

Basic Income and Care

Exploring Basic Income in Scotland



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Exploring Basic Income in Scotland is a cross-disciplinary project, funded by Scottish Universities Insight Institute, that looked at the implications of a Basic Income for a variety of intersecting issues. The project was led by academics from the Heriot-Watt University, University of Edinburgh and Citizen's Basic Income Network Scotland (CBINS). It united policy makers, practitioners and academics to look at the intersection of a Basic Income with employment and entrepreneurship, housing, care and human rights and equality and the modelling, implementation and evaluation of the policy.



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INTRODUCTION

Care is a broad and ever changing role, part of any relationship but not easily quantified or defined. A widely recognised benefit of Basic Income is the unobtrusive provision of financial support for those fulfilling unpaid care roles. It is an uncomfortable thing requesting payment for providing a person with care, but if the provision of care hinders access to an income then it becomes a necessity. There are many moral ambiguities associated with applying a cost value to care. A Basic Income would not be a direct payment for the provision of care which means that on the one hand it would not directly acknowledge the work of unpaid carers, but on the other it would remove the need to allocate an hourly rate or cost value to care.

Carer's Allowance is the benefit designated to Carers and it requires several layers of criteria to be met. The cared for person must receive one of 6 benefits. The Carer must not earn more than £120 per week after deductions of Income Tax, National Insurance, half the contributions towards an occupational or personal pension and some of the costs of caring while engaged in work. All of the following must also apply for the Carer: aged 16 or over, spends 35 hours or more a week caring for one person, spent at least 2 of the last 3 years in England, Scotland or Wales, normally live in England, Scotland or Wales or live abroad as a member of the armed forces, not in full-time education, not studying for 21 hours a week or more and not subject to immigration control.¹ The 35 hours of care can include time spent physically helping the person, time spent 'keeping an eye' on the person and time spent doing practical tasks for them.²

Carer's Allowance is £64.60 a week, in Scotland Carers on Carer's Allowance also receive a Carers Allowance Supplement of £226.20 twice a year (£8.70 per week).

In this part of the project we explored the implications of a Basic Income for Carers in terms of experience, well-being and balancing care responsibilities with paid work. The following Background Paper written by Paul Spicker looks at UBI, Child Care and Unpaid Caring and was used to provide context to the discussion between academics, policymakers and practitioners during a facilitated workshop. The Workshop Report covers the outputs of the session.

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<https://www.carersuk.org/help-and-advice/financial-support/help-with-benefits/carers-allowance>

⚙️ *Basic Income Definition*

A Basic Income is a periodic cash payment unconditionally delivered to all on an individual basis, without means-test or work requirement.

That is, Basic Income has the following five characteristics:

Periodic: it is paid at regular intervals (for example every month), not as a one-off grant.

Cash payment: it is paid in an appropriate medium of exchange, allowing those who receive it to decide what they spend it on. It is not, therefore, paid either in kind (such as food or services) or in vouchers dedicated to a specific use.

Individual: it is paid on an individual basis—and not, for instance, to households.

Universal: it is paid to all, without means test.

Unconditional: it is paid without a requirement to work or to demonstrate willingness-to-work.

Source: Basic Income Earth Network

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UBI, Child Care and Unpaid Caring

by Paul Spicker

“Care” refers to a wide range of relationships and issues in society.

- 6.5 million adults act as carers for a person who is ill, older or disabled.
 - 1.3 million of those are over the age of 65.
- 8 million households are responsible for children.
- 6.1 million of those households are headed by couples,
 - 1.9 million by lone parents.
- It is likely that more than 40% of families also rely on grandparents for some child care.¹

The absolute figures are in some ways misleading, because even if they affect very large numbers of people, they present caring as if it were a static situation. Caring is a normal part of everyday life; most of us do it at some time. Carers UK suggest that every year, more than 2 million people become carers, and 2 million others cease to be. Three people in every five will be a carer for someone who is ill, disabled or older at some point in their lives.² That implies that, while there is a distinct case for offering some benefits to cover the points at which caring is liable to interrupt people’s income, many people will be engaged in caring roles and activity without relating it to changes in their economic situation. Discussions about ‘incentives’ are often distorted by a mechanistic assumption that if there is more or less money about, people will act differently. That may not be true.

Key Insights - Introduction

Three people in every five will be a carer for someone who is ill, disabled or older at some point in their lives.

Key Insights - Caring in the Life Cycle

It is noteworthy that falling or fluctuating income are experienced by some at every stage of the life cycle, most markedly by couples without children.

1 CARING IN THE LIFE CYCLE

People’s responsibilities for caring may have a direct impact on their incomes; that is true, for example, of the point at which there is a young child to care for, and the household loses one source of income as a result. However, most people’s income is not fixed over long periods. In general terms, young people tend to be on lowish incomes; when mothers have a young child, income flattens for a period; over time, the household income tends to increase; and in

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retirement, it tends to fall.³ That model supports the idea that there may be times and ages when it may be desirable to increase support: for example, a supplement for young people aged under 25, an extra payment for young children aged 0-4, or a supplement for pensioners.

This is however stated in very general terms. Rigg and Sefton examined panel data from the British Household Survey over ten years, 1991-2000, to construct a rather more detailed picture, shown in the following table.⁴ The table shows that people's experience of changes in income is not at all uniform.

There are differences between people at different stages of the life cycle, and much of the change charted in the table reflects people moving through the life-cycle, beginning in one category but moving to another. Life events, such as repartnering, divorce, sickness and retirement can have a large effect on people's position. Pensioners and older single people are the only groups which are more likely to be in the same position after five years than they are to experience change. It is noteworthy that falling or fluctuating income are experienced by some at every stage of the life cycle, most markedly by couples without children.

TRAJECTORY TYPES BY INITIAL LIFE STAGE

Life Stage	Proportion of individuals (%) experiencing different income trajectories over time						
	% of cases	Flat	Flat with blips	Rising	Falling	Fluctuating	Other
Children	20	17	24.7	21.8	9	14	13.4
Young and single	8.9	19.7	19.7	19.6	13.1	13	15.1
Single parent	2.1	13.6	22.7	24.2	9.7	15.9	13.8
Young couple no children	6.7	30.2	19.3	4.1	23.1	10.3	12.9
Couple with young children	10.9	23.3	26.7	12.5	13.2	10.6	13.8
Couple with older children	9.7	21.4	22.3	24.7	5.8	15.5	10.3
Older couple no children	16	20.1	21.8	3.6	26.1	15.6	12.9
Older and single	4.9	25.4	25.3	8	12.2	16.6	12.5
Pensioner couple	10.5	39.9	24.5	3.5	15.9	7.2	9
Single pensioner	10.3	34.7	29	5.8	10.6	8.7	11.1
All persons	100	24.3	23.8	12.6	14.3	12.6	12.5

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2 SUPPORT FOR CARERS

The main benefit dedicated to carers is the Carers Allowance. (There is an Attendance Allowance, and a care component in DLA and PIP; despite their names, these benefits go to people with disabilities, not to carers, and with the main exception of some people in residential care, they are not affected by people actually having or receiving care.) 759,000 people received Carers Allowance. A further 411,000 were told they had an underlying entitlement to CA but could not receive it because of another benefit they received. Most of those - 359,000 - were pensioners.

Another indirect benefit is Home Responsibility Protection, which fills in the gaps in a person's pensions record if they have been involved in caring.

Baker and Ryan, working in Ireland, suggest that a UBI would be superior to Carers Allowance, because it offers an income without having to undergo the tests that carers have to go through, and because it would be available directly when carers often face rapid transitions or calls for intensive short-term activity.⁵ Their assumption seems to be that Carers Allowance would be redundant because UBI will meet people's income needs. That assumption is questionable, for two reasons. The first is that carers' benefits, like many other benefits, are not just being granted to meet income needs. They have at least two other key functions: income smoothing, to ensure that people who engage in caring will be able to maintain their standard of living despite an interruption in their regular income, and recognition of the value of caring. Neither of those functions would be fulfilled by UBI, precisely because it is universal. The Green Party's proposals for UBI state that they will "keep the Carer's Allowance because in our view it is payment for work done rather than income replacement";⁶ the Reform Scotland proposal follows a similar path.⁷

⚙️ Key Insights - support for Carers

Carers' benefits, like many other benefits, are not just being granted to meet income needs. They have at least two other key functions: income smoothing and recognition of the value of caring.

3 GENDER, CARE AND UBI

Care is done more often by women than by men, but by comparison with some other aspects of gender inequality the balance is disproportionate rather than overwhelming. In couples, women are probably responsible for 60% more child care tasks than men, implying something an 8:5 split of responsibility. Women are responsible for 58% of the care of people who are ill, older or disabled, and men for 42%. Between the ages of 50 and 64, 1 in 4 women are carers, by comparison with 1 in 6 men. As couples get older, it becomes more common for a man to be caring for a woman; 59% of carers over 85 are men.⁸

The initial position is one where

- there is a gender pay gap: women tend to have lower incomes
- in two-income households, women consequently tend to have the lesser income;

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and

- where an economic decision has to be made, women are more likely to undertake caring activities than men.

There is some evidence too that current benefit systems push women to give up work when their husbands are unemployed,⁹ and a Basic Income could cancel that effect if it replaced conventional unemployment benefits. The Negative Income Tax experiments conducted in the USA suggested that while incentive effects for men were small, women were likely to reduce their engagement with the labour market to some degree.¹⁰ However, the relationship between care on women's participation in the labour market might reasonably be taken to reflect their family situation, not just a calculation based on relative rewards. Engagement in the labour market depends on a range of external factors that cannot be attributed solely to the decision of the individuals involved.

Robeyns reviews a range of arguments about potential effects of UBI on the position of women in the household. They might include:

- a revaluation of unpaid work and care
- a shift in the relative position of women within the household
- a psychological lift for women at home
- the potential loss of the social gains of engagement in work
- a potential decrease in long-term income and human capital, and
- a potentially negative effect on norms and expectations about women's role.¹¹

None of this can easily be confirmed. Predictions about what a Basic Income will do for care are speculative and sometimes contradictory. Bill Jordan has suggested that in a Basic Income scheme, "women would escape the role of full-time carers, in which the present benefit structure traps them."¹² Tony Fitzpatrick thinks that it may encourage men to work less and spend more time caring at home.¹³ Gheaus expresses concern that in the structure of contemporary society, the opposite will happen: women may opt more often to become full-time carers, in the process reinforcing social norms that are restrictive of women's freedom.¹⁴

Key Insights - Gender, Care and UBI

Predictions about what a Basic Income will do for care are speculative and sometimes contradictory.

It is conceivable that some people, given the possibility of spending more time in care, will prefer to be at home to being at work; equally it could be true that others, whose current incomes are conditional on not working above a certain number of hours, may wish to do more paid employment. If there are more significant effects, it is not self-evident that they will be detectable. For example, it is perfectly plausible

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to suggest that UBI might make it possible for some families to stay together, that it might also make it possible for others to break up, and that it might do both things at the same time. These hypotheses are difficult to examine, and more difficult still to verify. The problem with most economic analyses of this kind of issue is that they depend on identifying the influence of distinct variables, and that may not be methodologically valid. The methods are intended and designed, Pawson and Tilley argue, to strip away the influence of locality, culture and society, and that sort of thing might be exactly what we want to know about.¹⁵ Most previous examinations of the incentive effects of benefits have consequently been inconclusive, and there is no strong reason to suppose that this case will be different.

4 THE RIGHT TO RECEIVE CARE

All the issues considered up to this point have been concerned with people giving care rather than the people who receive it. There is also a view that people should have a right to be cared for.

The European Pillar of Social Rights, agreed by all the EU countries apart from the UK in 2017, declares that

 *Key Insights – The Right to Receive Care*
People should have a right to be cared for.

- “Children have the right to affordable early childhood education and care of good quality.”
- “Everyone has the right to timely access to affordable, preventive and curative health care of good quality.”
- “Everyone has the right to affordable long-term care services of good quality, in particular home-care and community-based services.”¹⁶

None of those issues is contradicted by UBI, but none of them is addressed by it either.

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Workshop Report: Basic Income and Care

by Cleo Goodman

INTRODUCTION

This session explored the impact of a Basic Income on the experience and well-being of Carers. Also how it could support the balance of care responsibilities and paid work. The speaker for the session was Lynn Williams who is a full time Carer for her husband with a particular interest in Carer's rights. The group identified the key issues faced by Carers and how these would interact with the implementation of a Basic Income, those attending the session, and the organisations they represent, all had relevant insights.

Who?	Why?
<p>North Ayrshire Council</p> <p>Local government of the unitary authority of North Ayrshire, one of 32 unitary authorities in Scotland</p>	<p>North Ayrshire Council is one of 4 councils involved in the work looking at the feasibility of a Basic Income experiment in Scotland. Local authorities in Scotland provide a range of public services, including, social care and economic development, therefore local government is a key partner in any work looking at a Basic Income in the Scottish context.</p>
<p>Improvement Service</p> <p>Help councils and their partners improve the health, quality of life and opportunities of people in Scotland through consultation and facilitation, learning and skills, performance management and improvement, and research.</p>	<p>The Improvement Service are assisting with the research being done into the feasibility of a Basic Income experiment in Scotland.</p>
<p>Paul Spicker</p> <p>Writer and commentator on social policy, Emeritus Professor of Public Policy Robert Gordon University</p>	<p>Paul has an in depth understanding of social policy that can be applied to the discussions about Basic Income. A critical sceptic of Basic Income and author of several of this project's background papers.</p>
<p>Annie Miller</p> <p>Economist and co-founder of Citizen's Income Trust and Citizen's Basic Income Network Scotland</p>	<p>Annie provides insight into the economic aspects of Basic Income and the global Basic Income movement and debate drawing from her experience looking at the topics over the last 30 years.</p>
<p>Glasgow Council</p> <p>Local government of the unitary authority of North Ayrshire, one of 32 unitary authorities in Scotland</p>	<p>Glasgow Council is one of 4 councils involved in the work looking at the feasibility of a Basic Income experiment in Scotland. Local authorities in Scotland provide a range of public services, including, social care and economic development, therefore local government is a key partner in any work looking at a Basic Income in the Scottish context.</p>

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<p>VOCAL Charity providing individual support, information, training and access to services to unpaid Carers in Edinburgh and Midlothian</p>	<p>Work with unpaid Carers across Edinburgh and Midlothian and have an in depth knowledge of the experience of unpaid Carers in these areas.</p>
<p>Care4Carers Voluntary Organisation that provide support services to carers</p>	<p>Care4Carers raise awareness of carers issues, provide a range of support and information services: respite breaks and short breaks, learning opportunities, signposting of carers and services, Strategic Planning and Consultation. They aim to reduce carer isolation and promote social inclusion.</p>
<p>Shared Care Scotland As one of seven National Carers Organisations</p>	<p>Shared Care Scotland aim to improve the quality and provision of short breaks in Scotland by offering services including events, publications and research reports, and an online directory of short break services. They also operate the Short Breaks Fund on behalf of Scottish Government, providing grants to third sector organisations that support unpaid carers to take a break.</p>

PROVISION OF CARE

The role of unpaid Carer is fulfilled by people from all corners of our society and it's said that 3 in 5 people in the UK will be a carer at some point in their life.¹ State services also play a significant role in care and the design of services that would interact with a Basic Income effectively was a topic of discussion during the workshop.

It was said that appropriate social care provision requires a thorough assessment of the needs of a community, and that this assessment should come before the allocation of services. The services mentioned included shared housing, adaptations to housing, support and childcare. The institutionalisation of people with additional care needs was said to play a role but there were concerns about the trend towards this as a default.

There was discussion of the significance of resourcing care. It was noted that people engage with unpaid care roles because they want to ensure a high standard of care is provided for a person. Social care services can be variable and this leads to them being untrusted, there is a difference in quality of care and experience of care when comparing support from a loved one with a salaried stranger. Self-directed support

Key Insights - Provision of Care

It was very clear that to alleviate the pressure on Carers robust social care services are required and that these should not be at a cost to either the cared for person or the carer.

It is crucial that social care services are not cut on the assumption that more people will move into caring roles when in receipt of a Basic Income.

operates through an allowance that can be spent on various care services. There is some disparity between the theory behind the increase in choice that underpins self-directed support and the delivery of the options. It was said that services were being commodified in order to enable their delivery but the cost at which they are procured impacts the quality of the service. It was noted that in resourcing services decent pay, good training and flexible, user-led care were key.

It was very clear that to alleviate the pressure on Carers robust social care services are required and that these should not be at a cost to either the cared for person or the carer. For the policy to function it is crucial that social care services are not cut on the assumption that more people will move into caring roles when in receipt of a Basic Income. It was noted a Basic Income may lead to a stigma associated with those who do not choose to leave work to enter a caring role. There are already an abundance of people in unpaid caring roles and it was said that a Basic Income should go part way towards recognising and supporting this rather than increasing the pressure to engage with unpaid care.

THE FINANCES OF A CARER

Carer's Allowance is the benefit that people in unpaid caring roles for more than 35 hours a week are entitled to. Carer's Allowance is withdrawn if the cared for person goes into hospital or any other institution, which can leave the Carer without any income for this period. It is withdrawn 8 weeks after the cared for person dies, after this there is no specific support for carers regardless of how long they have been in the role. It was noted how much of an impact this can have on a person, emotionally and financially. Carers may not have engaged with employment for significant periods of time which can make finding a job a difficult and lengthy process. Despite this they are only eligible for standard financial support. Carer's Allowance is also withdrawn if a Carer earns more than £120 per week. This leads to significant complexity for Carers engaging with employment and self-employment, often leaving them financially worse off as a direct result of earning more income through paid work.

As a Basic Income is not conditional, it would not be reduced by the amount earned through paid work or the hours of care provided, so the issues related to means-testing would not occur. A Basic Income would also remove the need for the ongoing assessment of care provision which was said to be experienced as invasive and unpleasant for both Carers and the people they care for.

The group considered how a Basic Income would interact with unpaid care. When discussing what Carers may use a Basic Income for transport was mentioned, as was covering general expenses for the household and the cared for person and an increased ability to allocate money to themselves. The positive psychological impact of the financial security of a Basic Income was noted. It was also said that a Basic Income would lead to more parity between groups of Carers, particularly with regards to age as older Carers don't tend to receive as many benefits.

Key Insights - The Finances of a Carer

The positive psychological impact of the financial security of a Basic Income was noted.

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THE COST OF CARING & CARERS' CONCERNS ABOUT BASIC INCOME

The speaker for the session was Lynn Williams who is a full time Carer for her husband. Lynn started with a look at care in Scotland saying that unpaid Carers are the golden thread that holds together disjointed services. She noted that few people are untouched by unpaid care but despite that there is little political interest in the challenges faced by Carers and the deficiencies they point to in the social care system. Lynn spoke of the stigma Carers experience, finding that people are reluctant and adverse to benefits being given to Carers despite the money saved due to unpaid care work and the moral costs of relying on it.

Lynn spoke on the dependence on unpaid care saying that it is not an acceptable way of plugging gaps in social care services. She said that these gaps and further cuts were having an increasingly negative impact on Carers, but despite this they continue to provide care. Recently two Integrated Joint Boards recommended an increase in care provision by families, Lynn said this was met with incredulity from the Carer community.

The costs of caring were a focus of the talk, noting the loss of talent, experience and numbers from the labour force due to a move away from employment by Carers, which is in part driven by the £120 per week income cap of Carer's Allowance. She suggested that it makes good business sense to provide better support for Carers to enable them to engage with employment. There are also significant costs to the individual: 72% of Carers experience mental ill health and 61% physical ill health as a result of caring. 1 in 7 Carers received less support as a result of reductions in local services.² Lynn also shared that Carer poverty is a current reality. Many Carers are dependent entirely on Carer's Allowance and the financial support the person they care for receives as they are not entitled to any other benefits and cannot work alongside their caring responsibilities. Carer's Allowance is known to be used to supplement household income or pay for support services and transport, that previously have been subsidised by local authorities. Lynn cited this and the enormous stress experienced when engaging with complex, bureaucratic benefit systems as the reason she believes a Basic Income's time has come.

Lynn said that a Basic Income would benefit Carers because it is universal, unconditional and secure, which is what the wider welfare state no longer reflects. She said it would also represent a move away from considering work as the be all and end all which belies the contribution of those who cannot take up paid work, including carers. Paid work is considered a route out of poverty but this does not reflect the experience of those on means-tested benefits such as Carer's Allowance. Lynn also said that the conversation surrounding Basic Income stimulates real debate about how we support Carers.

Lynn brought up Basic Income on Twitter before the session, she is connected to Carers across the UK on the social media platform and brought some of the insights into the talk. It had been said that Basic Income would represent a move towards universality, the provision of adequate support and a strong safety net through the welfare state. One person had said "I'm so tired of the national narrative "unsung

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heroes” yet someone doing minimum wage work earns 4x more than me and has access to training and rights. Parity of esteem. If the work is worth, then pay us fairly”. Lynn said she felt that the security and hope of a Basic Income were significant in times of broken public services and a fragmented social security system. This kind of debate gives us a chance to ask: what do we value as a society?

A Basic Income could represent a simplification of the social security system but there are significant concerns regarding the interaction with benefits and the provision of public services. Lynn cited a quote from Carers UK’s The State of Caring report that explains why: “We are caught in a Catch 22 situation. I want to work but would lose £500 by working. This month I have less than £150 to feed 3 of us. I’m in despair.”² It was said that a Basic Income alone was not enough to address the widespread structural issues. The other concerns highlighted included the idea that more people would be encouraged into care by a Basic Income of a high enough level. Lynn said that the ability to make a choice to engage with care or not is crucial. The assessment of additional needs, including those of Carers and the people they care for, would need to be implemented carefully alongside a Basic Income. It was suggested that Carers should receive an additional element on top of a Basic Income to acknowledge care as work, but this would be associated with means-testing. There were also concerns about the security and longevity of a Basic Income policy due to political climate.

Key Insights - the costs of Caring and Carers’ Concerns about Basic Income

“We are caught in a Catch 22 situation. I want to work but would lose £500 by working. This month I have less than £150 to feed 3 of us. I’m in despair.”

“I’m so tired of the national narrative “unsung heroes” yet someone doing minimum wage work earns 4x more than me and has access to training and rights. Parity of esteem. If the work is worth, then pay us fairly”

CARERS AS AN EXPERIMENTAL GROUP

There was discussion of considering Carers as an experimental group for a Basic Income pilot. Often studies focus on geographic communities, but to test the impact on specific groups communities beyond proximity can be considered. The impact of a Basic Income on Carers could be assessed by using individuals in receipt of Carer’s Allowance as a sample group. However, some people providing unpaid care do not self-identify as Carers or interact with the system at all so they would be left out of the sample using this methodology. A study of existing carers would also provide very little information on critical incidents, factors that cannot be predicted or ethically induced are not easily studied through experiments such as Basic Income pilots.

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BASIC INCOME AND CARE SUMMARY

POTENTIAL BENEFITS

- Improved well-being of Carers due to a more secure financial situation
- Reduced financial dependency of Carers on the person they care for
- More parity between groups of Carers, some do not usually qualify for benefits
- The means-testing of Carer's Allowance causes challenges that an unconditional Basic Income would not
- Increased ability to choose to enter a caring role
- Acknowledgement of the contribution of Carers
- Encouragement of a shift towards less conditional and inaccessible public services
- Reduction of the stigma associated with Carers receiving benefits
- Increased ability for Carers to engage with employment

CONCERNS

- Stigmatisation of people who do not leave work to enter caring roles
- Expectation of people to enter caring roles
- Reduced public services
- Inadequate assessment of the additional needs of Carers and the people they care for
- Political uncertainty of a Basic Income policy
- Expectation of a Basic Income being spent on care services or the additional costs associated with care
- No recognition of care as additional work without an additional benefit for Carers
- Negative interaction of a Basic Income and other benefits leading to a reduction in total income
- The process of implementation leading to oversights for individuals

KEY QUESTIONS

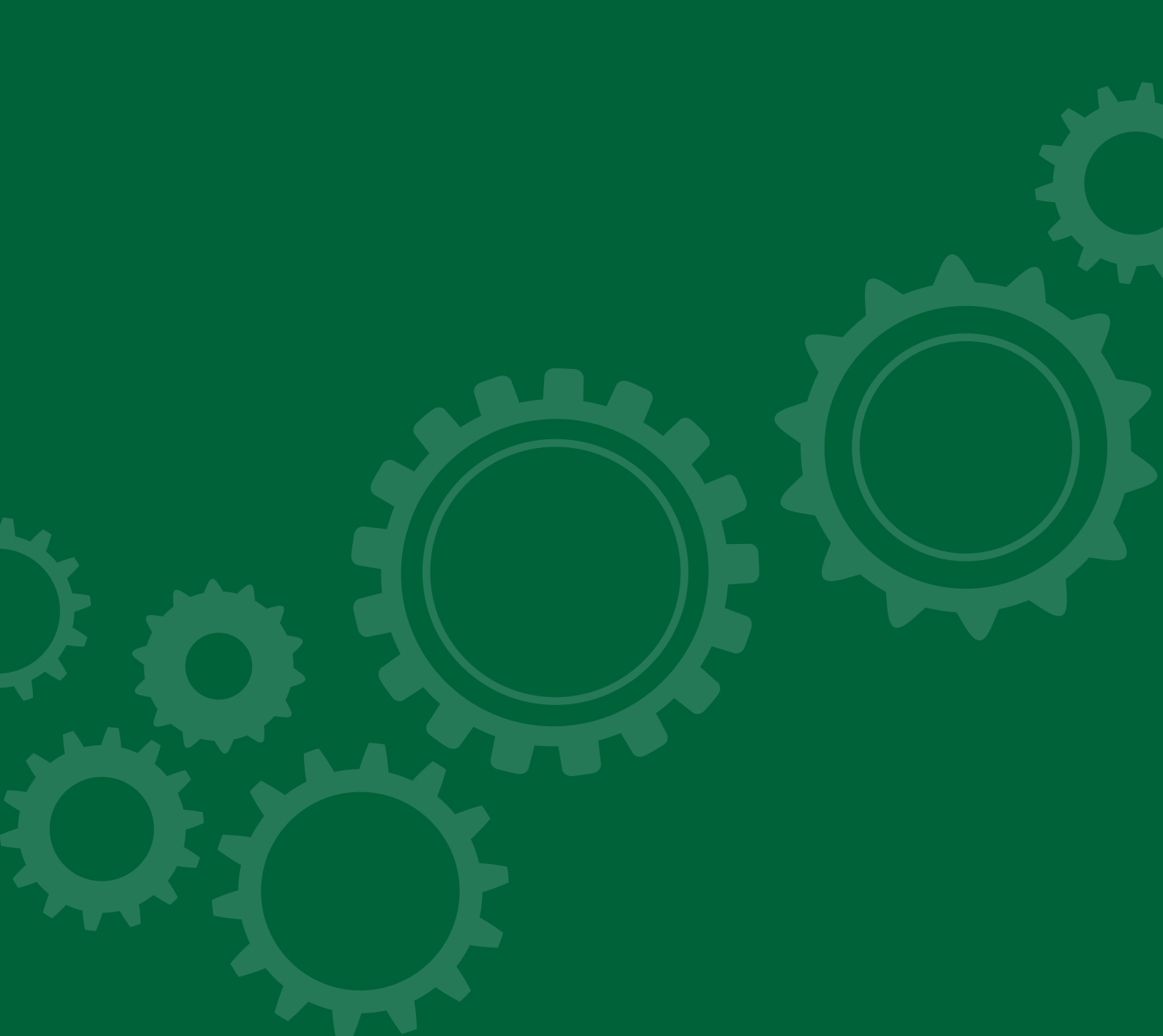
The answers to these questions can only be provided by long term analysis of the impacts of a full Basic Income. The questions consider outcomes that operate on different time scales, for some evidence could be collected on a short term basis during a Basic Income pilot, others are medium or long term outcomes that would require a longer duration of data collection to evidence. They are roughly in order of the time scale required for assessment but this depends heavily on the specific experimental criteria.

The Basic Income Steering Group facilitating the feasibility study in Scotland use the following categories for outcome timeframes: short term: 2-3 year pilot period, medium term: 4-10 year and longer term: 10-20 years.

- What would the impact of a Basic Income be on Carers' well-being?
 - Would Carers experience less stress?
 - Would Carers' mental health improve?
- What would the impact of a Basic Income be on the financial situation of Carers?
 - Would costs be covered in a Carer's household?
 - Would more money be allocated to Carers themselves?
 - Would the average income for a Carer increase?
- What would the impact of a Basic Income be on Carers' engagement with paid work?
 - Would more Carers engage with employment?
 - Would more Carers engage with self-employment?
- Would a Basic Income impact the amount of unpaid care provided?
 - Would more people enter caring roles?
 - Would the number of hours of unpaid care increase?
- Would a Basic Income lead to a shift in attitudes towards unpaid care?
 - Would Carers feel more valued?
 - Would people's perceptions of unpaid care change?
- Would a Basic Income lead to a change in attitudes concerning Carers receiving benefits?

All outputs from the project can be found at www.cbin.scot/resources/





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