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Abstract

Disability protection programs constitute a critical safety net for individuals unable to work due to disabling health conditions. Yet countries differ along a number of dimensions in terms of how their social safety nets assist people with disabilities. Learning from other countries' approaches can be useful for countries seeking to make reforms to their own systems. This paper examines procedural differences in national disability determination approaches in order to provide insights into the systems and counterpoints to the U.S. Ideally, these insights will aid reflection on the American approach. The research focuses on work capacity assessments for disability determination processes. The recognition that work capacity goes beyond a purely medical diagnosis is evident across our sample countries. In particular, current systems rely to a significant degree on an assessment of claimants' functional capacity, beyond their medical condition. However, differences remain across the countries in the way they measure functional capacity and how that measurement translates into a work capacity determination. Moreover, there are variations in whether and to what extent a claimant's medical and functional data is complemented by vocational or biographical information. Finally, for all of the countries included, there is an absence of structural, standardized consideration of the functional requirements of actual jobs in the economy and other environmental factors, against which the claimant's capacity to work can be weighted.

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Introduction

The provision of assistance to persons with disability is part of the social safety nets in most countries around the world. Disability protection programs constitute a critical safety net for individuals unable to work due to their health conditions and are often provided through social insurance schemes or social welfare or public transfer programs. Yet countries differ along a number of dimensions in terms of *how* their social safety nets assist people with disabilities. These differences may be structural (e.g., which jurisdiction is responsible for making disability adjudications), conceptual (how disability is defined operationally), systemic (e.g., how long it takes applications to be adjudicated), and procedural (i.e., what are the rules, processes and requirements to arrive at a disability determination) (Brage et al. 2008; Anner et al. 2012; Rajnes and Notaro 2019; Geiger et al. 2018).

Learning from other countries' approaches can be useful for countries seeking to make reforms to their own systems (Boer et al. 2004). This paper examines procedural differences in national disability determination approaches in order to provide insights into and counterpoints to the United States' system. Ideally, these insights will aid reflection on the American approach.

Disability determinations refer to a set of rules and processes through which a program's administration defines eligibility for disability assistance, evaluates disability benefit applications, and adjudicates on whether an application will be awarded or rejected. Disability determination system reforms have been undertaken in response to calls for increased fairness and transparency (Boer et al. 2003), and to increases in disability claim rates that many countries have seen over the past several decades (Brage et al. 2015). These reforms have included more standardization of the procedures (Brage et al. 2015) for functional capacity evaluations and disability adjudications. Nevertheless, questions remain about how to

best assess individuals' ability to work, which is critical to ensuring appropriate resource allocation (Marfeo et al. 2013).

While aspects of the disability determination process vary from country to country, a central aspect of this process across countries is the disability evaluation, i.e., the overall determination of the extent of the applicant's physical, mental, or emotional impairment, and its relationship to their ability to work. In many countries, the functional capacity assessment plays a key role in the disability assessment. This assessment evaluates whether and to what extent the claimant can perform the tasks assumed to be required for the performance of work, including physical or cognitive tasks such as standing for extended periods, lifting, focusing attention, verbal or written communication, and others (Stucki et al, 2015; Escorpizo et al, 2016). The *International Classification of Functioning, Disability, and Health* (ICF) of the World Health Organization (World Health Organization, 2001) has provided a unifying global framework for disability evaluations with a focus on the concept of functioning.

More recently, however, disability analysts have argued for a shift in approach toward the standardized linking of an applicant's residual functional ability with the requirements of actual jobs that exist in their economy (Bickenbach et al. 2015; Geiger et al. 2018). Key to this pivot is the recognition that, while most disability begins with a medical condition, functional capacity *and* its interaction with a particular work environment are central to assessing actual capacity to work (Sengers et al. 2020). Authors have argued that this requires moving away from an exclusive reliance on the functional capacity assessment and toward an evidence-based, standardized, transparent, and direct work capacity assessment (Geiger et al. 2018). The challenge is developing a set of functional capacity domains "that are highly and consistently correlated with a standardized 'capacity to work,' given the enormous variety of work requirements" (Bickenbach et al. 2015). Work capacity assessments — i.e., the process

of measuring an individuals' capacity to work given their disability — therefore, are a critical piece underpinning the disability benefits process around the world.

This paper focuses on how disability determinations are made under foreign disability programs, specifically with respect to how an applicant's work capacity is assessed.¹ We first provide a description of the U.S. system of disability determinations, and then examine the work capacity assessment approaches in eight Organization for Economic Cooperation and Development (OECD) countries, synthesizing publicly available data and information obtained through interviews with country-based policy experts and government representatives. Although in many cases disability support may also include habilitation and rehabilitation, in-kind support, vocational and training services, and legal protection of the equal right to decent work for persons with disabilities (Escorpizo et al. 2016). This paper focuses solely on eligibility determinations for benefits given as income substitution to people with disabilities.

¹ Existing literature sometimes uses work capacity assessment and functional capacity assessment interchangeably (Cronin et al. 2013). This lack of uniformity can also be found across national disability systems. Where each country's approach to disability determinations is described, this paper follows the terminology as used by the social protection systems themselves. Elsewhere, functional capacity assessment is used to mean the assessment of an individual's ability to conduct everyday activities, and work capacity assessment to mean the evaluation of an individual's ability to work given their functional limitations.

Methods

We selected eight OECD countries for analysis.² The countries included are as follows: Australia, Canada, Iceland, Ireland, Luxembourg, New Zealand, Spain, and United Kingdom.³ In addition, we provide a description of the system in the United States.

We examined only means-tested or contribution-based benefit programs given to people with disabilities as income substitution, comparable to SSI and SSDI. We excluded disability-related programs such as short-term sick/illness benefits; rehabilitation; retraining, and other employment support programs for people with disabilities; programs for children with disabilities; etc.

Our primary source for each country were country government websites. Additional online searches were conducted to identify supplementary information from government guidelines and legal documents; peer-review literature; gray literature including government and nongovernmental reports; and media sources. Once details were gathered about our countries of interest, we reached out to subject experts and relevant government representatives in the study countries. These policy experts were identified through the desk review, as well as consultations with our own network of academic and policy subject-area

² Initially, we intended to select countries with a 50/50 split between those with public disability expenditures higher than the OECD average and those with lower-than-average expenditures. Ultimately, the countries were selected purposely, taking into consideration accessibility and availability of publicly available information as well as the research team's ability to identify subject matter experts for interview. As a result, the country split resulted in a higher sample of countries with above-average disability expenditure, as follows: (1) higher than OECD average disability expenditure: Australia, New Zealand, Spain, Luxembourg, and Iceland; (2) lower than OECD average disability expenditure: United Kingdom, Ireland, and Canada.

³ A similar survey of international functional and work capacity assessment was conducted for other countries by Waddington et al. (2018), including Malta, Cyprus, Belgium, Czech Republic, and Sweden. Rajnes and Notaro (2019) undertook a similar effort, although their focus was more squarely on whether and to what extent vocational information (age, education, and work experience) are used in the disability determination process of 11 countries: the U.S., Australia, Canada, Denmark, Finland, Ireland, Netherlands, Norway, Sweden, Switzerland, and the U.K.

experts. These key informant interviews (conducted virtually) served to verify the information gathered through the desk-review, as well as to fill in any remaining information gaps. In total, 15 individuals were interviewed or submitted information and feedback by email.

Disability determinations in the U.S. Social Security system

The Social Security Administration (SSA) has two social protection programs for individuals with disabilities: the Social Security Disability Insurance program (SSDI) and the Supplemental Security Income program (SSI). SSDI is the larger of the two, currently providing benefits to around 9.9 million individuals who qualify through their earnings record (SSA 2020). SSDI covers individuals who are insured under the Social Security Act because they have accumulated a sufficient number of coverage quarters through payment of the Federal Insurance Contributions Act (FICA) tax on earnings. It also provides support to insured persons' dependent children and spouses (an additional 1.5 million individuals). SSI, in contrast, provides benefits to aged, blind, and disabled low-income individuals regardless of earnings record, as well as children who have a disability or blindness. It currently covers around 8 million people (SSA 2020). About 89% of all workers ages 21 to 64 in employment covered by Social Security are eligible for benefits in the event of a qualifying work disability (U.S. Congressional Research Service 2021).

The disability determinations process in the U.S. is largely carried out at the state level by a network of state Disability Determinations Services (DDS) and SSA field offices. In a first stage of the process, SSA field offices receive a claimant's disability application and verify all nonmedical eligibility requirements, such as age, marital status, and Social Security coverage. Once eligibility is verified, the application is sent to DDS offices for disability evaluation.

In order to determine a claimant's disability status, the SSA conducts a sequential review of each application, where five items are considered: (1) Whether the claimant is

currently working or earning more than a certain amount per month (Social Security Administration, n.d.(a)); (2) severity and duration of impairment; (3) inclusion of condition in codified Listing of Impairments; (4) ability to perform previous work; and (5) ability to perform any work given an individual's age, education, and work experience (Social Security Administration, n.d.(a)).

In step (1), SSA field office staff evaluate the individual's earnings and other nonmedical requirements. If the nonmedical requirements are met, the medical and relevant nonmedical evidence provided by the claimant is sent to the DDS to be reviewed in step two. Nonmedical sources include, but are not limited to the claimant, educational personnel, public and private social welfare agency personnel, family members, caregivers, friends, neighbors, employers, and clergy. At this stage, the DDS examiner determines the severity of the impairment. Here, a claim may be denied if the evidence establishes "only a slight abnormality or a combination of slight abnormalities" which would have no more than a minimum effect on an individual's ability to work (Social Security Administration, n.d.(b)).

If a claimant's impairment is found to be severe and long lasting, then step three of the assessment takes place. In this step, the claimant's conditions or impairments are matched against the Listing of Impairments (Wixon and Strand 2013), which describes impairments severe enough to prevent an individual from doing any gainful activity. At this stage, disability is established if a claimant's impairment meets the criteria set out in the listing. If an applicant is found to have a severe impairment which nonetheless is not severe enough to qualify as disability purely on medical grounds, the applicant is then further evaluated in step four (Wixon and Strand 2013).

In step four, the applicant's Residual Functional Capacity (RFC) is considered. The RFC determines the physical and mental work-related functions or activities a claimant is able to do despite their condition(s) or impairment(s). These limitations are grouped into broader

categories, including exertional, visual, communication or postural limitations; understanding and memory; sustained concentration and persistence; social interactions; and adaptation. If at this stage the assessment indicates the claimant can sustain their prior work, then the application is denied. If not, the application moves to Step 5. The main litmus test in Step 4 is whether the claimant's established RFC would enable him/her to carry out their previous job (Tony Notaro, Social Security Administration, personal communication, October 5, 2021). Finally, in Step 5, adjudicators consider whether the claimant is able to perform any other work given their condition/s. In this Step, the adjudicator takes into consideration the applicant's RFC, as well as other vocational factors such as their age, education and experience. As part of this Step, adjudicators consider the special medical-vocational profiles used by Social Security, which describe individuals with combinations of age, education, and prior history so unfavorable as to demonstrate conclusively that the individual could not adjust to prior or any work (SSA 2006). For an application to be denied, the adjudicator may need to provide examples of three jobs that the claimant could perform given their abilities.

In theory, the claimant's "occupational base" is established at this stage; that is, the "approximate number of occupations that an individual has the RFC to perform considering all exertional and nonexertional limitations and restrictions" (Social Security Administration 1996). The occupation information comes from the Department of Labor's Dictionary of Occupational Titles (DOT); adjudicators may also (but are not required to) consult other occupational sources (Social Security Administration 1996). However, the DOT has not been updated since 1991 and, thus, does not accurately reflect current occupations and their requirements. The SSA is at present developing an Occupational Information System (OIS) to replace the DOT as the primary source of occupational information in SSA's disability adjudication process (Social Security Administration n.d. (c)).

Results

The tables below summarize the basic elements of the eight included countries' disability determination approaches. In particular, the table provides a brief description of the disability pension/insurance benefit and of the functioning and work capacity assessments involved in the determination process.⁴

⁴ The table does not provide details about (a) nonmedical requirements (such as residency/citizenship, age, social security coverage, etc.), (b) fast-tracking of applications due to severe or terminal illness or blindness, rehabilitation provisions, and (d) process for appeals and decision reviews. While these are critical components of all of the disability determination systems, they do not pertain directly to the work capacity assessment process that non-fast-tracked applicants go through. For a survey of fast-tracking strategies in five countries, including the U.S., see Rajnes (2012).

Table 1: Disability program parameters in eight countries (as of 2021)

	Australia	New Zealand	Luxembourg		Ireland	
Program	Disability Support Pension (DSP) ⁵	Supported Living Payment	Severely Disabled Allowance ⁶	Disability Pension	Invalidity Pension	Disability Allowance ⁷
Agency	Services Australia	Work and Income (part of the Ministry of Social Development)	Ministry for Family	Social Security	Department of Employment Affairs and Social Protection	
Contribution-based or means-test eligibility	Means-tested	Income-tested	Income-tested	Contribution-based	Contribution-based	Income-tested

⁵ Additionally, the National Disability Insurance Scheme (NDIS), introduced in 2016, provides disability-related support to individuals with disabilities. It works in tandem with Disability Support Pension. It cost \$21.5 billion in 2019 to 2020.

⁶ The Disabled Employee Allowance (DEA) in Luxembourg is another mechanism of support for people with disabilities, and has similar eligibility requirements. It supports people with disabilities who can work but are unable to gain employment. To be eligible, the applicant must have a 30% reduction in work capacity, have disabled employee status, not be able to get employment for external reasons, and have income less than the rate of Severely Disabled Allowance. Those with DEA are required to attend training and other activities with the Guidance and Occupational Reclassification Committee, with the aim of reintegration into the general workforce ([Applying for the disabled employees allowance - Jobseekers - ADEM - FACILITONS L'EMPLOI - Luxembourg](#)).

⁷ Another relevant disability-related program in Ireland is the Limited Capacity Benefit, a social welfare scheme that allows individuals to return to work or self-employment if they have reduced capacity to work and continue to receive a payment from the Department of Social Protection (DSP) Invalidity Pension.

Summary of program	Payment intended for people living with psychiatric, intellectual, or physical conditions that prevent them from working more than 15 hours per week. ⁸	Weekly payment for individuals who are full-time caregivers of someone with a disability, or who have permanent restrictions (defined as lasting more than two years) in their ability to work more than 15 hours a week in suitable employment (Work and Income n.d. (a)).	Support for people who can no longer work because of their disability.	Employees younger than 65 may receive a disability pension to support themselves if they are unable to perform the job they were last employed to do or any other job compatible with their strength or abilities. ⁹	Weekly payment to people who cannot work because of a long-term illness or disability and who are covered by social insurance (PRSI).	Support for individuals who have had a condition for at least one year or expect it to continue for one year, and who are “substantially restricted” in work capacity when compared to a person of the same age, experience, and qualifications.
Work incapacity threshold or criteria	The claimant is determined to be eligible if she is assessed to be able to work less than 15 hours per week and 20 or more points in a single Impairment Table.	The claimant is determined to be eligible if she is assessed to be able to work less than 15 hours per week in suitable employment.	The applicant must have at least a 30% reduction in work capacity.	The claimant must have disability status recognized by the Social Security Medical Board.	Department Medical Assessors determine medical eligibility for the scheme.	

⁸ Participants younger than 35 may be required to attend regular participation interviews that aim to build participants’ capacity and address vocational and nonvocational barriers to labor force participation (<https://www.dss.gov.au/our-responsibilities/disability-and-carers/benefits-payments/disability-support-pension-participation-requirements>).

⁹ Disability pensions may be paid for a specified period of time (temporary disability) or an indefinite period of time (permanent disability).

<p>Functioning and work capacity assessment</p>	<p>DSP eligibility is based on the job capacity assessment (JCA) (Services Australia, n.d.), an assessment of an applicant's ability to work conducted by a Services Australia health professional. The assessment takes medical and other evidence on the applicant's circumstances - such as education, work experience, etc. - into account (Madden <i>et al</i>, 2011). The JCA can result in an individual being referred to employment support services¹⁰, or to a Disability Medical Assessment (DMA). The DMA determines medical eligibility for the Disability Support Pension.</p>	<p>Medical assessments are used to determine eligibility for SLP (Work and Income n.d. (b)). Typically, the decision is based on a Work Capacity Medical Certificate, completed by applicants' medical practitioner. The certificate provides information on the applicant's condition and its impact on work capacity (using SNOMED codes¹¹, which provide a standard understanding on how a health condition may affect an individual's ability to work (Work and Income, n.d. (c))).</p>	<p>The Medical Commission evaluates the applicant's reduction in work capacity, which is measured by comparing the applicant's abilities to those of a "valid person" of the same age. The difference in work capacities represents the percent reduction of work capacity of the applicant. Work capacity reductions by medical condition are set out in a series of Medical Scales (Barème Médical).</p>	<p>The Social Security Medical Board gives its opinion on the level of disability of the employee based on a medical report produced by the attending physician.</p>	<p>Applicants are required to have their own doctor complete a medical report, which is part of the application form, on their medical condition. This report is reviewed by one of the department's medical assessors as part of the Medical Review and Assessment (Government of Ireland, n.d.). In addition to medical and functional information, the assessor considers the claimant's work history and educational and vocational qualifications. Work capacity is assessed with reference to nine broad categories of work, defined by level of effort and skill they require (Department of Social Protection 2018).</p>
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¹⁰ Individuals are required to participate in a Program of Support if they do not meet the criteria for a manifest disability such as blindness (<https://www.servicesaustralia.gov.au/individuals/services/centrelink/disability-support-pension/who-can-get-it/medical-rules/manifest-medical-rules>) or if they do not have 20 or more points in their disability assessment *from a single Impairment Table* (<https://www.servicesaustralia.gov.au/individuals/services/centrelink/disability-support-pension/how-we-assess-your-claim/assessing-your-ability-work/program-support>).

¹¹ See: <https://www.snomed.org> (last accessed September 2021).

Table 1, cont.: Disability program parameters in eight countries (as of 2021)

	Iceland	Canada	Spain	United Kingdom	
Program	Disability pension program	Disability Benefits ¹²	Permanent Disability Pension	Universal Credit (UC) and/or Employment and Support Allowance (ESA)	
Agency	Social Insurance Administration, Ministry of Welfare (<i>Tryggingastofnum</i>)	Canada Pension Plan (CPP)	Ministry of Inclusion, Social Security and Migration	Department of Work and Pensions	
Contribution-based or means-test eligibility	Income-linked	Contribution-based	Depending on the degree of disability, different general and contributory requirements apply.	ESA = Contribution-based	UC = means-tested.
Summary of program	Payments to individuals subject to an assessment of their ability following illness or due to handicap.	Monthly payment to individuals who: are younger than 65; have made enough contributions into the CPP; have a mental or physical disability that regularly stops them from doing any type of substantially gainful work, and; have a disability that is long-term and of indefinite duration, or is likely to result in death.	Financial benefit that seeks to cover the income loss suffered by a worker whose ability to work is permanently reduced or impaired due to an illness or accident.	Income replacement benefit for people with disabilities. For both UC and ESA benefits, claimants must have a health condition or disability that impacts their capacity to work.	

¹² In addition to the disability pension, the social assistance program for individuals with disabilities is handled at the provincial level: <https://www.canada.ca/en/financial-consumer-agency/services/living-disability/disability-benefits.html>

Work incapacity threshold or criteria	The applicant must be medically assessed as having 75% invalidity to be eligible.	The claimant is assessed as either disabled or nondisabled.	The claimant must be assessed to have <i>at least</i> a 33% reduction in work capacity for a partial disability assessment, ¹³ higher for higher classifications of disability.	The claimant must score 15 or more points in total in the Work Capability Assessment. ¹⁴
Functioning and work capacity assessment	To establish eligibility for disability pension, a functional capacity assessment is completed for the applicant. This assessment includes a report from the claimant's healthcare provider, a questionnaire completed by the claimant, and an in-person evaluation with an insurance physician. The healthcare provider's report must include information about illness or disability, marital status, education and job of the applicant, as well as an assessment of whether the applicant is completely or partially incapable of work. The Social Insurance Administration may request an additional evaluation by one of its	Medical specialists assess applications (Government of Canada, n.d.) . Applications are not assessed on the basis of a medical diagnosis alone. The range of information considered for adjudications includes: (1) the nature and severity of the applicant's medical condition; (2) the impact of the condition and treatment on applicant's capacity to work; (3) the likely course of the condition; (4) age, education and work history; (5) work performance, productivity and earnings. Information includes both medical information provided by the applicant and their healthcare provider as well as third party information about her work capacity (e.g., school, former employers, disability insurers,	Once an application and supplementary documentation are submitted to the National Social Security Institute (INSS) , an Incapacity Evaluation Team (Equipo de Valoración de Incapacidades — EVI) reviews the evidence (Gobierno de España n.d.). The final determination on residual work capacity is made by the INSS, which leverages the medical evidence provided by the EVI, as well as a report on the claimant's work history, education, and qualifications. Ultimately, the INSS determines the degree of incapacity, which has implications for other requirements and for amount and duration of payments. There are four degrees of permanent incapacity: partial permanent disability; total	Eligibility for ESA is based on the Work Capability Assessment , ¹⁵ an assessment of an applicant's ability to work (Department for Work and Pensions, 2016). Applicants initially complete the self-assessment Capability for work questionnaire (Department for Work and Pensions, 2021) . Assessors may also request applicants' medical reports; they may also decide to refer a claimant to a privately-contracted company for a face-to-face

¹³ <https://www.disability-europe.net/country/spain> (last accessed October 2021).

¹⁴ Individuals scoring highest (15 points in a single descriptor of functional capacity) receive the highest benefits (these are assigned to the 'support group', in which individuals' capacity to work is re-assessed periodically). Those scoring 15 points or more across a number of descriptors receive lower benefits tied to certain work activity requirements (these individuals are assigned to the 'work-related activity group') (Geiger 2019).

¹⁵ Re-assessments through the Work Capability Assessment were discontinued for severely disabled individuals in 2016 (Grover 2017).

	<p>own medical examiners (Anna Hugrún Jónasdóttir, Government of Iceland, personal communication, October 20, 2021). The final assessment by the Social Insurance Administration includes two components: an assessment of physical (in)capacity and an assessment of mental capacity. Points are assigned to incapacities. The applicant must receive a rating of either 15 points from the physical component or 10 points from the mental component, or at least 6 points from each section, to be evaluated as 75% "invalidity" (Rice et al. 2019; Waddington et al. 2018)</p>	<p>etc.) (Rajnes and Notaro 2019). Service Canada does not consider the availability of suitable employment in the applicant's region when determining eligibility.</p>	<p>permanent disability; absolute permanent disability, and; serious disability (Diaz Betancourt and Prieto Morales 2016).</p>	<p>evaluation.¹⁶ The results of the assessment determine what group the applicant will be in: a work-related activity group¹⁷ (applicant cannot work now, but can prepare to work in the future, for example, by writing a CV) or a support group (applicant cannot work now and is not expected to prepare for work in the future).</p>
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Source: Author's compilation based on multiple sources, including government agency websites, publicly available disability determination guidelines and legal documents, literature review, and information directly provided by policy expert and governmental representatives by phone or email.

¹⁶ According to an expert interviewed for this study, assessors only obtain applicants' medical reports in approximately half of the claims being processed, so ultimately assessors decided whether to refer to face-to-face evaluation solely on the basis of the questionnaire (Dr. Ben Baumberg Geiger, University of Kent, personal communication, 15 September 2021).

¹⁷ For these applicants, the benefit is guaranteed for 365 days.

All of our eight countries formally assess whether and to what extent an applicant can work in their previous or any job as part of the eligibility determination process for means-tested or contribution-based disability benefits. They also have relatively transparent rules for fast-tracking claims when a disability is considered manifest or severe (e.g., blindness, terminal illness, etc.). These are typically based on medical diagnosis. In some cases, the diagnoses flag a potential manifest disability case, and the assessors may follow up with providers, for instance, to establish how advanced the condition is; these cases are then immediately approved for benefits. In these cases, claimants are typically not required to undergo the full work capacity assessment, which can take substantial time (typically weeks, but in extreme cases years). Individuals who do not meet the manifest disability criteria in the different countries in this study then undergo the more detailed assessment of their functional limitations and work capacity. Information available to the public online, however, does not always provide clear, accessible answers to the question of *how* actual work capacity (in the sense of ability to work in their prior or any job) is assessed as part of the countries' disability determination processes.

Based on the information we have collected, none of the disability determination systems in the countries reported on here include a standardized, codified approach to the functional requirements of actual jobs in the economy. This is not to say that such approaches do not exist. For instance, in the Netherlands, disability determinations involve the assessment of an applicant's residual functioning capacity and then the direct linking of their capacity to the requirements of real jobs in the economy. This second step is based on a Dutch social security database of 5,500 job profiles which

describe the tasks, functional ability and educational requirements of actual jobs in the country (Maestas et al. 2021). This standardized, replicable approach is not mirrored by any of the countries included in this study.

In **Luxembourg**, for instance, the work capacity assessment establishes whether an applicant has a reduction in their work capacity of at least 30% in order to award the applicant with a disabled (or handicapped) status.^{18,19} The Medical Commission, which is under the jurisdiction of the Employment Development Agency, makes disability determinations. It arrives at the percent reduction in work capacity by evaluating an applicant's medical report by their physician/specialists against the guidelines in the country's *Medical Scales* (Government of the Grand Duchy of Luxembourg, 2013). The medical scales specify the percent reduction in functional capacity for a large number of medical conditions and diagnoses, such as specific neurophysical, cardiovascular, metabolic, or sensory conditions. The scales constitute a "dual approach to disability", relative to the previous approach focused solely on medical diagnosis, by linking a "function-based" approach and an impairment-approach simultaneously (Journal Officiel du Grand-Duche de Luxembourg 2013, page 1489).

¹⁸ In practice, an expert from the Employment Agency of Luxembourg interviewed for this study (personal communication, September 17, 2021) noted that those applying for the Severely Disabled Allowance typically have much lower work capacity than a 30% reduction. The 30% reduction is a minimum threshold to be awarded the disability status. However, the expert noted, there is no standardized or codified percent reduction in work capacity that distinguishes a disabled person who *can* work (and is thus entitled to the Disabled Employee Allowance) from a disabled person who *cannot* work (and is thus entitled to the Severely Disabled Allowance).

¹⁹ In other countries, such as the Netherlands and France, the percent reduction in work capacity represents the percent reductions in earning capacity relative to their previous job (the Netherlands) or relative to a similar worker without a disability (France) (Cousins et al. 2016).

Iceland has a similar approach in that disability status is assessed on the basis of a percent reduction in work capacity. In Iceland, an applicant must be medically assessed as having 75% invalidity to be eligible for the disability pension.²⁰ Unlike the system in Luxembourg, the Icelandic approach relies on the assessment of functional capacity directly rather than on a diagnosis to establish whether and to what extent an individual is disabled. Functional incapacities are given points, which are then added up to obtain a final rating. To be evaluated as having at least 75% invalidity, an applicant must obtain 15 points from the physical component of the test, 10 points from the mental component, or at least six points from each section of the functional capacity assessment (Rice et al. 2019). The Icelandic approach was modeled after the approach formerly used in the U.K., the *Personal Capability Assessment* (Rice et al. 2019; Waddington et al. 2018). This assessment focuses on functional capacity to undertake activities of daily life, rather than capacity to undertake work-related tasks. So, for instance, inability to stand up from sitting receives 15 points in the assessment; seven points if the individual needs to hold on to something to rise, and zero points if they have no difficulty standing up from sitting. In the Icelandic system, therefore, functional capacity is a proxy for work capacity. The assessor in the Icelandic system is a medical doctor from the Social Insurance Administration. Supporting evidence for this assessment includes a self-assessment in the form of a statement or a structured

²⁰ Those assessed to have 50-74% incapacity may be eligible for a disability allowance (partial disability support) (European Commission, n.d.).

questionnaire completed by the applicant and a medical report from the treating physician.

The **U.K.** system for disability assessment relies on the *Work Capability Assessment*, which also assigns points to functional impairments.²¹ The assessment's list of functional impairments are nominally work-related (see below) rather than focusing on daily tasks. These functional impairments include physical and cognitive descriptors such as standing and sitting, manual dexterity, learning tasks, and understanding communication (Disability Rights U.K. n.d.); but there is nothing that transparently links these descriptors to the world of work. The approach, as in Iceland, also relies on the assignment of points to specific functional incapacities. For example, the dexterity descriptor "*Cannot press a button (such as a telephone keypad) with either hand or cannot turn the pages of a book with either hand*" is assigned 15 points. A related dexterity descriptor, "*Cannot use a pen or pencil to make a meaningful mark with either hand,*" is assigned nine points (Department for Work and Pensions 2016). According to the Department of Work and Pension's guidance for the Work Capacity Assessment, "[i]f the claimant scores 15 points in any physical and/ or mental, cognitive, and intellectual function activity, or a total of 15 or more points from a combination of activities [...], then the criterion for limited capability for work is met for benefit entitlement purposes" (Department for Work and Pensions 2016, page 15).

The **Australian** system relies primarily on the Job Capacity Assessment (JCA), which leverages medical reports and documentation, and self-report questionnaires to

²¹ Before 2008, the U.K. system used the *Personal Capability Assessment*, which focused on functional capacity for activities of daily living, and which remains the model used in Iceland. The U.K. system adopted the Work Capability Assessment in 2008.

determine an applicant's work capacity (Sengers et al. 2020). If an individual meets the "manifest disability" criteria, they are immediately approved for benefits without further assessment. If not, they are required to undergo the Disability Medical Assessment. In order to be eligible for disability benefits, an applicant must have "one or more physical, intellectual or psychiatric impairment/s that attract a total impairment rating of 20 points" in a single Impairment Table (Australian Government 2022a).²² If the individual scores 20 points or more across more than one table, then they are referred to the Program of Support (which helps disabled individuals prepare to return to work), for 18 months (Whitlam Institute 2021). Current and future work capacity are assessed in "hour bandwidths" (i.e., in terms of an individual's ability to work a certain number of hours per week) and with reference to impairment ratings (in points) as set out in Impairment Tables, which are function-based rather than diagnosis-based (Australian Government 2022b). Those with 20 or more points in a single Impairment Table are deemed unable to work more than 15 hours a week and thus eligible for benefits. Those who have undergone the Program of Support and been re-assessed as currently unable to work more than 15 hours per week are also approved for benefits (Australian Government 2022c).

The **Canadian** system differs from the ones cited above in that there is no specific measure of percent reduction in work capacity, weekly hours of work an individual can do, or an incapacity ratings system that determines disability status or

²² The Impairment Tables are used to assess whether a claimant meets the general medical rules for the pension by assigning 'impairment ratings' to a claimant's conditions (Australian Government, n.d. (b)).

eligibility for benefits. Instead, the medical adjudicators, who are registered nurses working for Canada Pension Plan, make a global assessment on the basis of a client's medical, diagnostic, and functional capacity reports about whether the condition is likely to be severe and prolonged (Isabel MacNeil, Government of Canada, personal communication, October 20, 2021). The application form includes a detailed, 51-item questionnaire the claimant completes describing everyday life and work-related functional limitations.²³ The assessor then provides a narrative description of the impact of the claimant's condition on functional limitations (e.g., difficulty maintaining focus, inability to stand for more than five minutes, etc.), taking into account diagnosis, treatment, prognosis, frequency, expected duration, and impairments (e.g., decreased strength, mood disturbance, etc.) (Government of Canada 2018). The claimant's personal characteristics (such as age, work history, and education) as well as information on their work capacity from third parties (schools, employers, insurers) is also leveraged (Rajnes and Notaro 2019). Ultimately, the adjudicator makes a determination on whether the claimant can, given their residual functional capacity, do any job, defined "as one in which a person might reasonably be expected to be employed because of skills, education, and training the person possesses or could timely acquire (on the job or otherwise), accounting for the person's limitations and restrictions" (Rajnes and Notaro 2019).

Similarly, the approach in **Ireland** also does not rely on a quantitative measure as a proxy for work incapacity. As in the Canadian system, the Irish disability

²³ The form is available here:

<https://www.canada.ca/en/services/benefits/publicpensions/cpp/cpp-disability-benefit/apply.html#h2.01> (last accessed October 2021).

determination relies on the assessor's review of the claimant's medical history and reports, as well as their work history and qualifications (Rajnes and Notaro 2019). This information is then used for developing a description of the claimant's residual functional capacity in several areas, such as mental health, balance, manual dexterity and so forth (Rajnes and Notaro 2019). Work capacity is then assessed with reference to nine broad work categories, defined by the level of effort and skill they require. For each of these nine categories, the Medical Certifiers Guide of the Department of Employment Affairs and Social Protection provides examples of actual jobs; for instance, for the category of light effort/lesser skill job, examples include shop assistant, caretaker and security officer (DEASP 2018).

New Zealand's approach relies primarily on a claimant's own healthcare provider's assessment of the claimant's ability to work and the number of hours of work the claimant can perform per week (less than 15 hours is considered eligible for the Supported Living Payment). For this purpose, the physician completes a Work Capacity Medical Certificate.²⁴ The certificate asks for information about the barriers and/or limitations to work (including any nonmedical barriers or limitations); medical diagnoses (using the Systematized Nomenclature of Medicine — SNOMED — codes) that impact a person's ability to work; if a person's work capacity is expected to change and, if so, how and when; the support or accommodations that could help a person to work; and the hours a person could work in a suitable role if they receive the needed support (New Zealand Government n.d.). The assessment is then submitted to the Work and Income

²⁴ This certificate is not exclusively used for Supported Living Payment eligibility determinations. The Department of Work and Income also uses it to determine what, if any, benefit is most appropriate for the individual claimant.

Agency, which typically follows the recommendation of the claimant's provider in making the eligibility decision. In some cases, the Ministry of Social Development may use a Work Ability Assessment, a broader assessment where the client's capacity to work is more fully investigated (Dr. David Bratt, Principal Health Advisor to the Ministry of Social Development, and Anne Hawker, Principal Disability Advisor to the Ministry of Social Development, personal communication, 30 September 2021).

Finally, **Spain** differs somewhat from the other countries in that the disability determination involves assigning each claimant a specific degree of permanent incapacity, of which there are four: partial permanent disability, total permanent disability, absolute permanent disability, and serious disability (Diaz Betancourt and Prieto Morales 2016).²⁵ Each of these has implications for other eligibility requirements and for the amount and duration of payments. An application and supplementary documentation are submitted to the National Social Security Institute (INSS) where Institute doctors summarize the medical evidence. An Incapacity Evaluation Team (*Equipo de Valoración de Incapacidades* — EVI — formerly the Medical Tribunal) then reviews the medical report and other evidence, notably about the claimant's prior work history, education, and qualifications. The EVI may request additional tests and

²⁵ The degrees of incapacity are defined as follows: (1) Partial Permanent Disability for the usual profession is a disability that, without being total, causes the worker's ability to perform her usual profession to be reduced by 33% or more; (2) Total Permanent Disability for the usual profession is a disability that keeps the worker from performing all main tasks in her profession, but which means the worker may still take up a different profession; (3) Absolute Permanent Disability for all types of work is a disability that disables a worker from performing any work or trade, and; (4) Serious Disability is permanent disability which requires the care of a third person for activities of daily life (see: <https://www.seg-social.es/wps/portal/wss/internet/Trabajadores/PrestacionesPensionesTrabajadores/10960/28750/28751> - last accessed September 2021).

information. The final determination on residual work capacity, including the degree of incapacity, is made by the INSS.

Countries vary in other components of the work capacity assessment. For example, there are differences in the extent to which environmental factors (most notably the availability of suitable work or of possible adaptations to the workplace) are considered in work capacity determinations. In New Zealand, for instance, these factors may be considered with the claimant's physician having the opportunity to suggest adjustments to support the client into suitable work when completing the Work Capacity Medical Certificate (Dr. David Bratt, Principal Health Advisor to the Ministry of Social Development, and Anne Hawker, Principal Disability Advisor to the Ministry of Social Development, personal communication, 30 September 2021). In Australia, on the other hand, government guidance on work capacity assessments explicitly states that a number of factors be disregarded in the evaluation, including, among others: the availability of the person's usual work in the locally accessible labor market, or of any kind of work the person could do or be trained to do; the availability of transportation to and from work; and the person's potential attractiveness to an employer in a particular area of work, (Rajnes and Notaro 2019). Similarly, in Canada, the assessment "does not consider the availability of suitable employment in the applicant's region when determining eligibility" (Government of Canada 2021).

Whether and how an individual's nonmedical and nonfunctional capacity information is used also differs. In particular, some assessments include vocational information, i.e., an applicant's prior work history, educational attainment and

qualifications, and skills.²⁶ Australia, Ireland, Iceland, Spain, and Canada are examples of countries that explicitly take at least some of these factors into consideration as indicators on a claimant's capacity to work. In New Zealand, a claimant's physician may take a biopsychosocial view when completing a Work Capacity Medical Certificate, although the Certificate itself is predicated on a purely medical model. Ultimately, the reviewing agency (Work and Income), using all the range of information resources available to it, will make the final decision – albeit with a significant influence of the physician's report (Dr. David Bratt, Principal Health Advisor to the Ministry of Social Development, and Anne Hawker, Principal Disability Advisor to the Ministry of Social Development, personal communication, 30 September 2021).

Discussion

The way in which social protection systems establish eligibility for disability benefits has critical implications for millions of people. Different systems may be more or less susceptible to exclusion errors leading to the rejection of claims from individuals whose disabilities truly prevent them from earning a living. In the U.S., with its detailed sequential process for determining eligibility for disability benefits, there have nevertheless been long-standing concerns about consistent application of this process across the country (Smalligan and Boyens 2019).

Growing calls for fairer, more consistent, transparent, and reliable disability determination systems have led countries to implement various changes and reforms to

²⁶ For a review of the use of vocational information in disability determinations in 11 countries, see Rajnes and Notaro (2019).

disability determinations in recent years — although another impetus for reform has been the increase in the number of disability claimants and program costs experienced around the world (Cousins et al. 2016). These reforms have ranged from minor to significant, and included changes to work capacity requirements and assessments. The U.K. system, for instance, transitioned from a functional assessment that focused on every-day activities to one focused on work-related activities. Australia reduced the maximum number of weekly hours an applicant must be able to work in order to be considered eligible for disability benefits from 30 to 15 hours (eight hours for those younger than 35), introduced a requirement for conditions to be fully stabilized and treated, and revised measures of an incapacity's impact on work (Rajnes and Notaro 2019; Soldatic et al. 2021). It also introduced the Program of Support for disability claimants in 2011 (Cousins et al. 2016). In New Zealand, the Work Capacity Medical Assessments switched their classification standards to the SNOMED codes in 2018, in theory to provide a more detailed description of a claimant's condition (New Zealand Government 2019). Other countries, such as Canada, Luxembourg, and the U.S. have undergone or are considering various reforms to aspects of their disability determination approaches. Nevertheless, it is unclear whether any of these reforms achieved their intended outcomes, or whether and to what extent they improved transparency, standardization, and fairness.

International experience suggests that reforms and reassessments of disability determination strategies may result in adverse outcomes for claimants or would-be claimants. For instance, research from the U.K. suggests that the Work Capability Assessment (WCA) and implementation of reassessment of the entire caseload in

recent years did not lead to increased transitions into employment by people with long-term disabilities. but instead led to increases in adverse mental health outcomes amongst claimants, including suicides (Barr et al. 2016a; Barr et al. 2016b; Stewart 2019). In Denmark and Sweden (countries not included in our study), the introduction of stricter disability benefits eligibility criteria were linked to a higher likelihood of unemployment for some moderately and severely disabled individuals (Jensen et al. 2019). Moreover, even in the light of reforms and policy debate, for most of these countries, untangling the black box of assessing work capacity remains elusive.

This black box is at the heart of ongoing weaknesses in disability determinations. In some countries, most notably the U.K. and Australia, there has been considerable controversy over the suitability of the current work capacity assessment instruments and approaches. In the U.K., critics note that the WCA does not adequately assess complex conditions such as mental health disorders or health conditions that fluctuate, that its descriptors are not fit-for-purpose, that it fails to adequately deal with claimants with multiple impairments and, more generally, that it is inaccurate (Baumberg et al. 2015; Cousins et al. 2016; Geiger 2018; Barr et al. 2016a). Australia is currently undergoing a public inquiry on the “purpose, intent, and adequacy of the Disability Support Pension,” which includes review of the determination process (Parliament of Australia 2021). Recent Australian reforms, including the introduction of the Program of Support, the tightening of requirements through changes in the Impairment Tables, and the reduction in the weekly hours work capacity, amongst other aspects, have been heavily criticized (see, for example, Collie et al. 2020; O’Donovan 2021; Soldatic et al. 2021; Whitlam Institute 2021).

In addition, the almost universal primary emphasis on the medical aspects of disability, even as countries have pivoted toward a greater focus on functional capacity and away from purely medical diagnoses, has failed to consider both other individual needs and capacities and environmental factors such as the functional requirements of jobs in the economy. A structural consideration of environmental and individual nonmedical factors would constitute what Bickenbach and colleagues called the “disability approach” to disability determination; that is, an approach that views disability as the product of the interaction between an individual’s intrinsic features and the environmental factors that affect her lived experience of said impairments and limitations (Bickenbach et al. 2015).

None of the countries in this study exhibit a fully realized version of the “disability approach” to disability determinations as conceptualized by Bickenbach and colleagues (2015). We observe, however, important similarities and differences in their disability determinations, and more specifically in their work capacity assessments. A significant common element across all countries’ approaches to disability determination is the fundamental reliance on detailed medical information and healthcare providers’ expertise to determine eligibility for disability benefits, even as most of the countries have also shifted toward more comprehensive assessments. While relatively standard across all the countries in this study, this reliance on medical assessment highlights the importance of training for healthcare professionals on conducting effective evaluations of an individual’s capacity to work.

On the other hand, the countries diverge in some key technical aspects of how work capacity is measured. In some countries (e.g., Luxembourg, Iceland), work

capacity is measured in terms of a percent reduction relative to a nondisabled person's full capacity to work, but not relative to the individual applicant's own full capacity to work, which may be affected by psychological, behavioral, environmental, and other factors. In other countries (e.g., U.K., Luxembourg), the assessment is based solely on an overall score assigned to the applicant based on their functional capacity. A related measure is the number of hours an individual is able to work: A threshold is set, below which an individual is deemed 'unable to work' and thus eligible for benefits (e.g., New Zealand). In a few countries, the point/scoring system is then translated either into hours an individual can work (e.g., Australia), or percent reduction in their work capacity (e.g., Luxembourg, Iceland). Yet other countries do not deploy a quantitative approach (in hours, percent reduction, and/or weekly hours) to determine residual work capacity (Canada, Ireland, the U.S.). Instead, the approach in these countries is to conduct a global assessment and arrive at a binary disability determination. Related to this, the instruments or guidelines used in these assessments vary as well, but we know very little about their relative effectiveness in measuring functional and work capacity. For instance, analysts have argued that certain tables of impairments may be especially susceptible to inadequate accounting of chronic, episodic, or diagnostically challenging health conditions (O'Donovan 2021).

Some of the countries included in this study take nonmedical, nonfunctional information about claimants into account in their assessment; most notably, work history, education, qualifications, and skills. Such broader vocational information may be useful to disability determinations in a few ways, first, by providing additional evidence on an individual's real capacity to work as demonstrated over time rather than in a

moment in time (Baer 2021). This is the case in Canada, Iceland, Australia, and the U.S., where the information is used to understand whether prior work experience affects the claimant's ability to pursue any work. Second, this vocational information may be useful in assessments of rehabilitation or work-adaptation needs of claimants. For some of the countries in this study that explicitly consider this type of information in the process, the exact purpose of this information and how it is weighted against other kinds of evidence remains unclear.

Environmental factors outside the workplace, such as the availability of jobs in the applicant's region or transportation to and from potential jobs, are seldom considered in work capacity assessments and job matching (Sengers et al. 2020). In countries in which the work capacity determinations are primarily the responsibility of medical assessors (e.g., Ireland, Canada, New Zealand), the extent of their understanding of the work environment and its link to claimants is unclear. In the U.S., as noted elsewhere in this paper, adjudicators make a determination of the numbers of jobs a claimant can perform given their functional limitations; but again, how this is assessed in practice given that the DOT is out of date remains unclear. Arguably, environmental factors such as availability of suitable work or work adaptations are not directly linked to a medically or functionally determined capacity to work. However, functional capacity alone is not necessarily correlated with employability, which is always dependent on contextual factors (Bickenbach et al. 2015). While environmental and contextual factors are intuitively critical to someone's real capacity to work, there remains a limited understanding of how their exclusion influences disability assessments.

Conclusion

This paper provides an overview of nine countries' work capacity assessments in disability determination processes. The recognition that work capacity goes beyond a purely medical diagnosis is evident across our sample of countries. In particular, current systems rely to a significant degree on an assessment of claimants' functional capacity beyond their medical condition. However, countries differ in the way functional capacity is measured and how that measure translates into a work capacity determination. Moreover, there are variations in whether and to what extent a claimant's medical and functional data is complemented by vocational or biographical information. Finally, for all of the countries included, there is an absence of structural, standardized consideration of the functional requirements of actual jobs in the economy and other environmental factors, against which the claimant's capacity to work can be weighted.

More questions than answers remain about the optimal approach to assessing work capacity within disability determination systems, including what lessons can be drawn for the U.S. from international experiences. What are the implications of the different elements of the disability determination system on a country's incapacity benefit rates? What is the relative adequacy or effectiveness of different guidelines and instruments used in the assessment of functional and work capacity? How well do the current approaches account for complex disabilities such as those related to mental health issues or those that fluctuate or are episodic? How can increased process transparency and reliability be accomplished when the adequate assessment of work capacity is such a complex and multifactorial issue? How do we increase trust in a system which invariably relies on third parties determining whether and to what extent

an individual can work? Partly, the optimal approach will depend significantly on country-level contextual factors: politics, socioeconomic setting, resources, types of programs, and programmatic and policy goals. Ultimately, it is highly unlikely that a perfect system free of biases and weaknesses can be developed. Nonetheless, the availability of comparative overviews of different ways of assessing work capacity is valuable as researchers and policymakers continue to search for answers.

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Appendix 1

Table A1: Application or allowance rates and program administration costs by country

	Australia	New Zealand	Luxembourg	Luxembourg	Ireland	Ireland	United Kingdom
Program and agency	Disability Support Pension (DSP) ²⁷	Supported Living Payment	Severely Disabled Allowance ²⁸	Disability Pension	Invalidity Pension (Department of Employment Affairs and Social Protection)	Disability Allowance ²⁹ (Department of Employment Affairs and Social Protection)	Employment and Support Allowance (ESA)
Program cost	\$16.3 billion (2016 to 2017)	\$1.65 million (2019 to 2020)				In 2019, total expenditure for the Department of Employment	Employment Support Allowance cost £13.4 billion in

²⁷ Additionally, the National Disability Insurance Scheme (NDIS), introduced in 2016, provides disability-related support to individuals with disabilities. It works in tandem with Disability Support Pension. It cost \$21.5 billion in 2019 to 2020.

²⁸ The Disabled Employee Allowance (DEA) in Luxembourg is another support mechanism for people with disabilities, and has similar eligibility requirements. It supports people with disabilities who can work but are unable to gain employment. To be eligible, the applicant must have a 30% reduction in work capacity, have disabled employee status, not be able to get employment for external reasons, and have income less than the rate of Severely Disabled Allowance. Those with DEA are required to attend training and other activities with the Guidance and Occupational Reclassification Committee, with the aim of reintegration into the open workforce ([Applying for the disabled employees allowance - Jobseekers - ADEM - FACILITONS L'EMPLOI - Luxembourg](#)).

²⁹ Another relevant disability-related program in Ireland is the Limited Capacity Benefit (a social welfare scheme that allows individuals to return to work or self-employment if they have reduced capacity to work and continue to receive a payment from the Department of Social Protection (DSP) Disability Pension).

						Affairs and Social Protection was €20.8 billion. 21.7% of this expenditure went to illness, disability, and carers.	2019 to 2020 (£6.1 billion on operational costs and £191 billion in benefits and pensions).
Allowance rates	75% of applications for Disability Support Pension (DSP) were rejected in 2016 to 2017)				In 2018, 58% of applicants for disability allowance were accepted.		

Table A1, cont.: Disability program parameters in eight countries (as of 2021)

	Iceland	Canada	Spain
Program and agency	Disability pension program (Social Insurance Administration, Ministry of Welfare)	Canada's Pension Plan's (CPP) Disability Benefits	
Cost of program	Disability pension spending was 22,038.5 million ISK (0.75% of the GDP) in 2020.	CPP spent \$46.5 billion in benefit expenditures and 9.8% of those expenditures were for disability (2018-2019).	
Allowance rates		In 2014 - 2015, 43% of initial applicants for CPP disability benefits were accepted. 35% of Reconsideration appeals were accepted. 6% of appeals filed with the Social Security Tribunal were accepted by Service Canada before Tribunal Hearing. 61% of the cases that went to Tribunal Hearings were approved. 53% of all applications overall were approved in 2014 - 2015.	

Appendix 2

Table A2: Disability program website links by country

Country	Program	Link
Australia	Disability Support Pension	https://www.servicesaustralia.gov.au/disability-support-pension
New Zealand	Supported Living Payment	https://www.workandincome.govt.nz/products/a-z-benefits/supported-living-payment.html#null
Luxembourg	Severely Disabled Allowance	https://adem.public.lu/en/demandeurs-demploi/handicap/revenu-pgh.html
	Disability Pension	https://guichet.public.lu/en/citoyens/travail-emploi/incapacite-travail/invalidite-marche-emploi/pension-invalidite.html
Ireland	Invalidity Pension	https://www.citizensinformation.ie/en/social_welfare/social_welfare_payments/disability_and_illness/invalidity_pension.html
	Disability Allowance	https://www.citizensinformation.ie/en/social_welfare/social_welfare_payments/disability_and_illness/disability_allowance.html
Iceland	Disability Pension Program	https://www.tr.is/en/disability
Canada	Disability Benefits	https://www.canada.ca/en/services/benefits/publicpensions/cpp/cpp-disability-benefit.html
Spain	Permanent Disability Pension	https://www.seg-social.es/wps/portal/wss/internet/InformacionUtil/44539/45982
United Kingdom	Universal Credit (UC) and/or Employment and Support Allowance (ESA)	https://www.gov.uk/employment-support-allowance