



Department
for Work &
Pensions

INDEPENDENT CASE EXAMINER

for the Department for Work and Pensions

Annual report

1 April 2014 – 31 March 2015

Our Mission Judging the issues without taking sides.

Our Purpose We have two primary objectives: to act as an independent referee if customers of the Department for Work and Pensions (DWP) consider that they have not been treated fairly or have not had their complaints dealt with in a satisfactory manner; and to support DWP in improving the service they deliver by providing constructive comment and meaningful recommendations.

Our Aim To provide a free, effective and impartial complaints review and resolution service for DWP customers that makes a difference to the way in which DWP discharge their public responsibilities.

Our Vision To deliver a first rate service provided by professional staff.

Contents

Independent Case Examiner’s foreword	4
Introduction	6
Referrals to the ICE Office	7
Casework	
Jobcentre Plus	9
The Pension Service	14
Disability and Carers Service	18
Debt Management	21
Contracted Provision	24
Child Support Agency	29
Child Maintenance Service	34
Making reasonable adjustments	36
Responding to complaints about staff	38
The ICE Office	
Standards of Service	41
Complaints about our service/investigations	41
Findings of the Parliamentary Ombudsman	42
Continuous improvement	42
Supporting Evidence	
Casework Statistics	44
Jobcentre Plus	45
The Pension Service	46
Disability and Carers Service	47
Debt Management	48
Contracted Provision	49
Child Support Agency	50

Independent Case Examiner's foreword



I am delighted to write the foreword for this report on my second year as the Independent Case Examiner for the Department for Work and Pensions.

As well as providing an overview of the numbers of cases we have handled and adjudicated upon in the year, I and my team have selected some examples to share with you in detail from the range of businesses whose complex complaints we deal with.

Many years ago I read a quote that stuck with me from A.N. Whitehead; he said “We talk in generalities, but we live in detail”. Each case we look at demonstrates this to me. My business and that of my office is that detail; the twists and turns in cases, the particular stories that affect people’s lives. We can aggregate our findings and that is informative, but the real understanding of our work and the important learning for the DWP businesses to prevent cases being repeated, comes from the detail.

We have identified two areas for special focus in this report. The first is where a customer has particular needs and requires a reasonable adjustment to the usual process to be able to use a DWP service fully and well. Cases we see show that whilst this is often achieved, there is opportunity for the businesses across DWP to be more aware of and responsive to individual customer’s particular needs.

We have also drawn out a thread regarding complaints against DWP staff. We usually, but not always, find that these have been thoroughly and properly investigated but too often find that there have been shortcomings in the last step of the process - telling the customer what the findings have been.

I hope you enjoy reading the report and that it helps share our day to day work and the importance that it has for the complainants and for the businesses. I can’t do any of my role without the fantastic support I get from the ICE office staff who work with me. They fully

understand the importance of the detail in cases and I could not adjudicate without their superb skills in investigating and laying out the facts of a case. In particular I would like to thank Carol Farrell, who spent the last eight years as the Head of the ICE office before retiring in the spring - she set the standards for investigation and I and the complainants we serve owe her thanks for all she did.

Finally, can I thank you for reading our report and I look forward to any feedback you may have.

A handwritten signature in black ink that reads "Joanna Wallace". The signature is written in a cursive style with a large initial 'J' and a horizontal line extending across the bottom of the name.

Joanna Wallace
August 2015

Introduction

The breadth of the Department's work and the diversity of the citizens it services can be seen in the complaints that are referred to my office.

The case examples I have provided in this report are an attempt to shine a light on the range and type of issues that concern the people who complain to us and to provide insight into my approach to providing remedy in response to service failure.

The volume of cases we examine is relatively small when considered in the context of the range of service provided by the Department and the number of individuals it serves. This can make it difficult to identify emerging trends and themes associated with the complaints we see, as many similar cases may have been resolved without the need to come to us. However, what has become increasingly apparent, from the significant reduction in the number of complaints that this office has been able to resolve without reference to all the facts of the case, is that DWP businesses and Private Sector Service providers are demonstrating a keen focus on trying to resolve complaints, without the need for them to escalate. This is to be welcomed and encouraged.

The vast majority of the cases that are referred to my office now require a full examination of the evidence, which will either lead to the business agreeing action to settle the complaint (to the customers satisfaction), or a report in which I will detail my findings and any recommendations for redress. Of those cases that we investigated during 2014/15, 40% were not upheld, 22% were fully upheld and 38% were partially upheld.

Many of those that are partially upheld turn on a relatively minor, but important point, for example the business may have attempted to provide a resolution but in doing so have failed to have regard to an important fact or failed – in my view – to offer or provide full and appropriate redress prior to referral to my office.

In some instances, there is evidence that the existence of a problematic or strained relationship with the complainant can undermine any attempts to resolve the complaint, and in such instance the business must try harder to set these difficulties aside in

examining and responding to complaints. This, coupled with measures to ensure that reasonable adjustments are made for customers with specific needs and greater attention to detail in administering complaints about staff, could help reduce the number of complaints which are partially upheld by this office.

The following table shows the number of cases we have dealt with this year, and the way in which they have been concluded.

Referrals to the ICE Office – at a glance

Reporting Year	2014/15
Received	3268
Accepted	1125
*Total case clearances (of which):	1163
Withdrawn	46
**Resolved by agreement between the parties	229
Investigated	888
Of those complaints investigated % partially upheld	38%
Of those complaints investigated % of fully upheld	22%
***Of those complaints investigated % of cases not upheld	40%

Subsequent chapters provide more detail of the workload originating from the Department's component parts, the outcomes of our investigations and examples of the work we do and the outcomes we achieve. The content of the examples in this report are based on ICE cases and are anonymous to protect the complainant's identity.

*Case clearances can be higher than cases accepted as some cases cleared were accepted in the previous financial year.

**This includes 15 cases resolved with evidence (settled) for 2014/2015

***This includes cases which we deem justified, because although the complaints have merit, the business have taken all necessary action to remedy them prior to the complainant's approach to ICE.

CASE WORK

Jobcentre Plus

At a glance...

- 1296** Cases received
- 367** Cases accepted
- 399** Cases cleared in the reporting period*

Of which:

- 19** were withdrawn
- 75** were resolved or settled to the complainant's satisfaction
- 305** ICE investigation reports were issued:
 - 22.3%** fully upheld
 - 34.1%** partially upheld
 - 43.6%** not upheld

Jobcentre Plus is the part of the DWP that provide services to people of working age - primarily to those trying to find work and to those who are out of work and need financial assistance.

They also provide social security benefits to those without an income due to illness or incapacity. Complaints received at ICE about Jobcentre Plus cover the full range of the services they provide.

Complainants must have received a final response to their concerns from Jobcentre Plus before we can accept their complaint for examination. Over 70% of complainants who approach this office do so before they have received a final Jobcentre Plus response to their complaint.

This suggests either reluctance on the part of complainants to engage with the Jobcentre Plus complaints process or that people experience difficulty in navigating it. We are currently looking at this data and discussing it with the businesses.

Case study 1

Mrs B complained that Jobcentre Plus had failed to provide her with a satisfactory telephone service and that they had provided her with contradictory information in relation to her late brother's benefit arrears and overpayments.

Mrs B was responsible for sorting out her late brother's estate when he passed away. He had been in receipt of Employment and Support Allowance and Mrs B needed information from Jobcentre Plus about how much her brother had been paid in order to settle his estate.

Mrs B had to telephone Jobcentre Plus on numerous occasions and tell different call handlers that her brother had died. Jobcentre Plus delayed in providing Mrs B with the information she needed, and when they eventually did, it was incorrect; a fact that only came to light when Mrs B pursued a complaint about the service she had received from Jobcentre Plus. It took them a year to provide her with the correct information.

*Case clearances can be higher than cases accepted as some cases cleared were accepted in the previous financial year.

Mrs B said that although Jobcentre Plus had offered their apologies she felt that they were perfunctory and she wanted a sincere recognition that she hadn't been provided with an acceptable level of service. We resolved Mrs B's complaint by securing agreement from Jobcentre Plus that they would provide Mrs B with an apology, a consolatory payment of £100 and £25 towards the costs she incurred in contacting them.

Case study 2

Miss C complained that Jobcentre Plus had misdirected her, when she was advised to close her Employment and Support Allowance claim and make a claim for Income Support.

Miss C, who was expecting her first child, attended a meeting with a Lone Parent adviser. Jobcentre Plus did not record details of that meeting, but Miss C said she was told that it would be better for her to claim Income Support rather than Employment and Support Allowance. Miss C therefore closed her claim for Employment and Support Allowance and made a claim to Income Support, which was awarded that month.

Miss C remained in receipt of Income Support, and a year after the birth of her child, Jobcentre Plus arranged an interview with her. They recorded that it was unclear why she had switched from Employment and Support Allowance to Income Support and that she would have been in a better financial position if she had remained on Employment and Support Allowance. Miss C was advised to cancel her Income Support claim and reapply for Employment and Support Allowance.

When Miss C complained at having been misdirected by Jobcentre Plus before her baby was born - the complaint resolution team decided that although there was evidence that she had attended an appointment with a Lone Parent Adviser there was no evidence of misdirection. Jobcentre Plus' final response to Miss C's complaint reiterated this view.

In investigating Miss C's complaint we concluded that we did not know what had been discussed at the first interview, however, we found that on the balance of probabilities it was highly unlikely that Miss C would have claimed Income Support if the adviser had not suggested it that day. Jobcentre Plus accepted, on balance that she had been misled and they agreed to make her a payment of £2,552.15 - this represented the difference between Income Support and Employment and Support Allowance for the relevant period. Miss C confirmed that she was happy with the action Jobcentre Plus agreed to take to settle* her complaint.

*settled cases are cases we resolve with evidence

Case study 3

Ms A complained that Jobcentre Plus had left her for fifteen days without any benefit and had not fully taken into account the inconvenience she had experienced as a result.

Ms A was employed on a short term basis and between jobs she claimed Jobseeker's Allowance. We found that when she reclaimed Jobseeker's Allowance, payment was delayed and underpaid due to computer problems. Jobcentre Plus then incorrectly closed Ms A's claim and asked her to complete a form requesting backdating for the period of underpayment. Further computer system errors delayed payments, which took two months to resolve.

In January 2014, Jobcentre Plus awarded Ms A £25.17 - the payment notification did not detail how the amount had been calculated and Ms A assumed it related to her communication costs. In fact, a payment of £10 had been awarded in recognition of inconvenience and £15.17 for telephone costs, but this breakdown was not explained to Ms A until June 2014.

Ms A told my office that her financial situation at that time was precarious and as a result she experienced real financial difficulty, and borrowed money for bills.

I upheld Ms A's complaints and said that I was not persuaded that the special payment she received appropriately reflected the impact of Jobcentre Plus' service failures. I recommended that Jobcentre Plus apologise to Ms A and award her a further consolatory payment of £150.

Case study 4

Mr D complained that Jobcentre Plus had acted unreasonably by refusing his request to make an audio recording of interviews he attended at the Jobcentre.

Mr D attended the Jobcentre for a new claim interview. He said that he was asked to come to a desk near the door and he had asked the officer if he could record the conversation. He said that his request was refused and he was subsequently taken to another desk by security. He said that a second officer also refused to allow him to record the conversation and he was escorted from the premises.

In investigating Mr D's complaint we found that Departmental guidance states that if a claimant asks for their interview to be recorded, they should be asked politely why (so that any concerns can be understood) and be informed of alternatives, such as bringing a friend or taking notes. If a claimant insists on recording the interview, a Manager should be asked for guidance and ordinarily the Manager

should not refuse the request. If a member of staff is still not confident about undertaking the interview, they should ask another Advisor or their Manager to do it. Additionally, staff are advised that if they think the recording may be used for purposes other than the claimant's own use, advice should be sought from the District Manger and then the Regional Office.

Mr D said that he was escorted from the Jobcentre for asking if he could record the interview – we considered that had the events he described happened, this would have been unreasonable and contrary to Departmental guidance. However, we found that there was no evidence to confirm his account, and the account of events provided by Jobcentre Plus contradicted Mr D and said that he started recording without permission and refused to stop despite being asked to do so. I did not uphold Mr D's complaints, finding that I had been provided with no evidence to support Mr D's assertion that Jobcentre Plus had acted unreasonably or failed to follow Departmental guidance.

Case study 5

Mr E complained that in a telephone call Jobcentre Plus had misadvised him with regard to his entitlement to Income Support and Severe Disability Premium.

Mr E was awarded Disability Living Allowance in 2003 – the award notice would have included an information leaflet with details of the other benefits he might have been entitled to and a contact number for further enquiries.

Mr E emailed Jobcentre Plus in 2013 and said that he believed he should be entitled to the Severe Disability Premium from the date of his Disability Living Allowance award. He complained that the gov.uk website provided incorrect information about entitlement to this premium. He said that he had previously telephoned Jobcentre Plus (and later provided telephone records to support this) and asked if he could claim Severe Disability Premium. After confirming that he received Disability Living Allowance, the advisor told him the premium was not applicable as he was not claiming Income Support. Mr E provided evidence from gov.uk showing that despite him entering his details in the benefit calculator, Income Support was not listed as a possible benefit option for him, when it should have been. Mr E also said the advisor had told him that he could not claim Disability Living Allowance and Income Support at the same time. Mr E said he had found out that Severe Disability Premium was not restricted to those on Income Support – he said he had been misadvised.

A Jobcentre Plus Manager wrote to Mr E and said that he should have been told about the qualifying conditions for Income Support and been given a claim form. Mr E was told that on receipt of an Income Support claim form his claim could be backdated for three months.

Mr E complained that his Income Support should be backdated for considerably more than three months and reminded Jobcentre Plus that they had not addressed his complaint about the gov.uk website. They wrote to Mr E in October 2013 and said that his Income Support claim, including Severe Disability Premium had been allowed and backdated for three months. Although Jobcentre Plus acknowledged that the information on the website was incorrect, there was no evidence that they investigated the anomaly.

We considered whether the incorrect information on the website prevented Mr E from making a claim, and concluded that he would have claimed Income Support around October 2008, had he been given the correct information at that time. I upheld Mr E's complaint and I recommended that Jobcentre Plus make a special payment in recognition of the fact that he had lost entitlement to Income Support between October 2008 and July 2013 and a consolatory payment of £250 to reflect the inconvenience caused.

The Pension Service

At a glance...

- 233** Cases received
- 73** Cases accepted
- 83** Cases cleared in the reporting period*

Of which:

- 6** were withdrawn
- 22** were resolved or settled to the complainant's satisfaction
- 55** ICE investigation reports were issued:
 - 20%** fully upheld
 - 29.1%** partially upheld
 - 50.9%** not upheld

The Pension Service is the part of DWP that provides services and a range of benefits to those approaching and over State Pension age.

Allegations of misdirection about deferring State Pension have again been a particular feature of the cases we have looked at this reporting year.

Case study 1

Mr Q complained that The Pension Service had failed to provide a satisfactory explanation for their failure to issue a pension notification to him, and that they had failed to correctly process the claim form he submitted.

Our examination found that The Pension Service should have sent Mr Q a BR33 information pack prior to him reaching state pension age, which would have informed him of the options open to him and the action he was required to take. Mr Q did not receive the form because it had been sent to an incorrect address, as The Pension Service had failed to update his address.

We also found that when Mr Q subsequently made his claim to state pension, The Pension Service delayed in progressing his application due to them holding an incorrect address.

We were able to resolve Mr Q's complaint following The Pension Service's agreement to apologise to Mr Q for failing to update his address which was the root cause of the problems. They also agreed to award him a consolatory payment of £50 in recognition of the inconvenience he had experienced.

*Case clearances can be higher than cases accepted as some cases cleared were accepted in the previous financial year.

Case study 2

Mr F complained that The Pension Service failed to give him adequate advice about claiming an increase in State Pension for his wife, when he claimed State Pension.

The Pension Service wrote to invite Mr F to claim his State Pension and included a booklet which explained that the easiest way to claim was by telephone, but that if he wanted to fill in a State Pension claim form, he could complete the tear off slip and return it. At the bottom of the tear off slip there was a space to indicate whether he was a married man, and if so, whether his wife was aged sixty or over, and if she wasn't (Mr F's wife was 56 at that time) it said that The Pension Service would send a form asking whether he wanted to claim an increase of State Pension for his wife.

Mr F telephoned The Pension Service to claim his State Pension. Despite providing all the information requested of him, including his wife's date of birth, he was not asked if he wanted to claim a pension increase for his wife. Mr F said that he assumed that The Pension Service would deal with this.

A month later The Pension Service provided Mr F with a breakdown of his entitlement to State Pension which did not include any reference to a pension increase taking his wife into account. Mr F said he assumed that as he had provided The Pension Service with his wife's details he did not qualify for such help. A similar notification was sent to Mr F two years later, which prompted him to contact The Pension Service to ask about the increase for his wife. He was told that he could no longer make such a claim, as policy had changed in the last two years and it was no longer possible to claim a pension increase for another adult. Mr F appealed this decision, but his appeal was disallowed as the decision was not wrong in law.

Mr F wrote to The Pension Service and suggested that he had not been asked relevant questions when he first claimed. This was refuted on the grounds that he had accepted that he had an understanding, when he made his claim for State Pension, that his wife's age could generate an increase of State Pension but he had not asked about this when he telephoned to make his claim, and the application made two years later had been too late.

During our investigation, we asked The Pension Service why Mr F had not been asked if he wanted to claim a pension increase for his wife. They said the question had not been included in their telephone claim script in 2009, because a pension increase could not be claimed over the telephone. However, they acknowledged that based on the information Mr F had provided about his wife he should have been sent an additional claim form.

I upheld Mr F's complaint and I recommended that The Pension Service apologise and make a payment to reflect the loss of increased pension for his wife, from the start of his claim to the point she was able to claim State Pension in her own right. This amounted to £16, 413.97 including interest. I also recommended they make a consolatory payment of £250 for the inconvenience caused.

Case study 3

Mrs H complained that The Pension Service had incorrectly advised her to continue claiming Widow's Pension until she was 65 and that she had lost out financially because of this.

Mrs H began receiving Widow's Pension in 2001.

She said that she telephoned The Pension Service four years later to query the State Pension forecast figures she had received and during the call she questioned the difference between State Pension and Widow's Pension. She said the adviser told her she would be best continuing to claim Widow's Pension rather than her State Pension. The Pension Service had no record of this telephone call but Mrs H provided copies of her telephone records which showed that she did call a Pension Centre.

The Pension Service wrote to Mrs H inviting her to claim State Pension ahead of her 60th birthday. The leaflet said that as she had been widowed prior to 9 April 2001 and was in receipt of Widow's Pension she had several options, which were explained to her. The leaflet said State Pension would not usually be less than the current benefit that she was receiving. Mrs H telephoned The Pension Service and said she wanted to continue receiving Widow's Pension.

Just before her 65th birthday, The Pension Service wrote to Mrs H to tell her she would get State Pension of £203.74 a week (approximately £50 a week more than the Widow's Pension), when she reached age 65. Mrs H telephoned The Pension Service saying she had previously been advised to stay on Widow's Pension as it was higher than State Pension. In response, The Pension Service said that they would backdate State Pension and this would mean that Mrs H would receive the difference between Widow's Pension and State Pension - however backdating is limited by law to twelve months.

Having been awarded backdated State Pension of £2,695.56 for a year, Mrs H complained that she had been mis-directed. The Pension Service considered her complaint several times and said that it was unlikely that she would have been told to continue claiming Widow's Pension. Whilst they accepted that she had called to discuss the option of continuing her Widow's Pension, it was not considered that

she had been advised by The Pension Service to continue claiming Widow's Pension, rather than claim State Pension.

We asked Mrs H about her recollections of the telephone conversation in February 2005 – she said that she specifically questioned the difference between State Pension and Widow's Pension. We said that had she referred to Widow's Pension specifically, we would have expected the call handler to have recognised that State Pension is not generally lower than Widow's Pension and it was unlikely that a member of The Pension Service staff would advise claiming Widow's Pension above claiming State Pension – not only because it would be poor advice but also and primarily because The Pension Service staff are instructed not to give any advice.

I did not uphold Mrs H's complaints – I found that the evidence presented was insufficient to persuade me that she had been told to continue claiming Widow's Pension.

Disability and Carers Service

At a glance...

- 201** Cases received
- 68** Cases accepted
- 58** Cases cleared in the reporting period

Of which:

- 2** were withdrawn
- 12** were resolved or settled to the complainant's satisfaction
- 44** ICE investigation reports were issued:
 - 22.7%** fully upheld
 - 15.9%** partially upheld
 - 61.4%** not upheld

Disability and Carers Service is the part of DWP responsible for paying benefits to those who have a disability or long term illness or those who have caring responsibilities.

Complaints received at ICE relate to various aspects of the service provided, including delays in processing benefits but most frequently contain elements of dissatisfaction with medical assessments.

Case study 1

Mr M complained that Disability and Carers Service had failed to invite him to apply for a renewal of his Disability Living Allowance claim before the award finished, as promised in two earlier letters.

Our examination found that Disability and Carers Service did fail to invite Mr M to apply for a renewal of his Disability Living Allowance, which resulted in a period when he did not receive this benefit.

We were able to resolve Mr M's complaint as Disability and Carers Service agreed to award a payment of £559.29 in recognition of the amount of benefit he lost, as they hadn't issued the renewal form on time, and a consolatory payment of £100 for the inconvenience caused to him.

Case study 2

Mr N complained that Disability and Carers Service failed to consider the financial loss he incurred as the result of a flawed medical report from Atos Healthcare in respect of his claim for Disability Living Allowance.

Mr N's case was selected, at random, as part of an exercise to check 12,000 Disability Living Allowance cases. At that time he was receiving Disability Living Allowance at the lowest rate for the care component and the higher rate for the mobility component.

As part of the check, a face to face examination was required and a medical report was sent to Disability and Carers Service – their decision maker decided that Mr N was not entitled to either component of Disability Living Allowance.

Motability Operations then wrote to Mr N to say that as he was no longer in receipt of the higher rate mobility component of Disability Living Allowance, they had arranged for his Motability car to be collected.

Mr N appealed the decision that he was no longer entitled to Disability Living Allowance and said that the medical report didn't reflect the assessment discussion.

Atos Healthcare reviewed the medical report and supported Mr N's view that the assessment had not been properly performed and they apologised. In response, Disability and Carers Service asked Atos to complete a further examination and report. A decision maker considered the new report and awarded Mr N Disability Living Allowance at the higher rate for the mobility component and the lowest rate for the care component, with effect from mid May 2013. Arrears of £985.65 of Disability Living Allowance were paid to Mr N for the time he had been disallowed.

Mr N contacted Disability and Carers Service later in May to complain that he was experiencing delays in getting a new Motability car. He said he had been housebound since the car had been taken away and that he had to cancel two planned holidays.

We found that there were delays in Mr N receiving a new car stemming from the flawed medical report. We upheld Mr N's complaint and recommended that Atos make a consolatory payment of £200 in recognition of the flawed medical assessment report and that Disability and Carers Service make a compensatory payment of £721.51 for Mr N's financial loss as a result of having to cancel a holiday along with a £300 consolatory payment due to the inconvenience and distress caused to him as a result of his benefit and Motability car being removed.

Case study 3

Mr O complained on behalf of his daughter that Disability and Carers Service failed to investigate the standard of assessment provided by Atos Healthcare in February 2014.

Mr O made a claim for Personal Independence Payment on behalf of his daughter and Atos Healthcare completed a face to face assessment with her. Their completed medical report was received by Disability and Carers Service in May 2014 who decided that Mr O's daughter was entitled to the standard rate of the Daily Living component at a rate of £53 per week but that she was not entitled to any rate of the Mobility component.

Mr O told my office that he complained at the time of the medical assessment as the healthcare professional who had conducted the assessment was a Physiotherapist and not a mental health specialist. He confirmed that he had not followed up this complaint with Atos Healthcare when he had not received a response as he believed that Disability and Carers Service were responsible for the Personal Independent Payment process and that they should deal with complaints about the service including that of their service providers.

We explained to Mr O that Disability and Carers Service are not responsible for dealing with complaints about contracted service providers. It is a contractual requirement for those providers to deal with complaints about their service; they are also required to refer complainants who are dissatisfied with the responses they receive to my office. DWP staff are instructed to advise anyone with complaints about a service provider to address them directly to the relevant provider – in this case, Atos Healthcare.

I did not uphold Mr O's complaint. I found that while Mr O was dissatisfied that Disability and Carers Service had told him to take his complaint to Atos Healthcare, there was no maladministration in their doing so - on the contrary, their guidance required it. I explained to Mr O that it was for him to decide whether to pursue his complaint with Atos Healthcare, as previously advised. I also explained that if he did so and was dissatisfied with their response, he may wish to return to my office – at which point we could consider the matter further.

Debt Management

At a glance...

- 53** Cases received
- 12** Cases accepted
- 12** Cases cleared in the reporting period

Of which:

- 0** were withdrawn
- 3** were resolved or settled to the complainant's satisfaction
- 9** ICE investigation reports were issued:
 - 11.1%** fully upheld
 - 22.2%** partially upheld
 - 66.7%** not upheld

Debt Management is the part of DWP responsible for managing and recovering claimant debt, including benefit overpayments and Social Fund loans.

Complaints received at ICE about Debt Management are commonly disputes about a loan that has been taken out or the attempted recovery of an overpayment. We generally find that complainants have been appropriately notified of the loan or overpayment, but we often find evidence of delays in starting recovery action.

Case study 1

Mr I complained that Debt Management had provided him with misleading and confusing explanations regarding an overpayment of Pension Credit over a period of eight years.

When Mr I claimed Pension Credit it did not include a reduction for any private pensions. Six years later, in 2009, Mr I told The Pension Service that his private pension would be starting the following month.

A year later The Pension Service contacted him to say that his private pension had been included in his Pension Credit assessment, which had decreased his entitlement. He asked whether he had been overpaid and said that if this was the case, it was not his fault as The Pension Service had previously told him his private pension would not be taken into account. The Pension Service incorrectly told Mr I that if he had been overpaid they would not usually take action to collect the overpayment and it appeared that any overpayment on his case had been written off – at this point the overpayment had yet to be calculated by Debt Management.

Debt Management contacted Mr I and said he had been overpaid and he was asked to arrange repayment. He didn't get in touch and Debt Management told him they would recover the overpayment through a deduction from his State Pension – following which he repaid the overpayment in full. He then appealed the overpayment decision and told Debt Management that he wanted any money that he had paid to be returned until the appeal was heard.

A few months later, Debt Management incorrectly told him that as a result of the appeal the overpayment had reduced to nil – it had actually reduced because he had repaid it.

At a hearing on 1 December 2011 Mr I's appeal was disallowed.

A series of errors followed when Debt Management wrote to Mr I asking him to repay an additional debt that had accrued after 2009, that they had previously told him would be written off due to official error. Mr I paid this amount in full only for Debt Management to acknowledge that he should not have been required to pay this. Although they refunded him they gave him an incorrect amount. Debt Management apologised and refunded the outstanding amount to him but not until four months later.

I upheld Mr I's complaint and found that he had been put through the inconvenience of being given misleading and confusing information and had repaid an overpayment only for it to be returned to him. I recommended that Debt Management apologise and award him a consolatory payment of £100.

Case study 2

Mr J complained that Debt Management had failed to take timely and appropriate action to inform him of an overpayment and collect this from him.

Mr J had received Incapacity Benefit until 2011 when it was decided that he was capable of work and therefore not entitled to Incapacity Benefit for various dates. However no action was taken to inform Mr J until a year later.

Debt Management subsequently decided that Mr J had been overpaid Incapacity Benefit between 2008 and 2010 and they told him it must be paid back.

Mr J contacted Debt Management challenging the repayment and said that he had heard nothing for over a year. He was subsequently given conflicting information about whether the overpayment was recoverable or not – it was over two years after the initial decision before recovery started.

Mr J appealed the decision that he was no longer entitled to benefits but his appeal was not upheld.

In 2013 Debt Management started deductions to recover the overpayment from Mr J's benefit payments.

Mr J was awarded a special payment of £250 for gross inconvenience in recognition that he should have been notified much sooner that he was no longer entitled to Incapacity Benefit, and that the money he had been overpaid was recoverable.

We found it was over two years after the initial decision before the debt began to be recovered from him.

I found Mr J's complaint to be justified. I concluded that Debt Management had mishandled Mr J's case, but the special payment awarded to him of £250 was sufficient redress.

Contracted Provision

At a glance...

- 316** Cases received
- 110** Cases accepted
- 121** Cases cleared in the reporting period*

Of which:

- 4** were withdrawn
- 9** were resolved or settled to the complainant's satisfaction
- 108** ICE investigation reports were issued:
 - 8.3%** fully upheld
 - 27.8%** partially upheld
 - 63.9%** not upheld

The DWP have contracts with private and voluntary sector organisations to deliver some services on their behalf, most notably the Work Programme and Health Assessments.

These organisations have responsibility for responding to complaints about their service – but in the event that the complainant is dissatisfied with their final response, they can bring their complaint to my office.

Many of the complaints we receive are from people who are unhappy with either the requirements of the Work Programme or the support they have received from it. Cases vary, but for some claimants it is clear that their expectations of the Work Programme are unrealistic.

The majority of the complaints we receive about Health Assessments concern either delay in completing assessments or perceived errors within health reports.

I have included some examples of the type of cases we have examined.

Work Programme Providers

Case study 1

Ms T complained that the Work Programme Provider had not reimbursed her expenses.

When we contacted the provider and discussed Ms T's complaint, they offered to reimburse Ms T's travel costs amounting to £215.

Ms T was happy with the provider's response and agreed to settle her complaint.

*Case clearances can be higher than cases accepted as some cases cleared were accepted in the previous financial year.

Case study 2

Mr S complained that the Work Programme Provider failed to provide assistance with his business plan.

When Mr S told the Work Programme Provider that he was interested in becoming self-employed they referred him to an independent organisation that supported business start-ups and told them that Mr S needed help and support with his business plan. After reviewing the business plan, a consultant from that organisation met with Mr S on three occasions to discuss his business proposal. The consultant told Mr S that his plan was not viable and his website included inappropriate content.

Mr S complained to the Work Programme Provider and said that the consultant had not helped him and had not read his business plan – he told us that the consultant had ridiculed him and seemed to dislike him.

The Work Programme Provider apologised that Mr S was unhappy with the service he had received, but said the consultant had offered him appropriate feedback. They explained that they could only endorse viable business plans and offered to refer him back to the organisation for help in preparing his plan. Mr S did not accept that offer. In response to a further complaint from him they told Mr S that his business plan was not robust and so they couldn't provide him with financial assistance or support to progress his business proposal - they did say that they could help if he made changes to his business plan.

Mr S subsequently failed to engage with the Work Programme Provider and as a result his benefit was sanctioned for three months.

I did not uphold Mr S's complaint. I was satisfied that the consultant had read his business plan and provided constructive and appropriate feedback. Mr S was offered support and help from both the Work Programme Provider and the independent business start-up organisation, but he chose not to accept it. While the Work Programme Provider referred Mr S back to the organisation he had complained about, I found that they were acting in his best interests, since the organisation were specialists in the start-up field and best placed to offer the advice and support he needed.

Health Assessments

Case study 1

Mr Y complained that the Health Assessment Provider delayed in processing his daughter's application for Personal Independence Payment.

Mr Y's daughter claimed Personal Independence Payment in autumn 2013 – a month later her claim was referred to the Health Assessment Provider.

Mr Y later said that his daughter's condition had deteriorated and asked if the Health Assessment Provider could carry out a paper-based assessment, rather than a face to face one, to decide his daughter's functional ability and entitlement to benefit.

In early 2014 Mr Y contacted the Health Assessment Provider and told them he was concerned that the thought of attending a face to face assessment was causing his daughter stress. Mr Y asked if reports could be obtained from his daughter's doctors before deciding what type of assessment was needed. Later that month the Health Assessment Provider decided that a face to face assessment was required.

Mr Y emailed the Health Assessment Provider to complain about the delay in completing an assessment and to ask if they had contacted his daughter's doctors. In response the Health Assessment Provider apologised for the delay in completing an assessment, and said that no further medical evidence had been requested since it was unlikely to provide information to allow them to complete a paper-based assessment.

Mr Y continued to complain and three months later the Health Assessment Provider obtained information from Mr Y's daughter's doctors. Following that a paper-based assessment was completed and Mr Y's daughter was awarded Personal Independence Payment and arrears of over £2,000 were paid to her.

The Health Assessment Provider wrote to Mr Y and apologised for the delay in progressing his daughter's claim. They said that they had acted in line with their guidance when they initially decided that a face to face assessment was needed, but had considered a paper-based assessment in response to his complaint. They acknowledged that their delays had caused stress for Mr Y and his daughter and made a consolatory payment of £100, which Mr Y returned to them.

I found Mr Y's complaint to be justified. While there was a delay in the Health Assessment Provider making their initial decision that a face

to face assessment was required, I was satisfied that they followed their correct processes in doing so. There was also a delay in the assessment being completed, although it changed to a paper-based one after receiving information from the doctors, at Mr Y's request. I was satisfied that the £100 offered by the provider was appropriate in the circumstances and I recommended that the Health Assessment Provider reissue the payment of £100 to Mr Y's daughter.

Case study 2

Mr P complained that the Health Assessment Provider delayed in progressing his application for Personal Independence Payment.

Mr P applied for Personal Independence Payment in autumn 2013 – his claim was referred to the Health Assessment Provider eight days later.

Mr P emailed the Health Assessment Provider in early 2014 to complain that he had expected to be contacted within six weeks of making his claim. Mr P said that he was struggling with his disability and needed help as soon as possible. The Health Assessment Provider replied to Mr P the following day and told him that he needed to attend a face to face assessment, but they were unable to tell him when that was likely to be. They told Mr P that there were delays in the assessment process but if he was eligible to receive Personal Independent Payment, backdated arrears would be paid.

Following several further complaints from Mr P about delay, the Health Assessment Provider arranged a face to face assessment seven months after he had applied – they apologised for the delay. Mr P was awarded Personal Independence Payment in line with the date he originally claimed and arrears were paid to him.

I upheld Mr P's complaint – while I was satisfied that the Health Assessment Provider apologised for their delay in arranging the assessment, they did not consider the consequences of that delay for Mr P. I recommended that the Health Assessment Provider make a consolatory payment of £150 to Mr P in recognition of the impact their delay had on him.

Case study 3

Mr X complained that the Health Assessment Provider did not properly address his complaint about inaccuracies in their medical report.

Mr X received Disability Living Allowance for eight years - his claim was then reviewed and Disability and Carers Service decided that he was no longer entitled to receive that benefit. Mr X disputed the decision

and asked for a medical assessment, which was completed by the Health Assessment Provider.

Following receipt of the medical report Disability and Carers Service looked again at their decision that Mr X was not entitled to receive Disability Living Allowance, but did not change it. Mr X submitted an appeal to HM Courts and Tribunals Service.

Mr X wrote to the Health Assessment Provider and complained that there were a number of inaccuracies in the medical report they had completed. The Health Assessment Provider investigated Mr X's complaint and told him that while parts of the medical report were hard to read, they were satisfied that they had completed the assessment and report in accordance with their standards.

Following a further complaint from Mr X the Health Assessment Provider reviewed the medical report, the records of the investigation and their previous response. They wrote to Mr X and said that they were satisfied that the report met the required standards – they referred him to our office if he remained dissatisfied.

Mr X's dispute of the decision not to award him benefit was progressed through the appeals process.

I did not uphold Mr X's complaint because I was satisfied that the Health Assessment Provider followed their correct process in dealing with his complaint and they reviewed the medical report twice – on both occasions finding it to be fit for purpose and to the required standards.

Child Support Agency

At a glance...*

- 1169** Cases received
- 495** Cases accepted
- 490** Cases cleared in the reporting period*

Of which:

- 15** were withdrawn
- 108** were resolved or settled to the complainant's satisfaction
- 367** ICE investigation reports were issued:
 - 25.3%** fully upheld
 - 47.4%** partially upheld
 - 27.3%** not upheld

The Child Support Agency calculate how much maintenance should be paid for the financial support of any child whose parents do not live together – they can also collect maintenance.

Complaints about the Agency often refer to matters that go back over many years and we often have to review large amounts of evidence provided by the Agency and also the complainant.

Again, this year the majority of the complaints we received were about arrears of maintenance, either that they have not been collected by the Agency, or they have been charged incorrectly, but we also receive complaints about many other issues.

We have included a sample of case studies to give you a flavour of the work we do in this area.

New applications for maintenance through the Agency stopped in November 2013 – they are now made through the Child Maintenance Service.

Case study 1

Mr G complained that the Agency had incorrectly collected payments from him by deduction from earnings order in both of his cases.

Mr G was a non-resident parent in two Agency cases, with Mrs H and Mrs J.

His case with Mrs H closed but Mr G still owed some arrears, which were collected over the following three months by deduction from earnings order – under which payments were also being collected for his case with Mrs J.

Having repaid the arrears that were due to Mrs H in full, the Agency did not change the deduction from earnings order to reflect that and as a result he overpaid her by £55.

Mr G's employer told the Agency that he would not be working from January to the end of March. The Agency took no action to suspend

*These figures include Child Maintenance Service

the deduction from earnings order and when Mr G returned to work in April his employer made a deduction of over £1,000 to cover the payments that had been missed.

Mr G complained about both the overpayment of maintenance for Mrs H and the large deduction from his wages. The Agency changed the deduction from earnings order, to reflect the fact that the case for Mrs H was closed, adjusted his accounts to offset the overpayment against the arrears he owed to Mrs J, and refunded £1,000 to Mr G.

Mr G remained dissatisfied with the action the Agency had taken and he asked us to look at his case. We resolved Mr G's case after securing agreement from the Agency to award Mr G a consolatory payment of £75 in recognition of the inconvenience their errors had caused him.

Case study 2

Ms A complained that the Agency had failed to secure maintenance payments since 1999.

Ms A applied for maintenance for her daughter in 1997 but the non-resident parent, Mr B, did not have to make any payments because he was receiving benefit. In late 2000 Ms A told the Agency that Mr B was working and in May 2001 they calculated that he should pay maintenance of £63 a week - that delay resulted in the accrual of arrears. Mr B did not make payments and in July 2001 the Agency issued a deduction from earnings order to his employer - two payments were received before the employer told the Agency that Mr B had left.

Mr B did not provide any details of his new circumstances but Ms A helped the Agency to trace his new employer and they issued another deduction from earnings order in February 2002. Payments of maintenance and arrears were collected until March 2003 when the order was stopped at Mr B's request. No payments were received between March 2003 and April 2006 when a new deduction from earnings order was issued and payments were received until August 2008, when Mr B's employer went into liquidation.

Following that Mr B became self employed and while the Agency reviewed the amount that he should pay based on an estimate of his self employed earnings, they did little to secure payments until early 2010 when they started enforcement action. After a liability order was granted in September 2010 to secure the arrears owed up to December 2009 the case was referred to the bailiffs but that was unsuccessful - Mr B was proving difficult to track down.

In August 2011 the Agency traced bank accounts for Mr B and applied

to the courts for a charging order, which was granted in December 2011. The Agency had intended to secure some payments by deducting money directly from Mr B's bank accounts but he had no available funds. They also considered applying for an order for the sale of Mr B's property, but he had no equity in the property. The Agency couldn't ask the court to consider removing his driving licence or his committal to prison as they could not prove that he had the means to make payments because his maintenance liability was based on an estimate of his self employed earnings. While we were investigating Ms A's complaint the Agency successfully applied for a second liability order securing the arrears that had continued to accrue from December 2009.

I upheld Ms A's complaint – Agency delays in undertaking reviews, securing payments through deduction from earnings orders and progressing enforcement action prior to 2010 contributed to the accrual of substantial arrears. I recommended that the Agency make an advance payment of arrears totalling over £14,500 plus interest and also make a consolatory payment of £200. While the enforcement action taken by the Agency from 2010 did not secure any payments I was satisfied that they had taken all the action they could. Mr B failed to co-operate and that was the main reason why payments were not made to Ms A for a considerable period of time.

Case study 3

Ms B complained that because the Agency had not updated their records, they incorrectly gave her address to her ex-partner and this had considerable consequences for her and her children.

Ms B's case with the Agency closed in 2009 – during the time it was open she lived with a partner, Mr C, who was a non-resident parent in another Agency case. Ms B and Mr C later separated because of domestic violence for which Mr C served a prison sentence.

Four years after Ms B's case had closed the Agency took action on Mr C's case which inadvertently resulted in them providing him with Ms B's new address – Ms B was still recorded as being Mr C's partner.

Ms B contacted the Agency and alerted them to their error and said that Mr C had told her that he knew her address - she immediately reported that to the police. As a result of their error Ms B was forced to move from her home, where she had been living with her children for three years, and live temporarily with friends and family. Ms B said that she had applied for a court order against Mr C and she had incurred legal costs. She also said that she had been forced to take time off work due to stress.

The Agency investigated what had happened and wrote to Ms B and accepted that they had breached the Data Protection Act with serious consequences for her and her children. The Agency said that they would make payments totalling £750 in recognition of the inconvenience and distress she had experienced and they also agreed to meet any legal costs she incurred.

Ms B was not happy with the proposed financial redress - she told the Agency that the police had advised her to change address and she said her health had been considerably affected by their error. In response, the Agency reconsidered the redress they had offered and contacted Ms B again. They offered to meet any costs Ms B incurred in relocating along with any legal costs and they agreed to consider a payment for loss of income. The Agency paid Ms B £9,000 in recognition of the costs and losses she had incurred and awarded a consolatory payment of £5,000 to reflect the distress and inconvenience that she and her children had experienced.

While I was satisfied that the Agency had appropriately considered the costs and losses incurred by Ms B, I upheld her complaint because I was not satisfied that the consolatory payment of £5,000 fully reflected the impact the Agency's actions had on her children and her health. Giving considerable weight to critical medical evidence, I recommended that the Agency increase this payment to £10,000. I also recommended that the Agency provide an assurance that they would consider awarding a further payment for actual loss of earnings upon receipt of appropriate evidence from Ms B.

Case study 4

Mr D complained that the Agency had incorrectly taken account of his Armed Forces Pension when calculating his maintenance liability.

In early 2003 the Agency calculated that Mr D should pay £42 a week for maintenance for his son, based on the benefit and Armed Forces Pension he was receiving. That amount was revised to £25 a week as an incorrect amount of benefit had been used in the calculation.

Nine months later Mr D stopped receiving benefit because he started self-employed work - the subsequent review, which took account of his pension, did not change the amount he was asked to pay.

Mr D made payments as requested and did not dispute the maintenance calculation until six years later when he said that the Agency had incorrectly taken account of his pension when calculating his liability - the Agency told him that they were correct to take it into account. Mr D's case closed in 2013 but he continued to ask why his pension had been included in the maintenance calculation.

I did not uphold Mr D's complaint because the Agency were correct to take account of his Armed Forces Pension when calculating his maintenance liability from 2003. However, during our investigation we found that the parent with care in Mr D's case became involved in another case in 2009, and as a result of that Mr D's case, as a linked case, should have been re-calculated under Agency rules introduced in April 2003. Under the 2003 rules Mr D's pension would not have been taken into account as income – I therefore recommended that the Agency review Mr D's liability under the new rules from 2009 and inform him of any financial impact. As a result of the review Mr D's liability reduced from 2009 and he received a refund of £236 and a consolatory payment of £50.

Case study 5

Mrs E complained that the Agency had failed to collect maintenance and take enforcement action when they should have.

Mrs E made an application for maintenance for her son and daughter and the Agency issued an enquiry form to the non-resident parent, Mr F, later the same month. Mr F did not reply and when the Agency contacted his employer they discovered that he was no longer working there – a common occurrence throughout Mrs E's case.

The Agency calculated that Mr F should pay maintenance of £50 a week, by which time he was in a new job, but he did not make any payments.

That year Mr F changed employer five times, changed address several times and was in receipt of benefit for a short time; the Agency found it difficult to secure payments for Mrs E. A deduction from earnings order was issued, however, Mr F moved employer again and no payments were received.

Mr F's circumstances continued to change frequently throughout the following year and he did not respond to the Agency's requests for information. The Agency's enquiries showed that he did not have a bank account or own a property but they obtained a liability order to secure the arrears that were continuing to accrue.

The Agency referred Mr F's debt to bailiffs but progress was slow because they could not confirm an address for him. However, six months later the bailiffs started to receive sporadic monthly payments from Mr F, although he remained difficult to trace.

I did not uphold Mrs E's complaint. I was satisfied that the Agency had used all the options available to them to attempt to find Mr F and secure payments from him. Mrs E was not receiving regular payments of maintenance because of Mr F's wilful non-compliance rather than any maladministration on the part of the Agency.

Child Maintenance Service

The Child Maintenance Service was introduced in November 2013 to replace the Child Support Agency but carries out similar work.

However, there are differences in the administration of the new Child Maintenance scheme, most notably the introduction of charges if the collection service is used – paying parents pay an amount in addition to their maintenance liability and receiving parents receive a reduced amount of maintenance to cover these charges.

It is too early for us to identify any major themes of complaint but we have so far received complaints about delays, arrears, how payments are made and charging - we will report more fully in next year's report. We have included an example of one of the cases we have investigated.

Case study 1

Mr K complained that the Child Maintenance Service provided him with conflicting information about shared care of his daughter and delayed in reviewing his liability.

The Child Maintenance Service calculated that Mr K should pay £189 a week maintenance for his daughter – he disputed that amount saying he had equal shared care. The receiving parent, Ms K, confirmed that he had equal shared care and the Child Maintenance Service changed Mr K's liability to £82 a week – however, this was incorrectly based on three nights a week shared care, not equal shared care. Mr K was provided with a leaflet that explained how shared care was calculated, it explained that if a paying parent had day to day care of the child no maintenance should be paid.

Day to day care of a child is not the same as shared care. A parent is usually defined as having day to day care if they receive Child Benefit for the child whereas shared care is about the number of nights the child spends with each parent.

Mr K complained that the amount of shared care allowed was incorrect – he said the case should be closed because he had equal day to day care of his daughter.

When the Child Maintenance Service asked Mrs K about this she confirmed that Mr K did have equal shared care, but he did not have day to day care of his daughter because he did not share the costs of her upkeep.

It was decided that Mr K did not have equal day to day care of his daughter, but his liability would be reassessed to reflect equal shared care. This reconsideration was not completed until several months later when his liability reduced to £65 a week.

I upheld Mr K's complaint because of the delay in reconsidering his liability and I recommended that the Child Maintenance Service make a consolatory payment of £75 in recognition of that and another more minor matter. However, I was happy that they had not given any conflicting information, rather Mr K had misinterpreted the information in their leaflet.

Making reasonable adjustments

The DWP and their contracted service providers help and support people who may have complex health and social needs, during some of the most difficult times in their lives.

In the most part, I see evidence that they make every effort to accommodate the needs of customers and to make reasonable adjustments where necessary. However, I have seen cases where the customer's particular circumstances or requirements have not been considered, which has led to poor service delivery and often a poor outcome for the customer.

Here are some examples of cases which would have benefited from greater flexibility and the use of more discretion, in dealing with some 'out of the ordinary' situations.

Case study 1

Mrs R made her claim for Employment and Support Allowance and told Jobcentre Plus that she was dyslexic and had health conditions that affected her memory and concentration.

Mrs R asked for large print forms to be sent to her and she also asked for communication by email as she found it easier to read information on screen. These were realistic requests that could have been accommodated by making reasonable adjustments under the Equality Act 2010 - that did not happen and Mrs R complained.

I upheld Mrs R's complaints because Jobcentre Plus did not make the reasonable adjustments they could have and they did not deal appropriately with her complaints about that. I recommended that Jobcentre Plus apologise and make a consolatory payment of £175 to her.

Case study 2

Mr F had mental health issues which affected the way he interacted with Jobcentre Plus staff – his behaviour was not always reasonable or acceptable, but they were aware of the reasons for that.

Mr F complained that Jobcentre Plus had not properly investigated the complaints he made about their staff. I upheld Mr F's complaints because although Jobcentre Plus investigated his first complaint about a member of staff they did not do the same with his subsequent complaints about other members of staff, including a manager, which in turn led to him making more complaints. I considered that his behaviour did not negate the need for Jobcentre Plus to deal with his complaints correctly and recommended that Jobcentre Plus apologise and make a consolatory payment of £150 to him.

Case study 3

Mr G complained that although he had asked the Work Programme Provider not to contact him by telephone, because he had mental health issues and a phobia about using the telephone, they attempted to telephone him and caused him unnecessary stress.

I upheld Mr G's complaint and recommended that the Work Programme Provider make a consolatory payment of £100 to acknowledge that error and other service failures I identified.

Case study 4

Mr H had pre-existing mental health conditions and raised several complaints about the DWP whose actions, he felt, had prevented him from being able to manage his finances properly.

He said that as a result his mental health was affected to such an extent that he attempted suicide on two occasions. Our investigation left me in no doubt that his mental health condition would have been exacerbated by the failures in the Department's handling of his benefit claims, but I could not find the Department to be responsible for his suicide attempts. I upheld the majority of Mr H's complaints - due to a breakdown in communications, largely related to Mr H's mental health issues, payments were not made when they should have been over a prolonged period, making his income highly erratic. The Department could have done more to ensure that Mr H was aware of what they could do to help and in turn what they needed of him. I recommended that the DWP make a consolatory payment of £750 which took into account their failure to consider the impact their errors had on Mr H's mental health.

Responding to complaints about staff

During the reporting year we have considered a variety of complaints about failures to properly investigate or manage complaints about staff.

The DWP provide guidance to all business areas on how to manage such complaints.

Where I have upheld complaints of this type, all too frequently it is as a result of a failure to communicate the outcome to the complainant, rather than a failure to register or investigate the complaint thoroughly. This seems to be easily rectified by reinforcing to the Department's staff the importance of ensuring that a complainant is told of the outcome of any investigation into a staff complaint.

I have included some examples to illustrate this point.

Case study 1

In September 2013, Mr S wrote to Jobcentre Plus and complained about a member of staff he had spoken to during a telephone call in summer 2013. Upon receipt of Mr S's complaint Jobcentre Plus followed their correct procedures and interviewed the member of staff in question – having done so they concluded that they did not uphold Mr S's complaint.

Jobcentre Plus made two unsuccessful attempts to telephone Mr S to inform him of the outcome of his complaint. Mr S wrote again and said that Jobcentre Plus had ignored his first letter and he raised other matters. Jobcentre Plus replied and addressed the new issues but they did not refer to Mr S's complaint about the member of staff. Mr S wrote two further letters of complaint before he was told, in late 2013 that his complaint about the way he had been spoken to had not been upheld.

Whilst I took no issue with the completeness of Jobcentre Plus' investigation into Mr S's complaint or their conclusions, I upheld his

complaint on grounds that Jobcentre Plus failed to inform him of the outcome of his complaint, and that having failed in their attempts to reach him by telephone no action had been taken to write to him. I recommended that Jobcentre Plus apologise to Mr S for the inconvenience he experienced in having to chase up a full response.

Case study 2

Following a meeting with a Jobcentre Manager in 2013, Ms Z complained that the Manager was aggressive and rude and their behaviour had caused her distress.

Following receipt of Ms Z's complaint Jobcentre Plus followed their correct procedures and interviewed the Manager. They wrote to Ms Z the following month and apologised that she felt the Manager had been rude and aggressive – but they did not tell her that her complaint had been properly investigated or inform her of the outcome. It was not until three months later that Jobcentre Plus informed Ms Z that her complaint had been investigated, but not upheld. In the meantime Ms Z had contacted Jobcentre Plus several times regarding the issue.

I was satisfied that Jobcentre Plus took the correct action when they received Ms Z's complaint, but there was a clear delay in informing her of the outcome. I upheld Ms Z's complaint and recommended that Jobcentre Plus make a consolatory payment of £175 for the service failures identified during our investigation, including their failure to tell Ms Z the outcome of her complaint about the Jobcentre Manager.

Case study 3

In early 2014 Mr M wrote to the Child Support Agency and complained, amongst other matters, about a member of staff. He said that the staff member had tried to bully him during a telephone call by being loud and shouting over him.

The Agency completed a full investigation into the complaint and the following month they wrote to Mr M to say his complaint was not upheld, however they did not explain the investigation process or why they had reached that conclusion. As a result Mr M was not convinced that the Agency had taken his complaint seriously.

I upheld Mr M's complaint and I recommended that the Agency apologise and make a consolatory payment of £200 in recognition of their failure to adequately explain their investigation into the staff complaint and their finding and also to take account of other significant service failures I identified.

THE ICE OFFICE

Standards of Service

Our published service standards explain how long it should take us to deal with complaints. We keep our service standards under review.

Our level of service for 2014/15

Target	Performance 2014/15
Letters and e-mails To respond within 2 weeks to general enquiries To respond within 3 weeks to complaints about us	0.52 weeks 2.63 weeks
Completing our investigations of complaints To respond to complaints about the businesses we investigate within an average of 38 weeks from the date we accept a complaint However, if we are able to resolve a complaint by brokering agreement between the complainant and the relevant department, to do so within an average of 15 weeks from the date we accept a complaint	23.67 weeks 6.33 weeks
Customer Satisfaction 80% of complainants surveyed will be satisfied with the overall customer service provided	85%

Complaints about our service and the outcome of investigations

We record as a complaint any expression of dissatisfaction by a complainant about the service provided by the ICE Office or the outcome of the ICE investigation.

During the reporting year we received 366 complaints - 111 regarding the service provided; 244 about the findings of an ICE investigation; and 11 combined complaints about service and outcome. This represents just 12.4% of 3268 DWP cases received by ICE during the financial year, with the majority of those expressing dissatisfaction because the ICE has not upheld their complaints.

We use the feedback we receive from service complaints to ensure we continue to provide an excellent service to our complainants, and to make service improvements where appropriate.

Findings of The Parliamentary and Health Service Ombudsman (PHSO)

Individuals who are dissatisfied with ICE investigations can ask Members of Parliament to progress their complaints to the Ombudsman. This year, based on the information we hold, the Ombudsman found that we could have done more in 17 DWP cases investigated by her office, and in each of those cases the ICE agreed to meet the Ombudsman's recommendations and accepted those as learning opportunities, as we encourage bodies within our jurisdiction to do.

Continuous Improvement

Having achieved Customer Service Excellence the ICE Office was reaccredited at the beginning of 2014 for the fifth year. ICE are also accredited against the British Standards Institute (BSI) for complaint handling.

ICE is a complaint handler member of the Ombudsman Association and staff from the ICE Office attend working group meetings to share best practice and discuss common themes.

ICE is committed to providing an excellent service to our complainants, who continue to tell us of high levels of satisfaction with the ICE service. They have also told us of the difference our service has made to their lives.



You were very helpful, kind and well spoken – the calm approach you took when dealing with me reduced the stress I was experiencing. Throughout my time dealing with the CSA you were the only person that helped and understood, ensuring that I received no false promises”

It took ICE six weeks to sort matters out when I had been banging my head against a wall for 18 months with the Agency”

Service was very easy to use, very easy to access, staff were particularly empathetic”

INDEPENDENT CASE EXAMINER

for the Department for Work and Pensions

Annual report
1 April 2014 – 31 March 2015

SUPPORTING EVIDENCE

Casework Statistics

The data and figures that follow are based on casework in the twelve month period between 1 April 2014 and 31 March 2015.

Withdrawn cases

Complaints may be withdrawn for several reasons. For example, some complainants decide to withdraw their complaint when we explain to them the need to appeal against legislative decisions, or that the nature of the complaint does not relate to maladministration. From time to time people also withdraw their complaint because the business subsequently take action which addresses the complaint.

Resolved cases

We try to reach settlement of complaints by agreement between the business and the complainant, as this generally represents a quicker and more satisfactory result for both.

Outcomes

In cases where I find that the business has failed to provide an acceptable standard of service, I consider what action the business has taken subsequently to try to put things right. Below are details of the outcomes I can reach:

Upheld: If there is evidence of maladministration in relation to the complaint which was not remedied prior to our involvement.

Partially upheld: If some aspects of the complaint are upheld, but others are not.

Not upheld: If there is no evidence of maladministration in relation to the complaint.

Justified: Although the complaints have merit, the business have taken all necessary action to remedy them prior to the complainant's approach to ICE.

Complaints about Jobcentre Plus

Complaints received

	1/4/14 – 31/3/15
Received	1296
Accepted	367

Case clearances

	Resolved	Investigated	Withdrawn	Total
1/4/14- 31/3/15	75*	305	19	399

*This includes 4 cases resolved following a full examination of the evidence (settled)

Outcomes

	Fully upheld	Partially upheld	Not upheld
1/4/14 – 31/3/15	68 (22.3%)	104 (34.1%)	133 (43.6%)

Subject of complaint

We record the subject of each element of complaint whether resolved or investigated. This has shown:

*Subject 1/4/14 – 31/03/15	Upheld	Not upheld	Resolved
Delay	66	79	25
Error	172	338	60
No action taken	49	88	20
Other	12	26	3

*There can be multiple findings in respect of one complaint

Live Caseload

*Cases outstanding at 31/3/15	253
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*Cases outstanding at 31/3 brought forward to next financial year

Complaints about The Pension Service

Complaints received

	1/4/14 – 31/3/15
Received	233
Accepted	73

Case clearances

	Resolved	Investigated	Withdrawn	Total
1/4/14- 31/3/15	22	55	6	83

Outcomes

	Fully upheld	Partially upheld	Not upheld
1/4/14 – 31/3/15	11 (20%)	16 (29.1%)	28 (50.9%)

Subject of complaint

We record the subject of each element of complaint whether resolved or investigated. This has shown:

*Subject 1/4/14 – 31/03/15	Upheld	Not upheld	Resolved
Delay	16	8	16
Error	17	49	13
No action taken	6	7	4
Other	0	0	1

*There can be multiple findings in respect of one complaint

Live Caseload

*Cases outstanding at 31/3/15	37
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*Cases outstanding at 31/3 brought forward to next financial year

Complaints about Disability and Carers Service

Complaints received

	1/4/14 – 31/3/15
Received	201
Accepted	68

Case clearances

	Resolved	Investigated	Withdrawn	Total
1/4/14- 31/3/15	12*	44	2	58

* This includes 1 case resolved following a full examination of the evidence (settled)

Outcomes

	Fully upheld	Partially upheld	Not upheld
1/4/14 – 31/3/15	10 (22.7%)	7 (15.9%)	27 (61.4%)

Subject of complaint

We record the subject of each element of complaint whether resolved or investigated. This has shown:

*Subject 1/4/14 – 31/03/15	Upheld	Not upheld	Resolved
Delay	8	9	2
Error	7	39	10
No action taken	4	10	6
Other	1	0	0

*There can be multiple findings in respect of one complaint

Live Caseload

*Cases outstanding at 31/3/15	54
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*Cases outstanding at 31/3 brought forward to next financial year

Complaints about Debt Management

Complaints received

	1/4/14 – 31/3/15
Received	53
Accepted	12

Case clearances

	Resolved	Investigated	Withdrawn	Total
1/4/14- 31/3/15	3	9	0	12

Outcomes

	Fully upheld	Partially upheld	Not upheld
1/4/14 – 31/3/15	1 (11.1%)	2 (22.2%)	6 (66.7%)

Subject of complaint

We record details of each element of complaint whether resolved or investigated. This has shown:

*Subject 1/4/14 – 31/03/15	Upheld	Not upheld	Resolved
Delay	0	7	1
Error	5	15	1
No action taken	1	4	2
Other	0	2	0

*There can be multiple findings in respect of one complaint

Live Caseload

*Cases outstanding at 31/3/15	10
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*Cases outstanding at 31/3 brought forward to next financial year

Complaints about Contracted Provision

Complaints received

	1/4/14 – 31/3/15
Received	316
Accepted	110

Case clearances

	Resolved	Investigated	Withdrawn	Total
1/4/14- 31/3/15	9*	108	4	121

*This includes 7 cases resolved following a full examination of the evidence settled

Outcomes

	Fully upheld	Partially upheld	Not upheld
1/4/14 – 31/3/15	9 (8.3%)	30 (27.8%)	69 (63.9%)

Subject of complaint

We record details of each element of complaint whether resolved or investigated. This has shown:

*Subject 1/4/14 – 31/03/15	Upheld	Not upheld	Resolved
Delay	10	35	5
Error	43	166	18
No action taken	18	88	9
Other	5	28	0

*There can be multiple findings in respect of one complaint

Live Caseload

*Cases outstanding at 31/3/15	75
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*Cases outstanding at 31/3 brought forward to next financial year

Complaints about Child Support Agency and Child Maintenance Service

Complaints received

	1/4/14 – 31/3/15
Received	1169
Accepted	495

Case clearances

	Resolved	Investigated	Withdrawn	Total
1/4/14- 31/3/15	108*	367	15	490

* This includes 3 cases resolved with evidence (settled)

Outcomes

	Fully upheld	Partially upheld	Not upheld
1/4/14 – 31/3/15	93 (25.3%)	174 (47.4%)	100 (27.3%)

Subject of complaint

We recorded details of each element of complaint whether resolved or investigated. This has shown:

*Subject 1/4/14 – 31/03/15	Upheld	Not upheld	Resolved
Delay	113	70	51
Error	160	201	103
No action taken	122	177	67
Other	64	134	35

*There can be multiple findings in respect of one complaint

Live Caseload

*Cases outstanding at 31/3/15	394
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*Cases outstanding at 31/3 brought forward to next financial year



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