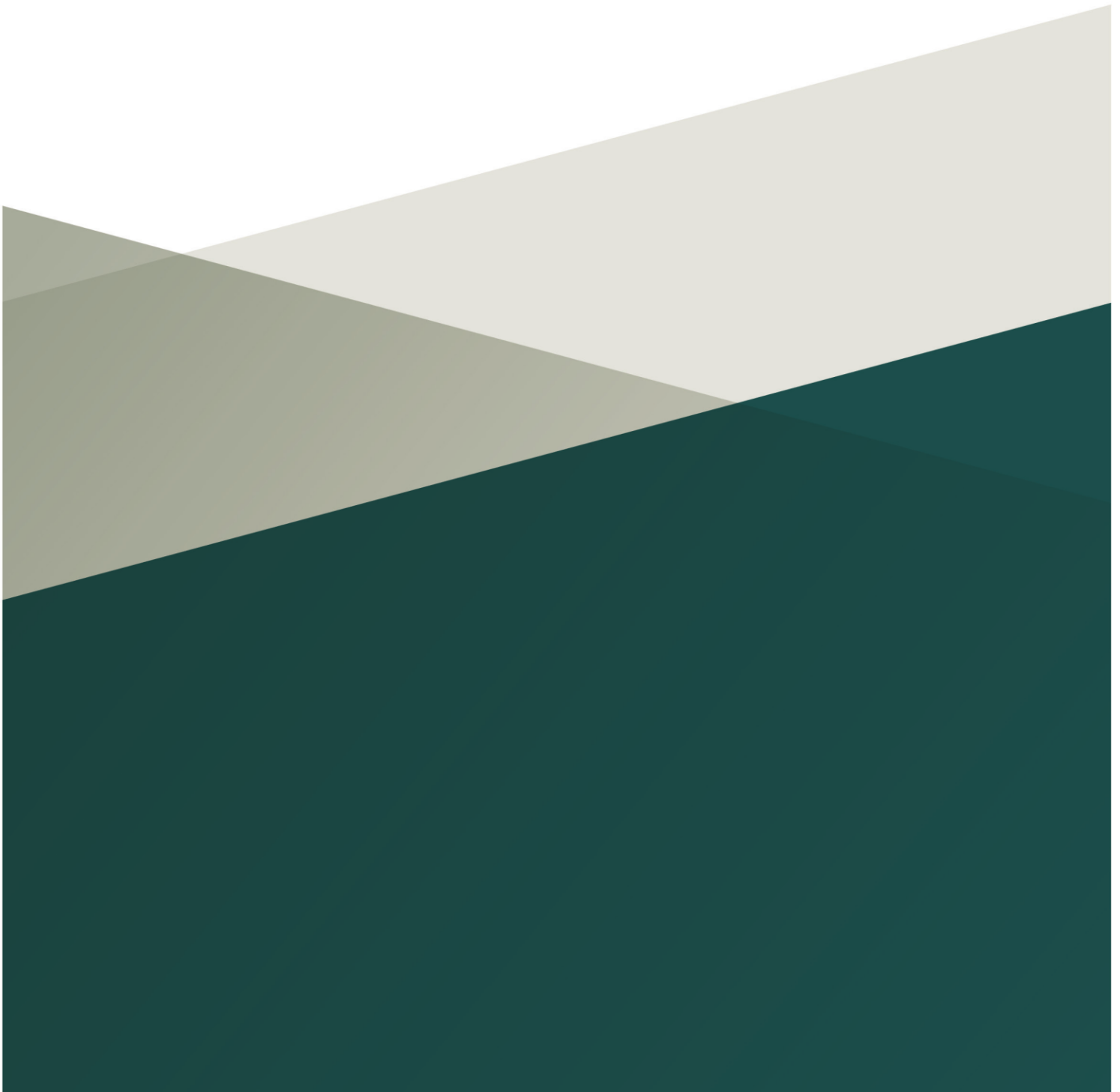An Roinn Gnóthaí Fostaíochta
agus Coimirce Sóisialaí
Department of Employment Affairs
and Social Protection

Carer's Allowance
Control Survey 2017/2018

Published 1st October 2018

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1.   Summary

The Department of Employment Affairs and Social Protection undertakes Control Surveys[1] to establish baseline suspected fraud and error levels for social welfare schemes, with a view to designing processes and control measures specifically targeted to minimise the level of future risk.

This survey was undertaken on the Carer's Allowance scheme. Carer's Allowance is a means-tested payment for people who provide full-time care and attention to another person (see section 2 for a detailed description).

For the survey, 600 randomly sampled claims in payment at the end of May 2017 were reviewed to assess recipients' compliance with the rules of the scheme (see section 3).

The estimated rate of error for the scheme as a whole was 6.7% of total expenditure, equivalent to €0.9 million of the €14.0 million weekly scheme expenditure in May 2017 (see Table 1 and section 4).

Table 1 – Estimated incorrect benefit as a percentage of Carer's Allowance expenditure and number of claims

Predominant category	Type of claim impact- % of Expenditure			
	Overpayment	Underpayment	Transfers to other schemes	Final incorrect benefit
Suspected Fraud	0.6%	0.0%	0.0%	0.6%
Customer Error	1.9%	-0.1%	-0.2%	1.6%
Official Error	5.8%	-0.3%	-0.9%	4.5%
Total	8.2%	-0.4%	-1.2%	6.7%
Percentage of claims	12.5%	1.9%	1.0%	14.3%

Source: DEASP. Figures may not add due to rounding.

A separate survey to assess the medical eligibility of the people cared for by 300 Carer's Allowance customers was also carried out, starting in April 2016. The estimated rate of Medical Ineligibility established by this survey was 2.0% of expenditure, equivalent to €0.2 million of the €12.1 million weekly scheme expenditure in April 2016 (see section 5).

An analysis of risk factors identified by the survey is presented along with the detailed survey results in section 4. Finally, in section 6, we set out a set of actions to be included in the revised control framework for the scheme. The control activities for the scheme are being revised to take into consideration the conclusions drawn from the survey results.

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[1] *These reports were formerly referred to as Fraud and Error Surveys. In light of discussions and recommendations by the Committee of Public Accounts, the Department agreed to consider alternative terminology for control-related work, including these surveys and reports.*

2.   Scheme characteristics

Overview

The National Carers Strategy[2] recognises that carers are essential to care provision in Ireland. The Strategy, together with other national strategies, forms an integral part of the Government's broader social inclusion agenda. Caring responsibilities impact on all aspects of a carer's life and may adversely affect a carer's financial situation.

Carer's Allowance

Carer's Allowance is a means-tested payment for people who are providing full-time required care and attention to one or more people. [3]. A "half-rate payment" can be made to carers already receiving certain other social welfare payments and those who qualify for an Increase for Qualified Adults (IQA)[4].

The personal rate of Carer's Allowance payable from 29 March 2018 is €214 per week[5].

Eligibility

Eligibility to Carer's Allowance is somewhat unique within the social welfare system in that it combines eligibility requirements from two distinct persons and factors relating to both means and medical incapacity and/or caring needs. The person being cared for and the person who has agreed to provide the care must both remain eligible for payments from the scheme to continuously receive the payments. The following sections outline the requirements.

Medical and Caring requirements

The person requiring care must be considered so incapacitated as to require continual supervision and frequent assistance. This must be supported by a medical report to establish the level of incapacity and care needs.

Children up to the age of 16 requiring care are also eligible once their carer is receiving a Domiciliary Care Allowance payment from the Department.

This caring requirement continues to be met for a period of 13 weeks if the caree is undergoing medical or other treatment and for 12 weeks following the ending of the caring responsibility.

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[2] *https://health.gov.ie/wp-content/uploads/2016/02/National-Carers-Strategy.pdf.*

[3] *See Part 3, Chapter 8 Social Welfare (Consolidation) Act 2005, as amended, and Part 3, Chapter 4 of the Social Welfare (Consolidated Claims, Payments and Control) Regulations 2007, as amended, for principal legislative provisions.*

[4] *This includes those who have a claim for an eligible social welfare payment pending.*

[5] *For payment rates see http://www.welfare.ie/en/Pages/1084_Illness-disability-and-caring.aspx.*

Carer requirements

The carer must provide full-time care and attention and is limited to engaging in employment, self-employment, training or education to not more than 15 hours per week. They must be living with or in close proximity to the person requiring care. Similar to other schemes, the carer must be aged 18 or older and must be habitually resident in the State.

Means and related requirements

Carer's Allowance is a means tested payment. A gross weekly income threshold of €332.50 (single) or €665.00 (couple) is applied in determining means. All means of the carer and their spouse or partner, including social welfare payments (if applicable), are considered.

Profile of the scheme at June 2018

Some 84,542 people requiring care were being supported by carers receiving Carer's Allowance at the end of June 2018. The number of carers receiving Carer's Allowance was 77,384 (43,342 (56%) were paid at full rate and 34,042 (44%) were paid at half-rate).

Overall, 44% of all carers were in receipt of half-rate Carer's Allowance. These carers were either in receipt of a primary social welfare payment in their own right or their spouse or partner was receiving a qualified adult payment for the carer on another primary payment.

Some 80% of carers were aged between 18 and 65 years. Over 64% were either married or cohabiting with a partner and 56% received the full rate allowance. Three quarters of carers were female (59,144). There were 18,240 male carers.

Table 2 - Carer's Allowance – Age and Gender Profile of Carers

	Number of people by gender			Percentage of total by gender		
Age	*Female*	*Male*	*Total*	*Female*	*Male*	*Total*
Under 20	55	19	74	0.1%	0.1%	0.1%
20 to 29	2,668	581	3,249	4.5%	3.2%	4.2%
30 to 39	11,236	1,704	12,940	19.0%	9.3%	16.7%
40 to 49	16,164	4,094	20,258	27.3%	22.4%	26.2%
50 to 59	13,502	4,978	18,480	22.8%	27.3%	23.9%
60 to 69	9,000	3,728	12,728	15.2%	20.4%	16.4%
70 to 79	5,357	2,451	7,808	9.1%	13.4%	10.1%
80 and over	1,162	685	1,847	2.0%	3.8%	2.4%
Total	59,144	18,240	77,384	100.0%	100.0%	100.0%

Source: DEASP, June 2018

Of the 84,542 people being cared for by these carers, 25% were aged 15 and under, 37% were between 16 and 65 and 38% were aged 66 and over as of June 2018.

3. Survey methodology

Survey principles

The Statistics and Business Intelligence Unit of the Department, a part of the Irish Statistical System, oversees the design, sample selection, analysis and reporting of the Department's Control Surveys. The Chief Statistician ensures that these statistics are produced in an objective, transparent and independent manner, in line with the requirements of the Irish Statistical System Code of Practice[6].

The Department, in agreement with the Comptroller & Auditor General (C&AG), applies the following principles to the design and implementation of these surveys:

- All cases for inclusion in the survey must be selected randomly from the population of cases in payment at a specific time;

- The sample size must be sufficiently large to yield reasonably reliable estimates;

- The reviews should be carried out as promptly as possible;

- Cases should be tested fully for all possible breaches of regulations;

- The monetary values of any changes as a result of the review, together with the monetary value of the sample, should be captured so that the results can be extrapolated to draw conclusions about the estimated value of the loss; and

- The results of the survey should be capable of being audited.

General approach

For every survey, a **stratified random sample** is created from the population to be surveyed (the population is the total number of scheme recipients on a given date).

A **benefit correctness assessment** is then completed for all sample cases. This requires assessing sufficient information to determine the *base payment rate* and *assessed payment rate* for each customer in the sample. This involves a desk assessment by a Deciding Officer or equivalent, and typically also requires an in-person customer inspection by a Social Welfare Inspector (SWI).

- The base payment rate is the customer's weekly payment rate in the last week of payment before the customer is first contacted by the Department for the purposes of the survey[7].

- The assessed payment rate is the correct weekly payment rate as established by the benefit correctness assessment.

Claim decisions are reviewed by a Departmental expert group, chaired by the Department's Chief Statistician and including representatives of the Control Division and the scheme area, before arriving at a final categorisation. This report and the data underpinning the analysis is made available to the C&AG. The C&AG may subsequently inspect a sub-sample of the

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[6] *http://www.isscop.ie/codeofpractice/*

[7] *For the purposes of the control survey, if it is not possible or necessary to contact the customer – for example, where a customer has very recently been inspected, or where the customer has died - the relevant week for establishing the base payment rate is the week before the desk assessment of that claim.*

survey sample cases to verify the quality of the results and test the application of the methodology.

Sample selection

For this survey, the Statistics and Business Intelligence Unit selected a representative stratified random sample of 600 cases from the 72,915 Carer's Allowance claims in payment at end-May 2017. The sample was stratified by age group, sex, county of residence, marital status, and primary social benefit (that is, the sample is representative of the wider population both between carers receiving full-rate and half-rate Carer's Allowance payments (350 and 250 respectively), as well as between the types of primary benefit received by those receiving half-rate Carer's Allowance). This sample size was chosen in order to strike a right balance between the statistical power of the survey and the resource-intensive nature of the work by Social Welfare Inspectors and Deciding Officers required for determining the correct benefit entitlements of the selected carers.

Separate survey of Medical Eligibility

In addition to the above, a separate random sample of 300 carers was selected from the 64,196 Carer's Allowance claims in payment on 14th April 2016. This sample was also stratified by the carer's age group, gender, county of residence, marital status, and primary social benefit (as above). The 300 carers in the sample cared for 323 individuals at the date the sample was taken. Medical assessments were then carried out for each of the 323 carees of the sampled carers – the outcomes are reported in section 5.

Reporting metrics

The reporting metrics outlined here are based on the decisions taken on each case, according to the survey procedures outlined above.

Correct versus Incorrect Benefit

The primary categorisation for each case is between *Correct* and *Incorrect benefit*.

- **Benefit Correct**: In these cases, no evidence was found that any conditions for receipt of benefit, or the rate of benefit in payment, were not correct. Included in this category are cases which continue in payment at the original rate, as well as cases where the claim closed or was due to close at the time the case was reviewed, but the benefit was previously correct and the closure of the claim does not relate to the fact that the case was reviewed.

- **Incorrect Benefit**: One or more conditions for receipt of benefit, or the rate of benefit in payment, are not being met, such that a revised decision has been made, or should in principle be made, leading to a change in the payment rate for this customer or the termination of the claim.

Outcomes by type: overpayment, underpayment, transfers and final outcome

The primary outcome measure is the *final outcome*, as this best reflects the financial impact on the Department of a customer's overall benefit entitlement. This metric comprises overpayment, underpayment and transfer impacts as follows:

- **Overpayment**: the base payment rate is *higher* than the assessed payment rate – that is, the customer was previously receiving *too high a rate of benefit* each week.

- **Underpayment**: the base payment rate is *lower* than the assessed payment rate – that is, the customer was previously receiving *too low a rate of benefit* each week.

- **Transfers**: Incorrect benefit claims where the customer subsequently established an entitlement to another benefit.

- **Final outcome:** The results of overpayments, underpayments and transfers[8].

Categorisation of error cases

Cases with error outcomes may be broken down by *incorrect benefit category*. The principal categories are Suspected Fraud[9], Customer Error and Official Error, though these may be broken down further as shown in Table 6, section 4 below.

It is possible for Suspected Fraud or Customer Error and Official Error to be present on a given case – for example, where a customer has failed to report a change in means but there was an unreasonable delay on the part of the Department in reviewing the case and reflecting the change in means in the rate of payment.

Where more than one type of incorrect benefit is detected, the *predominant category* is assigned according to the following hierarchy:

- Suspected fraud by the customer;

- Official error; and

- Customer error.

That is, any case which shows evidence of Suspected Fraud *and* Official Error is recorded with a predominant category of Suspected Fraud, while any case which shows evidence of both Official Error and Customer Error is recorded with a predominant category of Official Error.

Outcome metrics: expenditure impact and cases affected

The headline outcome metric is the total **expenditure impact** of *incorrect benefit* cases on a *final outcome* basis.

Results are also presented in terms of the proportion of **cases** where the benefit paid was incorrect.

Expenditure impact

Overpayment cases *increase* the overall expenditure impact of incorrect benefit payments, whereas underpayment cases *decrease* it. The expenditure impact can be expressed in two ways:

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[8] *Transferred claims are still claims where an incorrect benefit was originally assessed, so that transfers reduce the expenditure cost to the Department of incorrect benefit expenditure, but do not reduce the number of cases affected.*

[9] *In previous surveys this category was referred to as "Customer Fraud". The description has been amended on foot of the recommendation of the Committee of Public Accounts. It has been applied to cases only where a deciding officer is satisfied that there is sufficient evidence that the person deliberately provided false or misleading information or concealed relevant information in relation to their claim.*

- The ***percentage expenditure impact*** is the total net change in payment rates in a given category detected in the survey, divided by the total of all base payment rates of the customers in the survey sample.

- The ***monetary expenditure impact*** is the percentage expenditure impact multiplied by the total scheme expenditure for a given period (a week).

As well as the overall result, results according to the *expenditure impact* metric are also presented for every sub-category of incorrect benefit payment.

Cases affected

Both overpayment and underpayment cases count towards the number of cases affected metric for overall incorrect benefit payments. The metric may be presented either as a number or as a proportion:

- The ***number of cases affected*** is a count of all incorrect benefit cases in a given category[10].

- The **proportion of cases affected** is the number of cases affected divided by the sample size.

Results according to the cases affected metric are also presented for every sub-category of incorrect benefit. Transferred claims are still claims where an incorrect benefit was originally assessed, so that transfers reduce the expenditure cost to the Department of incorrect benefit expenditure, but do not reduce the number of cases affected.

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[10] This count is reweighted where necessary if differential sampling rates have been used.

4.   Survey results

Review outcomes were established for all 600 cases in the sample and the results of this exercise are detailed in this section. Bootstrapped 95% confidence intervals for the results are shown graphically for each outcome metric.

Incorrect benefit by type and category: expenditure impact

Figure 1 - Incorrect benefit by type and percentage of expenditure, with 95% confidence intervals
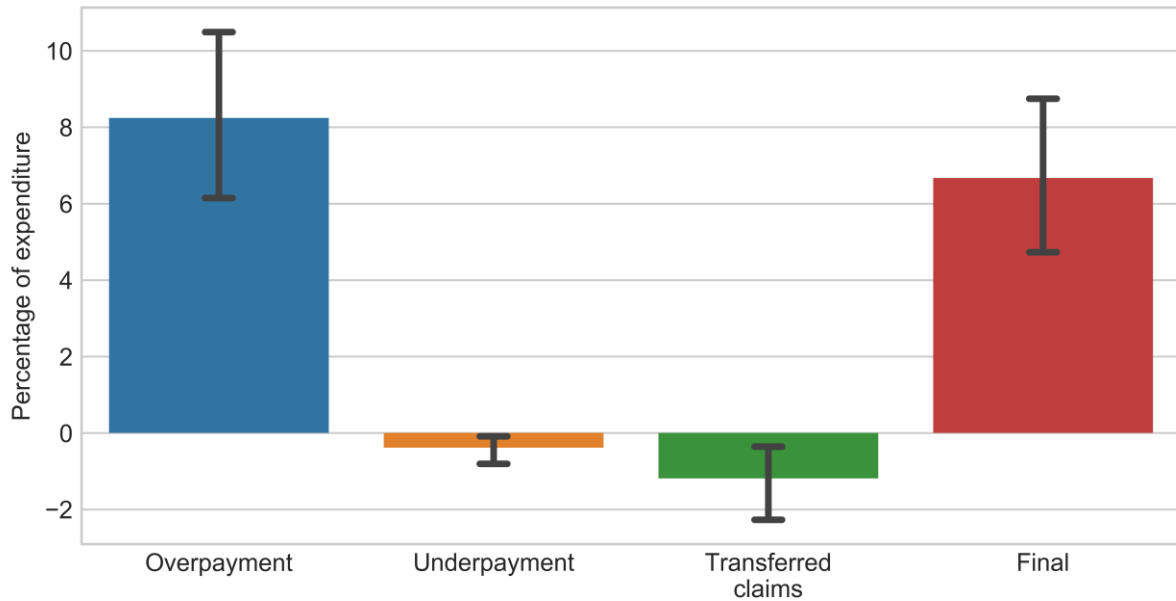
Incorrect benefit by type, with 95% confidence intervals

Source: DEASP.

*Table 3 - Incorrect benefit by type and predominant category (**percentage of expenditure** affected)*

Predominant category	Type of claim impact (percentage of expenditure)			
	Overpayment	Underpayment	Transfers to other schemes	Final incorrect benefit
Suspected Fraud	0.6%	0.0%	0.0%	0.6%
Customer Error	1.9%	-0.1%	-0.2%	1.6%
Official Error	5.8%	-0.3%	-0.9%	4.5%
Total	8.2%	-0.4%	-1.2%	6.7%

Source: DEASP. Figures may not add due to rounding.

*Table 4 – Incorrect benefit by type, and predominant category (**weekly** monetary impact (€m), May 2017)*

Predominant category	Type of claim impact (weekly monetary impact, €m)			
	Overpayment	Underpayment	Transfers to other schemes	Final incorrect benefit
Suspected Fraud	€0.1m	€0.0m	€0.0m	€0.1m
Customer Error	€0.3m	-€0.0m	-€0.0m	€0.2m
Official Error	€0.8m	-€0.0m	-€0.1m	€0.6m
Total	€1.2m	-€0.1m	-€0.2m	€0.9m

Source: DEASP. Figures may not add due to rounding.

## Incorrect benefit by type and category: cases affected

In this section, 'Final' is the sum of Overpayment and Underpayment cases. Transferred claims are still claims where an incorrect benefit was originally assessed, so that transfers reduce the expenditure cost to the Department of incorrect benefit expenditure, but do not reduce the number of cases affected.

*Table 5 – Percentage of incorrect benefit cases by type and category **Percentage** of cases affected*

Predominant category	Type of claim impact - percentage of cases affected			
	Overpayment	Underpayment	Transfers to other schemes	Final incorrect benefit
Suspected Fraud	0.5%	0.0%	0.0%	0.5%
Customer Error	4.3%	0.7%	0.2%	5.0%
Official Error	7.7%	1.2%	0.8%	8.8%
Total	12.5%	1.9%	1.0%	14.3%

Source: DEASP. Figures may not add due to rounding.

Figure 2 – Cases of incorrect benefit by type, with 95% confidence intervals
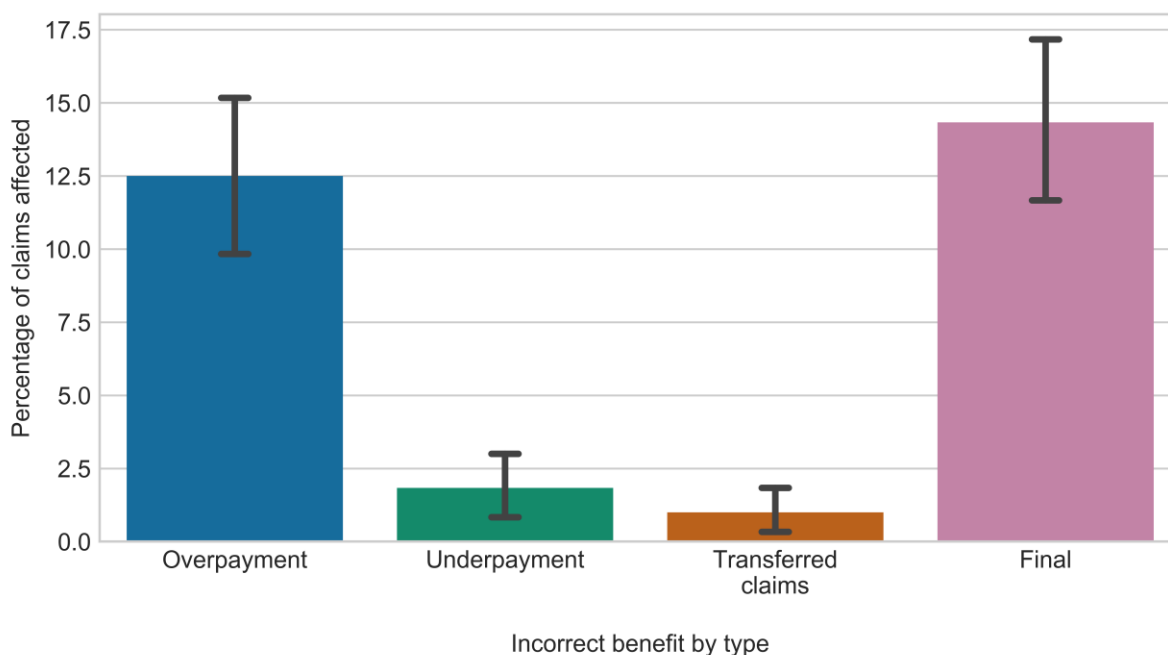
Source: DEASP.
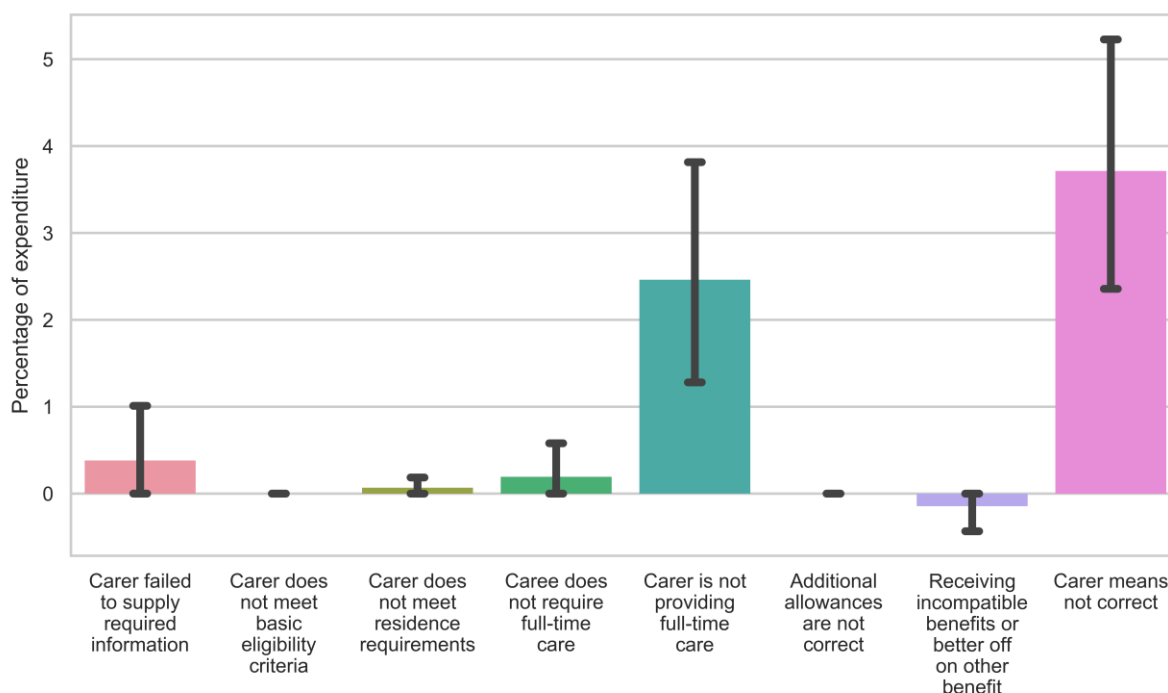
Outcomes by incorrect eligibility component

In this section, an analysis of the value and number of claims by the benefit eligibility component affected is presented.

Table 6 - Case outcomes by number, category, and eligibility component affected

Detail	Number of cases	Percentage
All cases	**600**	**100%**
Benefit Correct	**514**	**85.7%**
Incorrect Benefit	**86**	**14.3%**
All Incorrect Benefit Cases	**86**	**14.3%**
Carer failed to supply required information	2	0.3%
Carer does not meet residence requirements	2	0.3%
Caree does not require full-time care	1	0.2%
Carer is not providing full-time care	22	3.7%
Interaction with other benefits not correct	1	0.2%
Carer means incorrect	58	9.6%
Of which		
Suspected Fraud cases	**3**	**0.5%**
Carer failed to supply required information	2	0.3%
Carer does not meet basic eligibility criteria	0	0.0%
Carer does not meet residence requirements	0	0.0%
Caree does not require full-time care	0	0.0%
Carer is not providing full-time care	1	0.2%
Interaction with other benefits not correct	0	0.0%
Carer means incorrect	0	0.0%
Official Error cases	**53**	**8.8%**
Carer failed to supply required information	0	0.0%
Carer does not meet basic eligibility criteria	0	0.0%
Carer does not meet residence requirements	2	0.3%
Caree does not require full-time care	1	0.2%
Carer is not providing full-time care	17	2.8%
Interaction with other benefits not correct	1	0.2%
Carer means incorrect	32	5.3%
Customer Error cases	**30**	**5.0%**
Carer failed to supply required information	0	0.0%
Carer does not meet basic eligibility criteria	0	0.0%
Carer does not meet residence requirements	0	0.0%
Caree does not require full-time care	0	0.0%
Carer is not providing full-time care	4	0.7%
Interaction with other benefits not correct	0	0.0%
Carer means incorrect	26	4.3%

Source: DEASP

Figure 3 - Incorrect benefit by eligibility criteria and expenditure impact
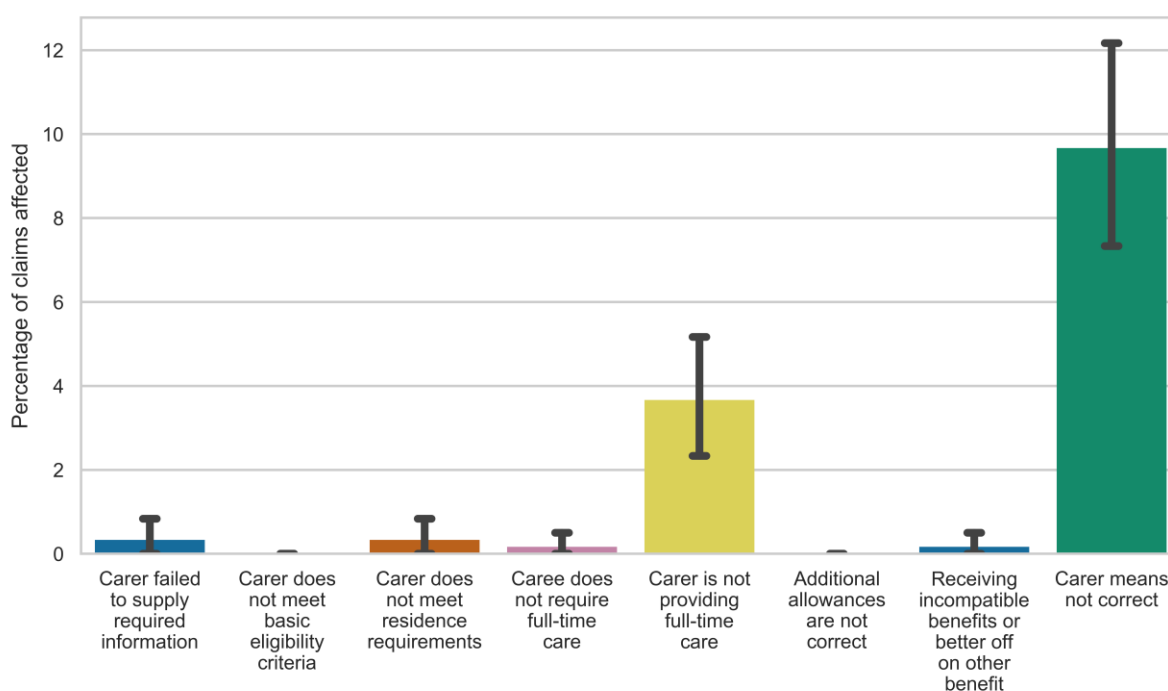

Incorrect benefit by type, with 95% confidence intervals

Source: DEASP

Table 7 –Outcomes by predominant category and eligibility component (percentage of expenditure)

Predominant incorrect benefit component	Predominant category percentage of expenditure affected			
	Suspected Fraud	*Official Error*	*Customer Error*	*All incorrect benefit*
Carer failed to supply required information	0.4%	0.0%	0.0%	0.4%
Carer does not meet basic eligibility criteria	0.0%	0.0%	0.0%	0.0%
Carer does not meet residence requirements	0.0%	0.1%	0.0%	0.1%
Caree does not require full-time care	0.0%	0.2%	0.0%	0.2%
Carer is not providing full-time care	0.2%	1.9%	0.3%	2.5%
Additional allowances are not correct	0.0%	0.0%	0.0%	0.0%
Receiving incompatible benefits or better off on other benefit	0.0%	-0.1%	0.0%	-0.1%
Carer means not correct	0.0%	2.5%	1.3%	3.7%
Total	0.6%	4.5%	1.6%	6.7%

Source: DEASP. Figures may not add due to rounding.

Figure 4 - Incorrect benefit by eligibility criteria and number of cases affected

Incorrect benefit by type, with 95% confidence intervals

Table 8 – Outcomes by predominant category and eligibility component (percentage of cases)

Predominant incorrect benefit component	Predominant category			
	Suspected Fraud	Official Error	Customer Error	All incorrect benefit
Carer failed to supply required information	0.3%	0.0%	0.0%	0.3%
Carer does not meet basic eligibility criteria	0.0%	0.0%	0.0%	0.0%
Carer does not meet residence requirements	0.0%	0.3%	0.0%	0.3%
Caree does not require full-time care	0.0%	0.2%	0.0%	0.2%
Carer is not providing full-time care	0.2%	2.8%	0.7%	3.7%
Additional allowances are not correct	0.0%	0.0%	0.0%	0.0%
Receiving incompatible benefits or better off on other benefit	0.0%	0.2%	0.0%	0.2%
Carer means not correct	0.0%	5.3%	4.3%	9.6%
Total	0.5%	8.8%	5.0%	14.3%

Source: DEASP. Figures may not add due to rounding.

Risk analysis

The sample was divided into two groups: those with and those without a recorded incorrect benefit outcome. Statistical tests were used to identify potential predictor variables from the administrative data held by the Department for the scheme – specifically, sex, age band, nationality group, marital status, province of residence, full versus half-rate claim, number of

carees, and caree age group. Detailed results of these statistical tests are shown in Annex 3.

Based on the survey results, a higher rate of incorrect benefit was found in cases where:

- the caree was aged under 16;

- the carer was aged between 35 and 54;

- the carer was a married female; or

- the carer was receiving a full-rate rather than a half-rate payment.

Cases in the above categories represent roughly one-tenth of all Carer's Allowance cases.

Just over two-thirds of the incorrect benefit cases arise because of incorrect means, of which 55% are classified as official error.

Cases where the rate of payment was reduced due to an increase in means since the time of initial application or last review were classified as official error if a review had not been undertaken in the previous three years. Therefore, the length of time since the last review was conducted is an emerging risk factor for the scheme as a whole.

5. Results for survey of medical eligibility

Alongside the Error analysis outlined above, medical reviews were undertaken on the separate medical sample of 300 cases.

Reassessing medical eligibility is highly resource-intensive and time consuming. Accordingly, this separate sample was surveyed in advance of the main survey (medical assessments commenced after the sample was selected in April 2016) to ensure that results could be incorporated in this final report. When a case is determined to be 'medically ineligible', this means that the caree has been determined not to meet the medical criteria under the scheme on the date of medical assessment.

In all such cases, a Deciding Officer had previously determined that the caree was medically eligible for payment of Carer's Allowance, based on all the medical evidence available at the time of application or previous review.

The estimated rate of Medical Ineligibility for the scheme as a whole was 2.0% of expenditure, equivalent to €0.2 million of the €12.1 million weekly scheme expenditure in April 2016.

Results from all 300 cases are summarised in Table 9 below.

Table 9 – Estimated Medical Ineligibility rate as a percentage of Carer's Allowance expenditure and claim numbers, April 2017

	Type of claim impact – percentage			
	Overpayment	*Underpayment*	*Transfers to other schemes*	*Final incorrect benefit*
Percentage of expenditure	2.0%	n/a	0.0%	2.0%
Percentage of cases	2.7%	n/a	0.0%	2.7%

Source: DEASP.

6. Conclusions

This is the first control survey of the Carer's Allowance scheme. The survey consisted of 600 randomly sampled claims in payment at the end of May 2017 representing those receiving full-rate and half-rate payments. The review process assessed recipients' compliance with the rules of the scheme. A separate sample of 300 cases was sampled and subjected to medical assessment.

The survey found:

- The estimated rate of error for the scheme as a whole was 6.7% of total expenditure, equivalent to €0.9 million of the €14.0 million weekly scheme expenditure in May 2017.

- The estimated rate of Medical Ineligibility for the scheme as a whole was 2.0% of expenditure, equivalent to €0.2 million of the €12.1 million weekly scheme expenditure in April 2016.

Based on the survey results and outcomes from recent surveys of other schemes, future review and control activity should be based on an improved risk-based approach, as set out below.

Risk identification

Control surveys of other social welfare schemes clearly indicate that means-tested payments are a higher risk than benefit schemes. Improved earnings arising from economic recovery has a positive impact on the means earned by families but also points to an increased need to review entitlements more frequently.

Carers of working age have been identified in this survey as being at greater risk of error associated with increases in the level of means. This requires the current control policy for the Carer's Allowance scheme, including claim review processes, be urgently updated.

Measures which will improve control activity

As outlined earlier, the scheme presents unique challenges combining eligibility requirements from two distinct persons and additional factors relating to means (both of the carers and of their spouse/partner), medical incapacity and/or caring needs. The current control approach for the scheme does not adequately reflect these challenges and is in need of substantial revision.

Accordingly, based on the outcomes of this control survey, the Department will be progressing the following:

- A revised control framework for the scheme will be put in place before the end of 2018. Future control and review activity will be focused on the risk categories identified in the risk analysis set out in section 4 above.

- The number of cases constitutes roughly 10% of all carers (approximately 7,650 at end July 2018). These cases will be subject to review and/or control engagement at least every two years.

- This survey also provides the foundations to use predictive analytics techniques and modelling to support improved and more targeted control activities. Scoping of this approach will commence in Q4/2018 to enable cases to be identified for review from early to mid-2019.

Additional control actions will include:

- annual review projects focused on cases where the medical condition of the caree is expected to be short-term in duration; and

- the development of a carer self-assessment continuing eligibility enquiry programme which will focus on lower risk categories.

The Department is also committed to improved customer communications and stakeholder engagement to underpin the revised control framework activities arising from the results of the survey. The Department will also consider having an awareness campaign targeting Carers Allowance recipients highlighting the need for them to inform the Department if their circumstances change.

The need for early notification by carers of changes in means, particularly those arising from increases in earned income, and changes where the caring responsibility has altered, will support the reduction of customer error. The assignment of additional resources to control activities will be required to implement the range of control activities as outlined above and the Department is committed to doing this.

Annex 1: Further detail of results by category

Incorrect benefit by predominant and overlapping category

As explained in section 3 above, more than one category of incorrect benefit may be detected in respect of a given claim. In such cases, the *predominant* category is assigned according to the following hierarchy:

1. Suspected fraud;
2. Official Error;
3. Customer Error.

The tables in this section show which cases were in fact affected by more than one type of incorrect benefit. The tables show that such overlaps were caused by cases where a customer has not correctly updated their claim but there was an unreasonable delay of more than three years in reviewing the case.

Figure 5 – Incorrect benefit by predominant and overlapping category (explanatory)

Predominant category ↓↓	↓↓ ***All cases*** *affected by this category (**including overlaps**)*		
	Suspected fraud (all)	**Official Error (all)**	**Customer Error (all)**
1. *Predominantly* **Suspected fraud**	Suspected fraud (all cases)	←←of which, Suspected fraud AND Official Error	*Not possible to combine*
2. *Predominantly* **Official Error**	*Cases with Suspected fraud can't be predominantly Official Error*	Official Error (NO Suspected fraud)	←←of which, Official Error AND Customer Error
3. *Predominantly* **Customer Error**	*Cases with Suspected fraud can't be predominantly Customer Error*	*Cases with Official Error can't be predominantly Customer Error*	Customer Error (NO Official Error)

Source: DEASP.

*Table 10 – Incorrect benefit by **predominant** and **overlapping** category (**percentage of expenditure** affected)*

Percentage of Expenditure	Predominant category ↓↓	↓↓ Overlapping category (if applicable)			Exclude overlaps	Overall (excluding overlaps)
		Suspected fraud (any)	Official Error (any)	Claimant Error (any)		
	Suspected fraud	0.6	0.4		-0.4	0.6
	Official Error		4.5	4.5	-4.5	4.5
	Claimant Error			1.6		1.6
	All cases affected by each error category (including overlaps)	0.6	4.9	6.1	-4.9	**6.7**

Source: DEASP.

*Table 11 – Incorrect benefit by **predominant** and **overlapping** category, with details (**percentage of expenditure** affected)*

Percentage of Expenditure	Predominant category	Overlapping category (if applicable), with details						
		Suspected fraud		Official Error			Customer Error	
		Materially incorrect information	Wilful concealment	Decision error	Failed to act on information	Failed to engage with customer	Inaccurate information provided	Unreported change in circumstances
	Suspected fraud	0.5	0.1	0.0	0.0	0.4		
	Official Error			0.0	0.3	4.2	0.2	4.3
	Customer Error						0.0	1.6

Source: DEASP.

*Table 12 – Incorrect benefit by **predominant** and **overlapping** category (**number of cases** affected)*

Percentage of cases affected	Predominant category	Overlapping category (if applicable)		
		Suspected fraud	Official Error	Customer Error
	Suspected fraud	0.5	0.3	
	Official Error		8.8	8.8
	Customer Error			5.0

Source: DEASP.

Table 13 – Incorrect benefit by **predominant** and **overlapping** category, with details (**number of cases** affected)

Percentage of cases affected	Predominant category	Overlapping category (if applicable), with details						
		Suspected fraud		Official Error			Customer Error	
		Materially incorrect information	Wilful concealment	Decision error	Failed to act on information	Failed to engage with customer	Inaccurate information provided	Unreported change in circumstances
	Suspected fraud	0.3	0.2	0.0	0.0	0.3		
	Official Error			0.0	1.0	7.8	0.2	8.7
	Customer Error						0.0	5.0

Source: DEASP.

Annex 2: Confidence intervals for key metrics

*Table 14 - Incorrect benefit by type with 95% confidence intervals (**percentage of expenditure** affected)*

Percentage of Expenditure	Outcome	Type of claim impact (**percentage of expenditure**)		
		Mean	Lower bound	Upper bound
	Overpayment	8.24	6.13	10.61
	Underpayment	-0.38	-0.80	-0.09
	Transferred claims	-1.19	-2.23	-0.30
	Final	6.67	4.76	8.75

Source: DEASP.

*Table 15 - Incorrect benefit by type with 95% confidence intervals (**weekly monetary impact (€m)**))*

Weekly monetary impact (€m)	Outcome	Type of claim impact (**weekly monetary impact (€m)**)		
		Mean	Lower bound	Upper bound
	Overpayment	1.16	0.86	1.49
	Underpayment	-0.05	-0.11	-0.01
	Transferred claims	-0.17	-0.31	-0.04
	Final	0.94	0.67	1.23

Source: DEASP.

*Table 16 - Incorrect benefit by type with 95% confidence intervals (**percentage of cases** affected)*

Percentage of Cases	Outcome	Type of claim impact (**percentage of cases**)		
		Mean	Lower bound	Upper bound
	Overpayment	12.50	9.83	15.17
	Underpayment	1.83	0.83	3.00
	Transferred claims	1.00	0.33	1.83
	Final	14.33	11.50	17.17

Source: DEASP.

*Table 17 - Incorrect benefit by type and incorrect benefit component with 95% confidence intervals (**percentage of expenditure** affected)*

	Outcome	Type of claim impact (**percentage of expenditure**)		
		Mean	Lower bound	Upper bound
Percentage of Expenditure	Carer failed to supply required information	0.38	0.00	1.01
	Carer does not meet basic eligibility criteria	0.00	0.00	0.00
	Carer does not meet residence requirements	0.07	0.00	0.19
	Caree does not require full-time care	0.19	0.00	0.58
	Carer is not providing full-time care	2.46	1.25	3.79
	Additional allowances are not correct	0.00	0.00	0.00
	Receiving incompatible benefits or better off on other benefit	-0.14	-0.43	0.00
	Carer means not correct	3.71	2.36	5.24
	Total	6.67	4.76	8.75

Source: DEASP.

*Table 18 - Incorrect benefit by type with 95% confidence intervals (**percentage of cases** affected)*

	Outcome	Type of claim impact (**percentage of cases**)		
		Mean	Lower bound	Upper bound
Percentage of Cases	Carer failed to supply required information	0.33	0.00	0.83
	Carer does not meet basic eligibility criteria	0.00	0.00	0.00
	Carer does not meet residence requirements	0.33	0.00	0.83
	Caree does not require full-time care	0.17	0.00	0.50
	Carer is not providing full-time care	3.67	2.17	5.17
	Additional allowances are not correct	0.00	0.00	0.00
	Receiving incompatible benefits or better off on other benefit	0.17	0.00	0.50
	Carer means not correct	9.67	7.50	12.17
	Total	14.33	11.50	17.17

Source: DEASP.

Annex 3: Detailed risk analysis results

An analysis of comparative incorrect benefit levels by claimant and claim characteristics is shown in this section.

For each characteristic examined, we show the distribution of this characteristic in the Carer's Allowance population by age and sex, and then outline how survey outcomes differ in respect of this characteristic.

Bootstrapped 95% confidence intervals are shown in each case: where two values of a give characteristic (e.g. Full-rate versus Half-rate carers) have non-overlapping confidence intervals, we can conclude with 95% confidence that we have detected a difference that is significant in the overall Carer's Allowance population as well as in respect of the cases actually sampled.

i.   Claimant age group

Figure 6 - Age profile of Carers Allowance recipients, May 2017
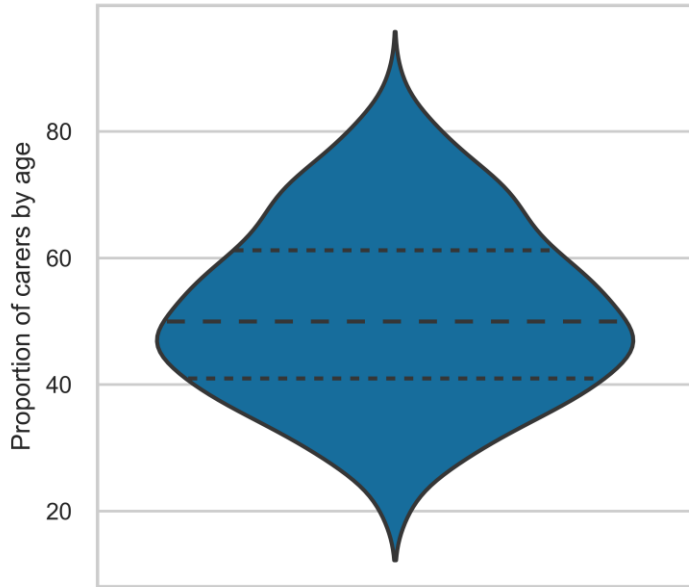
Figure 7 – Incorrect benefit by age group (% of expenditure)
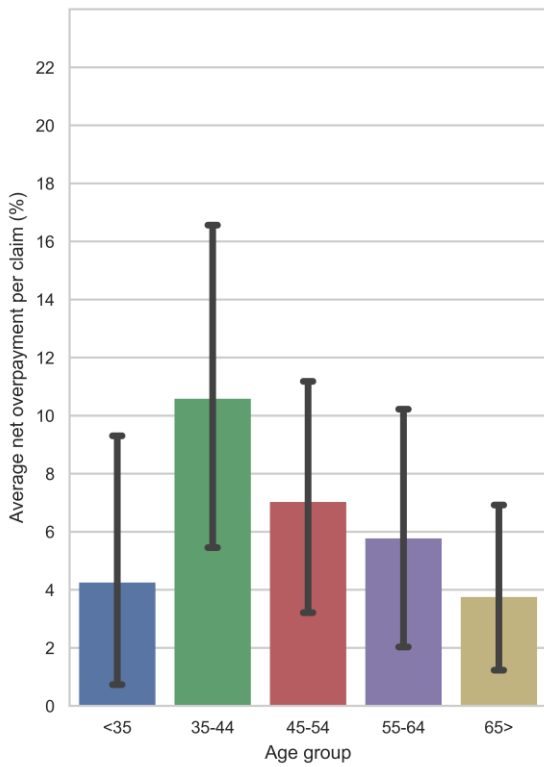
Figure 8 – Incorrect benefit by age group (% of cases affected)

Table 19 - Incorrect benefit by component and age group, with 95% confidence intervals (% of expenditure)

Incorrect benefit eligibility component	Incorrect benefit by age group (% of expenditure)					
	<35	35-44	45-54	55-64	65>	Overall
Claimant failed to supply required information	2.0	0.0	0.0	0.0	1.0	0.4
Claimant does not meet basic eligibility criteria	0.0	0.0	0.0	0.0	0.0	0.0
Claimant does not meet residence requirements	0.1	0.0	0.2	0.0	0.0	0.1
Caree does not require full-time care	0.0	0.0	0.6	0.0	0.0	0.2
Claimant is not providing full-time care	0.8	2.0	2.8	3.6	2.5	2.5
Additional allowances are not correct	0.0	0.0	0.0	0.0	0.0	0.0
Receiving incompatible benefits or better off on other benefit	0.0	0.0	-0.5	0.0	0.0	-0.1
Claimant means not correct	1.3	7.5	3.4	2.3	1.5	3.7
All benefit eligibility components	**4.1**	**9.5**	**6.5**	**5.9**	**5.0**	**6.7**
Lower bound 95% confidence interval	*0.7*	*4.8*	*3.0*	*2.1*	*1.6*	*4.8*
Upper bound 95% confidence interval	*9.1*	*14.7*	*10.5*	*10.6*	*9.1*	*8.8*

Source: DEASP. Figures may not add due to rounding.

Table 20 - Incorrect benefit by component and age group, with 95% confidence intervals (% of cases affected)

Incorrect benefit eligibility component	Incorrect benefit by age group (% of expenditure)					
	<35	35-44	45-54	55-64	65>	Overall
Claimant failed to supply required information	1.4	0.0	0.0	0.0	0.9	0.3
Claimant does not meet basic eligibility criteria	0.0	0.0	0.0	0.0	0.0	0.0
Claimant does not meet residence requirements	1.4	0.0	0.6	0.0	0.0	0.3
Caree does not require full-time care	0.0	0.0	0.6	0.0	0.0	0.2
Claimant is not providing full-time care	1.4	2.2	5.4	5.4	2.7	3.7
Additional allowances are not correct	0.0	0.0	0.0	0.0	0.0	0.0
Receiving incompatible benefits or better off on other benefit	0.0	0.0	0.6	0.0	0.0	0.2
Claimant means not correct	6.8	15.2	11.9	7.2	3.6	9.7
All benefit eligibility components	**11.0**	**17.4**	**19.0**	**12.6**	**7.3**	**14.3**
Lower bound 95% confidence interval	*4.1*	*11.6*	*13.1*	*6.3*	*2.7*	*11.5*
Upper bound 95% confidence interval	*19.2*	*23.9*	*25.0*	*18.9*	*12.7*	*17.2*

Source: DEASP. Figures may not add due to rounding.

ii.   Claimant sex

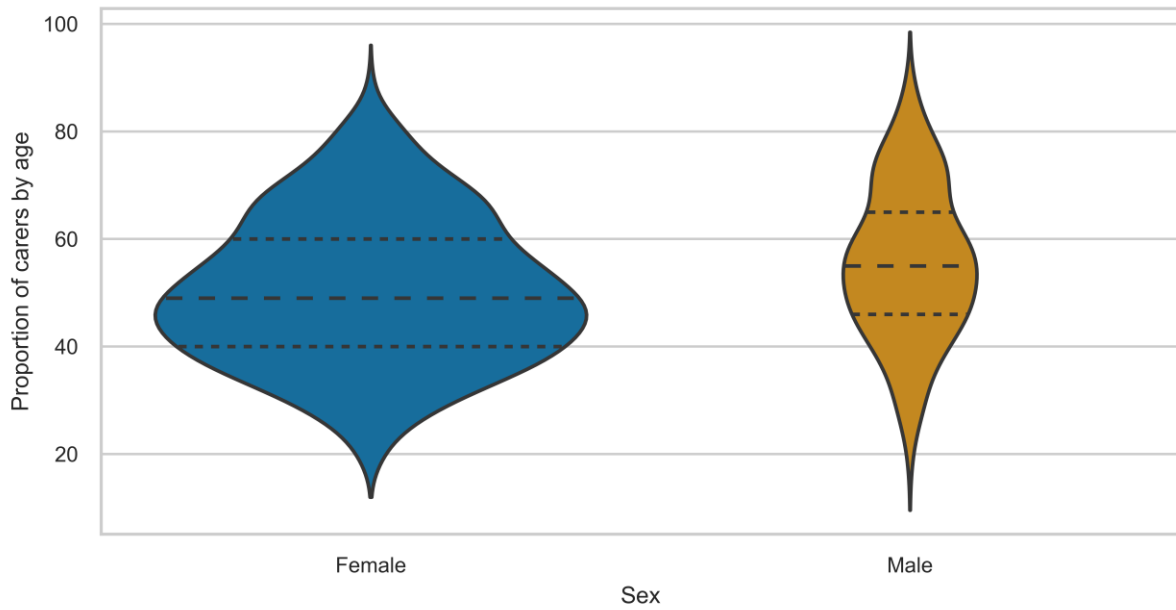*Figure 9 – Age and sex profile of Carer's Allowance recipients, May 2017*

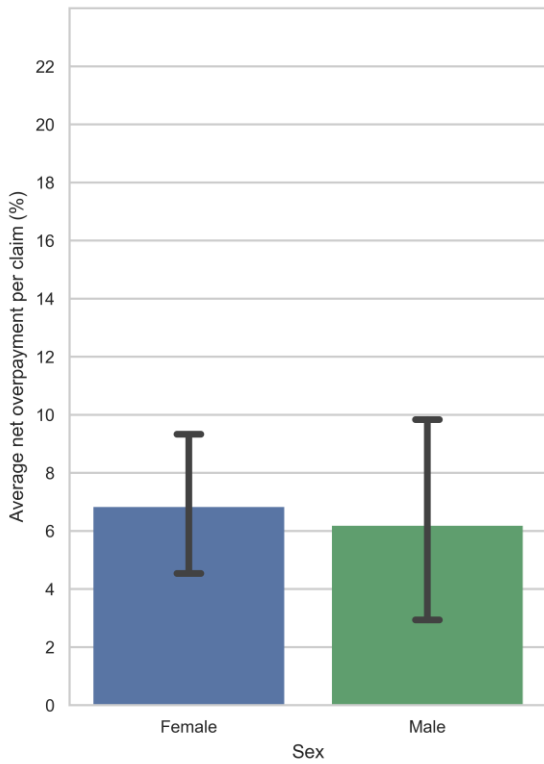*Figure 10 – Incorrect benefit by sex (% of expenditure)*

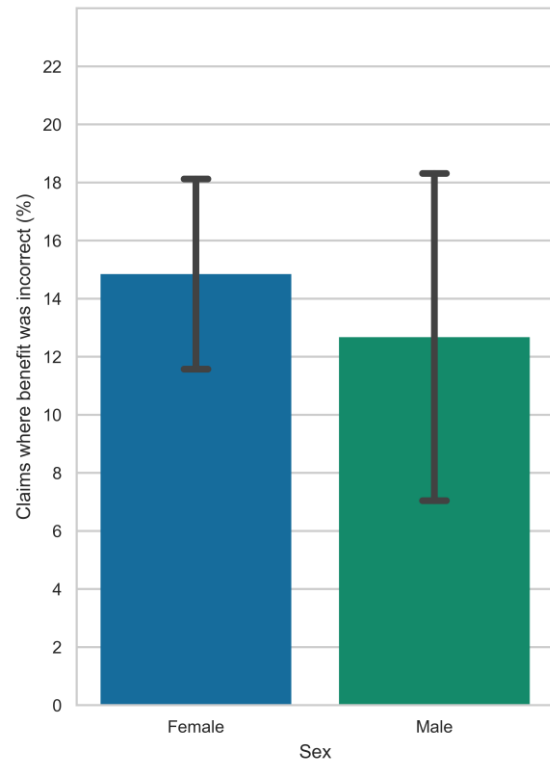*Figure 11 – Incorrect benefit by sex (% of cases affected)*

Table 21 - Incorrect benefit by eligibility component and sex, with 95% confidence intervals (% of expenditure)

Incorrect benefit eligibility component	Incorrect benefit by sex (% of expenditure)		
	Female	Male	Overall
Claimant failed to supply required information	0.3	0.5	0.4
Claimant does not meet basic eligibility criteria	0.0	0.0	0.0
Claimant does not meet residence requirements	0.1	0.0	0.1
Caree does not require full-time care	0.3	0.0	0.2
Claimant is not providing full-time care	2.9	1.2	2.5
Additional allowances are not correct	0.0	0.0	0.0
Receiving incompatible benefits or better off on other benefit	-0.2	0.0	-0.1
Claimant means not correct	3.6	4.2	3.7
All benefit eligibility components	6.9	6.0	**6.7**
Lower bound 95% confidence interval	*4.6*	*2.8*	*4.8*
Upper bound 95% confidence interval	*9.4*	*9.5*	*8.8*

Source: DEASP. Figures may not add due to rounding.

Table 22 - Incorrect benefit by component and sex, with 95% confidence intervals (% of cases affected)

Incorrect benefit eligibility component	Incorrect benefit by sex (% of cases affected)		
	Female	Male	Overall
Claimant failed to supply required information	0.2	0.7	0.3
Claimant does not meet basic eligibility criteria	0.0	*0.0*	0.0
Claimant does not meet residence requirements	0.4	0.0	0.3
Caree does not require full-time care	0.2	0.0	0.2
Claimant is not providing full-time care	3.5	4.2	3.7
Additional allowances are not correct	0.0	0.0	0.0
Receiving incompatible benefits or better off on other benefit	0.2	0.0	0.2
Claimant means not correct	10.3	7.7	9.7
All benefit eligibility components	**14.8**	**12.7**	**14.3**
Lower bound 95% confidence interval	*11.6*	*7.7*	*11.5*
Upper bound 95% confidence interval	*18.1*	*18.3*	*17.2*

Source: DEASP. Figures may not add due to rounding.

iii. Broad nationality group

Figure 12 – Age, sex, and nationality profile of Carer's Allowance recipients, May 2017
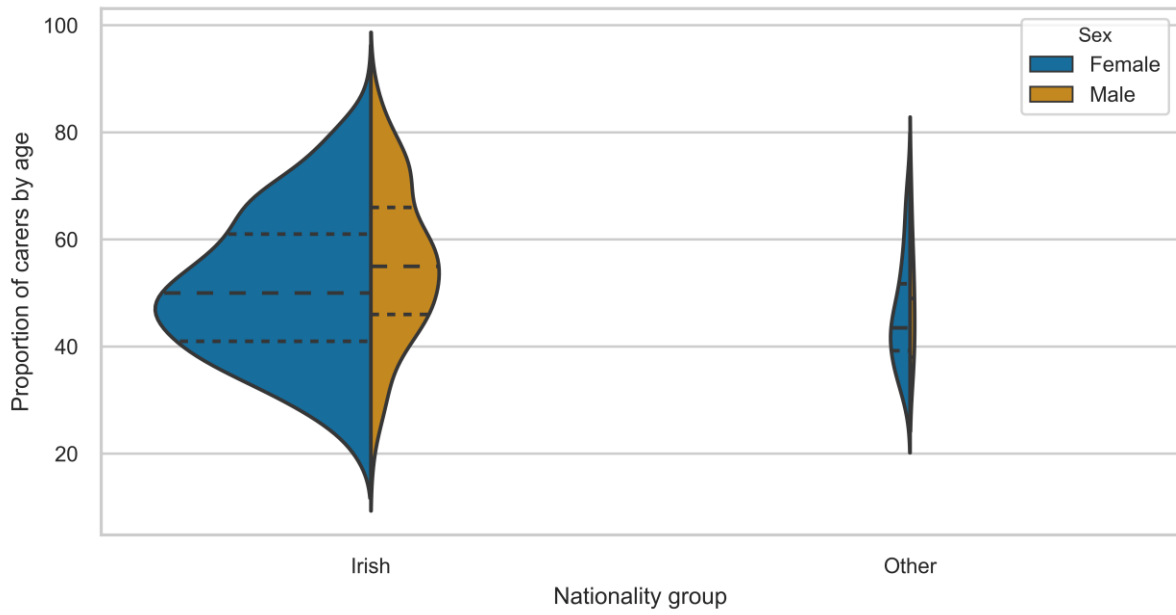

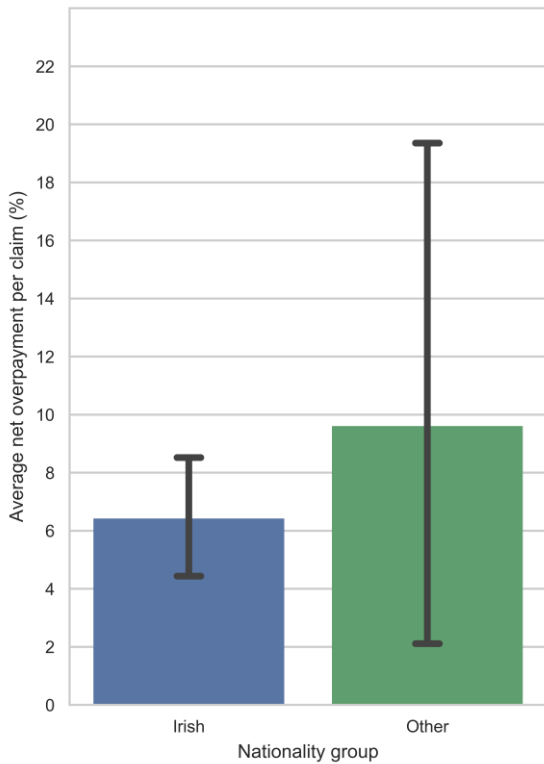*Figure 13 – Incorrect benefit by nationality group (% of expenditure)*

Figure 14 – Incorrect benefit by nationality group (% of cases affected)
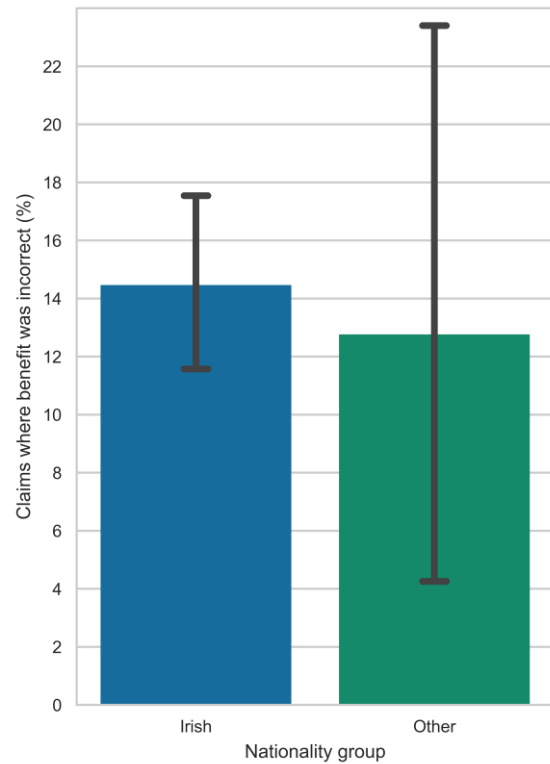
Table 23 - Incorrect benefit by component and nationality, with 95% confidence intervals (% of expenditure)

Incorrect benefit eligibility component	Incorrect benefit by nationality group (% of expenditure)		
	Irish	Other	Overall
Claimant failed to supply required information	0.1	3.0	0.4
Claimant does not meet basic eligibility criteria	0.0	0.0	0.0
Claimant does not meet residence requirements	0.1	0.0	0.1
Caree does not require full-time care	0.2	0.0	0.2
Claimant is not providing full-time care	2.6	1.2	2.5
Additional allowances are not correct	0.0	0.0	0.0
Receiving incompatible benefits or better off on other benefit	-0.2	0.0	-0.1
Claimant means not correct	3.6	4.9	3.7
All benefit eligibility components	**6.5**	**9.0**	**6.7**
Lower bound 95% confidence interval	*4.5*	*2.0*	*4.8*
Upper bound 95% confidence interval	*8.6*	*18.2*	*8.8*

Source: DEASP. Figures may not add due to rounding.

Table 24 - Incorrect benefit by component and nationality, with 95% confidence intervals (% of cases affected)

Incorrect benefit eligibility component	Incorrect benefit by nationality group (% of cases affected)		
	Irish	Other	Overall
Claimant failed to supply required information	0.2	2.1	0.3
Claimant does not meet basic eligibility criteria	0.0	0.0	0.0
Claimant does not meet residence requirements	0.4	0.0	0.3
Caree does not require full-time care	0.2	0.0	0.2
Claimant is not providing full-time care	3.8	2.1	3.7
Additional allowances are not correct	0.0	0.0	0.0
Receiving incompatible benefits or better off on other benefit	0.2	0.0	0.2
Claimant means not correct	9.8	8.5	9.7
All benefit eligibility components	**14.5**	**12.8**	**14.3**
Lower bound 95% confidence interval	*11.6*	*4.3*	*11.5*
Upper bound 95% confidence interval	*17.5*	*23.4*	*17.2*

Source: DEASP. Figures may not add due to rounding.

iv.   Claimant marital status

Figure 15 – Age, sex, and marital status profile of Carer's Allowance recipients, May 2017
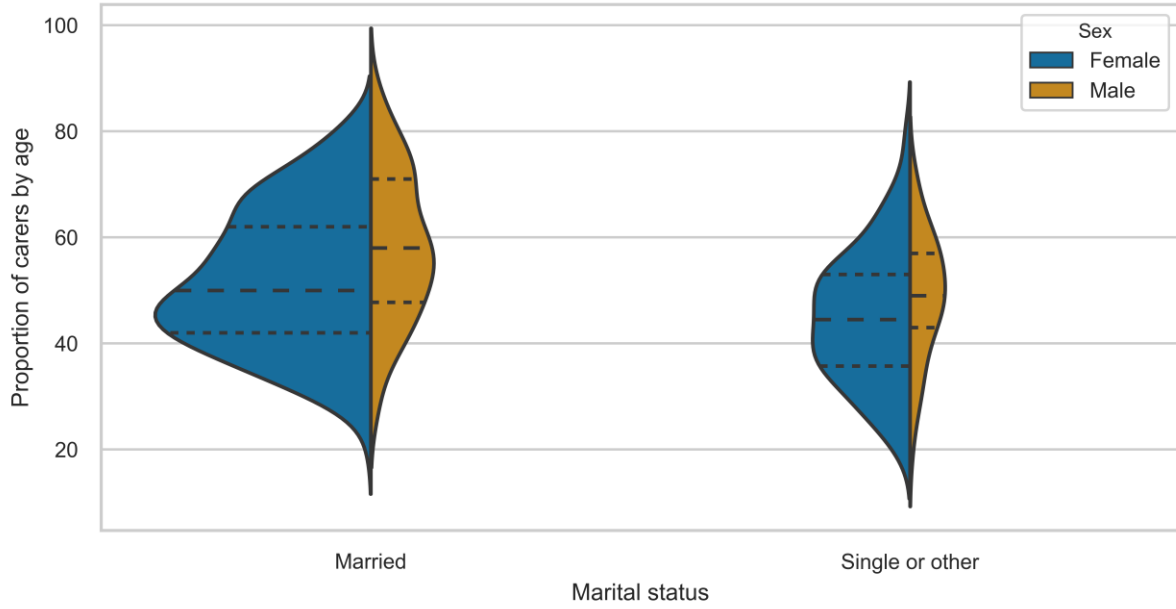

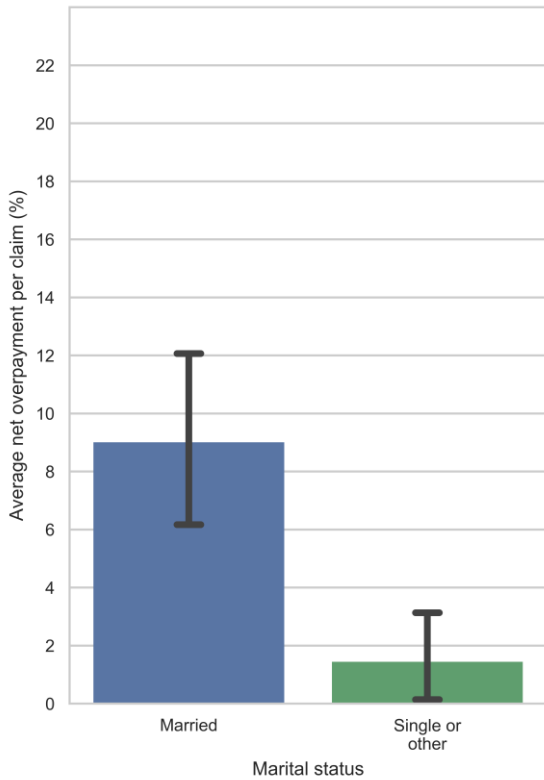*Figure 16 – Incorrect benefit by marital status (% of expenditure)*

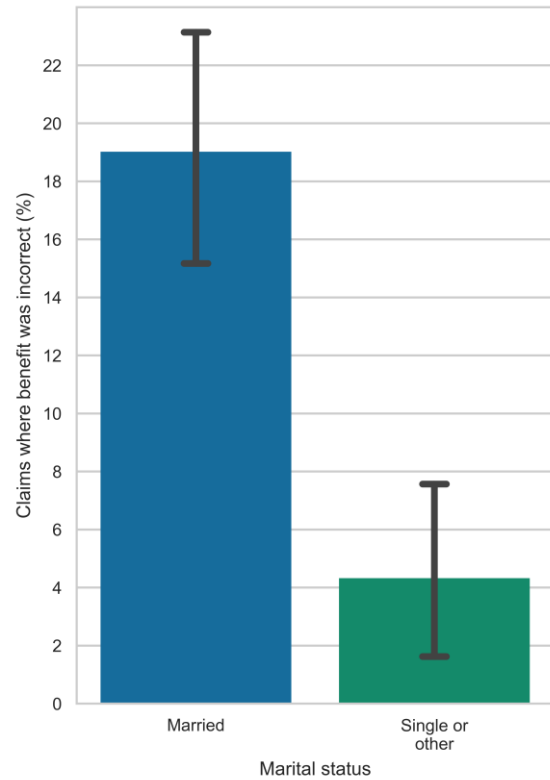*Figure 17 – Incorrect benefit by marital status (% of cases affected)*

Table 25 - Incorrect benefit by component and marital status, with 95% confidence intervals (% of expenditure)

Incorrect benefit eligibility component	Incorrect benefit by marital status (% of expenditure)		
	Married	Single or other	Overall
Claimant failed to supply required information	0.6	0.0	0.4
Claimant does not meet basic eligibility criteria	0.0	0.0	0.0
Claimant does not meet residence requirements	0.1	0.1	0.1
Caree does not require full-time care	0.3	0.0	0.2
Claimant is not providing full-time care	2.9	1.0	2.5
Additional allowances are not correct	0.0	0.0	0.0
Receiving incompatible benefits or better off on other benefit	-0.2	0.0	-0.1
Claimant means not correct	5.1	0.4	3.7
All benefit eligibility components	**8.8**	**1.5**	**6.7**
Lower bound 95% confidence interval	*6.0*	*0.2*	*4.8*
Upper bound 95% confidence interval	*11.8*	*3.1*	*8.8*

Source: DEASP. Figures may not add due to rounding.

Table 26 - Incorrect benefit by component and marital status, with 95% confidence intervals (% of cases affected)

Incorrect benefit eligibility component	Incorrect benefit by marital status (% of cases affected)		
	Married	Single or other	Overall
Claimant failed to supply required information	0.5	0.0	0.3
Claimant does not meet basic eligibility criteria	0.0	0.0	0.0
Claimant does not meet residence requirements	0.3	0.5	0.3
Caree does not require full-time care	0.3	0.0	0.2
Claimant is not providing full-time care	4.1	2.2	3.7
Additional allowances are not correct	0.0	0.0	0.0
Receiving incompatible benefits or better off on other benefit	0.3	0.0	0.2
Claimant means not correct	13.6	1.6	9.7
All benefit eligibility components	**19.0**	**4.3**	**14.3**
Lower bound 95% confidence interval	*15.2*	*1.6*	*11.5*
Upper bound 95% confidence interval	*22.9*	*7.6*	*17.2*

Source: DEASP. Figures may not add due to rounding.

v.   Claimant's province of residence

Figure 18 – Age, sex, and province of residence profile of Carer's Allowance recipients, May 2017
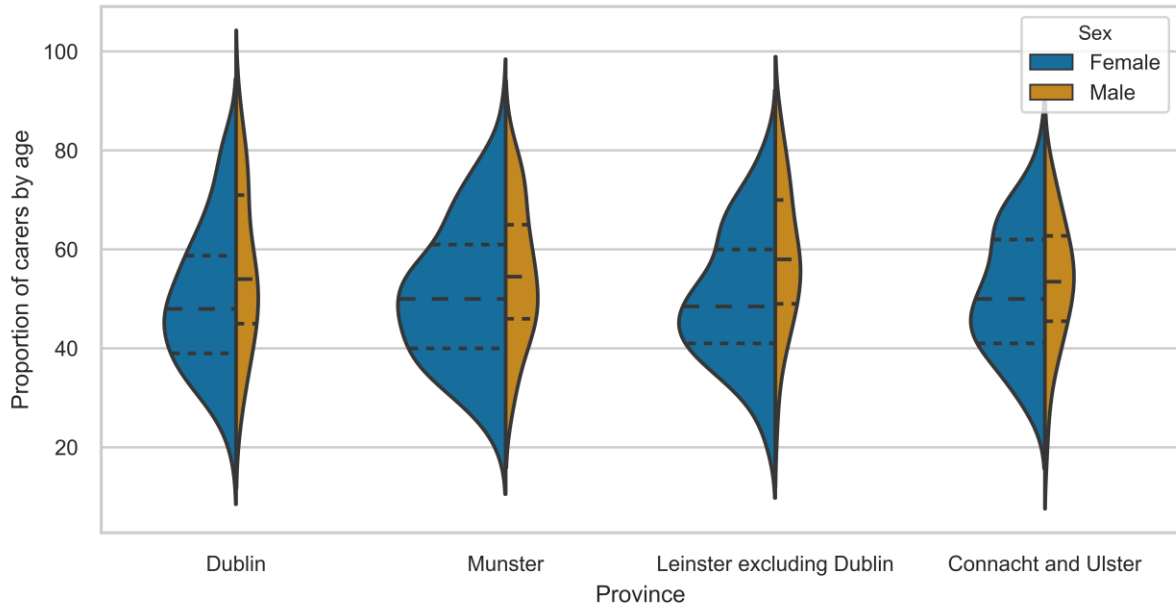

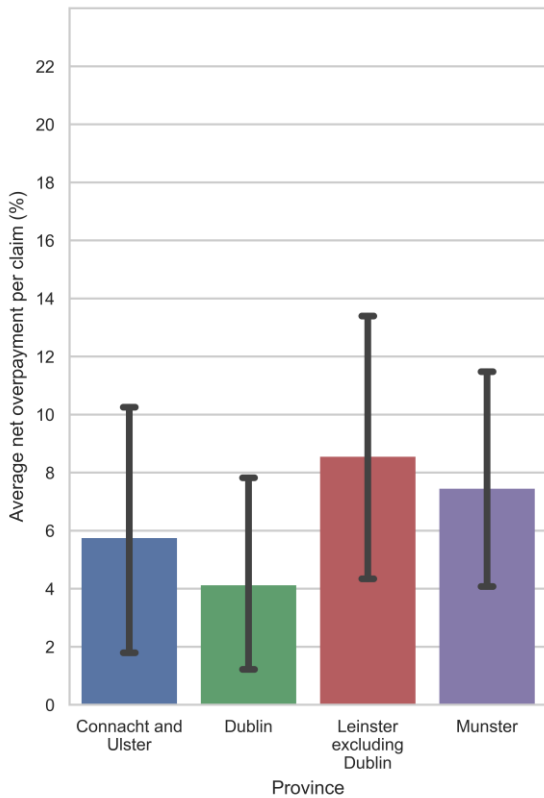*Figure 19 – Incorrect benefit by carer province (% of expenditure)*

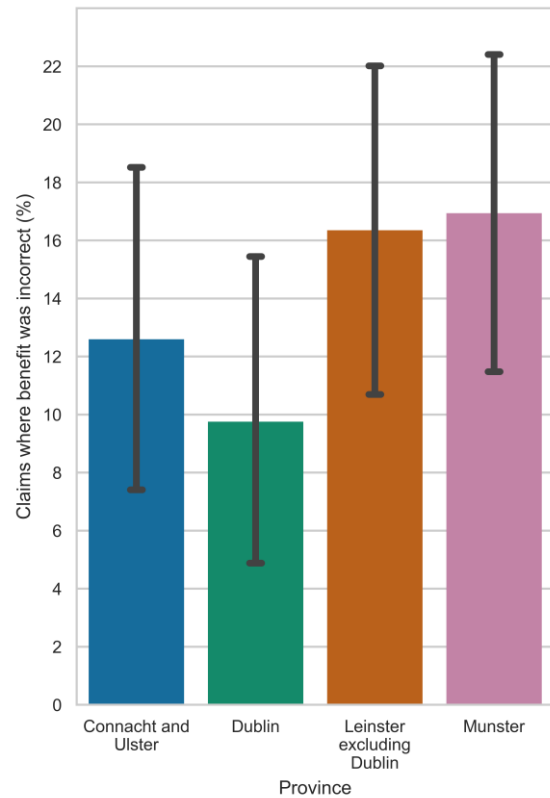*Figure 20 – Incorrect benefit by carer province (% of cases affected)*

Table 27 - Incorrect benefit by component and province, with 95% confidence intervals (% of expenditure)

Incorrect benefit eligibility component	Incorrect benefit by claimant's province of residence (% of expenditure)				
	Dublin	Connacht & Ulster	Other Leinster	Munster	Overall
Claimant failed to supply required information	0.0	1.0	0.5	0.0	0.4
Claimant does not meet basic eligibility criteria	0.0	0.0	0.0	0.0	0.0
Claimant does not meet residence requirements	0.3	0.1	0.0	0.0	0.1
Caree does not require full-time care	0.0	0.8	0.0	0.0	0.2
Claimant is not providing full-time care	1.8	1.4	2.5	3.8	2.5
Additional allowances are not correct	0.0	0.0	0.0	0.0	0.0
Receiving incompatible benefits or better off on other benefit	0.0	-0.6	0.0	0.0	-0.1
Claimant means not correct	2.2	2.7	5.8	3.8	3.7
All benefit eligibility components	**4.2**	**5.3**	**8.8**	**7.6**	**6.7**
Lower bound 95% confidence interval	*1.3*	*1.6*	*4.4*	*4.1*	*4.8*
Upper bound 95% confidence interval	*8.0*	*9.3*	*13.7*	*11.7*	*8.8*

Source: DEASP. Figures may not add due to rounding.

Table 28 - Incorrect benefit by component and marital status, with 95% confidence intervals (% of cases affected)

Incorrect benefit eligibility component	Incorrect benefit by claimant's province of residence (% of cases affected)				
	Dublin	Connacht & Ulster	Other Leinster	Munster	Overall
Claimant failed to supply required information	0.0	0.7	0.6	0.0	0.3
Claimant does not meet basic eligibility criteria	0.0	0.0	0.0	0.0	0.0
Claimant does not meet residence requirements	0.8	0.7	0.0	0.0	0.3
Caree does not require full-time care	0.0	0.7	0.0	0.0	0.2
Claimant is not providing full-time care	1.6	3.0	5.0	4.4	3.7
Additional allowances are not correct	0.0	0.0	0.0	0.0	0.0
Receiving incompatible benefits or better off on other benefit	0.0	0.7	0.0	0.0	0.2
Claimant means not correct	7.3	6.7	10.7	12.6	9.7
All benefit eligibility components	**9.8**	**12.6**	**16.4**	**16.9**	**14.3**
Lower bound 95% confidence interval	*4.9*	*7.4*	*10.7*	*11.5*	*11.5*
Upper bound 95% confidence interval	*15.4*	*18.5*	*22.6*	*22.4*	*17.2*

Source: DEASP. Figures may not add due to rounding.

vi.   Claim type (full versus half-rate carers)

Figure 21 – Age, sex, and carer type (full or half-rate) profile of Carer's Allowance recipients, May 2017
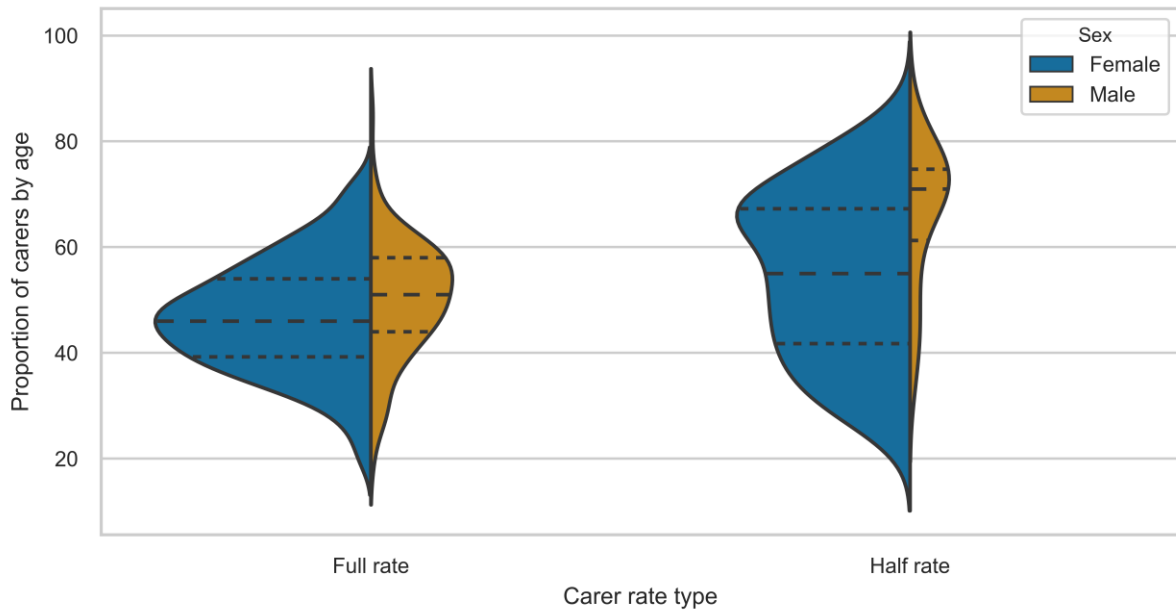

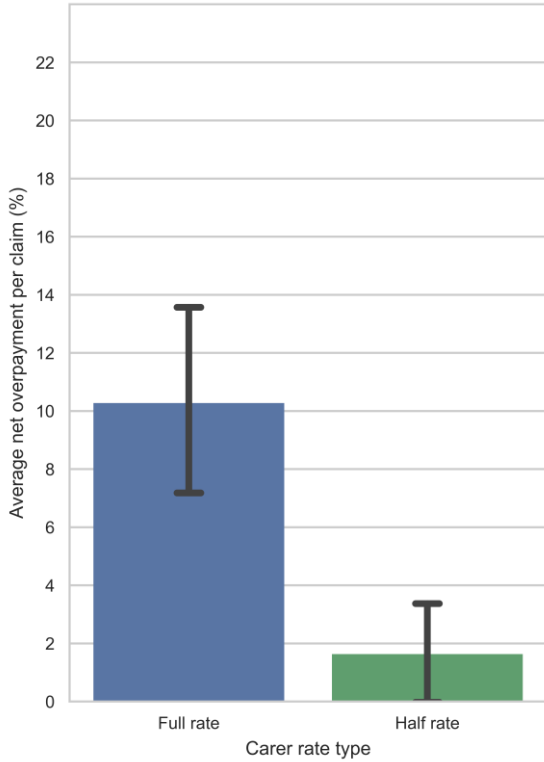*Figure 22 – Incorrect benefit by claim type (% of expenditure)*

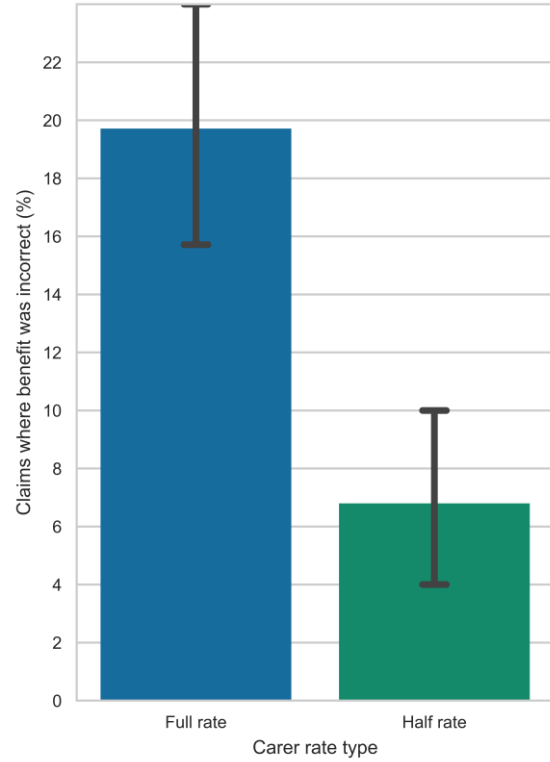*Figure 23 – Incorrect benefit by claim type (% of cases affected)*

Table 29 - Incorrect benefit by component and claim type, with 95% confidence intervals (% of expenditure)

Incorrect benefit eligibility component	Incorrect benefit by claim type (% of expenditure)		
	Full rate	Half rate	Overall
Claimant failed to supply required information	0.5	0.0	0.4
Claimant does not meet basic eligibility criteria	0.0	0.0	0.0
Claimant does not meet residence requirements	0.1	0.0	0.1
Caree does not require full-time care	0.3	0.0	0.2
Claimant is not providing full-time care	2.6	2.0	2.5
Additional allowances are not correct	0.0	0.0	0.0
Receiving incompatible benefits or better off on other benefit	0.0	-0.5	-0.1
Claimant means not correct	4.7	1.0	3.7
All benefit eligibility components	**8.2**	**2.5**	**6.7**
Lower bound 95% confidence interval	*5.8*	*-0.1*	*4.8*
Upper bound 95% confidence interval	*10.9*	*5.2*	*8.8*

Source: DEASP. Figures may not add due to rounding.

Table 30 - Incorrect benefit by component and claim type, with 95% confidence intervals (% of cases affected)

Incorrect benefit eligibility component	Incorrect benefit by claim type (% of cases affected)		
	Full rate	Half rate	Overall
Claimant failed to supply required information	0.6	0.0	0.3
Claimant does not meet basic eligibility criteria	0.0	0.0	0.0
Claimant does not meet residence requirements	0.6	0.0	0.3
Caree does not require full-time care	0.3	0.0	0.2
Claimant is not providing full-time care	4.3	2.8	3.7
Additional allowances are not correct	0.0	0.0	0.0
Receiving incompatible benefits or better off on other benefit	0.0	0.4	0.2
Claimant means not correct	14.0	3.6	9.7
All benefit eligibility components	19.7	6.8	**14.3**
Lower bound 95% confidence interval	15.7	4.0	*11.5*
Upper bound 95% confidence interval	24.0	10.0	*17.2*

Source: DEASP. Figures may not add due to rounding.

vii.   Number of carees

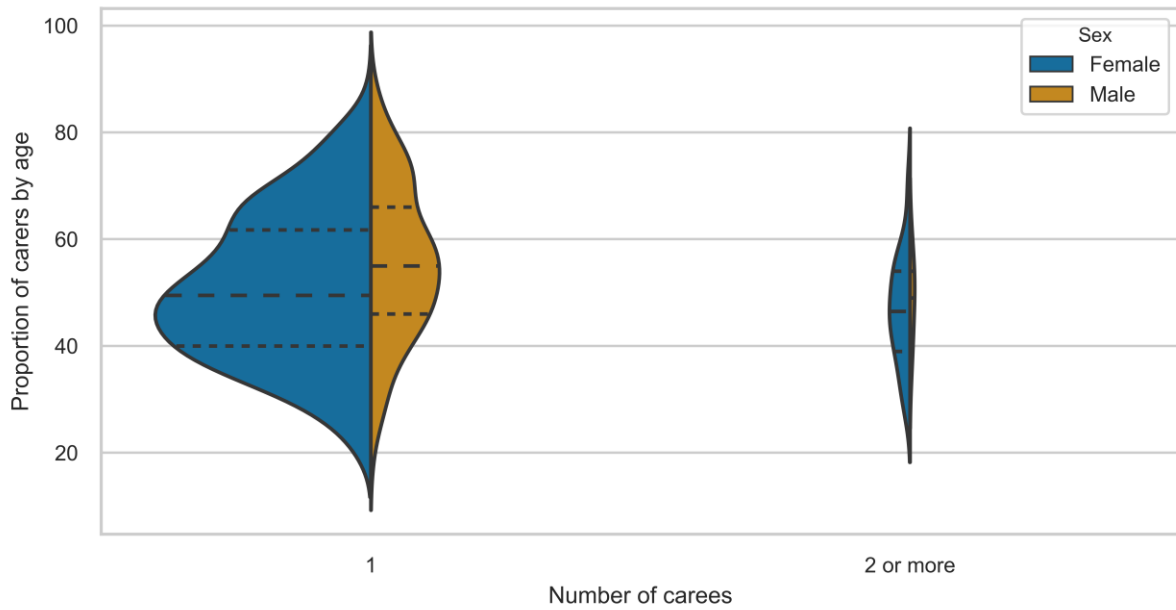*Figure 24 – Age, sex, and number of carees profile of Carer's Allowance recipients, May 2017*

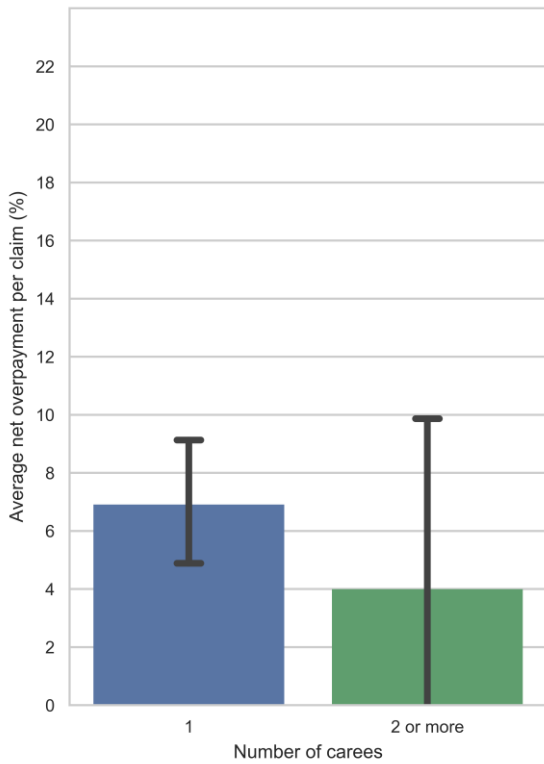*Figure 25 – Incorrect benefit by number of carees (% of expenditure)*

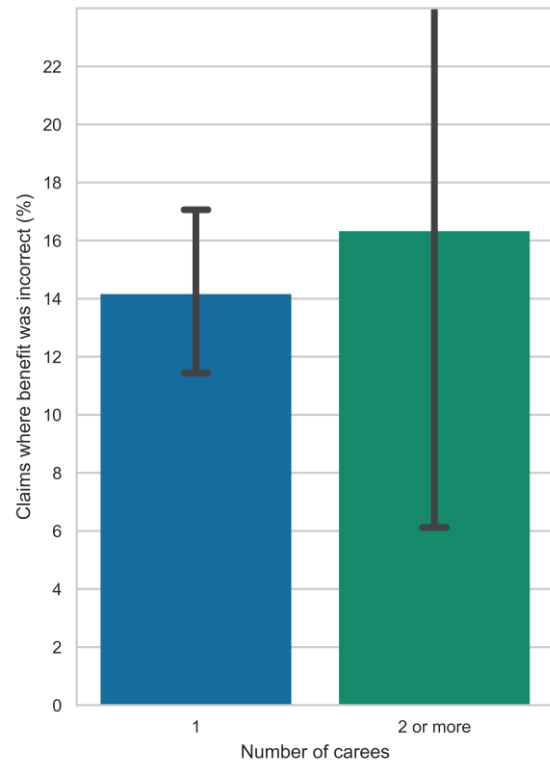*Figure 26 – Incorrect benefit by number of carees (% of cases affected)*

Table 31 - Incorrect benefit by component and no. of carees, with 95% confidence intervals (% of expenditure)

Incorrect benefit eligibility component	Incorrect benefit by no. of carees (% of expenditure)		
	One	Two or more	Overall
Claimant failed to supply required information	0.4	0.0	0.4
Claimant does not meet basic eligibility criteria	0.0	0.0	0.0
Claimant does not meet residence requirements	0.1	0.0	0.1
Caree does not require full-time care	0.2	0.0	0.2
Claimant is not providing full-time care	2.6	1.6	2.5
Additional allowances are not correct	0.0	0.0	0.0
Receiving incompatible benefits or better off on other benefit	0.0	-1.2	-0.1
Claimant means not correct	3.9	2.1	3.7
All benefit eligibility components	**7.3**	**2.6**	**6.7**
Lower bound 95% confidence interval	*5.1*	*-1.3*	*4.8*
Upper bound 95% confidence interval	*9.6*	*6.5*	*8.8*

Source: DEASP. Figures may not add due to rounding.

Table 32 - Incorrect benefit by component and no. of carees with 95% confidence intervals (% of cases affected)

Incorrect benefit eligibility component	Incorrect benefit by no. of carees (% of cases affected)		
	One	Two or more	Overall
Claimant failed to supply required information	0.4	0.0	0.3
Claimant does not meet basic eligibility criteria	0.0	0.0	0.0
Claimant does not meet residence requirements	0.4	0.0	0.3
Caree does not require full-time care	0.2	0.0	0.2
Claimant is not providing full-time care	3.6	4.1	3.7
Additional allowances are not correct	0.0	0.0	0.0
Receiving incompatible benefits or better off on other benefit	0.0	2.0	0.2
Claimant means not correct	9.6	10.2	9.7
All benefit eligibility components	**14.2**	**16.3**	**14.3**
Lower bound 95% confidence interval	*11.3*	*6.1*	*11.5*
Upper bound 95% confidence interval	*17.1*	*26.5*	*17.2*

Source: DEASP. Figures may not add due to rounding.

viii.   Youngest caree age group

Figure 27 – Age, sex, and youngest caree age profile of Carer's Allowance recipients, May 2017
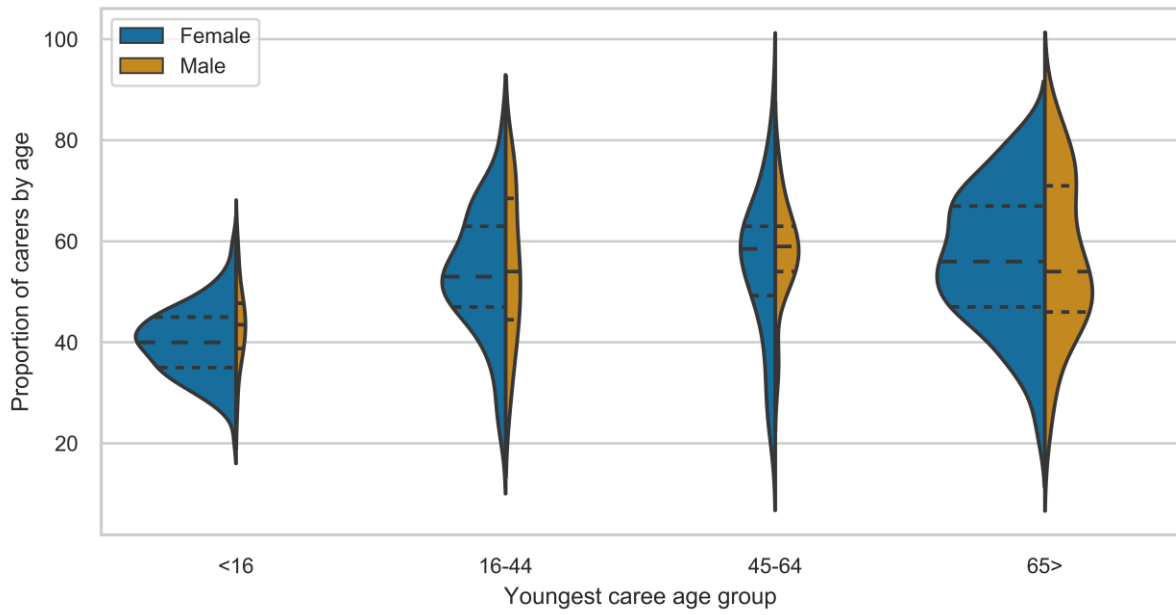

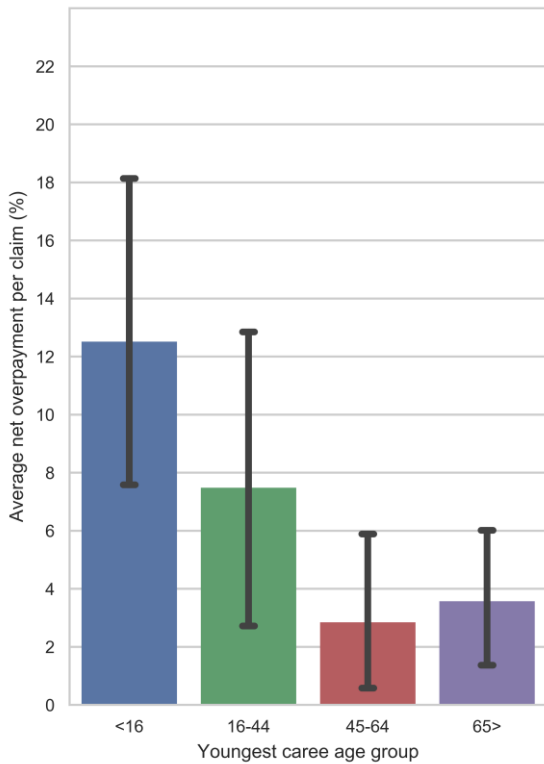*Figure 28 – Incorrect benefit by youngest caree age (% of expenditure)*

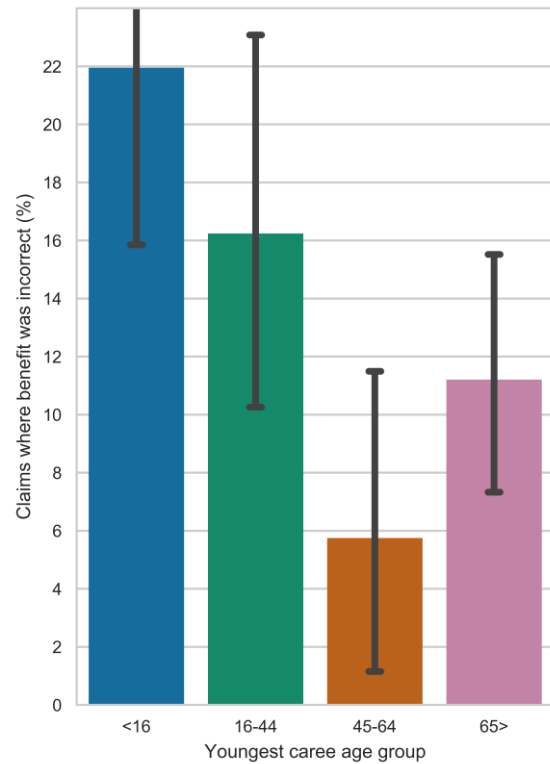*Figure 29 – Incorrect benefit by youngest caree age (% of cases affected)*

Table 33 - Incorrect benefit by component and caree age, with 95% confidence intervals (% of expenditure)

Incorrect benefit eligibility component	Incorrect benefit by youngest caree age group (% of expenditure)				
	<16	16-44	45-64	65>	Overall
Claimant failed to supply required information	0.8	0.0	0.0	0.4	0.4
Claimant does not meet basic eligibility criteria	0.0	0.0	0.0	0.0	0.0
Claimant does not meet residence requirements	0.0	0.3	0.0	0.0	0.1
Caree does not require full-time care	0.0	1.0	0.0	0.0	0.2
Claimant is not providing full-time care	2.2	4.8	1.7	1.7	2.5
Additional allowances are not correct	0.0	0.0	0.0	0.0	0.0
Receiving incompatible benefits or better off on other benefit	0.0	0.0	0.0	-0.4	-0.1
Claimant means not correct	8.4	1.4	1.3	2.0	3.7
All benefit eligibility components	**11.4**	**7.5**	**3.0**	**3.7**	**6.7**
Lower bound 95% confidence interval	*6.9*	*2.8*	*0.6*	*1.5*	*4.8*
Upper bound 95% confidence interval	*16.4*	*12.8*	*6.2*	*6.3*	*8.8*

Source: DEASP. Figures may not add due to rounding.

Table 34 - Incorrect benefit by component and caree age, with 95% confidence intervals (% of cases affected)

Incorrect benefit eligibility component	Incorrect benefit by youngest caree age group (% of cases affected)				
	<16	16-44	45-64	65>	Overall
Claimant failed to supply required information	0.6	0.0	0.0	0.4	0.3
Claimant does not meet basic eligibility criteria	0.0	0.0	0.0	0.0	0.0
Claimant does not meet residence requirements	0.0	0.9	0.0	0.4	0.3
Caree does not require full-time care	0.0	0.9	0.0	0.0	0.2
Claimant is not providing full-time care	2.4	7.7	3.4	2.6	3.7
Additional allowances are not correct	0.0	0.0	0.0	0.0	0.0
Receiving incompatible benefits or better off on other benefit	0.0	0.0	0.0	0.4	0.2
Claimant means not correct	18.9	6.8	2.3	7.3	9.7
All benefit eligibility components	**22.0**	**16.2**	**5.7**	**11.2**	**14.3**
Lower bound 95% confidence interval	*15.9*	*9.4*	*1.1*	*7.3*	*11.5*
Upper bound 95% confidence interval	*28.0*	*23.1*	*11.5*	*15.5*	*17.2*