



Australian Government

**Department of Families, Housing,
Community Services and Indigenous Affairs**

Ms Sarah Gray
President
ausEE Inc.
PO Box 9303
PACIFIC PARADISE QLD 4564

Dear Ms Gray

Thank you for your letter of 26 September 2012 to the Secretary of the Department of Families, Housing, Community Services and Indigenous Affairs, Finn Pratt, about eligibility for Carer Allowance for carers of children who are affected by Eosinophilic Gastrointestinal Disorder. Mr Pratt has asked me to reply on his behalf.

I understand that you are concerned that some parents and carers of children with Eosinophilic Gastrointestinal Disorders are not qualifying for Carer Allowance (child). You have submitted that carers of children with this condition, in certain circumstances, should be automatically granted Carer Allowance.

In the circumstances you describe, where significant additional care is required, it is likely that many children would qualify their carer for Carer Allowance (child).

The Disability Care Load Assessment (DCLA) is used to assess eligibility for Carer Allowance (child). There are two stages in the assessment. Firstly, the child is assessed against the List of Recognised Disabilities (the List). The List contains certain disabilities and medical conditions that are always severe enough to qualify the parent or carer for Carer Allowance (child) automatically.

Where a child's condition is identified on the List their carer can be granted Carer Allowance immediately. This reduces the complexity of the claim process for families and ensures the assessment is fast tracked.

Where a child's condition, for example Eosinophilic Gastrointestinal Disorder, is not on the List, the DCLA considers the level of care required by the child or children with disability or medical condition, and the level of care provided by their carer. This part of the assessment involves a Treating Health Professional questionnaire and a carer questionnaire. To qualify for Carer Allowance the carer must achieve a qualifying score in both questionnaires.

The DCLA uses specific questions to identify a broad spectrum of care needs to determine eligibility for Carer Allowance (child). The assessment process is designed to provide equal access to Carer Allowance (child) for carers of children with similar care needs, even where the cause and type of disability differ. The DCLA is not aimed at specific disabilities, medical conditions or particular age groups.

Some elements of the DCLA assessment, for example the child's functional ability, are age adjusted up to the age of seven. This ensures that the care required by the child is assessed and compared to the care needs of other children of a similar age. In addition, once the child turns three there is an extra component of the assessment that considers the impact of behavioural issues in relation to the child's care. This process is based on the expert advice of paediatric medical and allied health professionals who developed the assessment and is designed to provide equal access to Carer Allowance (child) for carers of children with similar care needs, even where the cause and type of disability differ.

As you mention, Eosinophilic Gastrointestinal Disorders vary in severity, and in the amount of additional care required to support the child's needs. I acknowledge there are such severe cases where a child with this condition requires naso-gastric tube feeding, whereas with other children this is not required.


Because of the wide variety of impacts and additional care required, the condition is not on the List and a child with this condition is not automatically 'fast-tracked' for Carer Allowance. However, while a child with this condition may not necessarily be 'fast-tracked' for Carer Allowance it is still likely that those who are severely affected, and who require significant amounts of care, will qualify under the DCLA.

If a carer is not qualified for Carer Allowance (child) based on the level of care required, the carer may still qualify for a Health Care Card if the child requires at least 14 hours a week of additional care and attention. The Carer Allowance (child) Health Care Card is issued only in the name of the child (the care receiver). This recognises that the care receiver may have higher medical costs than a child without disability or a severe medical condition.

It may interest you to know that when the List was developed, and when the List has been reviewed, all disabilities and medical conditions were considered, in consultation with allied health professionals. The List has been amended several times since its inception, with changes as recently as 2011.

Social security pension and allowance arrangements are reviewed regularly to ensure that they continue to meet the needs of the Australian community. Issues such as those you raise about children with Eosinophilic Gastrointestinal Disorders and their care needs are an important part of the overall review process and I thank you for bringing them to my attention.

Yours sincerely



Allyson Essex
A/g Group Manager
Disability and Carers Group