



Rialtas na hÉireann
Government of Ireland

Social Impact Assessment Series

Domiciliary Care Allowance (DCA)

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SOCIAL PROTECTION VOTE

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This paper has been prepared by IGEES staff in the Department of Public Expenditure & Reform. The views presented in this paper do not represent the official views of the Department of Public Expenditure and Reform or the Minister for Public Expenditure and Reform.

IGEES

Irish Government Economic and Evaluation Service

Summary

Domiciliary Care Allowance (DCA) recipient numbers have grown from 24,759 in 2012 to 38,433 in 2018, a growth of 13,674 (55.2%). The annual average increase in beneficiaries has accelerated since 2013.

- Between 2010 and 2013 the number of beneficiaries grew by an average of 661 per year.
- Between 2013 and 2018 the number of beneficiaries grew by an average of 2,938.

In 2018 expenditure on the scheme was €168m, and it is the fastest growing Illness, Disability & Carer's scheme administered by the Department of Employment Affairs and Social Protection (DEASP).

- The annual average increase in expenditure was €2.85m (9.2%) between 2010 and 2013.
- **This accelerated to annual average growth of €12.8m (12.3%) between 2013 and 2018.**
- Given that there has been no increase in payment rates for DCA over the period, the increase in expenditure was primarily driven by increases in beneficiaries.

Profile of DCA Beneficiaries

DCA beneficiaries are more likely to be:

- **Male (66%)**
- **Aged 9 years old (median age)**
- Living in **Dublin (24%)** but the greatest proportion of DCA recipients is in Limerick with 41 per 1,000 residents under the age of 16.
- **Irish (86%)**

When the profile of medical diagnoses using ICD-10 codes is examined, the most prevalent diagnoses amongst new entries to the scheme are mental and behavioural issues, particularly Autism Spectrum Disorder (ASD).

- **In 2018, the top three diagnoses account for 45% of new entries to the scheme. These three diagnosis related to ASD, Asperger's syndrome and pervasive developmental disorder.**

Key findings from previous research shows that DCA has a number of interactions with other DEASP schemes.

- As shown in the 2019 Spending Review on Carer's Supports, **on average 55% of DCA recipients are also receiving Carer's Allowance in any given year.**
- Analysis of Disability Allowance undertaken by DEASP in 2018 showed that **an average of 48% of DCA beneficiaries transition from DCA to Disability Allowance once they reach the age of 16.**

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Glossary

DCA	Domiciliary Care Allowance
DA	Disability Allowance
Recipient	Parent receiving a DCA payment
Beneficiary	Child for whom the payment is being made
DEASP	Department of Employment Affairs and Social Protection
ICD-10	International Classification of Diseases

1. Introduction

The Social Impact Assessment (SIA) series aims to provide an evidence based methodology to examine the impact of public expenditure on households. The SIA Framework forms the first step in the process of developing 'budget and policy proofing as a means of advancing equality, reducing poverty, and strengthening economic and social rights'¹. This paper will form part of the SIA series as it aims to identify key characteristics of those being supported by Domiciliary Care Allowance.

Domiciliary Care Allowance (DCA) is a monthly payment of €309.50 that is not means-tested. Parents of children qualify for DCA if:

- their child is aged 0 to 16 and living at home
- they have a severe disability requiring continual or continuous care and attention which is substantially in excess of that normally required by a child of the same age
- the condition is likely to last for at least one year.²

Eligibility is determined primarily by reference to the degree of additional care and attention required by the child rather than the type of disability. The eligibility criteria of the scheme states that a child must have: *"a severe disability requiring continual or continuous care and attention substantially in excess of the care and attention normally required by a child of the same age."*

The key objectives of the paper include:

- Examining trends in recipient numbers and expenditure for DCA;
- Establishing a profile of beneficiaries by examining key demographic characteristics such as age, gender, medical diagnosis, and geographical spread.

History of the Scheme

The original DCA scheme was introduced in 1973 in order to care for children aged 2 to 16 with severe disabilities being cared for in the home. The scheme fell under the auspices of the Department of Health until 2009, and it was then transferred to the Department of Social Protection in order to keep all income supports under the same department.

Reforms were made to the scheme in 2013 after a consultation process involving parents, advocacy groups and the Department of Social Protection.³ Parents and advocacy groups were concerned about a number of aspects of the application and review process, including the perception that the

¹ Lawless, J., Reilly, D. (2016). *Social Impact Assessment Framework*.

² See <https://m.welfare.ie/en/downloads/DCAMedical%20Guidelines2009.pdf>

³ <http://www.welfare.ie/en/downloads/DCAReviewReportFinal.pdf>

qualification criteria had changed for children with Autism Spectrum Disorder (ASD). Several recommendations were implemented including publication of medical guidelines and definitions, and the development of a supplementary application form for medical professionals. In June 2019, medical reviews were reintroduced to ensure continued eligibility amongst recipients of the scheme.

Objectives of DCA

The objectives of DCA as set out in a 2012 review and are derived from the original rationale and objectives of the scheme included in Circular No.24/73 in 1973. The payment is designed to alleviate some of the burdens associated with caring for a sick or disabled child in the home due to the extra care and attention that the child requires.

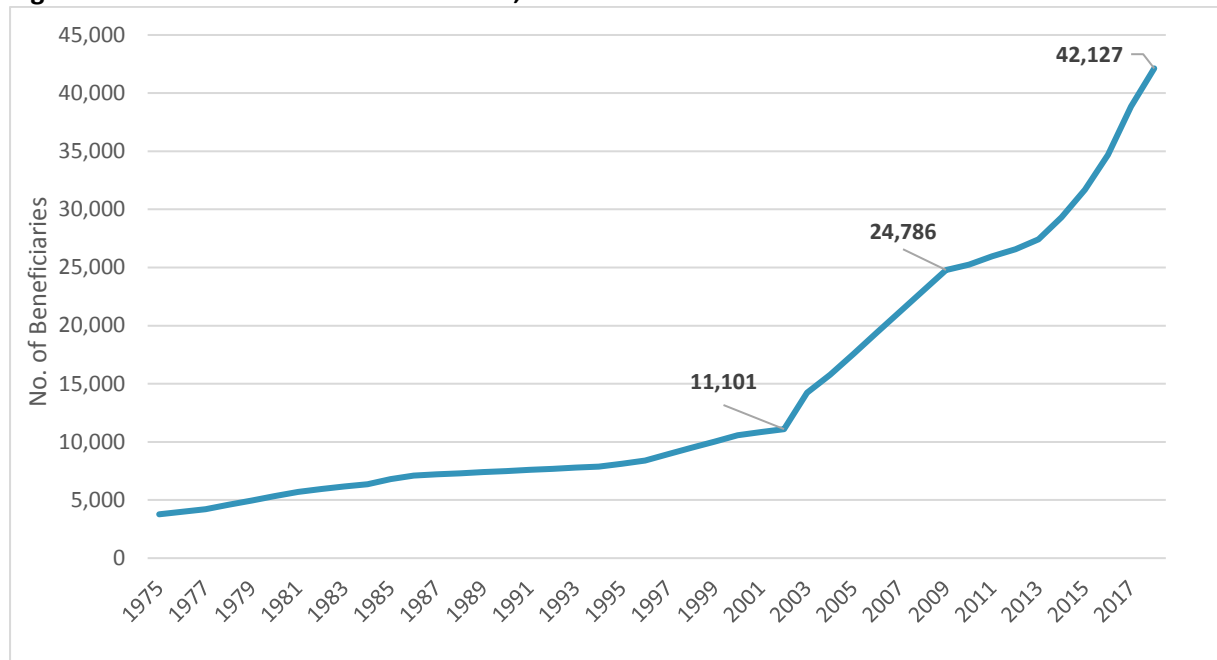
The report on DCA in 2012, noted the following *“it is clear from the exponential increase in the numbers paid over the last 40 years that the interpretation of what constitutes severe and substantial has changed significantly over the years. While demographic changes, along with changes in the age of children eligible, etc. account for some of the increase they are not sufficient to explain the full increase in the numbers over time.”*

The report also outlined the difference between DCA and Carer’s Allowance (CA) concluding that DCA recognises the extra demands associated with caring for a child with a disability while CA compensates parents/guardians for the limitation of employment opportunities as a result of providing additional care to a child with an illness or disability.

2. Overview of Expenditure and Recipient Numbers

There has been an exponential increase in the number of DCA beneficiaries since the scheme was established in 1973. Examining historical beneficiaries as recorded by the HSE shows that there were 3,771 beneficiaries on the scheme two years after introduction in 1973 (See Figure 1). The number of beneficiaries increased steadily between 1975 and 2002 by an average of 271 children a year; between 2002 and 2004 the number of children entering DCA each year increased to 2,332. This trend of greater inflows to the scheme continued until the scheme was transferred to DEASP in 2009. At this time, the growth in beneficiaries slowed before beginning to grow again from 2013 onwards (See Figure 1). In 2018 the number of beneficiaries had grown to 42,127, an increase of 3,281 (8%) on the previous year.

Figure 1 - Number of Beneficiaries of DCA, 1975-2018



Source: DEASP DCA Review & Author's Calculations

As can be seen in Table 1 below, the number of recipients is smaller than the number of beneficiaries indicating that there are a number of families that are in receipt of a DCA payment and caring for more than one child. The number of families in receipt of a DCA payment for more than one child has increased since 2012; the ratio of recipients to beneficiaries has risen from 1.07 to 1.1 between 2012 and 2018.

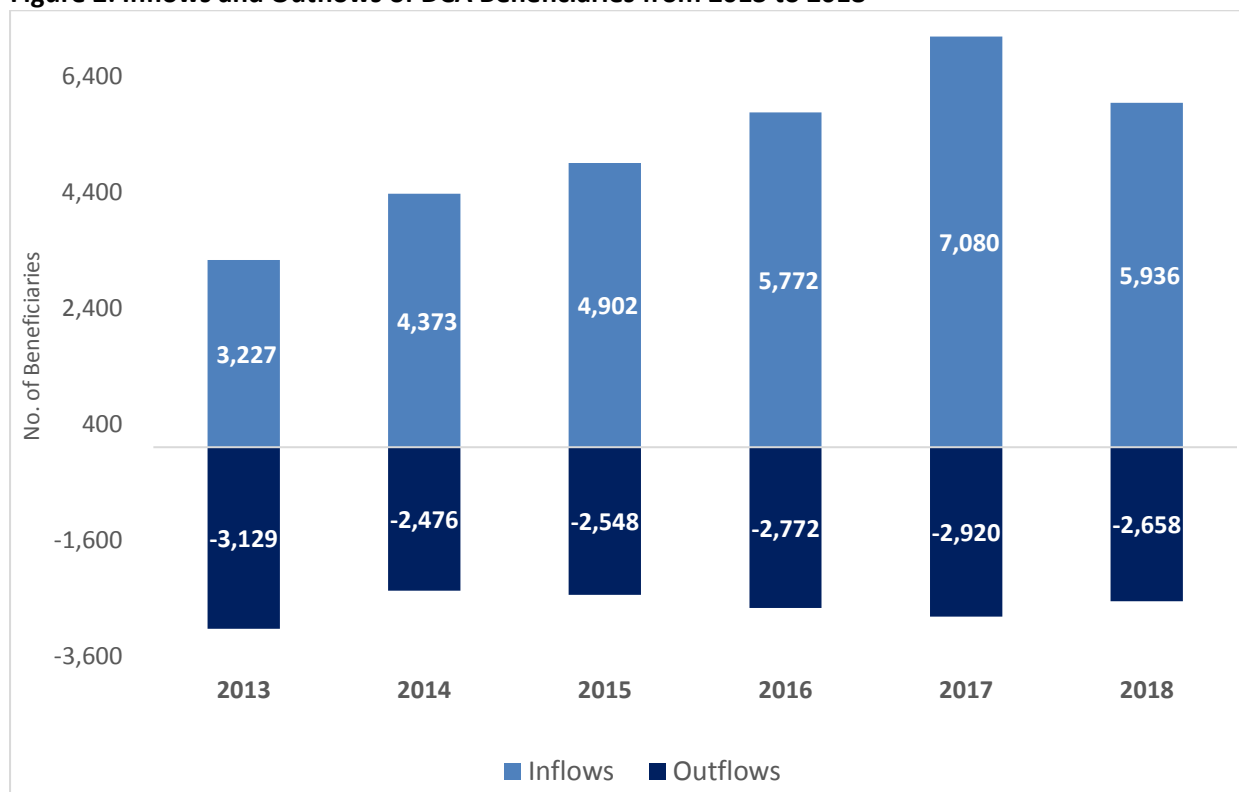
Table 1 - Recipient and Beneficiary Numbers 2012-2018

	2012	2013	2014	2015	2016	2017	2018	Change 2012 - 2018	
Recipients	24,759	25,579	27,326	29,358	32,015	35,623	38,433	13,674	55%
Annual Change		820	1,747	2,032	2,657	3,608	2,810		
Annual Change		3%	7%	7%	9%	11%	8%		
Beneficiaries	26,580	27,433	29,331	31,685	34,686	38,846	42,127	15,547	58%
Annual Change		853	1,898	2,354	3,001	4,160	3,281		
Annual Change		3%	7%	8%	9%	12%	8%		
Ratio of Beneficiaries to Recipient	1.07	1.07	1.07	1.08	1.08	1.09	1.10	0.02	2%

Source: DEASP Admin Data

Examining inflows and outflows to the scheme shows the gross movement of beneficiaries entering and exiting the scheme on an annual basis. As shown in Figure 2, the inflows to the scheme have grown from 2013 to 2017 while the outflows have remained relatively stable. Constant outflows from the scheme are to be expected as the payment is only made until the beneficiary reaches the age of 16. The net inflows have been positive so the number of children on the scheme has increased each year since 2013.

Figure 2: Inflows and Outflows of DCA Beneficiaries from 2013 to 2018



Source: DEASP Admin Data

Expenditure

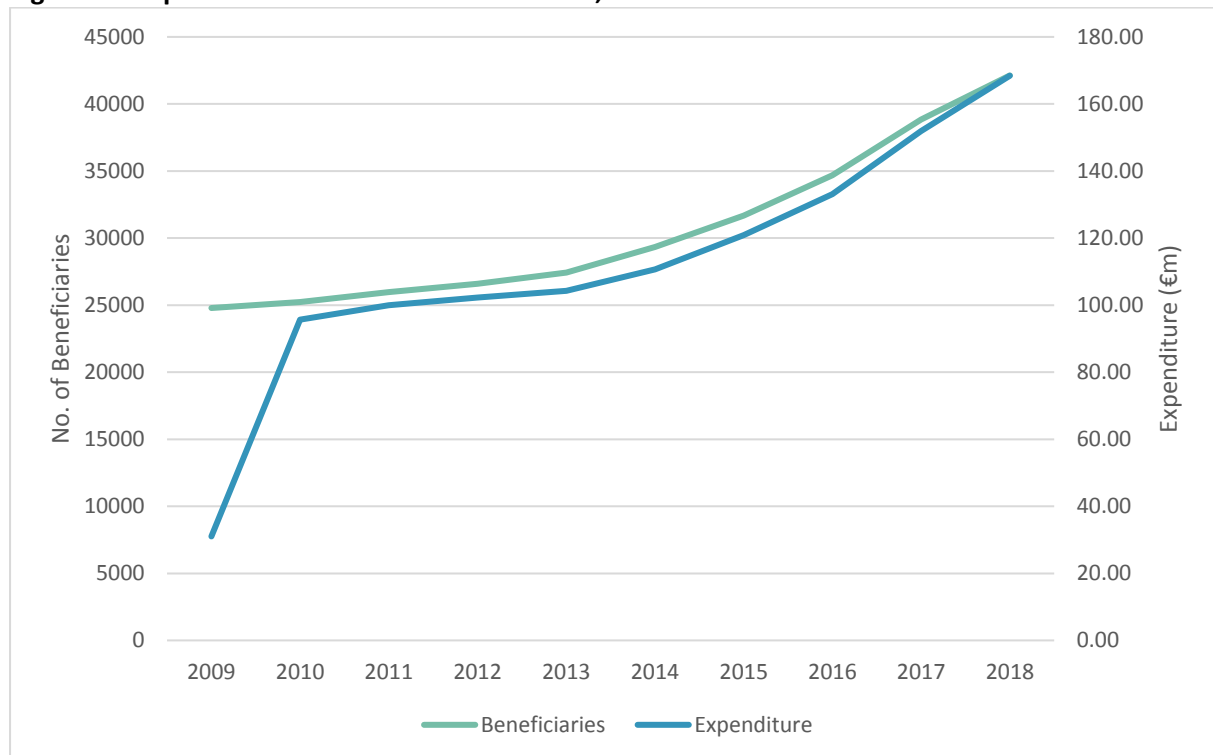
DCA is the fastest growing Illness, Disability and Carer’s scheme administered by DEASP. In 2019, the increase in expenditure is expected to be 7.3%, compared to an increase of 4.7% on Disability Allowance (DA), and 3.1% on the Invalidity Pension.

Expenditure on DCA is a function of the number of recipients and the payment rate. Given that the rate of payment has not changed since 2009, increases in expenditure are primary driven by a rise in the number of recipients. There was a sharp rise in expenditure between 2009 and 2010, this reflects the first full year cost of the scheme for DEASP as they took over the scheme on a phased basis in 2009 from the HSE.⁴ Expenditure remained relatively flat from 2010 to 2013 with an average annual

⁴ Revised Estimates, 2009, <https://assets.gov.ie/5045/201218102240-32863b5e9ae04275aa98d652d316d7d5.pdf>

increase in expenditure of €2.85m per year. In the following years between 2013 and 2018, expenditure on the scheme increased by an average annual of €12.83m per year. Examining expenditure and the number of beneficiaries together shows a strong correlation between the two metrics. As growth in the number of beneficiaries increased from 2013 onwards, expenditure also began to rise more sharply (See Figure 3).

Figure 3 – Expenditure and Beneficiaries on DCA, 2009-2018



Source: DEASP Admin Data

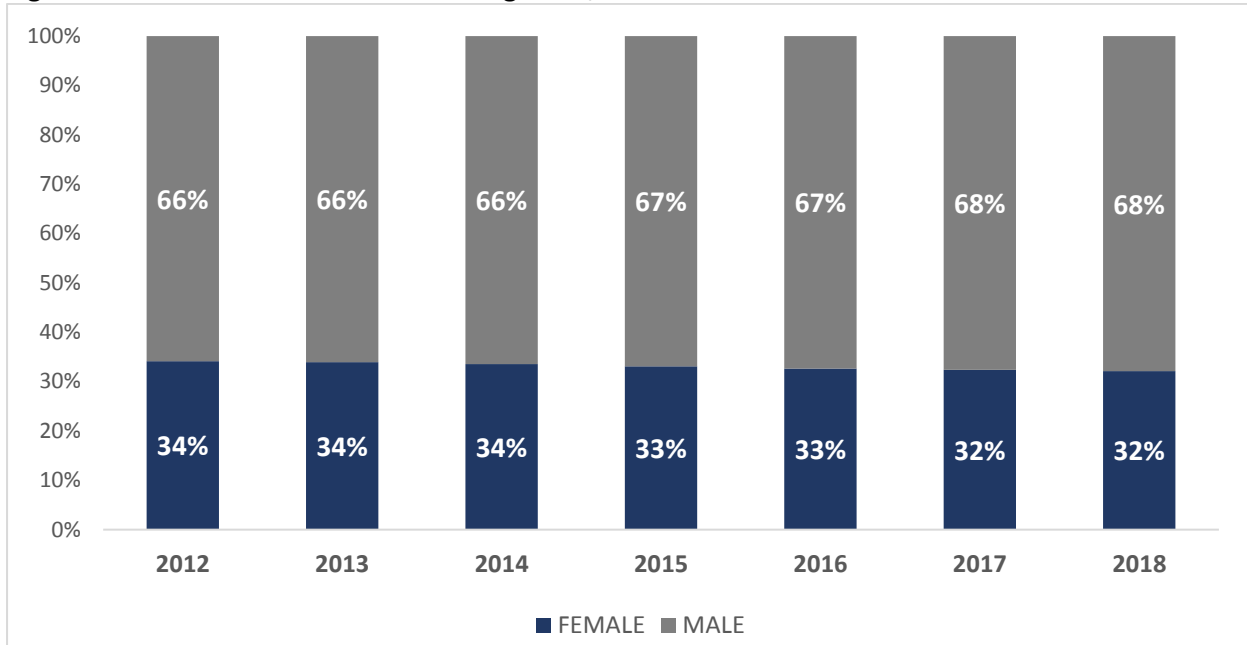
3. Profile of DCA Beneficiaries

This section utilises DEASP administrative data to build a profile of the individual characteristics of the children for whom DCA payments are made (referred to as DCA beneficiaries). The purpose of this exercise is to establish a baseline for the demographic profile of DCA beneficiaries so that further social impact assessments can determine if changes in policy have affected that profile.

Gender

When the gender profile of beneficiaries is examined over time males have made up the majority of beneficiaries since 2012. The percentage of males benefitting from the scheme has risen from 66% to 68% from 2012 to 2018. This is an average increase of 0.34 percentage points per year.

Figure 4 - Breakdown of beneficiaries by gender, 2012-2018

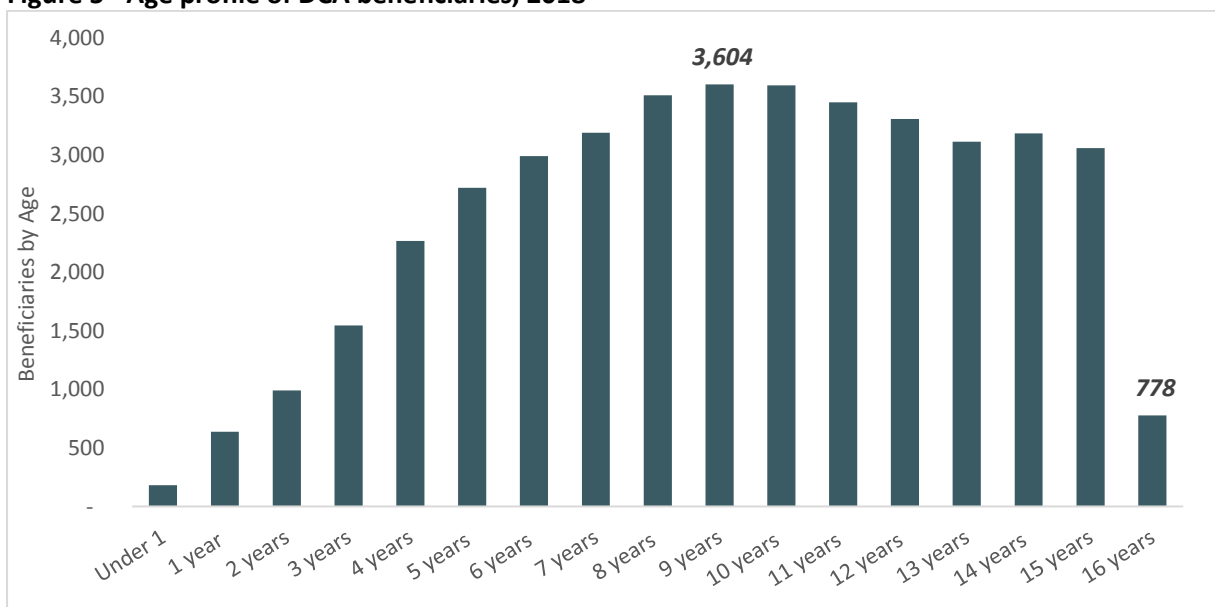


Source: DEASP Admin Data

Age

Recipients of the scheme can apply for the payment at any time after the birth of their child and can continue to receive the payment until the child's 16th birthday, at which time the child is required to exit the scheme and may apply for a payment in their own right. Figure 5 sets out the age profile for beneficiaries in 2018. This shows a steep rise in the number of beneficiaries up to the age of 9 – this is the peak age category with 3,604 beneficiaries - before falling slightly in the older age groups. At the age of 16 there is a sharp drop off in beneficiaries with 778 beneficiaries over the age of 16.

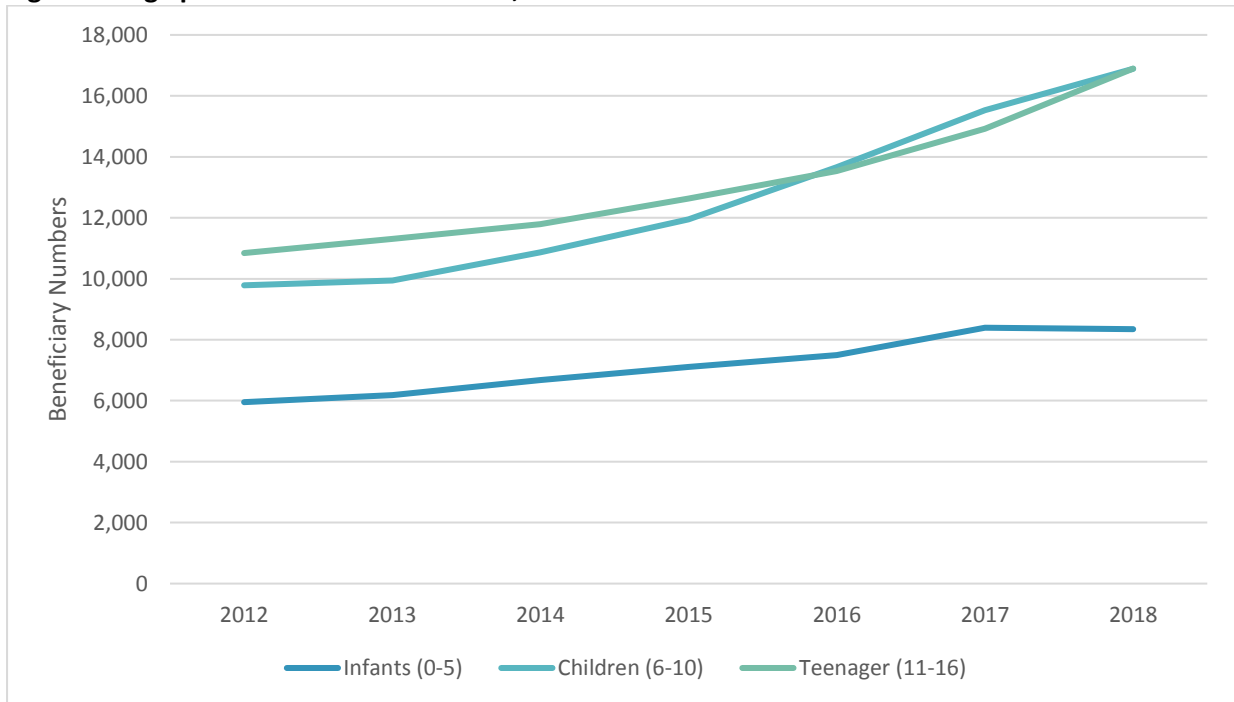
Figure 5 - Age profile of DCA beneficiaries, 2018



Source: DEASP Admin Data

Analysing trends in the age profile from 2012 to 2018 shows that the number of infants or small children aged 0-5 has remained flat in recent years while the number of children aged 6-10, and teenagers aged 11-16 has continued to increase. While the upward trend in the number of children and teenagers is likely to continue, the lower growth in infants and small children may suggest that there is a slowdown in the level of inflows to the scheme amongst young children.

Figure 6 - Age profile of DCA Beneficiaries, 2012-2018



Source: DEASP Admin Data

The median age has remained 9 years old between 2012 and 2018, suggesting that despite the increase in inflows and the growing number of beneficiaries, the age profile has remained relatively consistent over the time period examined.

Location

Table 2 below shows the number of DCA beneficiaries per county. The average number of DCA beneficiaries per county is 1,619 or 3.8% of the total number of beneficiaries. Dublin accounts for 24% of the total number of DCA beneficiaries with Cork at 14%.

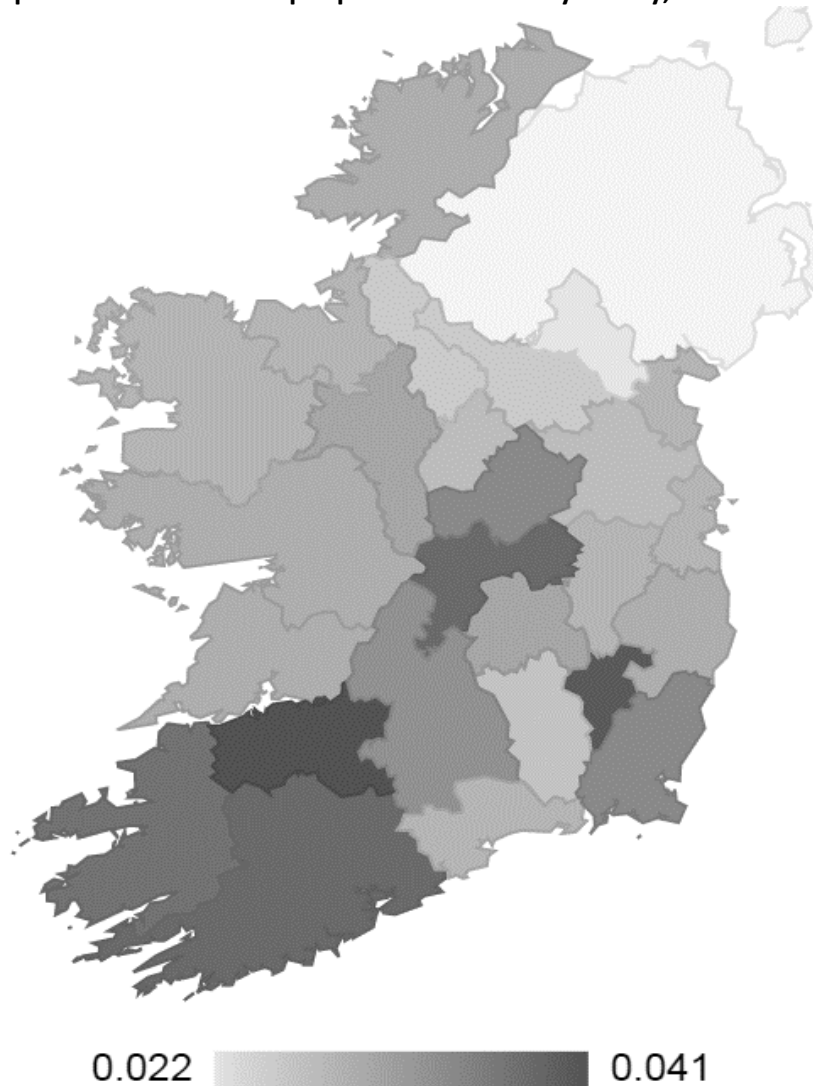
Table 2 - No. of DCA beneficiaries and % of total recipients, 2018

Rank	County	DCA Beneficiaries	% of Total DCA Beneficiaries
1	Dublin	10,134	24.1%
2	Cork	5,878	14.0%
3	Limerick	2,241	5.3%
4	Galway	1,974	4.7%
5	Kildare	1,969	4.7%
6	Meath	1,752	4.2%
	Average	1,619	3.8%
7	Tipperary	1,576	3.7%
8	Wexford	1,489	3.5%
9	Donegal	1,372	3.3%
10	Kerry	1,345	3.2%
11	Wicklow	1,244	3.0%
12	Louth	1,148	2.7%
13	Westmeath	1,019	2.4%
14	Clare	1,017	2.4%
15	Mayo	943	2.2%
16	Offaly	941	2.2%
17	Waterford	908	2.2%
18	Laois	905	2.2%
19	Kilkenny	781	1.9%
20	Carlow	674	1.6%
21	Cavan	613	1.5%
22	Roscommon	574	1.4%
23	Sligo	499	1.2%
24	Monaghan	456	1.1%
25	Longford	407	1.0%
26	Leitrim	232	0.6%
	Total	42,091	100%

Source: DEASP Admin Data

The percentage of DCA beneficiaries per head of population may be of more interest, see Figure 7 for a heat map of DCA beneficiaries relative to the population in each county under the age of 16 in 2016. The counties in the southwest of the country; Cork, Kerry and Limerick have a higher number of DCA beneficiaries per head of population than some of the north-western counties. Limerick had the highest number of DCA beneficiaries at 41 per 1,000 residents. Monaghan has the lowest proportion of DCA beneficiaries at 22 per 1,000 residents.

Figure 7: Heat map of DCA Beneficiaries per person under 16 by county, 2016



Source: DEASP Admin Data & CSO Census Data, 2016

Nationality

Table 3 below shows the number of beneficiaries and their respective nationalities. As is to be expected the majority of DCA beneficiaries are from Ireland followed by the UK and Poland, the two largest national groups in the state.⁵

The analysis shows that the number of recipients by country of origin is broadly in line with the national percentages of those populations in Irish society. It may be concluded that there are similar levels of care needs for child across the entire population regardless of their country of origin.

⁵ CSO Census Statistics 2016 – E8051

Table 3 - No. of recipients by country of origin

	No. of Beneficiaries	% of Total Beneficiaries
Ireland	36,307	86%
UK	1,565	4%
Poland	1,154	3%
Lithuania	313	1%
Romania	279	1%
Nigeria	277	1%
Other	2,232	5%
Total	42,127	100%

Source: DEASP Admin Data

Health Condition/Diagnosis

As part of the reforms to the scheme introduced in 2013, the application form was amended to include a space for the GP or consultant to include an ICD-10 code. The International Classification of Diseases (ICD) is a classification system developed by the World Health Organisation (WHO) that classifies illnesses and diseases according to their various characteristics. Each disease is classified by a letter code for example **F** for Mental and Behavioural issues, and three digits.

As ICD-10 codes were only introduced in 2014 the codes give an indication of the diagnoses for the inflow of new beneficiaries to the scheme since then. ICD-10 codes therefore do not capture the majority of the beneficiaries as the oldest beneficiaries currently may have entered as early as 2003. The full cohort of DCA beneficiaries will not have an ICD-10 code until 2030 when the youngest recipients in 2014 reach the age of 16. It is expected that as the number of applications that are received with an ICD-10 code continues to increase, a better picture of the care needs of beneficiaries of the scheme will emerge.

Table 4 below for example F84 refers to non-specific childhood autism while F84.5 refers to the more specific disease of Asperger’s syndrome, a form of childhood autism.⁶

Table 4 shows the top 8 ICD-10 codes amongst new entries to the scheme in 2018. The number being assigned an ICD-10 code has increased from 3,797 in 2014 to 6,357 in 2018. **These 8 diagnoses make up 60% of the total number of diagnoses for new entrants. F codes - mental and behavioural issues - are 7 of the top 8 diagnoses of beneficiaries admitted to the scheme.**

⁶ See Appendix A for a full breakdown of ICD-10 code categories.

Table 4: Top 8 diagnosis for beneficiaries in 2018

Rank	ICD-10 Code	Description	Number	Proportion
1	F84.-	Autism Spectrum Disorder	2,589	41%
2	F90.-	Attention-deficit hyperactivity disorders	392	6%
3	F84.5	Asperger's Syndrome	221	3%
4	F83	Mixed Specific developmental disorder	145	2%
5	F89	Unspecified disorder of psychological development	117	2%
6	E10.-	Diabetes Mellitus	182	3%
7	F82	Developmental disorder of motor function	114	2%
8	F84.9	Pervasive developmental disorder	78	1%
Total			3,838	60%
Total Number of Beneficiaries			6,357	100%

Source: DEASP Admin Data

As shown in Table 4, F.84 is the umbrella term that refers to autism spectrum disorder (ASD). Two sub-categories; Asperger's syndrome and pervasive developmental disorder also refer to diagnoses that fall under ASD. Together, in 2018, these three diagnoses account for 45% of new entries to the DCA scheme since 2014.

The diagnoses that make up the top 8 has changed slightly since the first full year of statistics in 2014. While ASD was still the most prevalent diagnosis at 33% of the total, genetic disorders such as Epilepsy and Cerebral Palsy were higher on the list in 2014 than they were in 2018. **F-code diagnoses still make up a large portion of the new entries at 42%.**

Table 5: Top 8 diagnosis for beneficiaries in 2014

Rank	ICD-10 Code	Description	Number	Proportion
1	F84.-	Autism Spectrum Disorder	1,249	33%
2	F90.-	Attention-deficit hyperactivity disorder	171	5%
3	E10.-	Diabetes Mellitus	137	4%
4	F84.5	Asperger's Syndrome	88	2%
5	Q90.-	Down's Syndrome	85	2%
6	F83	Mixed Specific developmental disorder	79	2%
7	G40	Epilepsy	64	2%
8	G80.-	Cerebral Palsy	57	2%
Total			1,930	51%
Total Number of Beneficiaries			3,797	100%

Source: DEASP Admin Data

We can determine that there has been some change to the profile of ICD-10 codes for new entries to the scheme however only a minority of DCA beneficiaries have been issued an ICD-10 code. Diagnostic data on DCA recipients only began to be collected in 2014, and only 51% of new entries were given an ICD-10 code by their GP in that year. This percentage has increased to 60% in 2018.

Some of the increase in the prevalence of ASD can be explained by the increase in the prevalence of ASD in Ireland generally. A Dept. of Health study in 2018 found that there has been an overall increase in the prevalence rate of ASD in Ireland.⁷ While there is no definitive dataset for mental and intellectual disabilities in Ireland, using multiple datasets gathered by the Department of Education, DEASP, and Dept. of Health shows that the prevalence of ASD in Ireland can be determined as between 33.1/10,000 and 64/10,000 of the population depending on the dataset used.

Table 6 - New beneficiaries with an ASD diagnoses, 2010-2016

Year of Decision	New Beneficiaries	Rate per 1,000 aged 0-15
2010	1387	1.4
2011	3444	3.3
2012	3619	3.5
2013	3550	3.4
2014	4615	4.4
2015	5695	5.4
2016	6858	6.4

Source: Dept. of Health, 2018

4. Interaction with other schemes

DCA as a scheme has a high level of interaction with other payments and services available through both DEASP and the Department of Health. Qualifying for DCA allows recipients to receive a number of other benefits on behalf of their beneficiaries. Some of these interactions have been examined as part of analysis of other DEASP schemes.

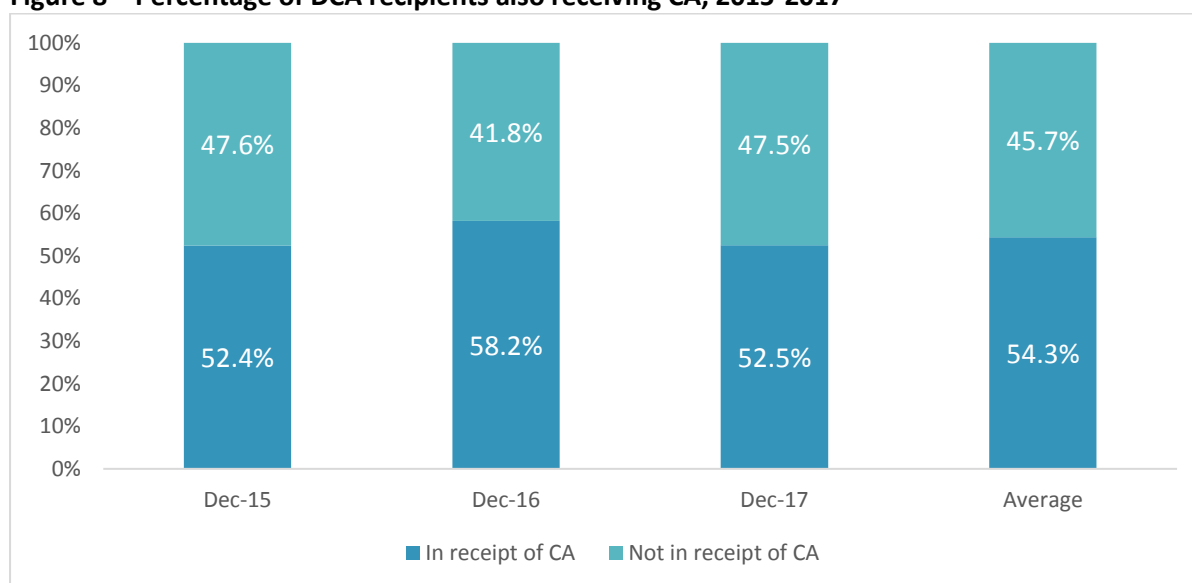
⁷ Dept. of Health, (2018) 'Estimating Prevalence of Autism Spectrum Disorders (ASD) in the Irish Population: A review of data sources and epidemiological studies' <https://assets.gov.ie/10707/ce1ca48714424c0ba4bb4c0ae2e510b2.pdf>

Carer's Supports

Carer's Allowance

Parents of children on DCA that satisfy the means test and care needs assessment and are not in full-time employment can apply for Carer's Allowance (CA). CA is an income support for those providing full time care to another individual. Analysis undertaken on CA as part of the 2019 Spending Review identified the number of CA recipients that are also claiming DCA.⁸ Figure 8 below shows the number and proportion of DCA recipients that are also receiving CA from 2015 to 2017.

Figure 8 – Percentage of DCA recipients also receiving CA, 2015-2017



Source: DEASP Admin Data & Author's calculations

From 2015 to 2017, the analysis shows that an average of 55% of DCA recipients are receiving CA payments in any given year. These recipients are providing full time care to a child on DCA and are unable to work outside the home.

Carer's Support Grant

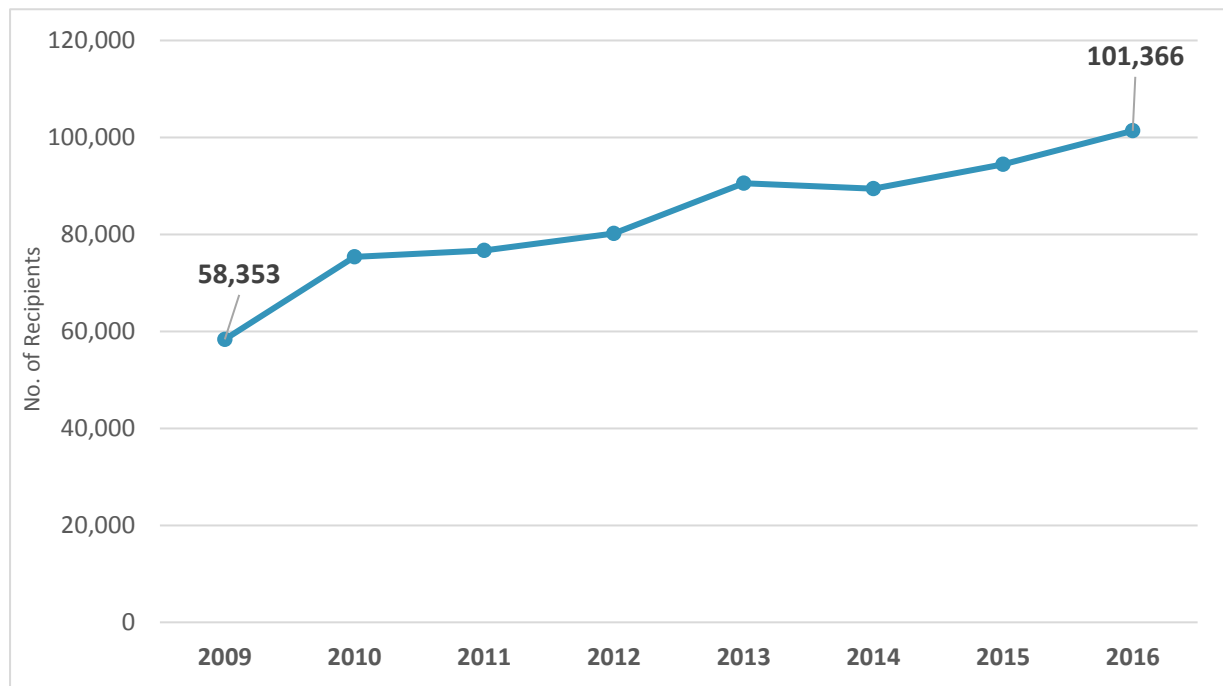
All recipients of DCA also receive the Carer's Support Grant (CSG) each year. The CSG is a block grant paid in the second week of June each year to support carer's. The name of the payment was changed from the Respite Support Grant in 2017 to reflect the wide range of uses for the payment outside of respite care.

As examined in the 2019 Spending Review paper on Carer's Supports, the number of recipients of the CSG has been increasing since 2009. Growth in the number of recipients is a function of growth in a

⁸ Boyle, C. (2019) Review of Carers' Supports, IGEES <https://assets.gov.ie/25112/c5c9410ca0914ac2bd7c6769a6733487.pdf>

number of other schemes including DCA and CA. As can be seen above, growth in both payments over the time period examined had an impact on the number of CSG recipients.

Figure 9 - No. of CSG recipients, 2009-2016



Source: DEASP Admin Data

Disability Allowance

Disability Allowance (DA) is an income support payment for adults that are unable to work due to an illness or disability. The payment is means-tested and is payable from the age of 16. The number of recipients of DA has been increasing substantially in recent years and stands at 140,835 as of December 2018.

The annual average growth in DA recipients from 2012 to 2018 was 5.5%, leading to an annual increase in expenditure of €68m.⁹ Overall expenditure on the scheme has increased from €1,088m in 2012 to €1,586m in 2018, an increase of €498m over six years.

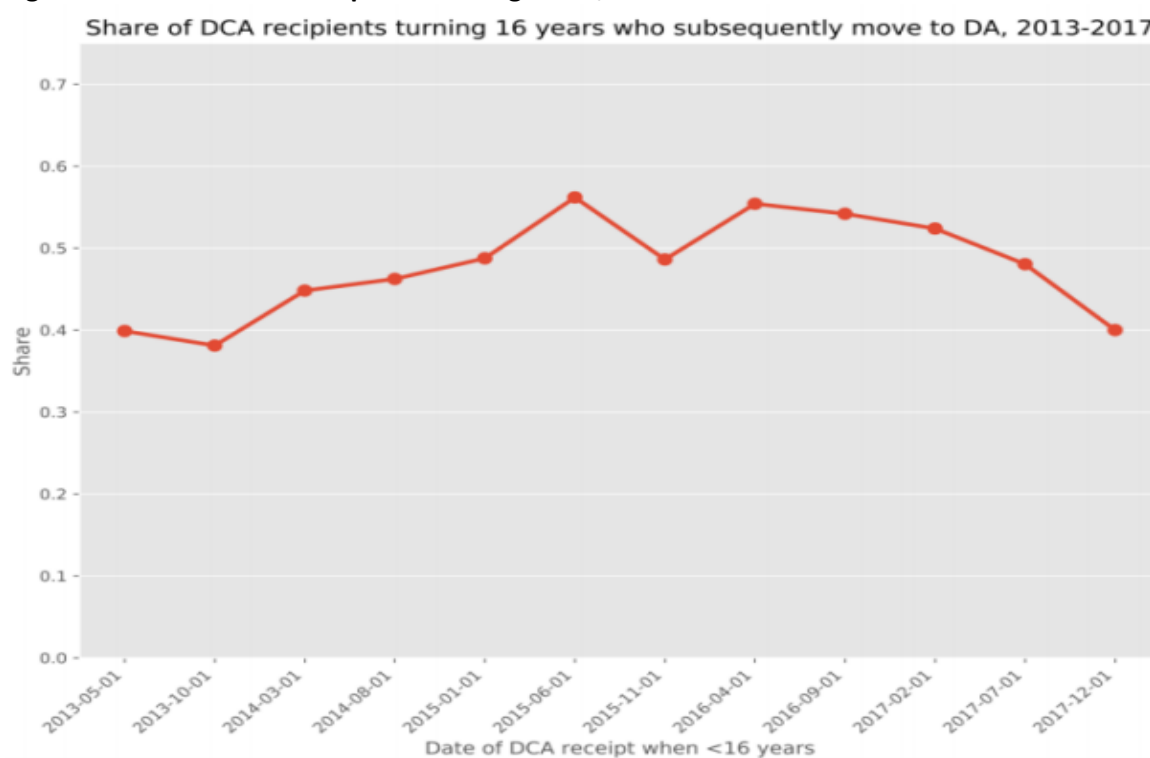
Analysis of the statistical trends relating to DA was conducted and published by DEASP in 2018.¹⁰ The paper found that a significant number of DCA recipients transition to DA once they reach the age of 16. In 2013, 40% of DCA beneficiaries moved to DA once they turned 16 and were no longer eligible

⁹ Callaghan, N. (2017) Disability Allowance Expenditure Drivers, IGEES, <https://assets.gov.ie/7268/48351e0c87ef4600a615494e152f1ba8.pdf>

¹⁰ Cronin, H., (2018), IGEES <https://igees.gov.ie/wp-content/uploads/2019/01/An-analysis-of-Disability-Allowance-inflows-and-outflows.pdf>

for DCA. This proportion increased to 55% in 2015 before decreasing to 40% again in 2017. As DA is means-tested and DCA is not means-tested, not all beneficiaries would be expected to qualify for DA.

Figure 10 - Share of DCA recipients moving to DA, 2013-2017



Source: Cronin, H. (2018) An analysis of Disability Allowance inflows and outflows, IGEEES

This analysis shows that a proportion of the inflows to DA since 2012 have been as a result of DCA beneficiaries transitioning to the scheme at age 16 upon becoming ineligible for DCA.

Based on the analysis completed as part of the review of DA in 2018, it is expected that an average of 48% of beneficiaries moved to DA on reaching the age of 16. Examining the recipient trends on DCA since 2012 and the number of children aged 15 benefitting from DCA in any given year, it is estimated that on average an additional 1,201 DCA beneficiaries move to DA annually.

Table 7 - DCA beneficiaries aged 15 and expected transfer to DA

	2012	2013	2014	2015	2016	2017	2018	Average
Beneficiaries aged 15	2,008	2,148	2,296	2,460	2,690	2,850	3,060	2,502
Expected move to DA (48%)	964	1,031	1,102	1,181	1,291	1,368	1,469	1,201

Source: DEASP Admin Data

5. Conclusion

DCA has experienced significant change over the lifetime of the scheme, the number of beneficiaries increased from 3,771 in 1973 to 42,127 in 2018. Similarly, the level of expenditure has increased in line with the growth in numbers and this is expected to continue to increase in the coming years.

When the profile of beneficiaries is examined, it is found that DCA beneficiaries are more likely to be:

- Male (66%)
- Aged 9 years old (*median age*)
- Living in Dublin (24%) but the greatest proportion of DCA recipients is in Limerick with 41 per 1,000 residents under the age of 16.
- Irish (86%)

There have been slight changes to the gender profile over time, the proportion of males has increased from 66% to 68% from 2012 to 2018. When examining the number of beneficiaries by county, the south-west has a higher proportion of DCA beneficiaries per head of population under the age of 16 compared to other counties. There is no noticeable trend amongst areas of the country where the prevalence of DCA beneficiaries is high. Further analysis is required to better understand the reason for the higher prevalence rate in some counties compared to others.

ICD-10 codes were introduced in 2014 and these codes give an indication of the medical diagnoses of new beneficiaries to the scheme. ICD-10 codes do not capture all beneficiaries as the older children on the scheme currently may have entered as early as 2003. However, these codes inform our understanding of the prevalence of certain types of illness and disabilities among new DCA beneficiaries. In 2018, the top eight diagnoses make up 60% of total new entrants with a code. Of these eight codes, seven of them relate to mental and behavioural issues.

A number of key findings from previous research shows that DCA has a number of interactions with other DEASP schemes.

- Analysis of Disability Allowance (DA) undertaken by DEASP in 2018 showed that **an average of 48% of DCA beneficiaries transition from DCA to DA once they reach the age of 16.**
- As shown in the 2019 Spending Review on Carer's Supports, **on average 55% of DCA recipients are also receiving Carer's Allowance in any given year.**

The transition of DCA beneficiaries to DA at age 16 is an area that will require further examination. A tracking exercise similar to the one completed as part of the 2019 Spending Review on Lone Parents¹¹ may be beneficial in determining outcomes for those DCA beneficiaries that transition to DA once they reach adulthood and if they stay in receipt of state supports for extended periods of time.

¹¹ Lavelle, O. (2019) 'Lone Parents and In-Work Supports for Families with Children'
<https://assets.gov.ie/25436/71dc33f15a2f4223bea5bc6d5744f33e.pdf>

6. Appendix – ICD Classifications

Letter Code	Description
A & B	Infectious & parasitic diseases
C	Neoplasms (Cancers)
D	Diseases of the blood
E	Endocrine, nutritional & metabolic diseases
F	Mental & Behavioural Diseases
G	Diseases of the nervous system
H	Diseases of the ear / Diseases of the eye
I	Diseases of the circulatory system
J	Diseases of the respiratory system
K	Diseases of the digestive system
L	Diseases of the skin
M	Diseases of the musculoskeletal system
N	Diseases of the genitourinary system
O,P	Conditions associated with the perinatal
Q	Congenital malformations
R	Symptoms, signs not otherwise classified
S	Injury
T	Injury, poisoning, consequences of external causes
U, V, W, X, Y	External causes of morbidity
Z	Factors influencing health status

Quality Assurance process

To ensure accuracy and methodological rigour, the author engaged in the following quality assurance process.

✓ Internal/Departmental

✓ Line management

Spending Review Steering group

Other divisions/sections

Peer review (IGEES network, seminars, conferences etc.)

✓ External

✓ Other Government Department

Steering group

✓ Quality Assurance Group (QAG)

Peer review (IGEES network, seminars, conferences etc.)

External expert(s)

Other (relevant details)