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The Evaluation of Carer's Allowance Supplement



EQUALITY AND WELFARE



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Executive Summary

Background

The Scottish Government has an overall aim that carers are supported on a consistent basis to allow them to continue caring, if that is their wish, in good health and wellbeing, allowing for a life of their own outside of caring¹. Social Security delivers one aspect of this overall government approach to supporting carers, including through the provision of Carer's Allowance Supplement (CAS).

CAS is a temporary top-up of Carer's Allowance until the Scottish Government takes on full delivery of the benefit, which is currently still delivered by the Department for Work and Pensions (DWP) on behalf of the Scottish Government. CAS is paid in two lump sums per year (each of £226.20 in 2019/20). The first payment was made in September/October 2018.

CAS has two main policy objectives:

1. To improve outcomes for carers by providing some additional financial support. Specifically, to impact positively on:
 - Carers' finances
 - Carers' quality of life (including physical health, mental health and wellbeing, and feelings of control and empowerment)
2. To recognise the contribution that carers make to society.

This evaluation aims to provide learning about the overall implementation of the benefit and the extent to which the objectives of CAS have been met. In doing so, it can also assess the likely contribution of CAS to wider long-term outcomes for carers, which take account of Scottish Government interventions outside of social security that are also designed to support carers. These outcomes are outlined later in the report and map on closely to those that were developed by Scottish Government officials with the Carer Benefit Advisory Group² and those that are outlined in the Carers strategic policy statement: consultation document³.

¹ Scottish Government (2019) [Carers strategic policy statement: consultation](#).

This definition supersedes an earlier one that governed initial CAS evaluation activity that the Scottish Government "support carers to protect their health and wellbeing, so they can continue to care if they wish, and have a life alongside caring" (available [here](#)).

² Scottish Government (2017) [Carer Benefit Advisory Group minutes: February 2016](#)

³ Scottish Government (2019) [Carers strategic policy statement: consultation. These outcomes are still in draft form and are still to be finalised.](#)

The implementation of CAS

Since eligibility for CAS is reliant on receipt of Carer's Allowance, and the payment is automatic, the take-up is by definition 100 per cent (though the take-up of Carer's Allowance in Scotland is unknown)⁴.

CAS clients generally found the letter from Social Security Scotland confirming the payment helpful and had received the payment when they had expected to, after receiving the letter.

Levels of awareness about CAS amongst recipients was high. Recipients generally knew when it had last arrived, how much it was, and were able to at least speculate at the reasons why it was introduced by the Scottish Government with some accuracy.

Further information on carer experience of the Scottish social security system generally, and of Social Security Scotland more specifically, is still being collected, and will be reported on separately.

Impact of Carer's Allowance Supplement on carer finances

Typically, recipients liked the current payment schedule (two lump sums per year).

Carers who were struggling the most financially felt the biggest impact – whether they had spent it on treats or trips away, which they would not have otherwise been able to have, or whether they had spent it on essential household expenses, which they would otherwise have struggled to pay for. Carers who were financially comfortable but had spent it on treats such as trips or outings also felt a benefit, as they were unlikely to have had those enjoyable experiences without the payment. The least impact was felt by carers who had spent it on general household needs but who already had enough money to pay for these things.

Overall, while carers were grateful for the payment and could identify positive impacts, they tended to say that the payment had not helped their day-to-day finances – they felt they only benefitted during the months that CAS arrived.

Impact of Carer's Allowance Supplement on carer quality of life

Typically, CAS has helped improve carers' mental health and wellbeing a little. It had a positive impact on relieving money worries around the months carers received the payment, and had given them "a wee lift". In more exceptional cases, its impact on mental health and wellbeing had been transformative. This was in cases where it had enabled carers in great financial difficulty to pay off debts or where it had been used towards a trip away when carers felt they were close to breaking point.

⁴ Scottish Government (2019) [Social security: benefit take-up strategy](#)

There were mixed views on the impact of CAS on carers' sense of control and empowerment. It had made the biggest difference to those who were struggling the most financially by helping them to feel more on top of their finances and more prepared for upcoming expenses. Others thought it had made little difference overall.

CAS has generally not had a big impact on carers' physical health - though there were a few examples of it being used to support physical health.

Impact of Carer's Allowance Supplement on carer feelings of recognition for the work that they do

The introduction of CAS had made carers feel more recognised and valued by the Scottish Government. It showed the government had thought about them, felt like an acknowledgement and a "thank you", and showed their work had value.

However, CAS was not perceived to have raised awareness or the profile of carers among the general public and had not, therefore, made them feel more recognised or valued by society in general.

Contribution of CAS to wider policy outcomes

The high-level outcomes that the Scottish Government are trying to influence with regards to carers, such as improved health and wellbeing, improved quality of life, increased feelings of control and empowerment, and increased societal recognition, will take time to determine and are affected by a range of factors of which social security is only one.

As a result it is difficult to measure and attribute change in these outcomes to a single benefit (such as CAS). Furthermore, even if measurement was possible, the impact that around £450 per annum could reasonably be expected to make to these long-term outcomes should also be borne in mind.

However, we can reasonably expect that if success against short and medium-term policy outcomes has been achieved, then this could contribute (to some extent) to better outcomes in the future.

Implications for future policy development

The research findings demonstrate that CAS has gone some way to meeting its overall aims: to improve outcomes for carers by providing extra financial support and to provide greater recognition of the essential societal contribution that carers make.

It was very clear from the research that carers appreciated the payments and thought they should continue. Although it was a more exceptional experience, the

transformative impact that CAS has had for certain carers should not be overlooked.

While CAS has positively impacted on carer finances, carer quality of life, and on carer feelings of recognition to some extent, it is accepted that more significant impact on the wider governmental outcomes of improving carer health and wellbeing, quality of life and societal recognition, may require different actions to supplement financial support for carers and/or higher levels of financial support.

However, CAS should not be considered in isolation and the Scottish Government has a range of interventions designed to contribute to achieving these in time, which are detailed in the body of the report.

The issues highlighted in this evaluation will be considered when developing social security for carers, particularly the Scottish replacement for Carer's Allowance, which will be developed to complement existing and planned interventions to support carers at a wider government level.

Introduction

This section introduces Carer's Allowance Supplement (CAS), the rationale behind its implementation and the overall evaluation aims relevant to this report.

Carer's Allowance Supplement Description

The Social Security powers that have been devolved through the Scotland Act 2016 give the Scottish Parliament responsibility for £2.8 billion of social security expenditure (around 15% of total benefit expenditure in Scotland). The Social Security (Scotland) Act 2018 then gives the Scottish Government and Parliament the authority to make legislation and deliver the social security powers devolved by the Scotland Act 2016, enabling the Scottish Government to establish a new social security system to deliver the devolved benefits, which are intended to be better targeted at Scotland and based on dignity, fairness and respect.

Provisions for CAS are included in the Social Security (Scotland) Act 2018. CAS is a temporary top-up of Carer's Allowance until the Scottish Government takes on full delivery of the benefit, which is currently still delivered by the Department for Work and Pensions (DWP) on behalf of the Scottish Government.

CAS is paid in two lump sums per year (each of £226.20 in 2019/20). One is paid in early summer (generally in June), and one in winter (generally in December), based on eligibility at specific eligibility dates in April and October. CAS was initially set at a level which would raise Carer's Allowance to the equivalent of the then-current rate of Jobseeker's Allowance for those 25 years old and over. However following uprating the combined payment now exceeds the rate of Jobseeker's Allowance. The first payment was made in September/October 2018.

Carers in Scotland who receive Carer's Allowance do not need to apply for CAS – if they are resident in Scotland, and in receipt of Carer's Allowance on the qualifying dates, they will receive the Supplement automatically. To be entitled to Carer's Allowance, carers must meet certain conditions. For example, they must be over 16 years old, not be in full-time education, not earn more than £128 per week after tax, and provide at least 35 hours of unpaid care per week to someone in receipt of certain disability benefits.

An additional Coronavirus Carer's Allowance Supplement payment of £230.10 was paid alongside the June 2020 CAS payment in recognition of the additional financial pressures and caring responsibilities resulting from the COVID-19 outbreak and subsequent lockdown. However, the research informing this evaluation was conducted before this payment was delivered and so this evaluation will not address it.

Background to the introduction of Carer's Allowance Supplement

The Scottish Government has an overall aim that carers are supported on a consistent basis to allow them to continue caring, if that is their wish, in good health

and wellbeing, allowing for a life of their own outside of caring⁵. Social Security delivers only one aspect of this overall government approach to supporting carers, including through the provision of CAS.

While taking on a caring role can be a positive and rewarding experience, it can bring costs in terms of carers' health, finances, career, and personal relationships⁶. Recipients of Carer's Allowance are also more likely to live in households that are in the bottom half of the income distribution⁷.

The Carers UK report *State of Caring 2019* indicated that 81% of carers who responded to its survey had felt lonely or socially isolated as a result of their caring, 61% said their physical health had declined due to caring responsibilities, and 39% described themselves as 'struggling to make ends meet'⁸.

The 2015 Scottish Government report *Scotland's Carers* showed that 32% of carers felt that caring had a negative effect on their health, and that carers are more likely to have a long-term illness or disability than the general population⁹. The report also drew on data from Scotland's Census 2011, which found that the more care a person provided, the more likely they were to report 'bad' or 'very bad' health, regardless of age. For example, 3% of those caring for less than 19 hours a week reported 'bad' or 'very bad' health, compared to 14% of those caring for 50 or more hours a week. Those providing 35+ hours of care were also more likely to have poor mental wellbeing scores¹⁰.

It was in recognition of the negative outcomes unpaid carers can experience, their essential contribution to society, and the fact that Carer's Allowance is the lowest of all UK working age benefits, that the Scottish Government introduced CAS.

CAS has two main policy objectives:

1. To improve outcomes for carers by providing some additional financial support. Specifically, to impact positively on:
 - Carers' finances
 - Carers' quality of life (including physical health, mental health and wellbeing and feelings of control and empowerment)

⁵ Scottish Government (2019) [Carers strategic policy statement: consultation](#).

This definition supersedes an earlier one that governed the CAS evaluation activity that the Scottish Government "support carers to protect their health and wellbeing, so they can continue to care if they wish, and have a life alongside caring" (available [here](#)).

⁶ Scottish Government (2015) [Scotland's Carers](#)

⁷ Scottish Government (2019) [Support for carers: policy position paper](#)

⁸ Carers UK (2019) [State of Caring 2019](#)

⁹ Scottish Government (2015) [Scotland's Carers](#)

¹⁰ *ibid*

2. To recognise the contribution that carers make to society.

Evaluation aims

The Scottish Government published their approach to evaluating the first of the devolved social security benefits, including CAS, in November 2019¹¹.

This evaluation aims to provide learning about the overall implementation of the benefit and the extent to which the objectives of CAS have been met. In doing so, it can also assess the likely contribution of CAS to wider long-term government outcomes for carers which take account of wider Scottish Government interventions outside of social security which are also designed to support carers.

Specifically, the evaluation objectives are to:

1. Evaluate the extent to which CAS achieved its policy objectives
2. Assess the likely contribution of CAS to wider long-term government outcomes for carers
3. Discuss any implications for future policy development

The findings will provide groundwork for policy improvement and feed into the development of future social security for carers, particularly the Scottish replacement to Carer's Allowance.

¹¹ Scottish Government (2019) [Devolved benefits: evaluating the policy impact](#)

Methodology

This chapter provides an overview of the evaluation approach for CAS. It introduces the logic model and research questions driving the evaluation activities, and gives a summary of the different data sources used.

Overview of evaluation design and logic model

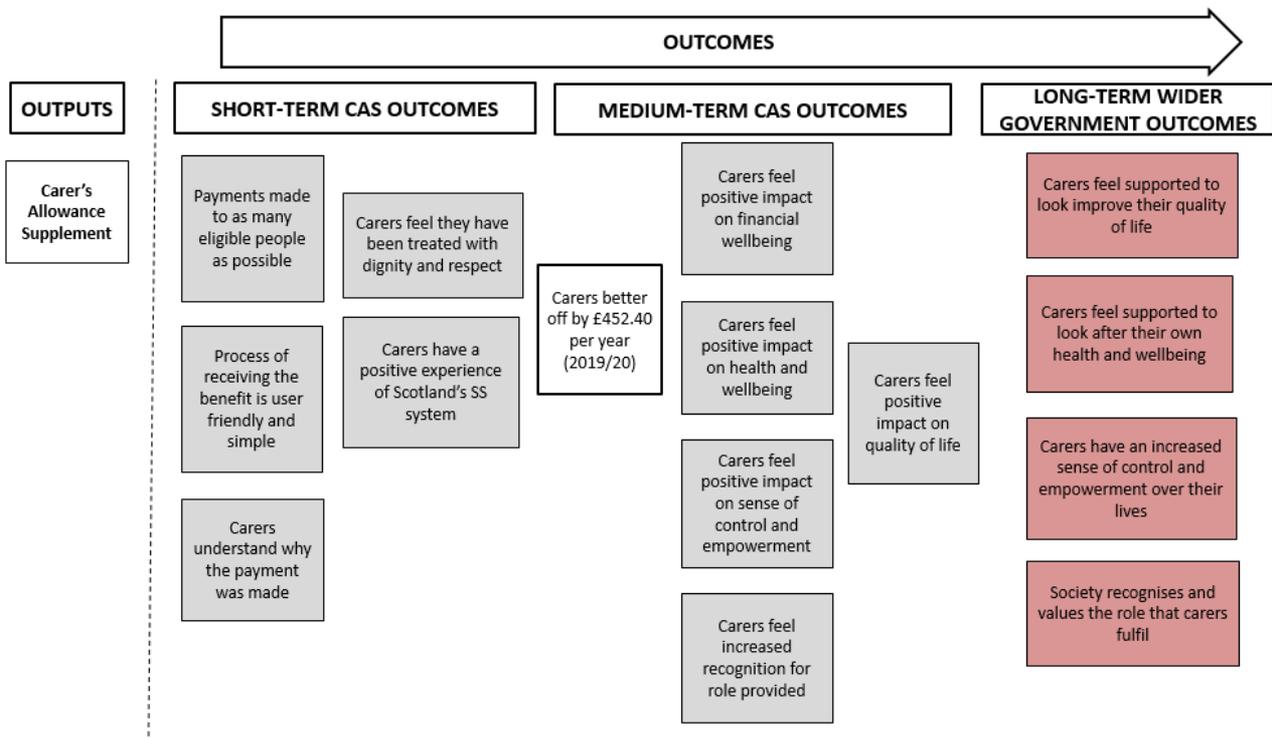
The approach to evaluating the policy impact of CAS uses a theory of change model. This approach uses logic models to show the mechanisms whereby interventions (such as CAS) have a chain of short and medium-term outcomes that, if met, can contribute to longer-term outcomes.

The high-level outcomes that the Scottish Government are trying to influence with regards to carers, such as improved health and wellbeing, improved quality of life, increased feelings of control and empowerment and increased societal recognition will take time to determine and are affected by a range of factors of which social security is only one.

As a result it is difficult to measure and attribute change in these outcomes to a single benefit, such as CAS. However, we can reasonably expect that if success against short and medium-term policy outcomes associated with CAS is achieved, then this could *contribute* (to some extent) to better outcomes in the future.

The logic model for CAS is below.

Figure 1: CAS logic model



The short-term and medium-term CAS policy outcomes are highlighted in grey in the logic model. These outcomes are those which are linked to the intentions of CAS itself and are highlighted below:

Short-term outcomes

- Payments were made to as many eligible people as possible
- Carers feel that the process of receiving carer benefits is user friendly and simple
- Carers understand why the payment was made
- Carers feel they have been treated with dignity and respect and have a positive experience of Scotland's social security system

Medium-term outcomes

- Carers feel CAS has had a positive impact on financial wellbeing
- Carers feel CAS has had a positive impact on their quality of life (including physical health, mental health and wellbeing and feelings of control and empowerment)
- Carers feel CAS has made them feel more recognised for the role they provide

The long-term outcomes in the logic model are highlighted in pink and relate to wider government outcomes for carers. These are impacted by all social security interventions, as well as other interventions designed to support carers across the Scottish Government. As such, CAS will play an important, but not exclusive, role in contributing to these. These outcomes map on closely to those that were developed by Scottish Government officials with the Carer Benefit Advisory Group¹² and those that are outlined in the Carers strategic policy statement: consultation document¹³.

Long-term outcomes

- Carers feel supported to look after their own health and wellbeing
- Carers feel supported to improve their own quality of life
- Carers have an increased sense of control and empowerment over their lives
- Society recognises and values the role that carers fulfil

Evidence will be collected as to the extent to which CAS has achieved the short and medium-term policy outcomes. We can expect that if success has been

¹² Scottish Government (2017) [Carer Benefit Advisory Group minutes: February 2016](#)

¹³ Scottish Government (2019) [Carers strategic policy statement: consultation. These outcomes are still in draft form and are still to be finalised.](#)

achieved, this might have a positive contributory impact on the wider outcomes for carers in the long-term. However, we will be unable to measure this in any robust way with the data available, given that CAS is just one intervention that we may expect to be feeding in to these wider outcomes.

Evaluation questions

The evaluation questions were developed in partnership with key stakeholders, such as the Carer Benefits Advisory Group, to address the objectives of this evaluation¹⁴. Below are the three key questions that informed the evaluation design:

1. To what extent did CAS achieve its short-term and medium-term policy outcomes?
2. Is there any evidence of CAS contributing to positive development against the wider long-term outcomes for carers?
3. What are the implications of the evaluation findings for future policy development?

Summary of data sources

In accordance with the evaluation strategy, multiple data sources fed into the evidence collected and these are described below.

Official Statistics

The DWP runs a scan of the information they hold on those in payment of Carer's Allowance twice a year to identify those eligible for CAS on each of the eligibility dates. Scans are run around six weeks after each CAS eligibility date. DWP then securely transfers the necessary data to Social Security Scotland to allow them to make CAS payments.

A cut of data is extracted from the Social Security Scotland payments system in the month following CAS payments being made. This includes information about each carer that received a payment for any one of the eligibility dates going back to 2018/19. For each carer the data extract includes their title, postcode, whether they have received a payment for each of the eligibility dates, and their age at each of those eligibility dates. This data is used to produce statistics on CAS available on the Scottish Government website¹⁵.

Experience Panels Research

The Experience Panels are made up of people who have recent experience of at least one of the benefits that are being devolved to Scotland. Over 2,400 people registered as panel members when the Experience Panels launched in 2017. The

¹⁴ More information on the Carer Benefit Advisory Group can be found [here](#)

¹⁵ Scottish Government (2020) [Social Security Scotland statistics: publications](#)

Experience Panels includes around 500 people with experience of Carer's Allowance.

In May and June 2019, these panel members were invited to take part in a survey by Scottish Government researchers to get some feedback on their experience of CAS¹⁶. In total, 129 responded to the survey (a response rate of 25%). Of these, 114 panel members had experience of CAS, and therefore completed the whole survey.

Bespoke Commissioned Research

Ipsos MORI was commissioned by the Scottish Government to carry out qualitative research with carers exploring any impact CAS may have had on their lives.

At the time of commissioning, the Scottish Government's overarching aim was to "support carers to protect their health and wellbeing, so they can continue to care if they wish, and have a life alongside caring"¹⁷. This aim has undergone a degree of change in the intervening periods and, at this time the Scottish Government's overall aim is that "carers are supported on a consistent basis to allow them to continue caring, if that is their wish, in good health and wellbeing, allowing for a life of their own outside of caring"¹⁸. However, it is the initial aim that governed commissioned evaluation activity.

The qualitative research mainly focussed on carers' experience of receiving the benefit and the ways, and extent to which, the impacts of receiving CAS mapped on to CAS policy objectives (and short-term and medium-term outcomes outlined above). The findings have been used alongside the other data sources in this report to provide a comprehensive understanding of the implementation and impact of CAS.

In-depth qualitative interviews, lasting around 45 minutes to 1 hour, were conducted with 41 carers across Scotland who had received CAS within the last year. Fieldwork took place in March and April 2020. The full report from Ipsos MORI is available at Annex A and the key conclusions have been incorporated into the findings below.

Limitations

This section explains what we can and cannot determine from the data available, and how this influences the extent to which we can draw conclusions about the overall impact of CAS.

Official Statistics: Official Statistics for CAS are produced using data extracted from the Social Security Scotland payments system. As a result there are limitations as to what Social Security Scotland can provide on client characteristics

¹⁶ Scottish Government (2019) [Social Security Experience Panels: Carer's Allowance Supplement - experiences](#)

¹⁷ Scottish Government (2019) [Support for carers: policy position paper](#)

¹⁸ Scottish Government (2019) [Carers strategic policy statement: consultation.](#)

across the caseload - including data on protected characteristics (with the exception of gender and age) and socio-economic data (such as income or employment status).

Role of qualitative research: Because of the limitations associated with the data used for Official Statistics this evaluation is largely dependent on the findings emerging from bespoke qualitative research commissioned by the Scottish Government. As would be expected with qualitative work, findings are not representative across the entire CAS caseload. There were also limitations to the methodology of the commissioned research itself, including lack of diverse representation across subsets of clients and inherent reliance on carer *perceptions* of impacts rather than definitive impacts, which are outlined in further detail in the full qualitative findings report available in Annex A.

Focus on contribution rather than attribution: As noted above, CAS is just one intervention across social security and wider governmental support for carers. As such there are other factors that we may expect to feed into wider outcomes for carers - including impacts associated with carers' rights to advice and support under the Carers (Scotland) Act 2016. Therefore, we only have a partial understanding of how CAS is related to longer-term outcomes and we can only assess the contribution that CAS may have had by assessing the extent to which it has achieved its own policy objectives. We cannot directly attribute long-term outcomes to CAS, and overall, we are unable to rule whether any impacts we may see have occurred as a result of other factors.

Longer-term impacts will take time to determine: Changing financial and health and wellbeing outcomes is a complex process that requires time. To understand the true impact of CAS, we would ideally measure whether there is lasting change in the longer-term - and be able to isolate the impact of CAS from the other factors contributing to this. This is difficult due to the considerations regarding attribution outlined above.

Future research: Some information, particularly around carer experience of Social Security Scotland, is still to be collected and so cannot feed into this evaluation. In August 2020, the Social Security Scotland Satisfaction Survey was sent to over 165,000 people who had received a Social Security Scotland benefit, or reached decision stage on a benefit application. The survey collects equalities information as well as client experiences of receiving the relevant benefits and interacting with Social Security Scotland. Depending on response, this may contribute to outstanding data gaps in this area.

Findings

This section presents the findings of the evaluation in terms of the achievement of CAS against short-term and medium-term policy objectives. In doing so, it also highlights the likely contribution of CAS to wider long-term government outcomes for carers. It also discusses the policy implications identified through the qualitative research.

Achievement against short-term policy outcomes

This section assesses CAS against the following policy outcomes:

- Payments are made to as many eligible people as possible
- Carers feel that the process of receiving the benefit is user friendly and simple
- Carers understand why the payment was made
- Carers feel they have been treated with dignity and respect and have a positive experience of Scotland's social security system

It uses data from Official Statistics, Experience Panels research and the commissioned research.

Payments made to as many eligible people as possible

Since eligibility for CAS is reliant on receipt of Carer's Allowance, and the payment is automatic, the take-up is by definition 100%. However, this does not mean that all eligible carers in Scotland are receiving Carer's Allowance, and thus, CAS. The DWP do not produce estimates of take-up for Carer's Allowance and identifying the size of the eligible carer population, and then identifying those who do not claim within that, is particularly challenging due to the complexity of the eligibility criteria for Carer's Allowance. Though the Scottish Government has committed to promoting the take-up of Scottish benefits, similar challenges to estimating and measuring the take-up of the Scottish replacement to Carer's Allowance are likely to remain.

DWP runs a scan of the information they hold on those in payment of Carer's Allowance twice a year to identify those eligible for Carer's Allowance Supplement on each of the eligibility dates. Scans are run around six weeks after each CAS eligibility date. DWP then securely transfers the necessary data to Social Security Scotland to allow them to make CAS payments.

Summary statistics for Carer's Allowance at February 2020 and CAS at April eligibility date 2020 are summarised below¹⁹:

¹⁹ [Carer's Allowance at February 2020 and Carer's Allowance Supplement to April eligibility date 2020: statistics](#)

- Since September 2018, 401,575 CAS payments have been made to 105,795 carers, totalling £108.8 million.
- Of this, £34.9 million was for 2018/19 eligibility dates (£221 for each payment), £36.9 million was for 2019/20 eligibility dates (£226.20 for each payment), and £36.9 million was for the April 2020 eligibility date (including the standard CAS of £230.10 and a one-off Coronavirus Carer's Allowance Supplement of £230.10).
- 80,185 CAS payments have been made to carers who were eligible in April 2020 at the time of publishing. Further payments will be made to carers who receive backdated Carer's Allowance payments from DWP.
- Over two thirds of CAS payments made to those eligible in April 2020 were made to female carers (55,150 payments, 69 per cent), while 31 per cent of payments were made to male carers (24,985 payments).
- Overall the number of CAS payments made to those eligible in April 2020 increased with age band up to age 64, while relatively few payments were made to those aged 65 and over²⁰. Around four times as many CAS payments were made to carers aged over 50 (36,790 payments, 45.9 per cent), compared to those aged under 30 (8,990, 11.2 per cent). The average age of carers in receipt of CAS payments was 46. Only a small proportion of CAS payments were made to carers aged 65 and over (2,595 payments, 3.2 per cent) or under 18 (365 payments, less than one per cent).
- The local authorities with the greatest numbers of carers receiving CAS payments in April were Glasgow City (12,890, 16.1 per cent), North Lanarkshire (6,870, 8.6 per cent), Fife (6,115, 7.6 per cent), South Lanarkshire (5,715, 7.1 per cent) and City of Edinburgh (4,565, 5.7 per cent).
- At each eligibility date from October 2018 onwards, around 89-93% of carers receiving payments had also received a payment at the previous date, and around 7-11% had not received a payment at the previous date. Of those carers eligible in April 2020, the data currently shows that 93.3% (74,830) had received a payment for October 2019. This proportion is likely to decrease once backdated payments for this eligibility date are taken into account.

Carers feel that the process of receiving the benefit is user friendly and simple

There is no application process for CAS. Findings from the Experience Panels survey with 114 CAS recipients showed that most respondents, before receiving the letter confirming the CAS payment, knew that CAS was coming (89 per cent),

²⁰ Carers stop receiving Carer's Allowance and Carer's Allowance Supplement if they start receiving State Pension and this increases their income over a threshold amount.

with most finding out about it through social media, through other organisations, or through family or friends.

More than nine in ten respondents recalled receiving a letter from Social Security Scotland about CAS, and of them, the majority of them found the letter to be very helpful/helpful. Among those who found the letter to be very helpful/helpful they found the letter to be “clear” and “easy to understand”.

Respondents were asked if they had received the payment when they had expected to, after receiving the letter. Nearly nine in ten respondents had, while over one in ten said they did not or could not remember.

Respondents were asked if they had any questions about Carer’s Allowance Supplement which were not answered by the letter. Among those who did, questions were about the possible effects of CAS on other benefits²¹, and the date it would be paid.

A number of respondents described positive experiences of receiving the Carer’s Allowance Supplement letter. Reasons included feeling appreciated and that the letter gave the necessary information.

A few described less positive experiences and highlighted a number of areas where they felt the letter could be improved. This included providing clearer information about the exact dates the Supplement would be paid and that the letter should have arrived before the payment, which was what was intended.

Carers understand why the payment was made

The commissioned qualitative research found that awareness of the existence of CAS was very high. Generally, carers were aware of having received the payment, knew roughly when they had last received it, and had a very good idea of the amount. Carers had typically first heard about the Supplement by letter. With exceptions, participants knew that CAS was paid by the Scottish Government.

Overall, levels of awareness about the purpose of CAS were mixed. Carers were generally able to name at least one objective of the policy, but some participants sometimes had to make a guess and tended to be a little unsure.

Carers feel they have been treated with dignity and respect and have a positive experience of Scotland’s social security system

These outcomes relate to carer experience of Scotland’s social security system. Research findings from the Experience Panel research and commissioned research suggested that the letter communicating CAS payments had been helpful, that carers felt appreciated when receiving it, and that it went some way to making them feel valued by the Scottish Government.

However, much of the data on carer experience of the Social Security system and of Social Security Scotland is still being collected which, once published, should

²¹ CAS has a negligible impact on other benefits explained [here](#)

provide further evidence as to how carers have experienced Scotland's social security system. That said, as CAS is not a benefit which carers apply for, we can expect the delivery process for CAS to be a less determining feature in achieving its policy outcomes than with other Scottish benefits.

Achievement against medium-term policy outcomes

This section assesses CAS against the following policy outcomes:

- Carers feel CAS has had a positive impact on their finances
- Carers feel CAS has had a positive impact on their quality of life (including physical health, mental health and wellbeing and feelings of control and empowerment)
- Carers feel recognised for the role they provide

This section is largely informed by the qualitative research with some evidence from the Experience Panels research. The full qualitative research report from Ipsos MORI can be found in Annex A.

Impact on carer finances

Experience Panels survey findings with 114 CAS recipients showed that the payment had impacted positively on carers' feelings of financial ease - with many respondents reporting that the money had paid for necessities they had needed but could not afford. Respondents mentioned specific items such as wheelchairs, medical essentials, debts, heating for the winter, and household repairs. However, some also reported spending it on Christmas costs or saving it for emergencies.

In terms of the commissioned research, typically, carers liked the current payment schedule (two lump sums per year) as it meant they could spend on bigger things and felt they had more to show for it. Participants used payments in various ways, including spending on Christmas, on general household needs, on home improvements, or on trips and other treats. There was no clear pattern in terms of participants' financial position and how they chose to use the payment.

Carers who were struggling the most financially felt the biggest financial impact – whether they had spent it on treats or trips away, which they would not have otherwise been able to have, or whether they had spent it on essential household expenses, which they would otherwise have struggled to pay for. Carers who were financially comfortable but had spent it on treats also felt a benefit, as they were unlikely to have had those enjoyable experiences without the payment. The least impact was felt by carers who had spent it on general household needs but who already had enough money to pay for these things.

While carers were grateful for the payment and could identify positive impacts, they tended to say that the payment had not helped their day-to-day finances – they felt they only benefitted during the months that CAS arrived. This was the case regardless of their financial circumstances.

Impact on carer quality of life

The Experience Panels survey showed that carers felt that receiving the letter and CAS payment had more of an impact on their mental wellbeing and health rather than their finances. That said, respondents reported how increased financial ease reduced their stress levels which then resulted in increased mental wellbeing.

In general, carers interviewed in the commissioned research reported that their mental health was poor or variable, and had been negatively impacted by their caring responsibilities. Issues commonly raised included the physical and emotional toil of round-the-clock care; anxieties about the health and wellbeing of the person they care for; worries about finances; isolation; and not being able to undertake paid work.

Typically, CAS had helped improve their mental health and wellbeing a little. It had a positive impact on relieving money worries around the months carers received the payment, and had given them “a wee lift”.

In some exceptional cases, its impact on mental health and wellbeing had been transformative. This was in cases where it had enabled carers in great financial difficulty to pay off debts or where it had been used towards a trip away when carers felt they were close to breaking point.

There were mixed views on the impact of CAS on carers’ sense of control and empowerment. It had made the biggest difference to those who were struggling the most financially by helping them to feel more on top of their finances and more prepared for upcoming expenses. Others thought it had made little difference overall.

CAS had generally not had a big impact on carers’ physical health. However, there were a few examples of it being used to support physical health including buying healthier food, affording more heating in winter, facilitating exercise and hobbies, or enabling the purchase of back and knee support items.

Impact on carer feelings of recognition

Overwhelmingly, the feeling among carers interviewed during the qualitative research was that the general public have very little awareness of the work they do and therefore the role is not valued by wider society. Carers thought the public were:

- not aware of the societal contribution they make and how much money they save the Scottish Government in social care costs
- not aware of how much work is involved and how relentless it can often feel
- not aware of the stress and emotional toil that is often involved.

This lack of awareness was attributed to the fact that most caring work is unseen, ‘behind closed doors’ and not talked about enough. But, more fundamentally,

carers felt that it was impossible to understand what was involved unless you were in that situation yourself – and even their close family and friends did not fully appreciate it.

The consensus among participants was that CAS had not raised awareness or the profile of carers among the general public and had not made them feel more recognised or valued by society in general. However, there was a less common view that it may have raised the profile of carers a little – mainly through news stories at the time it was introduced.

The dominant view was that government did not generally recognise the role of carers. Where participants made distinctions between the UK Government and the Scottish Government, they tended to feel that the Scottish Government recognised carers more – and this was largely due to the provision of CAS.

CAS has therefore gone some way to making carers feel more recognised and valued by the Scottish Government. They thought the introduction of CAS:

- showed the government had thought about them
- felt like an acknowledgement and a ‘thank you’
- showed their work had value and was a recognition that the level of Carer’s Allowance was low

However, it was generally judged to have had ‘a little’ impact, rather than a big impact, on feelings of recognition and value – and, more exceptionally, there were respondents who had a view that it had made no difference.

Evidence of positive development against wider long-term outcomes for carers

This section will focus on the following wider government outcomes for carers:

- Carers feel supported to look after their own health and wellbeing
- Carers feel supported to improve their own quality of life
- Carers have an increased sense of control and empowerment over their lives
- Society recognises and values the role that carers fulfil

These outcomes relate to the way in which wider government support has impacted on the lives of carers. As outlined in the Methods section, it is difficult to evaluate the impact of CAS on these outcomes. Not only will these long-term outcomes take time to determine, but the contribution of CAS is difficult to measure and attribute given wider factors feeding in to achievement against these outcomes.

Financial assistance through the social security system is thought to be one way to contribute to achieving the above aims. Financial wellbeing can also be one indicator of the outcomes above (though is not the only indicator).

Data from the Scottish Household Survey was examined to see if there had been any change in household income between 2017 and 2019 amongst households with a recipient of Carer's Allowance in them. Though there had been some movement across the income bands, proportions have remained largely consistent over the years. It may be that combining multiple years data in the future will allow measurement of change with statistical certainty, however, no change will be able to be attributed to CAS.

The findings from the qualitative research indicated that CAS has impacted positively on carer finances and quality of life and that it has provided greater recognition of the essential societal contribution that carers make. It was clear from the research that carers appreciated the payments and thought they should continue. In exceptional cases, the research suggested that CAS had a transformative impact on carer mental health and wellbeing.

However, they also indicated that the impact of CAS against these wider outcomes may be necessarily modest given the amount of financial support the payment provided (around £450 per year), and given that other interventions, other than financial support, would be necessary in order to meet them in the longer term.

Implications of evaluation findings

The commissioned research findings acknowledge that CAS has gone some way to meeting its overall aims: to improve outcomes for carers by providing extra financial support and to provide greater recognition of the essential societal contribution that carers make. However it concluded that more significant impact on the wider governmental outcomes of improving carer quality of life and feelings of recognition would require different, additional actions to supplement financial support for carers and/or higher levels of financial support.

As part of the commissioned qualitative research, Ipsos MORI were asked to outline any implications that their research findings may have for future policy development. These are available in the full qualitative report in Annex A and are also outlined below.

The three considerations below relate to the wider government outcomes for carers and how these may be achieved in the long-term. Though relevant context to the research findings, these considerations do not relate to social security interventions generally, or CAS or Carer's Allowance specifically, but rather broader carer policy. Therefore, a discussion of these considerations has not been included in the main body of this evaluation report, but is available in Annex B, along with an outline of how wider governmental support for carers is designed to address some of these considerations.

1. It was suggested that improvements in quality of life and reducing the negative impacts of caring may require increased access to respite care. This would enable those carers who reported feeling the mental and physical stresses of providing round-the-clock care more frequent and regular breaks, and some opportunity to pursue other activities.

2. It was proposed that providing carers with advice and support on reducing the sense of isolation that respondents faced would also help in regard to improving carer quality of life. It was suggested that this might be achieved by taking advantage, of some of the initiatives and technological solutions that have been developed across the wider community during the COVID-19 crisis
3. It was also indicated that increasing recognition of the role of carers among the general public might also require a different approach. Suggestions from participants included carers talking more about the role – one said that they should ‘open up about it’ as people have done more recently with mental health issues – and increased representation on television and in the media.

Beyond the overall level of support for carers, the findings pointed to a further two issues which might be considered in the development of the Scottish replacement for Carer’s Allowance:

4. CAS was introduced as a temporary measure and its payment in two lump sums was a relatively simple and pragmatic way of delivering the payments. However, amongst those interviewed, there was a strong preference for this – rather than including it with the weekly CA payment – as carers felt it allowed them to spend on bigger expenses and they felt they subsequently had more to show for it. However, there were carers (among those who spent the payments on general, on-going expenses) who would have preferred more regular payments which would help them budget throughout the year.
5. The findings suggest that there are issues relating to the conditionality of the current Carer’s Allowance benefit. It effectively inhibits more than a small amount of part-time work which would be very beneficial for the wellbeing of some carers who would be able to undertake it. In particular, these carers felt work outside the home would provide a sense of identity outwith the caring role and help reduce their sense of isolation.

These considerations will be taken into account in developing policy for Scottish Carer’s Assistance, the replacement to Carer’s Allowance in Scotland.

Conclusion

The experiences of CAS recipients demonstrate that CAS has gone some way to meeting its overall aims: to improve outcomes for carers by providing extra financial support and to provide greater recognition of the essential societal contribution that carers make.

While CAS has positively impacted on carer finances, carer quality of life, and on carer feelings of recognition to some extent, it is accepted that more significant impact on the wider governmental outcomes of improving carer health and wellbeing, improving carer quality of life and increasing societal recognition in the long-term may require different actions to supplement financial support for carers and/or higher levels of financial support.

As the Scottish Government only receives funding from the UK Government to pay benefits at the level at which they are currently paid, funding for any changes which extend the eligibility criteria or increase the amount of the payment would need to be found from within the current Scottish budget. Accordingly, when making any decisions on the future of Carer's Allowance, the Scottish Government will need to take into account affordability and impacts on wider support for carers, including support which remains the responsibility of the UK Government.

However, the impact of CAS should not be considered in isolation and, as outlined above, many current or future Scottish Government initiatives are designed to address these considerations and contribute to delivering on the wider government outcomes for carers in time, and a discussion on this can be found in Annex B.

It is also worth bearing in mind that, while caring can be a rewarding and positive experience, it can also be extremely challenging. Even small improvements to carers' quality of life and their sense of being valued and recognised do matter. It was very clear from the research that carers appreciated the payments and thought they should continue. Although it was a more exceptional experience, the transformative impact that CAS has had for certain carers should not be overlooked.

The issues highlighted in this evaluation will be considered when developing social security for carers, particularly the Scottish replacement for Carer's Allowance, which will be developed to complement existing and planned interventions to support carers at a wider government level.

Annex A – Qualitative Research

The Annex: Qualitative Research to inform the Evaluation of Carer's Allowance Supplement (produced by Ipsos MORI) is available in PDF format.

Annex B - Implications of research findings for wider carer policy

As part of the commissioned qualitative research, Ipsos MORI were asked to outline any implications that their research findings may have for future policy development.

The considerations outlined below relate to the wider government outcomes for carers and how these may be achieved in the long-term. Though relevant context to the research findings these considerations do not relate to social security interventions generally, or CAS or Carer's Allowance specifically, but rather broader carer policy. Therefore, a discussion of these considerations has not been included in the main body of the evaluation report, but in this Annex instead.

For each consideration, current or future Scottish Government initiatives designed to extend support for carers have been outlined in order to show how these considerations may be addressed going forward.

It was suggested that improvements in quality of life and reducing the negative impacts of caring may require increased access to respite care. This would enable those carers who reported feeling the mental and physical stresses of providing round-the-clock care more frequent and regular breaks, and some opportunity to pursue other activities.

The Scottish Government understands that allowing carers time away from their caring role on a planned and regular basis is important to support them with their own health and wellbeing and increase resilience within the caring role.

Under the Carers (Scotland) Act, carers have a right to a personalised plan to identify what is important to them. This may include their wishes to have time away from their caring role. Carers also have the right to support to meet their eligible needs, and their local authorities must consider whether that support should include a break from caring. The 2020-21 budget contains an additional £11.6 million in the local government settlement for Carers Act implementation. This brings the total additional Scottish Government investment in local carer services since April 2018 to £39.5 million per year.

Additionally, since 2010, over £29 million has been provided for the voluntary-sector Short Breaks Fund, administered by Shared Care Scotland and Family Fund. We have committed another £3 million for 2020-21.

We realise that during the COVID-19 pandemic carers will be under increased pressure and finding it difficult to take a break. That is why we have allocated extra funding to the Family Fund's Take a Break Fund to support an additional 650 families with disabled children to take a break. In addition, the Cabinet Secretary for Health announced an extra £300,000 for young carer support during this year's Carers Week.

£100,000 of this funding has gone to Shared Care Scotland to extend the Time to Live fund, allowing more young carers to access a micro-grant to spend on something of their choosing which will help them to take a break. The remaining £200,000 was provided to Young Scot to add new e-vouchers and opportunities suitable for home use and physical distancing to their young carer package for 11-18 year olds.

We have also been working with partners to release guidance to support the reopening of day services and stand-alone residential respite. These services can now re-open following safe sign-off by local statutory bodies.

It was proposed that providing carers with advice and support on reducing the sense of isolation that respondents faced would also help in regard to improving carer quality of life. It was suggested that this might be achieved by taking advantage, of some of the initiatives and technological solutions that have been developed across the wider community during the COVID-19 crisis.

Under the Carers (Scotland) Act, local authorities have a duty to provide an information and advice service for all carers in their area. Local carer centres are often commissioned to provide this service for carers and are well placed to signpost them to support that is available to them to help meet their needs.

As many local carer centres have been unable to open during lockdown, the Scottish Government set up a £500,000 fund to support them to transition to remote working. This enabled services to purchase equipment and programmes that allowed them to support carers over the phone and online. This funding was accompanied by an offer of wrap-around support from Scottish Council for Voluntary Organisations (SCVO) so staff were properly trained in using the new technology.

We have also made sure that local services are aware of other relevant funds and digital opportunities, such as the Connecting Scotland scheme, which is administered at local level.

We will continue to work with carers and partners to understand how the learning from COVID-19 can be taken forward to ensure that carers are supported.

It was also indicated that increasing recognition of the role of carers among the general public might also require a different approach. Suggestions from participants included carers talking more about the role – one said that they should ‘open up about it’ as people have done more recently with mental health issues – and increased representation on television and in the media.

The Scottish Government has committed to a dedicated national marketing campaign to raise awareness of carers and caring, and to encourage them to seek support. The campaign is currently under development and will be launched in Autumn with TV ads, social media and press content. It is our hope that this

campaign will have broad reach, encourage carers to self-identify and seek support and also increase awareness of carer issues amongst the wider public.

Recognising that young carers often do not self-identify, we have also funded Young Scot to run a social media campaign aimed at this audience. This was launched during Carers Week and will run until Autumn. It seeks to increase self-identification amongst young carers and prompts them to sign up for support such as the Young Scot young carer package.

How to access background or source data

The data collected for this <social research publication>:

- are available in more detail through Scottish Neighbourhood Statistics
- are available via an alternative route <specify or delete this text>
- may be made available on request, subject to consideration of legal and ethical factors. Please contact social.research@gov.scot for further information.
- cannot be made available by Scottish Government for further analysis as Scottish Government is not the data controller.



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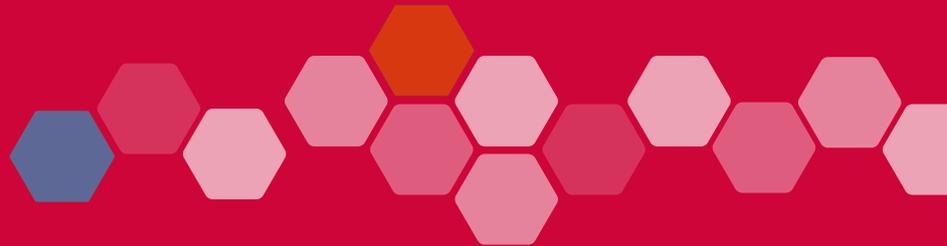
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