



Independent
Case Examiner

INDEPENDENT CASE EXAMINER

for the Department for Work and Pensions

Annual Report

1 April 2015 – 31 March 2016

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.

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Independent Case Examiner's foreword



I am delighted to write this report on another productive year at the Independent Case Examiner's (ICE) Office. My team and I have drawn together both a statistical overview of our case load and perhaps more importantly selected some case examples from within each part of the DWP to show the types of issues we deal with.

In reflecting on our cases my starting point is always that the work the Department does is incredibly important. Their staff deal with people who may be at vulnerable points in their lives; moving into retirement, making arrangements for the support of children after separation, experiencing bereavement, unemployment or ill health, for example. In these circumstances it is not just what happens for their customers that is important, but also how those customers feel they are treated. Our cases are a useful lens through which to scrutinise that.

I have drawn two themes from our wide-ranging work this year to emphasise; both arise mainly from the cases we have looked at relating to Working Age benefits, but have lessons applicable across the wider work of the Department. The first relates to people who, because their behaviour may be perceived as difficult by staff, do not have their complaints properly considered at the outset. I often see these complaints escalate further than they need to and by the time the case reaches the ICE Office it can comprise a very complex collection of interrelated problems with a great deal of associated unhappiness. The learning from these cases seems to be to pay close attention to all aspects of every complaint at an early stage and to try to resolve that comprehensively as soon as possible, for the real benefit of both the complainant and the business.

My second theme is again the handling of complaints against staff, which is a repeat from my last report. I am still seeing complaints against staff where all of the evidence available has not been used, which are investigated but not properly documented, or where the complainant hasn't been told of the outcome. I am raising this again as I feel it is an area where the Department could achieve improvements with awareness and training.

I hope the cases we have chosen give you an insight into how we help resolve issues for complainants and pass learnings back to the business. With new benefits being introduced we have made more systemic recommendations than usual and this gives me particular satisfaction as each one represents a chance to improve service and prevent issues arising for another DWP customer.

Writing this report allows me to reflect on how privileged I am to have this role and to work with the fantastic team we have here; they work tirelessly to get to the heart of the often very complex cases we receive. If the facts of a case aren't clear and accurate I can't possibly adjudicate on it with any sense of confidence, so I am totally reliant on and very grateful for the superb support the staff here give me.

In closing, can I thank you for reading my report; I welcome 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 long horizontal stroke at the end.

Joanna Wallace
Independent Case Examiner

Introduction

This report marks the end of another busy year for the ICE Office, in which we accepted over 1000 new complaints for investigation. This mirrors a similarly busy year for DWP, as they continue to roll out new benefits brought in as part of welfare reform, including Personal Independence Payments, Universal Credit, and the new Child Maintenance Service 2012 scheme.

As an independent office holder who sees a large number of complaints from across the business, the Independent Case Examiner is in a unique position to identify and comment on how well these new schemes are being administered, and suggest areas for improvement. During the reporting year we have seen an increase in complaints about Personal Independence Payments and the Child Maintenance 2012 scheme. Although only one complaint about Universal Credit was investigated, we anticipate volumes will rise in the forthcoming year and look forward to using this as an opportunity to feed back to the Department any early learning to help the further roll out of this important benefit.

As well as investigating individual complaints, the Independent Case Examiner has a broader role in identifying systemic themes in our investigations and making recommendations to the Department as to how they can improve the service they provide. Compared to last year, the number of systemic recommendations has increased significantly (from 4 to 19) – this is perhaps unsurprising, as introducing new benefits and schemes will inevitably result in more opportunities for lessons to be learned and improvements to be made in the early stages. The case studies in our report provide some examples of the systemic recommendations made this year, which range from suggestions to change the wording of letters to prevent confusion, to more involved reviews of processes and guidance.

We welcome the Department's openness in considering and accepting these recommendations and demonstrating their willingness to learn and improve.

Continuing on last year's trend, the complaints that we are seeing are increasingly more complex, as evidenced by the continuing decrease in the proportion of complaints we have been able to resolve, to the complainant's satisfaction, without needing to fully examine the evidence. On the one hand, this reflects positively on the Department, as it demonstrates their ability to address many complaints at an early stage and prevent them escalating to ICE; on the other, our investigations are frequently more complicated and time-consuming which can be challenging to balance against ever higher customer expectations.

With the decrease in opportunities for resolution, we have instead increased our focus on settlements – this is where, after examining the evidence relating to a complaint, we will attempt to broker an agreement between the parties without the need for an investigation report from the Independent Case Examiner. This generally provides a swifter outcome for the complainant, addresses the complaint to their satisfaction, and also gives the businesses an opportunity to consider things that have gone wrong without requiring the Independent Case Examiner's involvement. We have seen positive results in the increased number of settlements this year, completing a total of 90 (compared with 15 last year).

Being able to put things right for our customers is always a rewarding job; the adjacent quote demonstrates the positive impact our work can have on our customers.

“ We have received the report from Joanna Wallace and it was a very special and emotional moment reading that our complaint was being upheld... it feels like a dream that we have finally been listened to. We are so grateful to everyone who has put in the time and effort to investigate everything properly.”

Casework Statistics

The data and figures included in this report are based on casework in the twelve month period between 1 April 2015 and 31 March 2016.

Withdrawn cases

Complaints may be withdrawn for several reasons. For example, some complainants decide to withdraw their complaint when we explain to them that they need to appeal against a legislative decision, 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 takes action which addresses it.

Resolved cases

We try to resolve complaints by brokering agreement between the business and the complainant early in the process, generally before we request the evidence, as this usually represents a quicker and more satisfactory result for both.

Settled cases

After the full case history has been investigated we can try to settle the complaint by agreement between the business and the complainant. This approach avoids the need for the Independent Case Examiner to be called upon to reach a finding.

Outcomes

In cases where the Independent Case Examiner finds that the business has failed to provide an acceptable standard of service, she considers what action the business has taken subsequently to try to put things right. Below are details of the outcomes she can reach:

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

Partially upheld/upheld to an extent: If only some aspects of the complaint are upheld, but others are not, the complaint is partially upheld.

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

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

Referrals to the ICE Office – at a glance

Reporting Year	2015/16
Received	2592
Accepted	1075
*Total case clearances (of which):	811
Withdrawn	67
Resolved by agreement between the parties	78
Settled by agreement between the parties having considered the evidence	90
Investigated	576
Of those complaints investigated % partially upheld	44% (257)
Of those complaints investigated % fully upheld	28% (160)
**Of those complaints investigated % not upheld	28% (159)

*Case clearances can include cases accepted in the previous reporting year.

**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.

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.**

CASEWORK

The background is a solid dark blue color. It features a series of thin, white, wavy lines that flow from the top right towards the bottom left, creating a sense of movement and depth. A diagonal gradient is also present, with the blue becoming slightly lighter towards the bottom right corner.

Working Age Benefits

901 cases received

310 cases accepted

244 cases cleared in the reporting period

Of which:

31 were withdrawn

32 were resolved or settled to the complainant's satisfaction

181 ICE investigation reports were issued:

51 (28%) fully upheld

85 (47%) partially upheld

45 (25%) not upheld

Working Age benefits are administered by Jobcentre Plus and are primarily for individuals who are trying to find work or who are unable to work due to illness or incapacity.

There have been major changes to Working Age benefits with the introduction of Universal Credit, which began to be phased in during 2013. However, to date the number of complaints received by my office has been so small that it is too early to make comparisons or to identify themes in this area.

A theme that has continued with Jobcentre Plus is the way in which they deal with complaints about their own staff. DWP have clear guidance on how to manage complaints about staff. Unfortunately, we are still seeing cases in which the Department have only followed this process in part, and have either failed to document their investigation into the complaint, failed to consider all of the evidence available or failed to inform the claimant of the outcome. During this reporting period we have also seen a number of cases where DWP failed to take any action to investigate complaints.

We have included some examples selected to illustrate what we consider to be the main learning points for DWP this year – as such the proportion of upheld cases in the sample below is much higher than in our total case load.

Complaints about staff

CASE STUDY 1

Mr A complained that Jobcentre Plus had failed to fully investigate the complaint he made about how staff had treated him.

Mr A attended a fortnightly job review with a work coach – he said that there was an exchange between him and the job coach and that an officer intervened and made a threatening remark. Mr A said the remark was made loudly and that there were witnesses who would have heard what was said.

Following the incident Mr A made a verbal complaint to the Jobcentre Manager and he later commented that this was dealt with satisfactorily. However, Mr A subsequently emailed a complaint to a different manager – he said that he was still traumatised by the officer’s comment and felt bullied. He said that although the Jobcentre Manager had dealt with the incident effectively he wanted an explanation of the officer’s comments. Regrettably, despite follow up emails it wasn’t until the following month that Mr A received an acknowledgement of his complaint.

Guidance for managers in handling a complaint about a member of staff states that written statements should be gathered from the complainant, staff members and any known witnesses to the event.

In Mr A’s case rather than register a complaint, a manager initially responded by telling him that someone would be in touch, following which he received an email from a different manager which said that Mr A’s concerns had previously been addressed by the Jobcentre Manager. Mr A had to email again to say that his concerns had not been addressed.

Other than a statement made by the Jobcentre Manager I found no evidence that Jobcentre Plus followed their procedures; they didn’t gather statements from staff and witnesses to investigate as they should have done.

I upheld Mr A’s complaint and noted that the procedures are intended to ensure that statements are gathered while the events are fresh in the minds of those involved. In Mr A’s case, Jobcentre Plus’ failure to follow procedures, and delay in administering his complaint, meant that the opportunity to take statements within a reasonable timeframe was lost.

I did not recommend that Jobcentre Plus revisit Mr A’s complaint, primarily because the events had occurred over a year ago. I recommended that Jobcentre Plus apologise to Mr A and make a consolatory payment of £50.

“ I wanted to let you know that while I am pleased with the monetary aspect of the redress the most important thing for me is that someone listened and that you are raising a systemic with DWP about their processes.”

CASE STUDY 2

Mr B complained that the DWP had failed to fully investigate a complaint he had made about a member of staff.

In autumn 2013, following the death of his son, Mr B telephoned the DWP Bereavement Benefit Centre to make a claim for funeral expenses. Several weeks later, Mr B was notified that he was not entitled to claim as his son had a surviving partner.

Mr B complained to DWP about the decision and said that his son and partner had no longer been in a relationship at the time of his death. Following an appeal from Mr B, a Tribunal overturned the decision and decided that he was entitled to funeral expenses. As Mr B had received a £1000 charitable donation towards the costs of his son's funeral, DWP awarded him £400 as regulations dictated that the full entitlement of £1400 must be offset by any charitable payments. Mr B complained about the £1000 deduction and the decision was also later overturned by a Tribunal who said that the deduction was unlawful.

In the meantime, Mr B had escalated his complaint to the Director General of Operations for DWP. He said that the Complaints Resolution Manager he had spoken to on a number of occasions was "ignorant", had failed to provide information he requested, and had inappropriately terminated a call with him. DWP did not investigate Mr B's complaint about the member of staff. Instead, they passed the complaint back to the manager he had complained about.

I upheld Mr B's complaint and found that DWP should have instigated a formal investigation into his complaint about the Customer Resolution Manager and failed to do so on two occasions. I recommended that Mr B receive a £100 consolatory payment and an apology for the poor service he had received.

CASE STUDY 3

Mr C complained that Jobcentre Plus failed to keep the agreed appointment time or to accommodate his mobility issues when attending an interview with his Disability Employment Adviser. He also complained that he had experienced threatening and inappropriate behaviour from staff at the Jobcentre.

Mr C made a claim for Jobseeker's Allowance and asked for an interview with a Disability Employment Adviser, telling Jobcentre Plus staff that he would be unable to use stairs to get to the interview, as he used crutches. An assessment interview with a Disability Employment Adviser was arranged for the following week.

On the day of the interview, the Jobcentre delayed in opening its doors to customers, and the interview room had to be changed from the second to the ground floor to accommodate Mr C's mobility issues.

Some months later, Mr C attended the Jobcentre to close his claim for Jobseeker's Allowance and make a claim for Employment and Support Allowance. A member of staff told him that he would receive a telephone call within three hours to confirm the claim closure. The following day, as he had still not received a call, he went back to the Jobcentre to complain about being given incorrect information and made broader complaints about the Jobcentre staff, who he said were incompetent. He was contacted by a manager who said she would investigate his complaint and that he would receive a call from the Jobcentre Manager to discuss this when she returned from holiday.

The Jobcentre Manager failed to call Mr C on the specified date, and several days later Mr C wrote to her with other complaints about staff and complained that his original assessment interview with the Disability Employment Adviser had been delayed and located on the second floor when he was unable to use stairs. He questioned why he had not been able to speak to the Jobcentre Manager as promised.

I upheld Mr C's complaint. I found that although Jobcentre Plus had apologised for the interview delay they had failed to accommodate

his mobility issues in advance of the interview. I also found that Jobcentre Plus failed to investigate Mr C's complaints about the way he had been treated by staff. I recommended that Jobcentre Plus apologise to Mr C and make a consolatory payment of £150.

Dealing with people whose behaviour may be perceived as difficult:

Jobcentre Plus have guidance in place for dealing with people whose behaviour may be perceived as difficult. Problems can occur when this guidance is not followed - the following examples illustrate this issue:

CASE STUDY 4

Mr D complained that Jobcentre Plus delayed in carrying out reviews of the earnings forms he provided and gave him misleading and contradictory information about why that happened.

Mr D, whose behaviour had previously been challenging for staff, reported that he had started part time work and his entitlement to Jobseekers Allowance was adjusted based on the details of the earnings he provided.

When Mr D attended a compliance interview it became apparent that the forms Mr D had submitted regarding his earnings had not been processed. Prior to that interview Mr D had several conversations with an adviser and referred to those forms, yet no action was taken to locate them and establish why they had not been processed.

After the interview, the Compliance Officer made enquiries and was told that the forms had been ignored because processing them may result in a change to Mr D's benefit entitlement, which could "aggravate the situation".

The Compliance Officer communicated this to Mr D who subsequently complained to Jobcentre Plus. In response, a manager investigated the statements provided and said that there was no evidence that anyone had decided not to process the forms.

Given the conflicting evidence, I would have expected Jobcentre Plus to have investigated further. Instead Mr D was told that there was no evidence that there was a deliberate instruction to ignore the forms and it was no longer possible to establish why they had not been processed.

After Mr D escalated his complaint, it was again recorded that the Compliance Officer had been told that the forms had been disregarded because of trouble the benefits centre had had from Mr D. Despite this, the final response to his complaints said there was no evidence that staff acted inappropriately.

I upheld Mr D's complaints, finding that Jobcentre Plus failed to acknowledge that he had reported changes to his earnings.

I also upheld two other elements of Mr D's complaints and I recommended that Jobcentre Plus apologise to him and award him a consolatory payment of £250.

CASE STUDY 5

Mr E raised a number of complaints with my office, including that Jobcentre Plus provided a dishonest and misleading explanation as to why he was treated as a violent customer and locked in a screened area.

Jobcentre Plus had previously sent Mr E a warning letter about his behaviour – they said that his behaviour would be monitored but made clear that no control measures had been put in place and that he could expect to be treated fairly and politely.

However, when he subsequently visited the Jobcentre his adviser wrongly believed that there was a control measure in place. Mr E said that as a result he was locked in the room where the interview had taken place, and directed to a rear fire exit to leave the Jobcentre premises; I found that understandably such arrangements, without any prior warning, could cause Mr E distress. The Customer Service Manager, who Mr E spoke to following the meeting, confirmed that

there had been a mistake which would be looked into and apologised. The Operations Manager also confirmed that this had been a mistake and apologised to the police after Mr E had reported the matter to them, asking the police to convey their apologies to him.

I upheld Mr E's complaint, finding that although Jobcentre Plus had confirmed this was a mistake and had offered their apologies to him, I was not satisfied that they had fully considered the seriousness of their failings. I recommended that Jobcentre Plus apologise to him and make him a consolatory payment of £250.

CASE STUDY 6

Ms F complained that whilst attending an interview, a DWP Compliance Officer acted unprofessionally and referred to her as being neurotic.

The Compliance Officer who interviewed Ms F recorded that a difficult but effective compliance interview had taken place, during which she asked a long list of questions about an allegation of fraud that had been made. The Compliance Officer said that she had become flustered because of the number of questions Ms F had asked and had made mistakes when preparing the statement. The Compliance Officer recorded that she told Ms F that she was unable to provide her with any information that would enable her to identify the source of the fraud referral. Ms F asked the officer to record in the statement that the officer had said that she was being "neurotic" about the allegation – that was recorded on an unsigned statement, which incorrectly said that Ms F had said that the allegation was true.

Although the Compliance Officer recorded that she was satisfied that Ms F was not working and claiming benefit, she did not tell her that during the interview. As a result Ms F left the interview under the impression that she was still under suspicion of fraud, along with a copy of the incorrect, unsigned statement. Immediately after the interview Ms F took action to ensure that a correct statement was made, which she then signed, witnessed by another member of staff.

Shortly after the interview the Compliance Officer told her manager that she had found the interview difficult, acknowledged that she had called Ms F neurotic and accepted that was inappropriate.

When Ms F subsequently complained about how the interview had been conducted she was given several apologies from different managers and told that her concerns would be investigated, but she would not be told the outcome of any internal action.

I upheld Ms F's complaints and recommended that DWP apologise to Ms F and make her a consolatory payment of £150. It was not acceptable to tell her she was being "neurotic" and she left the interview feeling insulted and under the impression that the fraud suspicion remained.

I also raised a systemic recommendation with DWP, to consider whether there should be instruction to return a fraud referral, if it contains very limited information, on the grounds that there should always be a sound foundation for an allegation to be made. In Ms F's case, there was no available evidence to support the allegation and no further action was taken. In response to my recommendation DWP have implemented a new robust process for handling and enhancing all fraud referrals – they will look critically at the gathered supporting information to determine if it provides sufficient information. If it is decided that there is insufficient evidence to support the referral no further action will be taken.

Disability Benefits

186 cases received

71 cases accepted

50 cases cleared in the reporting period

Of which:

4 were withdrawn

13 were resolved or settled to the complainant's satisfaction

33 ICE investigation reports were issued:

8 (24%) fully upheld

14 (43%) partially upheld

11 (33%) not upheld

DWP are responsible for paying benefits to those who have a disability or long term illness. The transition from paying Disability Living Allowance (DLA) to Personal Independence Payment (PIP) has resulted in complaints about incorrect or misleading advice being given to claimants about their PIP claim, in particular, in relation to the effective date for the PIP claim. We have included some examples to illustrate this.

CASE STUDY 1

Mrs A complained that DWP failed to advise her to apply for a reconsideration of her DLA claim, and that they incorrectly advised her that her claim for PIP would be backdated.

Mrs A claimed DLA from 2009 of £37.30 per week. In January 2014, she became aware that PIP – a new benefit replacing DLA – was being rolled out in her area, and telephoned the PIP claim line to make a claim. Mrs A told the telephone adviser that there had been a change in her circumstances and she wanted to claim PIP instead of DLA.

The adviser incorrectly accepted the PIP claim instead of directing Mrs A to report the change in her circumstances to DLA or to wait until the rollout date for PIP in her postcode area. The adviser did tell Mrs A that her payments could change as she moved from DLA to PIP, but did not tell her that any change would only be effective from four weeks after the PIP decision was made.

Five months later, DWP notified Mrs A that she was entitled to a total PIP payment of £102.85 per week, starting from July 2014. Mrs A asked them why her PIP entitlement had not been backdated to January when she made the claim. She was told that her claim would not be backdated as she had continued to receive DLA during the assessment process.

Mrs A complained to DWP that she felt let down; she had waited a long time for the PIP decision and she had lost out financially. She was awarded a consolatory payment of £60 to reflect errors made in processing her claim, amongst other things.

I found Mrs A's first complaint to be justified; although the correct process was not followed when she rang to make her PIP claim, I was satisfied that DWP had investigated and addressed her complaint. I did not uphold her second complaint that she had been incorrectly told her payments would be backdated; a recording of her first call to DWP made it clear this was not so. However, following this and other similar cases I asked DWP to consider whether call handlers should explain that any award to PIP when transferring from DLA would be from a future date in order to set claimants' expectations at the outset; they agreed to this and the telephony scripts were subsequently amended.

CASE STUDY 2

Miss B complained that DWP had failed to provide her with evidence that they had sent a DLA renewal form, leading to her being without benefit for five months.

In summer 2013, Miss B was awarded DLA of £21 per week. The notification letter told her she would be asked if she wanted to claim DLA again before her claim ended in a year's time.

DWP set an alert to issue Miss B with an invitation to renew her claim in January 2014 but did not record whether the invitation was actually sent out; Miss B said she never received it. Miss B did not renew her claim and her DLA payments stopped when her original claim ended in May 2014.

A month later, Miss B realised she was no longer receiving payments and attempted to re-claim DLA but found it had been replaced for new claimants by the PIP so no new claims for DLA were being accepted. Miss B made a claim for PIP instead.

In the meantime, Miss B had been appealing her entitlement to DLA as she disputed the amount she had been awarded. In October 2014, while her claim for PIP was still being assessed, a Tribunal granted her appeal and awarded a higher allowance for DLA, effective from when her first claim was made in 2013. As a result, DWP made an arrears payment to Miss B of £7,111.40, backdated from when she had first made a claim in 2013. The higher allowance of DLA was granted until summer 2016, so her claim for PIP was cancelled.

Miss B was not satisfied that DWP said that they had sent an invitation to renew her claim; she said she had not received it. I upheld her complaint as I found no evidence that the invitation had been sent and recommended that she receive an apology and £50 consolatory payment. I was satisfied that the period where Miss B had been without benefit was appropriately compensated by the arrears payment for DLA, which she had received since bringing the complaint to my office.

CASE STUDY 3

Mr C complained that he had been given incorrect and misleading information regarding his eligibility for Carer's Allowance, which led to him missing out on claiming it for six years.

In summer 2012, Mr C made a claim for Carer's Allowance to DWP. The claim was awarded and backdated for the maximum allowable three months.

Shortly afterwards, Mr C contacted DWP. He said that in 2006, 2008 and 2011 he had telephoned his local Jobcentre and been told that he was not entitled to claim Carer's Allowance as he was self-employed. It was only recently when he had spoken to an Age Concern adviser that he realised he could make a claim; he said he had missed out on

six years of payments because of misdirection by Jobcentre staff. He asked to be paid the backdated Carer's Allowance for this period. As there was no evidence of the telephone calls Mr C said he had made and staff at the Jobcentre were unable to recall any calls from him, I had to decide, on balance of probability, whether Jobcentre staff had given Mr C incorrect advice. As Carer's Allowance is not administered by the Jobcentre their call handlers would instead refer the customer to the appropriate benefits helpline - I considered it unlikely that this had not happened on three separate occasions. I did not uphold Mr C's complaint.

Pensions

161 cases received

66 cases accepted

58 cases cleared in the reporting period

Of which:

4 were withdrawn

22 were resolved or settled to the complainant's satisfaction

32 ICE investigation reports were issued:

9 (28%) fully upheld

10 (31%) partially upheld

13 (41%) not upheld

The Pensions strand of DWP 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 feature of the cases we have looked at during this reporting period.

CASE STUDY 1

Mrs A complained that DWP had misadvised her to defer claiming State Pension and continue claiming Widow's Benefit, so she lost out financially.

Mrs A had received Widow's Benefit for 21 years. In 2008, a few months ahead of reaching State Pension age, Mrs A telephoned DWP and asked whether she was able to defer State Pension whilst continuing to claim Widow's Benefit. According to Mrs A, the adviser said she could and that the two benefits had no bearing on one another. Mrs A deferred claiming her State Pension as she wanted to accrue arrears and be entitled to either a lump sum or an increased State Pension when she did come to claim it.

Mrs A continued to receive Widow's Benefit (which was less than her weekly State Pension would have been) until shortly before her 65th

birthday, when she called DWP to claim her State Pension. The agent told Mrs A that she was not entitled to a lump sum State Pension payment as she had received Widow's Benefit from the age of 60.

This meant that Mrs A had lost out financially for nearly 5 years as she had claimed the lower Widow's Benefit rather than her State Pension, expecting that she would receive a lump sum payment at 65.

As the recording of the call from 2008 had been destroyed in accordance with data retention guidelines, there was no way to prove whether Mrs A had been misadvised or not. DWP said that Mrs A would have been made aware of the rules around claiming State Pension and Widow's Benefit through an information booklet that would have been issued to her in 2008 and could not accept that she had been misadvised. Mrs A said she had never received this booklet.

I upheld Mrs A's complaint; I found that on the balance of probabilities it was highly likely that she was given misleading information by DWP during her first call with them, on the basis that there were other cases of misdirection around the time Mrs A made her enquiries and that as Mrs A said she did not receive the information booklet (and DWP could not prove it was sent) she would have relied on what she was told by the telephone adviser. I recommended she receive a payment to reflect her loss from continuing to claim Widow's Benefit rather than State Pension, equal to £12,049.97 including interest. I also recommended that DWP make a consolatory payment of £150 for the inconvenience caused.

CASE STUDY 2

Mr B complained that DWP delayed in providing him with a decision on his application for mortgage interest payments, causing him to go into arrears on his mortgage payments.

In autumn 2013 Mr B telephoned DWP to make a claim for Pension Credit. He said he paid monthly on an interest-only mortgage and asked if he could receive help with paying this. The telephone agent told Mr B that he would get help towards his mortgage payments but

he could not calculate how much; Mr B was sent a form to provide details of his pensions and earnings so DWP could calculate his entitlement.

A decision was not made on Mr B's application until four months after he had sent all the required information and he was then told that he was not entitled to any help towards his mortgage payments as he had two adult children (non-dependants) living in his house. During this time Mr B had asked his lender to allow him to miss mortgage payments in the expectation that he would get a backdated payment of mortgage assistance from DWP which would clear the debt.

Mr B complained to DWP that he had been misled to believe he would be entitled to assistance. He was awarded a Special Payment of £100 by DWP for the inconvenience caused by the delay in making the decision on his case but Mr B was not satisfied by this response and brought his complaint to my office as he felt the decision did not adequately reflect the distress caused by him going into arrears on his mortgage.

I found Mr B's complaint to be justified; there was a considerable delay by DWP in making a decision; however he had already been awarded £100 in recognition of this. I found that DWP could not be held responsible for Mr B's decision to miss payments on his mortgage on the assumption that his claim for assistance would, if successful, cover those payments.

CASE STUDY 3

Mr C complained that DWP misdirected him to claim Pension Credit instead of Jobseeker's Allowance, causing him to be overpaid Pension Credit which he was then told to repay.

Mr C's employment ended in 2012, and he went to JSA Online via the direct.gov website to claim Jobseeker's Allowance. Mr D said that when he answered questions about his age and circumstances on the website, it suggested he would be better off claiming Pension Credit rather than JSA. When Mr C telephoned DWP to make a claim for

Pension Credit, he told the telephone agent that he was considering taking out his private pension early, and asked for information about this. The agent asked Mr C to send details of his and his wife's savings, investments and pensions in order for them to process his claim.

In July 2012, Mr C sent financial details to DWP which they used to calculate his Pension Credit entitlement of £94.64 per week. Mr C also began receiving a private pension which DWP did not factor into their calculation; we found no evidence that he had declared this to them.

In 2013, shortly ahead of his 65th birthday, Mr C telephoned DWP to make a claim for his State Pension. Two months later, DWP completed a review of Mr C's Pension Credit, during which he said he was in receipt of a private pension. Mr C was then told that he was not entitled to Pension Credit and had been overpaid by £3,798.28, which would have to be recovered through deductions to his State Pension.

Mr C complained to DWP that the website had misdirected him to claim Pension Credit which he had not been entitled to rather than Jobseeker's Allowance. Had he claimed JSA, he would have received £7 per week, taking into account his private pension. DWP told him that they were unable to accept error or misdirection in his case, as the website had given Mr C the available benefit options but that it was for him to decide which benefit to claim.

I did not uphold Mr C's complaint. The DWP website provides information and advice to help potential claimants decide which benefit best suits their circumstances, but the decision as to which benefit to claim rests with the claimant. Mr C had not made contact with DWP to ask about his personal entitlement to JSA and Pension Credit, and therefore I could not find evidence of misdirection. I did however recommend that Mr C be awarded a £50 consolatory payment as DWP had later failed to contact him to check the detail of his private pension as they had promised to do – if they had, they would have realised the impact on his Pension Credit which would have prevented such a large overpayment.

Debt Management

115 cases received

35 cases accepted

11 cases cleared in the reporting period

Of which:

2 were withdrawn

4 were resolved or settled to the complainant's satisfaction

5 ICE investigation reports were issued:

1 (20%) fully upheld

1 (20%) partially upheld

3 (60%) 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 repayment of a loan that has been taken out or the attempted recovery of an overpayment. We often find evidence of delays in starting recovery action.

CASE STUDY 1

Ms A complained that Debt Management had failed to take account of her personal circumstances and the welfare of her adopted daughter when deciding to recover an overpayment of benefit from her salary.

Ms A admitted to having received Income Support payments whilst employed with the result that she was overpaid benefit amounting to almost £5000.

Ms A was aware that she had been overpaid as she subsequently attended court and although she was found not guilty in respect of any criminal charges brought against her the fact remained that an overpayment had occurred and it was recoverable. Ms A subsequently made payments towards the overpayment for an 18 month period.

More than two years after the original overpayment decision was made, Ms A sought to appeal the decision on two occasions, and subsequently stopped making payments in respect of the overpayment. Despite both her requests for a late appeal being refused, Debt Management delayed in recovering the overpayment.

Debt Management eventually imposed a direct earnings attachment which recovered the overpayment until it was fully repaid.

I did not uphold Ms A's complaint, as although Debt Management were slow to recover the overpayment from her I found no administrative error on their part in calculating the overpayment and then deciding to seek recovery of that sum.

CASE STUDY 2

Mr B complained that in 2006 and 2007, Debt Management had failed to act on his concerns about alleged Social Fund loans he had been paid, and that they incorrectly referred his case to a debt collection agency.

Jobcentre Plus records showed that somebody with the same name, date of birth, and National Insurance number as Mr B applied for two Social Fund loans in 2005 totalling £83.49. Mr B claimed that he never applied for or received these loans and that the signature on the loan was not his.

Jobcentre Plus had incorrectly not retained evidence of the supporting identity documentation used to apply for the loan; records supporting Social Fund loans should be kept until the year after they have been repaid.

In 2006, Mr B wrote to Jobcentre Plus disputing that the loans were ever his. They deferred recovery for one month and took no further action until his case was referred to Debt Management one year later.

In 2007, Debt Management wrote to Mr B and asked him to pay back the money. Mr B replied and said he had never had a Social Fund loan

and had previously disputed this with Jobcentre Plus. The case was referred back to Jobcentre Plus and little action was taken until 2013, when Debt Management again wrote to Mr B and asked him to repay. When he did not do so, they referred the collection of the money to a debt collection agency.

In response to Mr B's concerns, Jobcentre Plus wrote and said that they had considered the information they held, looked at the signatures, system records and the fact that the loan had been applied for during a face to face interview, and were satisfied that Mr B had received them; action would continue to recover the money.

I upheld part of Mr B's complaint that the concerns he had first raised in 2006 and 2007 had not received an adequate response until 2013, and Mr B received a £50 consolatory payment and an apology from Jobcentre Plus. I did not uphold the second part of his complaint, however, as I found Debt Management were correct to refer his case to try to collect the debt and refer it to a debt collection agency. Debt Management continued to seek collection of the money.

Contracted Provision

293 cases received

145 cases accepted

96 cases cleared in the reporting period

Of which:

9 were withdrawn

29 were resolved or settled to the complainant's satisfaction

58 ICE investigation reports were issued:

4 (7%) fully upheld

21 (36%) partially upheld

33 (57%) not upheld

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 themselves – but in the event that the complainant is dissatisfied with their final response, they can bring their complaint to our 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 – however on the whole most of these issues are related to an unfavourable benefit decision as they see it, for example, where the claimant has been found fit for work.

The organisations who deal with contracted provision have been keen to attempt to resolve complaints at the earliest opportunity, and the rate at which cases have been settled by agreement between the parties has increased considerably.

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

CASE STUDY 1

Work Programme Providers:

Mr A complained that a Work Programme Provider had failed to make reasonable adjustments to take account of his health.

Mr A told the Work Programme Provider that he was being treated for a blood condition, although he did not specify what reasonable

adjustment he required at that time. During a subsequent telephone call he said that he took prescribed medication that affected his mood in stressful situations. Mr A claimed that at a later meeting, Provider staff deliberately provoked him by not answering his questions and when he walked out the adviser told him that his benefit may be sanctioned and the police called. Mr A said that this was unnecessary because he had left in order to calm down.

Our investigation found that although Mr A had told the Provider about the effects of his medication, he did not give them clear information about any reasonable adjustments he required. Mr A acknowledged that his own behaviour during the interview was such that he needed to leave in order to calm down and it was reasonable for Provider staff to advise him that the police may be called or a sanction may be imposed – neither of these actions were subsequently taken. I did not uphold Mr A's complaint, finding that whilst we would expect the Work Programme Provider to take into account what he had told them and apply some discretion, we would not expect them to allow him to behave in a manner that was inappropriate in a workplace where staff and members of the public were present.

CASE STUDY 2

Mr B complained that a Work Programme Provider failed to provide him with the support he required in order to become self-employed.

The Work Programme Provider's service standards say that all customers will have an individually tailored plan and all 'job-ready' customers will have access to resources immediately after induction to search for jobs, along with tailored support. There is nothing specifically mentioned in their service standards about helping a participant who wants to take up self-employment.

Our investigation found that nonetheless Mr B was given advice and assistance in relation to his business plan from both his adviser and a manager and that he also received financial help from outside organisations, which ultimately meant that he was able to start in self-employment. I did not uphold Mr B's complaints.

Complaints about Medical Services:

CASE STUDY 3

Mr C complained that Medical Services had failed to investigate his concerns regarding an assessment they completed, and failed to provide him with the names and qualifications of the doctors who completed it.

Mr C said that the doctor who attended his home to complete an assessment arrived 30 minutes late and declined to look at the evidence he gave to her. He contacted Medical Services the following day and asked for the doctor's name and qualifications and was asked to put this request in writing – he was subsequently told several times, despite his Member of Parliament's (MP) intervention, that they would not provide him with this information.

Medical Services had not kept Mr C's initial enquiries about the assessment, and they did not address his concerns about the Healthcare Professional or their refusal to look at the evidence he provided. In a later response they told Mr C that they would not disclose the full names of their doctors or their qualifications due to data protection and safeguarding of staff.

Mr C's MP made enquiries with the Minister of State for Disabled People and was told that, when asked, all Healthcare Professionals were required to provide the relevant information needed for a member of the public to independently verify that they were registered with a professional body, which they could do by checking the relevant website. Mr C's MP had asked for the registration number of the doctor who had visited him; this was later provided by Medical Services.

Our investigation found that when attending a home visit, Healthcare Professionals should provide their name and a form of identification which confirms that they have been sent by the medical assessment provider. I was not convinced that the names of the doctors could not be disclosed to Mr C given that they should introduce themselves and show their identity badges when conducting a home visit. I also found that Medical Services could have provided Mr C with the

same information that was provided to the Minister. I upheld Mr C's complaint and recommended that Medical Services apologise and award a consolatory payment for failing to respond to him appropriately.

CASE STUDY 4

Ms D complained that Medical Services failed to provide a timely and appropriate response to her complaint about the inaccuracies and poor quality of the report completed following a medical assessment.

To reply to Ms D's complaint, Medical Services consulted the Healthcare Professional who conducted the medical assessment and various managers. The response sent to her was consistent in that it explained that the Healthcare Professional's report was a summary based on observations, information on her typical day and examination, and was never meant to be a verbatim record of the discussion at the assessment. As such Medical Services found the report fit for purpose.

However, Ms D had recorded the assessment on her Dictaphone, which was not considered by Medical Services as part of their investigation. As part of her complaint Ms D had said that the Healthcare Professional had lied and put words in her mouth, therefore it would have been beneficial for Medical Services to listen to the recording to fully reconcile those concerns with the report. I upheld Ms D's complaint to the extent that Medical Services did not consider the recording when they could have done and recommended that Medical Services apologise to her and award her a consolatory payment of £75.

Child Maintenance Service

135 cases received

85 cases accepted

54 cases cleared in the reporting period

Of which:

2 were withdrawn

13 were resolved or settled to the complainant's satisfaction

39 ICE investigation reports were issued:

13 (33%) fully upheld

20 (51%) partially upheld

6 (15%) not upheld

The Child Maintenance Service was introduced in November 2013 to replace the Child Support Agency and carries out similar work. They are responsible for calculating how much maintenance should be paid for the financial support of any child whose parents do not live together and can also collect that maintenance.

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 in addition to their maintenance liability and receiving parents receive reduced maintenance to cover these charges.

Complaints about the new scheme have led us to identify areas of concern, in particular:

- the arrangements for transferring arrears balances from the Child Support Agency to Child Maintenance Service,
- the priority for payment in cases with more than one receiving parent,
- direct payments to the receiving parent; and
- the explanations that accompany payment schedules.

We have raised these matters with Child Maintenance Service who have been extremely positive in making changes to avoid problems for other customers.

Detailed below are some examples of the cases we have investigated.

CASE STUDY 1

Mrs A complained that Child Maintenance Service (CMS) failed to take appropriate and timely action to secure regular maintenance payments and collect outstanding arrears from the paying parent.

When Mrs A informed CMS of a change to the paying parent's (Mr B)

circumstances, they delayed in contacting him. When they did, they established he was employed, and although he gave details of his earnings, CMS failed to confirm his employer.

Although Mrs A had been receiving payments directly from Mr B, when CMS reviewed the calculation of what he should pay, Mrs A told CMS that she did not want to receive payments directly anymore. However, regardless of being told this, Mr B continued to pay Mrs A directly rather than through CMS.

When Mrs A confirmed receipt of these payments, CMS told her that the accounts had to be rescheduled every time she accepted a payment directly from Mr B, which was preventing them from implementing enforcement action against Mr B. I disagreed with this view, as CMS could have pursued arrears from a prior safe period of debt. On that basis, CMS told Mrs A to stop accepting payments directly from Mr B; despite offering that advice they then failed to clarify either his employment status or consider enforcement action. Mr B continued to pay as and when he wanted.

Mr B contacted CMS and said he was prepared to make weekly payments to Mrs A if she closed her case. Because CMS led Mrs A to believe that there was little they could do, when this was clearly not the case, she closed her case.

“ It was only when you investigated my complaint that it became clear where the problems arose. I felt stonewalled by CSA in my efforts to find out what had happened.”

I upheld Mrs A's complaint, and found that CMS had let her down. I concluded that they had failed to take appropriate and timely action to secure payments for her. They had not secured payments from Mr B and Mrs A had reluctantly had to accept irregular payments directly from him rather than use CMS' collection service which she preferred. This had left her in a situation where the paying parent chose the amount he paid her with little consequence.

I recommended that CMS consider enforcement action to secure the debt owed by Mr B by pursuing a Liability Order, noting that the threat of enforcement action may make Mr B take CMS seriously. I did not consider the £50 consolatory payment already made to her

to be appropriate redress, and I recommended that they award her a further consolatory payment of £200.

CASE STUDY 2

Mr C complained, amongst other things, that CMS had failed to allow him to make payments directly to the receiving parent.

Payments made through CMS incur a collection charge; if payments are made directly to the receiving parent no cost is incurred.

CMS wrote to Mr C and provided him with details of the payments he was required to make for regular maintenance and arrears. There was a £100 shortfall in Mr C's first payment, but having made payments at the required rate for three months, he asked CMS if he could make payments directly to the receiving parent – they did not agree to that. I found no evidence that CMS recorded details of the rationale for their decision; however, Mr C said that he was told it was because he had not been making payments for six months, and this was later confirmed in a telephone call with CMS.

Decisions about direct pay are discretionary and are made by CMS, taking into account the facts of each individual case.

CMS later told Mr C that whilst he was up to date with payments, he owed arrears of approximately £100 and as such they were unable to allow him to make payments directly. However, they told him that if he made the following month's payment in full he could pay directly from the month after. However, he did not do that, so CMS did not consider him to be compliant and he was therefore not allowed to change his method of payment.

I did not uphold Mr C's complaint, as I was satisfied that CMS had acted in accordance with their procedures, and made their decision with regard to the circumstances of Mr C's case. I noted that Mr C had been required to make payments through their collection service and so pay collection charges due to his failure to make the payments previously requested through CMS.

However, I did raise a systemic recommendation with CMS that they should have kept clear records of their original decision not to allow Mr C to make direct payments and been clear in communicating the reasons for their decision to him. In response they have informed me that they have addressed this issue by ensuring that staff who make these decisions are aware of the importance of correct documentation and communication, and that this included the importance of recording direct pay decisions.

CASE STUDY 3

Mr D complained amongst other things that CMS had provided him with conflicting information regarding the amounts of child maintenance he was due to pay.

From the outset of Mr D's case it was agreed that he would make payments directly to the receiving parent, and following the completion of the initial maintenance calculation Mr D was informed of the full amount that he was expected to pay up until the annual review. He was also told that it would be up to him and the receiving parent to decide how and when those payments should be made throughout that year. CMS were therefore not responsible for setting a schedule of payments in Mr D's case.

With the introduction of fees in August 2014, CMS began sending payment schedules in all cases, regardless of whether they were responsible for the collection of maintenance. However despite Mr D's case being set up for him to make payments directly, CMS incorrectly requested that he make payment of arrears showing as being owed by him on their computer system, on top of which incorrect charges had been added to his account which confused matters further.

Mr D raised concerns about the payment schedule he had received but CMS failed to recognise their error and they continued to send him incorrect and differing payment amounts for the next few months. Although they gave him a consolatory payment they failed to recognise the extent of their errors and they continued to provide Mr D with inaccurate payment information.

I upheld Mr D's complaint, noting that CMS had repeatedly provided him with incorrect and confusing information, and I recommended that they apologise to him, award a consolatory payment of £150 and £60 in respect of his communication costs. I also noted that there was a possibility that due to the incorrect payment information provided to Mr D he may have overpaid maintenance and I recommended that CMS investigate that.

I also raised a systemic recommendation with CMS managers about the problems caused by the issue of payment schedules being sent where a case is direct pay– in response they have informed me that their regulations stipulate that payment schedules are issued to both parents in all cases in order to manage their financial expectations, and that in direct pay cases this also supports them when they need to take action on cases, as missed payments are enforceable.

CASE STUDY 4

Mrs E complained that CMS failed to take timely and appropriate action to process her claim and failed to secure regular maintenance payments for her.

There were delays in CMS contacting the paying parent following Mrs E's application for maintenance, which meant that she lost the opportunity to receive maintenance for a period of 17 days. Although CMS awarded Mrs E a consolatory payment in recognition of the delays, it wasn't until she referred her complaint to my office that they conducted a thorough investigation into whether their delays had an impact on the effective date for the payment of maintenance.

Problems began when the paying parent started to pay less than he should have; Mrs E complained. CMS confirmed through H M Revenue and Customs (HMRC) that the paying parent was employed and should have taken steps to implement a deduction from earnings order. However, CMS delayed in doing that and only one payment was collected before the paying parent left his employment.

When the paying parent later told CMS of his new employment, Mrs E was led to believe that a deduction from earnings order would be sent to his new employer straight away. However, CMS were reliant on receiving information from HMRC and the required information wasn't received until almost two months later, causing a further break in Mrs E's payments. Whilst some payments were secured while the case was being reviewed, a new deduction from earnings order did not take effect for four months.

I upheld Mrs E's complaints, finding that CMS should have considered the impact their delays had on Mrs E's maintenance claim – they agreed to make a payment in respect of the financial loss Mrs E had experienced. I also found that there were delays in CMS taking enforcement action; although I noted that they have no control over whether the paying parent stays in employment or changes jobs. I recommended that CMS apologise to Mrs E and award her a consolatory payment of £50.

I also raised a systemic recommendation with CMS about the issue of implementing deduction from earnings orders where HMRC employment information is out of date, causing payments to be delayed and arrears to accrue.

In response CMS have informed me that a new process which should resolve these delays has now been implemented across their business.

Child Support Agency

801 cases received

363 cases accepted

298 cases cleared in the reporting period

Of which:

15 were withdrawn

55 were resolved or settled to the complainant's satisfaction

228 ICE investigation reports were issued:

74 (32%) fully upheld

106 (47%) partially upheld

48 (21%) not upheld

The Child Support Agency now deal with legacy cases only. New applications for maintenance through the Agency stopped in November 2013 and are now made through the Child Maintenance Service.

Most of the complaints we have received about the Agency during this reporting period have been extremely complex; span a number of years; and necessitate us reviewing large amounts of evidence from the Agency and the complainant.

As in previous years, 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 received complaints about many other issues.

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

CASE STUDY 1

Ms A complained that the Agency had failed to fully consider the errors that occurred in her case.

A fundamental error occurred on Ms A's case when they failed to link her maintenance application with the non-resident parent's existing case, despite both Ms A and the non-resident parent informing the Agency of the linked case.

It wasn't until almost three years later that the Agency recognised that the non-resident parent had another case that would have an impact on his maintenance liability. Disappointingly, it took the Agency a further 15 months before they reviewed the non-resident parent's maintenance liability to reflect that other case. The outcome of these significant service failures meant that Ms A had been paid too much maintenance for a period of almost four and a half years – resulting in an overpayment of over £4,000. The Agency then took action to

recover the overpayment from Ms A by reducing her maintenance payments by £27.50 a week until the overpayment had been repaid – they apologised for their delays and awarded her a consolatory payment of £175.

In considering Ms A's case I noted that there had been no consideration given to using their discretion in relation to the collection of the overpayment, and the circumstances from which it arose. Given the sole reason that Ms A owed this money was due to the Agency's error, they did not have discretion to recover that money without asking Ms A if she was willing to pay it back and if she had agreed to this, the Agency were obliged in doing so to consider the welfare of her child. Ms A had never agreed to repay the overpayment as she rightly believed that neither she nor the non-resident parent were responsible for the fact that it happened.

Despite Ms A's dispute of the overpayment, the Agency enforced repayment by reducing her future monthly payments. Ms A also told the Agency that she was suffering from financial hardship, and although the Agency agreed to reduce the amount they would recoup each week they failed to do this for almost five months and only then following the intervention of my office.

“ I am relieved that someone has finally taken the time to review all of the information and get to the bottom of some of the misunderstandings and misinformation I have had with the CSA. I read your report with much gratitude.”

I upheld Ms A's complaint, and in doing so, acknowledged that although she had benefitted from the maintenance that she was never entitled to, having her maintenance payments reduced significantly without any prior warning meant that her financial situation was uncertain; the Agency should not have put her in that position. I was also concerned that by recovering payments from Ms A in this way, the Agency had made her unacceptably solely accountable for the consequences of their error.

I recommended that the Agency immediately suspend collection of the remainder of the overpayment and reinstate the full amount of weekly maintenance payments to her. I also recommended that the Agency apologise to Ms A and award her a consolatory payment of £500.

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 2015/16 is given below:

Our performance in the 2015/2016 report year

Initial Action: We told **98.7%** of complainants the results of our initial checks within 10 working days.

Resolution: We cleared **78.8%** of resolutions within 8 weeks.

Settlement and Investigation Reports: From the point at which our investigation commenced, we cleared:

- 34% of cases within 15 weeks;
- 25% within 16 to 20 weeks;
- 15% within 21 to 25 weeks;
- 13% within 26 to 30 weeks;
- 13% in 31 weeks or more.

Complaints about our service: We have responded to **94.5%** of complaints about our service in 15 working days.

Customer satisfaction: **81%** of customers were satisfied with the service we provided.

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 234 complaints - 114 regarding the service we provided; 112 about the outcome of an ICE investigation; in addition to 8 combined complaints about service and outcome. This represents just 9% of 2592 DWP cases received by ICE

during the financial year. In 43 of those (23 service complaints and 20 outcome complaints) 234 complaints, we upheld aspects of the complaint.

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 the outcome of an ICE investigation or the service provided by the ICE Office, can ask a Member of Parliament to progress their complaints to the Ombudsman. This reporting year, based on the information we hold*, the Ombudsman found that we could have done more in 21 of the 116 cases investigated by her office. In each of those cases the ICE agreed to meet the Ombudsman's recommendations and accepted those observations as learning opportunities, as we encourage bodies within our jurisdiction to do.

Continuous Improvement

During the reporting year the ICE had their:

- **Customer Service Excellence** – reaccredited for the sixth year.
- **British Standards Institute (BSI) accreditation** – in respect of its own complaint handling – renewed.

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 with other public and private sector Alternative Dispute Resolution organisations.

*PHSO's office have yet to publish their data for the 15/16 reporting year.



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