controller.