

24 July 2025

Tēnā koe

#### **Official Information Act request**

Thank you for your email of 2 July 2025, requesting information about Child Disability Allowance and Coeliac disease.

I have considered your request under the Official Information Act 1982 (the Act). Please find my decision on your request set out below.

- 1. The number of people receiving the child disability allowance with the underlying disability being Coeliac Disease for each of the years between 2020 and now.
- 2. A further breakdown of the numbers in item 1 by how many need to be reassessed for continued eligibility at 1 year, 2 years, 5 years, never or at a specific age.

Firstly, it is important to note that Child Disability Allowance (CDA) is available to the principal caregiver of a dependent child who has have a physical, sensory, psychiatric or intellectual disability. To be eligible for Child Disability Allowance the dependent child must need constant care and attention because of their disability. This level of care must be likely to be needed permanently or for more than 12 months.

Child Disability Allowance differs from Disability Allowance which is a payment for clients who have ongoing additional costs because of a disability. To be eligible for Disability Allowance a client must have a disability or health condition that means they have a reduction in independent function to the extent they need ongoing:

- Supervision or treatment from a health practitioner or
- Help with normal living tasks.

To be eligible for Disability Allowance a client's medical certificate must confirm the client's disability and that the need for treatment is necessary. Treatment must be beneficial and of therapeutic value and the costs must be additional, ongoing, and directly related to the client's disability.

A client can get Child Disability Allowance and Disability Allowance for a dependent child as long as the child qualifies for each payment as the two allowances are paid for different reasons. If the child meets the other qualifications of the payment and:

- requires constant care and attention because of their disability they may be eligible for Child Disability Allowance,
- if they have ongoing additional costs that are directly related to their disability, they may be eligible for Disability Allowance.

Please see the following link about constant care and attention: <a href="https://www.workandincome.govt.nz/map/income-support/extra-help/child-disability-allowance/constant-care-and-supervision-01.html">www.workandincome.govt.nz/map/income-support/extra-help/child-disability-allowance/constant-care-and-supervision-01.html</a>

Your requests are refused under section 18(f) of the Act, as substantial manual collation would be required to collate this information. If held, this information would only be contained within individual client files, which would each require manual review to respond to your request. The greater public interest is in the effective and efficient administration of the public service.

I have considered whether the Ministry of Social Development (the Ministry) would be able to respond to your request given extra time, or the ability to charge for the information requested. I have concluded that, in either case, the Ministry's ability to undertake its work would still be prejudiced.

3. Any guidelines or advice provided internally that relate to general eligibility for child disability allowance that specifically relate to children suffering from Coeliac disease.

Please find attached is an information sheet used by Ministry staff when clients apply for Disability Allowance and Special Foods support.

I have also attached a training PowerPoint provided to the Ministry's Regional Health and Disability Staff and Registered Dietitians.

I will be publishing this decision letter, with your personal details deleted, on the Ministry's website in due course.

If you wish to discuss this response with us, please feel free to contact OIA Requests@msd.govt.nz.

If you are not satisfied with my decision on your request, you have the right to seek an investigation and review by the Ombudsman. Information about how to make a complaint is available at <a href="https://www.ombudsman.parliament.nz">www.ombudsman.parliament.nz</a> or 0800 802 602.

Ngā mihi nui

Anna Graham

**General Manager** 

**Ministerial and Executive Services** 

### **Disability Allowance and Special Foods**

Applications for Special Foods are not always straighforward and every case and situation will be assessed on its own merits.



#### **Applying for Special Foods**

You must meet the criteria for Disability Allowance (DA) in order to be eligible for Special Foods support (<u>Disability Allowance - Work and Income</u>)

- Your relevant health condition or disability must be expected to last at least 6 months or more, and your request must relate to that disability.
- Your DA form must be completed by a Medical or Nurse Practitioner
- Your diet must be approved and supervised by a Registered Dietitian (usually through Te Whatu Ora, or MSD may help fund one if needed)
- The normal limits of DA will apply and any other costs you already have under DA may impact the amount you have available for Special Foods

#### What does not meet DA criteria

DA does not cover the normal cost of healthy eating

- It does not cover everyday products such as fruits and vegetables
- It does not cover costs of a self-imposed or chosen diet or lifestyle
- It does not cover costs where they are already met by another party

#### What does meet DA criteria

MSD funds the **difference only** between a special food item and its non-special equivalent i.e. normal milk vs lactose free milk, gluten free bread vs wheat containing bread





- Reasonable amounts of usage per week, except where the disability and resulting diet specifically indicate increased amounts of a type of food
- Treats (snack foods, biscuits etc) are an allowable item within reasonable limits
- The difference only for foods subsidised or funded by another party such as Te Whatu Ora i.e. Enusre, Fortisip







**Example:** If normal milk was \$3.22 for 1 litre and lactose free milk was \$4.90 you can apply for the difference of \$1.68

### Common foods for specific diets which may be supported as Special Foods under Disability Allowance.

This is not an exhaustive list and you may have additional dietary needs.

#### **Low or No Gluten**

For example: Coeliac disease, Irritable Bowel Syndrome/Disease, Wheat allergy, Autoimmune Disease/ Inflammatory Disorder

- Gluten free flours incl. Almond, Tapioca, Coconut
- Gluten free cereal or breakfast mueslis
- Gluten free bread/wraps/rolls/ buns/pizza bases/muffins
- Gluten free pasta incl. rice,
- Gluten free snack bars and snack foods

- Gluten free biscuits
- Gluten free breadcrumbs
- Gluten free soy sauce
- Gluten free baked beans, spaghetti
- Gluten free crackers/crisp bread
- Gluten free condiments gravy's/pastes/stock cubes

#### Low or no sugar

For example: diabetes, weightloss, specific sugar intolerances

- whole grains i.e cornmeal, barley, quinoa
- Tinned fruit in natural juice
- Low-fat Margarine
- Low-sugar Jam
- Sugar Alternatives
- Lean meats above normal consumption levels (chicken, fish)
- Reduced fat milk, cheese, yoghurt.

#### High iron (where consumption level is above normal weekly levels)

For example: iron-deficient anaemia, pregnancy-related anaemia

Meat
Eggs
Spinach
Citrus fruit (to aid iron absorption

#### Low or no dairy

For example: allergy to protein found in dairy and / or allergy to sugars found in milk)

- Milk Alternative soy, rice, almond, or coconut or lactose free milk
- Yoghurt Alternative soy, coconut or almond yoghurt.
- Soy Products such as tofu or tempe
- Cheese alternative yeast flakes, hard cheese or lactose free cheese
- Butter / Margarine alternatives
- Dairy-free ice cream or sorbet
- Dairy-free chocolate / treats

### High protein / high energy (consumption level above normal levels of protein / energy requirements)

For example: renal diet/cancer or failure to thrive in children.

NB: It is recommended that high protein diet must come with dietitian recommendation and plan.

Chicken	<ul> <li>Nuts</li> </ul>	Icecream
Red Meat	<ul> <li>Eggs Cheese</li> </ul>	<ul><li>Milk</li></ul>
• Fish	<ul> <li>Custards</li> </ul>	<ul> <li>Butter.</li> </ul>
<ul> <li>Chickpeas / beans</li> </ul>	<ul> <li>Yogurt</li> </ul>	

# Cognitive, mental health or sensory disorders (where consumption is above standard weekly levels)

For example: dementia, autism (ASD), ADHD, Traumatic Brain Injury, sensory processing disorder.

- High omega-3 foods i.e. fish, salmon, tuna
- Nuts
- High quality olive oil

Be mindful that people with specific sensory issues related to their disorder may require foods with specific textures /smells /colors / touch as part of their sensory response.

#### Ketogenic diet for Epilepsy (high fat to carbohydrate / protein ratio)

(Consumption above standard weekly levels)

For example, children with focal seizures, infantile spasms, Rett syndrome, Dravet syndrome, GLUT-1 deficiency

• butter	• avocado
• cream	<ul> <li>canola /olive oils</li> </ul>
<ul> <li>mayonnaise</li> </ul>	• ice cream

#### **Chemical Sensitivity:**

For example: multiple chemical sensitivity (MCS) disagnosis including sensitivity to pesticides, insecticides, herbicides, disinfectants, aritifcial colorings, flavourings and other food additives

- Base level of organic foods (may include fruits and vegetables depending on level of sensitivity to food sprays etc)
- Foods with limited or no additives

#### For more information about your eligibility visit

Disability Allowance - Work and Income



# Disability Allowance Special Foods





# **Special Food Guidance**

Applications for including the cost of special foods into Disability Allowance are not always straightforward and need to be treated with sensitivity and discretion.

Every case and situation should be assessed on its own merits





# Food literacy and food choices

Some clients may not have the necessary food literacy to make what we would consider healthy or 'good' food choices.

This may be due to intergenerational food poverty or unfamiliarity with types of foods due to family households primarily eating a different cuisine.

Sometimes choices are made due to high stress/low income environments where easy access to 'fast foods' is common and convenient.













# Food literacy and food choices

Where poor food choices are indicated, education is often supportive of improving client wellbeing.

This can be managed by supporting someone to see a registered Dietitian, which can be funded under DA (with appropriate GP support).

Allowable limits are those set within benefit criteria.













# Special Foods





Any age



Disability expected to last at least 6 months and the diet relates to that disability i.e. If a child with diabetes has malnutrition and needs special foods for this the disorder being treated is malnutrition, not just diabetes



Must have DA form completed by Medical or Nurse Practitioner



Diet must be approved and supervised by a Registered Dietitian



### What we DO NOT fund

The normal costs of healthy eating:

- Everyday products such as fruits and vegetables
- Costs of special foods of a self-imposed or chosen diet or lifestyle
- Food costs where they are met by another source / agency.



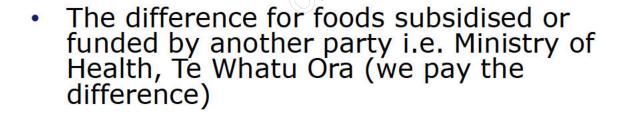




### What we DO fund

- The difference only between a special food item and its non-special equivalent
- Reasonable amounts of usage per week, except where the diet specifically indicates increased amounts of a food type















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# Disability Allowance – it covers more than Special Foods



The income limits for Disability Allowance are:

Your situation	Weekly income limits before tax
Single 16-17 years	\$660.90
Single 18+ years	\$823.31
Couple (with or without children)	\$1,225.95
Sole parent 1 child	\$921.73
Sole parent 2+ children	\$971.14



Any age



Have a health condition or disability that is expected to last at least 6 months



Payment for regular, ongoing costs related to the disability



Maximum amount is **\$80.35** per week. The amount paid depends on their annual costsit is a sliding scale.





# Types of costs supported by DA

Costs are signed off by GP as essential. There are no funded alternatives.



Supplements and unsubsidised pharmaceuticals (including blister packs)



Travel to health appointments, GP Fees. NB: we do not pay for private treatment



Special Foods, prescribed and supervised by a Registered Dietitian (cost of difference only)



Activities / therapy directly related to the disability

And much more....

The amount of funding available for **DA costs** is the maximum spend **in total** for all costs.

Therefore, if a client already has used DA for other costs, they are likely to only have the remainder of the Disability Allowance available for special foods.



# All DA applications need:

- Disability Allowance Form signed by GP or NP indicating the disability which the special foods are required for.
- The form should indicated that special foods are required and are considered essential by the GP /NP
- The list of foods should be sighted by the GP / NP / Registered Dietitian before agreeing that they are essential
- If a client cannot see a Registered Dietitian through Te Whatu
  Ora, MSD can support a client to see a Registered Dietitian
  through DA this would need to be approved by a GP / NP
  and be for ongoing sessions.



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# Examples of dietary requirements supported under DA

All diets are required, to be prescribed and supervised by a Registered Dietitian

- Low / no gluten
- Low / no sugar
- Low / no dairy
- High protein / high energy (above normal levels)
- Cognitive, mental health or sensory disorders
- Ketogenic diet (Children with focal seizures, infantile spasms, Rett syndrome, Dravet syndrome, GLUT-1 deficiency)
- Multiple chemical sensitivity (MCS)



### Low / no gluten

# Conditions such as: Coeliac disease, Irritable Bowel Syndrome / Disease, Wheat allergy, Autoimmune disease or Inflammatory disorder

- Gluten free flours incl.
   Almond, Tapioca, Coconut
- Gluten free cereal or breakfast mueslis
- Gluten free bread/wraps/rolls/ buns/pizza bases/muffins
- Gluten free pasta incl. rice,
- Gluten free snack bars and snack foods

- Gluten free biscuits
- Gluten free breadcrumbs
- Gluten free soy sauce
- Gluten free baked beans, spaghetti
- Gluten free crackers/crisp bread
- Gluten free condiments gravy's/pastes/stock cubes

### Scenario: Jana

Jana is moving from transitional housing to emergency housing with her 6- and 2-year-old. Her 6yo has gluten allergy (Coeliac disease) and anaemia; and the 2yo is suspected of also being allergic to gluten. They will be moving to a two-bedroom unit where the kitchen facilities are a sink and microwave.

The hospital dietitian has recommended a gluten-free, high-iron diet. Due to facilities, mum needs to buy pre-prepared foods to microwave.

She only has a small fridge and cannot keep food for long periods of time so shops frequently.



# Would we support this?

We would support the additional costs of her gluten-free and preprepared meals given her child's diagnosis and parent's current living situation



## Low / no sugar

# Conditions such as: Diabetes, weight loss, specific sugar intolerances (sometimes referred to as FODMAPs)

- whole grains i.e cornmeal, barley, quinoa
- low-fat Margarine
- low-sugar Jam
- sugar Alternative
- tinned fruit in natural juice

- lean meats above normal consumption levels (chicken, fish)
- reduced fat milk, cheese, yoghurt.

## Low / no dairy

# Conditions such as: Allergy to the protein or sugars in dairy

- milk alternative soy, rice, almond, or coconut or lactose free milk
- yoghurt alternative soy, coconut or almond yoghurt.
- soy products such as tofu or tempeh
- dairy-free chocolate / treats

- cheese alternative –
  yeast flakes, hard
  cheese or lactose free
  cheese
- butter / margarine alternatives
- dairy-free ice cream or sorbet

### Scenario: Michelle

Michelle lives with chronic fatigue and is lactose and soy intolerant. She struggles to eat due to a previous eating disorder and has been advised to try to increase her caloric intake using smoothies. She has one smoothie a day and as a result buys coconut milk, protein powder, hemp seeds, chia seeds and frozen berries.

Her GP has signed her DA form indicating that she requires these special foods.



### Would we support this?

We would support the additional costs for her smoothies as they are recommended by her GP. (The frozen berries are approved due to increased consumption).



# High protein / high energy (above normal levels)

# Conditions such as: Renal diet/cancer or Failure to Thrive in children.

- chicken
- red Meat
- fish
- chickpeas / beans
- nuts
- eggs
- cheese

- custards
- yogurt
- icecream
- milk
- butter



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# Cognitive, mental health or sensory disorders

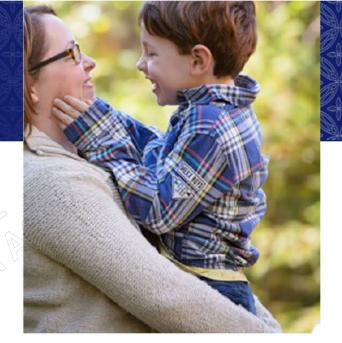
Conditions such as: Dementia, Autism (ASD), ADHD, Traumatic Brain Injury, Sensory Processing Disorder.

- High omega-3 foods i.e. fish, salmon, tuna
- Nuts
- High quality olive oil

Be mindful that people with specific sensory issues related to their disorder may require foods with specific textures /smells /colors / touch as part of their sensory response.

### **Scenario: Damian**

Damian is five and has Autism (ASD). He has significant sensory issues affecting the foods he eats. He has been diagnosed with ARFID (Avoidant/Restrictive Food Intake Disorder) and eats only four types of food including specific brands of chicken nuggets, chips, carrots, and hash browns. He also continues to drink large amounts of baby formula at a significant cost. His family is working with hospital dietitians to increase his options but struggle to pay for the additional cost of the foods and formula.



### Would we support this?

With the registered dietitians' recommendation, we would support these costs until such time as Damian is able to tolerate additional foods.



### **Ketogenic Diet for Epilepsy**

Children with focal seizures, infantile spasms, Rett syndrome, Dravet syndrome, GLUT-1 deficiency

The Ketogenic diet for Epilepsy has a (high fat to carbohydrate / protein ratio)

- butter
- cream
- mayonnaise
- avocado
- canola /olive oils
- ice cream

### **Multiple Chemical Sensitivity**

Multiple chemical sensitivity (MCS) including sensitivity to pesticides, insecticides, herbicides, disinfectants, artificial colorings, flavourings and other food additives

Base level of organic foods (may include fruits and vegetables depending on level of sensitivity to food sprays etc)

Foods with limited or no additives i.e. some forms of organic foods



### Scenario: Peta

Peta has applied for DA for Special Foods. Peta saw an integrative medicine clinic, who have told her that she needs to remove wheat and dairy from her diet. The clinic has completed the DA form and her issue is listed as 'digestive issues'. She has supplied an extensive list of special foods, with excessively large amounts of carbohydrates (sausage rolls, pies, pizzas); non-dairy cheeses and snack foods.



### Would we support this?

We have asked for Peta to have her GP complete her DA form with her diagnosis, indicating why she needs this diet. She will also be asked to have this diet approved and supervised by a registered dietitian.



### **Scenario: David**

David lives with epilepsy, a stoma and is an amputee. Due to his bowel condition, he was told by the gastroenterologist at the hospital that including certain foods such as yoghurt and probiotic drinks will help to reduce additional gas in his system. David is vegan and therefore needs to get this additional probiotic support at around twice the rate of other diets. David also cannot cut up large vegetables and therefore needs to buy pre-prepared trays of sliced vegetables which are more costly.



### Would we support this?

We would support this as David has specialist support for his diet, the amount of probiotic foods he requires is in excess of normal amounts; and we would cover the additional costs of prepared food due to his disability.

## Quiz





















Which of these diets are we UNLIKELY to provide support for?

Why?

When would we include these requirements?



### Resources

# Additional resources to help you eat well.

### Need help with your diet?

With your GPs recommendation, MSD can help you see a registered dietitian to ensure you are eating well and remaining healthy. Speak to your case manager to see if you are eligible.

# Alternatively, the following websites or videos can help guide you.

- General Allergy & Diet info: www.allergy.org.nz
- General health info: Healthify/He Puna Waiora: Home | Healthify
- Diabetic: <u>www.diabetes.org.nz/food-and-nutrition</u>
- Coeliac: <u>www.coeliac.org.nz/how-to-eat-gluten-free/HealthInfo</u>
- Dairy free: www.healthinfo.org.nz/lactose-intolerance.htm



### **Resources - Healthline**

# 10 Dietary Restrictions All Event Planners Should Know About

Food allergies or sensitivities, religious practices, and ideological beliefs are some of the main reasons people rely on specific diets or follow dietary restrictions.

While some restrictions are meant to prevent life threatening events, others speak to your guest's personal and moral beliefs. Either way, they're equally important.

Therefore, if you're planning an event — or catering for one — it would be best to become familiarized with some of the most common dietary restrictions.

Here are 10 dietary restrictions you should know about.



https://www.healthline.com/nutrition/most-common-dietary-restrictions#10.-Food-allergies

You can reach out to your Regional Health and Disability team for advice.

