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SOCIAL SUPPORT PRACTICES FOR FAMILIES RAISING CHILDREN WITH DISABILITIES IN FOREIGN COUNTRIES

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Abstract. *Families raising children with disabilities often face complex financial, educational, healthcare, employment, psychological and social challenges. Modern social protection policy increasingly recognizes that support should be directed not only to the child but also to the family as the main environment for development and inclusion. This article examines international approaches to supporting families raising children with disabilities, focusing particularly on Australia and Canada. The analysis uses recent official statistics and policy documents published by the Australian Institute of Health and Welfare, the National Disability Insurance Scheme, Statistics Canada and the Canada Revenue Agency. In Australia, disability affected approximately 11% of children aged 0–14 in 2022, while the National Disability Insurance Scheme had more than 761,000 active participants in December 2025, with 42% aged under 15. In Canada, 16.3% of children aged 0–14 were identified in the 2021 Census as likely to have a disability, while the Child Disability Benefit provided eligible families with up to CAD 3,480 per year per child for July 2026–June 2027. The comparison demonstrates that effective family support combines financial assistance, early intervention, individualized services, inclusive education, childcare, rehabilitation and coordinated community-based support. The article also identifies lessons that may be relevant for improving family-centred social protection in Uzbekistan.*

Keywords: *children with disabilities, family support, social protection, disability policy, early intervention, inclusive education, Australia, Canada, social services.*

1. Introduction

Disability in childhood affects not only the individual child but also the entire family.

Parents and other caregivers may need to provide continuous assistance with healthcare, education, communication, mobility and everyday activities. These responsibilities can reduce parents’ opportunities to work, increase household expenditure and create psychological and social pressure. Consequently, contemporary disability policy increasingly considers the family as an important beneficiary and partner of social protection.

The international approach has gradually moved away from a purely medical understanding of disability towards a human-rights and social model. Under this approach, disability is not explained only by a person’s medical condition. Environmental barriers, inaccessible services, discrimination and insufficient social support may significantly restrict participation. Therefore, public policy should reduce these barriers and provide reasonable support to children and their families.

International experience is particularly useful for countries developing community-based social services and inclusive education. Australia and Canada provide two relevant examples because both countries combine direct financial assistance with individualized or community-based services. Their systems differ in institutional structure, but both increasingly emphasize early intervention, family participation and access to education and social services.

2. Theoretical Foundations of Family-Centred Support

A family-centred approach recognizes parents as partners in decisions concerning their child. Rather than providing only standardized benefits, services are adapted to the needs, abilities and circumstances of each child and family. This approach is closely connected with the principle of the best interests of the child and the right of children with disabilities to participate fully in society.

Early intervention is another important principle. Early identification of developmental difficulties and timely access to therapy, education and family guidance can improve developmental outcomes and reduce later barriers. Effective early intervention normally involves cooperation between health, education and social-service professionals.

The social model of disability also emphasizes accessibility. Families may experience difficulties not because of the child's impairment itself, but because of inaccessible transport, buildings, schools, information systems or social attitudes. Therefore, social protection should be accompanied by inclusive infrastructure and non-discriminatory public services.

A modern support system can consequently be represented as an integrated structure consisting of: financial support; healthcare and rehabilitation; early intervention; inclusive education; childcare; employment support for parents; psychological and counselling services; accessible transport and infrastructure; information and case management; and community participation.

3. Australia: Individualized Disability Support and Early Childhood Intervention

Australia has developed one of the most extensive individualized disability support systems through the National Disability Insurance Scheme (NDIS). The Australian Institute of Health and Welfare reports that in 2022 approximately 11% of Australian children aged 0–14 had disability. For the broader 0–24 age group, an estimated 946,000 children and young people had disability in 2022, representing about 12% of this age group.

The scale of the NDIS has also increased substantially. According to the Australian Institute of Health and Welfare, in December 2025 there were more than 761,000 active NDIS participants, and 42% were aged under 15. These figures demonstrate the importance of disability services for children and families within Australia's social protection system.

A central characteristic of the Australian model is individualized planning. Eligible participants can receive funding for supports based on their individual needs and goals. For children, the system increasingly emphasizes developmental support and family participation rather than simply compensating for medical limitations.

The NDIS Early Childhood Approach is designed for children younger than nine who have developmental delay or disability. It uses a family-centred and strengths-based model.

Families can receive information, guidance and connections to appropriate services, while children may receive early intervention support. This approach recognizes that parents require professional guidance and coordination rather than only financial payments.

Education is another important dimension. AIHW data for 2022 indicate that 86% of children and young people aged 5–20 with disability attended school or another educational institution. At the same time, 59% of school-attending children and young people with disability received study-related supports. Among those receiving support, 40% reported needing additional support, demonstrating that access to a service does not always mean that the level of support is sufficient.

Australia therefore illustrates a model in which individualized disability funding, early childhood intervention and educational support operate alongside broader social services.

However, the system also faces challenges related to coordination, service availability and ensuring that families receive the right support at the right time.

4. Canada: Financial Assistance, Childcare and Family Support

Canada provides another important example of family-oriented disability support.

According to Statistics Canada, the 2021 Census identified 16.3% of children aged 0–14 as having one or more affirmative responses to activity-limitation questions, meaning they were likely to have a disability. The corresponding figure in 2016 was 13.5%.

The Canadian system combines general child benefits with targeted disability-related assistance. The Child Disability Benefit (CDB), administered by the Canada Revenue Agency, is an income-tested monthly benefit for families caring for an eligible child who qualifies for the Disability Tax Credit. For July 2026–June 2027, the maximum CDB is CAD 3,480 per year, or CAD 290 per month, for each eligible child.

This mechanism is significant because disability can increase household costs. Families may need to pay for transportation, specialized equipment, therapy, childcare or other forms of assistance. Income-tested financial support can therefore reduce part of the additional economic burden.

Canada also provides broader child assistance through the Canada Child Benefit (CCB).

For July 2026–June 2027, the maximum annual CCB is CAD 8,157 for children under six and CAD 6,883 for children aged 6–17, subject to household income and eligibility conditions. Families with eligible children with disabilities may receive the Child Disability Benefit in addition to the CCB.

Childcare is another relevant component. Statistics Canada reported that in 2023 approximately 62% of children with disabilities aged 0–5 attended non-parental childcare, representing around 176,000 children. About 45% attended group-based childcare and 17% received other forms of non-parental care. These data demonstrate that childcare is an important part of enabling parents to participate in employment and education while supporting children’s development.

The Canadian experience also highlights the continuing importance of informal family care.

Statistics Canada reported that in 2022, among Canadians aged 15 and over with developmental disabilities who received help with everyday activities, 77% received help from a family member living with them. This shows that formal social services do not replace families; instead, public policy should strengthen families' ability to provide care without creating excessive financial and social burdens.

5. Comparative Analysis of Australia and Canada

The two countries use different institutional mechanisms, but several common principles can be identified.

First, both systems recognize that families raising children with disabilities may face additional costs. Australia addresses this partly through individualized disability support, while Canada combines general child benefits with targeted disability payments.

Second, both countries increasingly emphasize early intervention and developmental support. Australia has established a dedicated Early Childhood Approach within the NDIS.

Canada combines disability-related financial assistance with childcare and other provincial and community services.

Third, both systems recognize the importance of participation in education and community life. The objective is not merely to provide medical treatment but to remove barriers that prevent children from participating in ordinary social environments.

Fourth, both countries demonstrate the importance of family involvement. Parents are not simply recipients of services; they are important decision-makers and partners in planning support.

Nevertheless, both systems also have limitations. Australia faces challenges related to coordination between disability, health and education services and ensuring that families receive adequate support. Canada has a highly decentralized social-service structure, meaning that the availability and organization of some services can differ between provinces and territories. These differences show that financial assistance alone cannot create an effective support system.

6. Main Problems Identified in International Practice

One major problem is fragmentation of services. Families may have to interact with several institutions, including health, education, social protection and disability services. Without effective case management, parents may spend significant time coordinating services.

A second problem is insufficient support intensity. The Australian data showing that many children receiving study-related support still require additional assistance demonstrate that service availability and service adequacy are different issues.

A third problem is unequal access. Rural and remote families may face greater difficulties in accessing specialists, childcare, rehabilitation and transportation. Digital services can improve access to information and administration, but they cannot fully replace physical services.

A fourth problem concerns the burden placed on family caregivers. Canadian evidence that family members provide a large share of everyday assistance demonstrates that informal care remains essential. If public services do not adequately support caregivers, parents may experience reduced employment opportunities and increased economic pressure.

A fifth problem is stigma and social exclusion. Families may experience negative attitudes towards disability, which can discourage participation in education and community activities.

Consequently, awareness campaigns and inclusive public environments should accompany financial and medical support.

7. Lessons for Developing Family Support in Uzbekistan

The international experience suggests several principles that can be considered in the development of family-oriented social protection.

First, support should be individualized. Instead of providing identical packages to all families, assessment should identify the needs of the child, caregiver and household.

Second, early intervention should be strengthened. Families should receive accessible information and professional assistance as soon as developmental difficulties are identified.

Third, social, health and education services should be coordinated through case management. A family should not have to repeatedly explain its circumstances to multiple institutions. Fourth, childcare and day-care services can provide dual benefits: they support children's development and reduce the caregiving burden on parents. This can improve parents' ability to work or study. Fifth, digital systems should be used to simplify applications, payments, referrals and monitoring. However, digitalization should be combined with local human support for families who have difficulty using online systems.

Sixth, support for parents should include psychological counselling, employment services, information and peer-support opportunities. A child-centred policy is more effective when it also recognizes the needs and capacities of caregivers.

Finally, inclusive education and accessible infrastructure should be treated as integral elements of social protection. A benefit payment cannot compensate for an inaccessible school, transport system or public institution.

8. Conclusion

International experience demonstrates that effective social support for families raising children with disabilities requires an integrated approach. Australia and Canada provide different institutional models, but both show the importance of combining financial assistance with early intervention, individualized services, education, childcare and family support.

Australia's experience illustrates the potential of individualized disability funding and a family-centred early childhood approach. Canada demonstrates the importance of combining targeted disability benefits with broader child benefits and childcare support. At the same time, both countries face continuing challenges related to service coordination, adequacy, geographic access and caregiver burden. The central lesson is that social protection should not be limited to compensating families for disability-related expenses. Its broader objective should be to ensure that children with disabilities can develop, learn and participate in society while their families are protected from excessive economic, social and caregiving burdens. For Uzbekistan, international practice can provide useful policy directions for strengthening individualized social services, community-based support, inclusive education, day-care services, early intervention and coordinated family assistance.

References

1. Australian Institute of Health and Welfare. People with disability in Australia 2026. Canberra: AIHW, 2026.
2. Australian Institute of Health and Welfare. People with disability in Australia: Children and young people. Canberra: AIHW, 2026.
3. National Disability Insurance Scheme. Early Childhood Approach. Australian Government, 2026.
4. National Disability Insurance Scheme. NDIS participant and family information. Australian Government, 2026.
5. Statistics Canada. Disability among children and youth in Canada. Ottawa: Government of Canada, 2021–2025.
6. Statistics Canada. Canadian Income Survey and disability-related statistical releases. Government of Canada.
7. Statistics Canada. Child care arrangements of children with disabilities. Government of Canada, 2023.
8. Statistics Canada. Developmental disabilities among Canadians aged 15 years and older. Government of Canada, 2022.
9. Canada Revenue Agency. Child Disability Benefit. Government of Canada, 2026
10. Canada Revenue Agency. Canada Child Benefit. Government of Canada, 2026.
11. United Nations. Convention on the Rights of Persons with Disabilities. New York: United Nations, 2006.
12. UNICEF. Children with disabilities: UNICEF programme and policy resources. New York: UNICEF.
13. World Health Organization. World report on disability. Geneva: WHO, 2011.
14. World Health Organization. Global report on health equity for persons with disabilities. Geneva: WHO, 2022.
15. World Bank. Disability Inclusion. Washington, DC: World Bank.
16. United Nations Department of Economic and Social Affairs. Disability and development resources. United Nations.
17. United Nations Convention on the Rights of the Child. United Nations, 1989.
18. Australian Government. National Disability Insurance Scheme Act and related policy documents.
19. Government of Canada. Disability Tax Credit and related disability support measures.
20. OECD. Supporting people with disabilities and their families. Paris: OECD.
21. UNICEF. Inclusive education and children with disabilities. UNICEF policy resources.
22. International Labour Organization. Disability inclusion and social protection. Geneva: ILO.