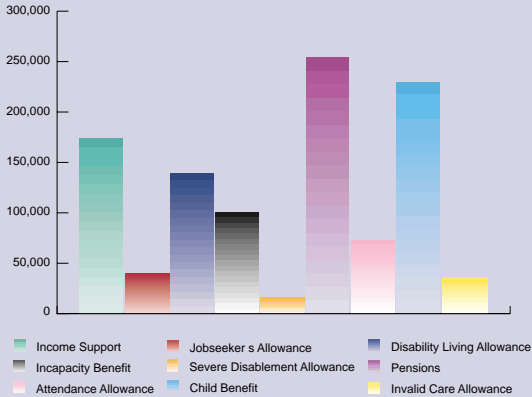


Chapter 3

The Northern Ireland Social Security Agency

From 1 April 2000, the Independent Case Examiner has been contracted to investigate complaints about the Social Security Agency (SSA), an executive agency of the Department for Social Development. The Agency was set up on 1 July 1991 and its main business is to assess and pay the full range of Social Security Benefits and give advice information and assistance to approximately 650,000 customers and potential customers in Northern Ireland.

Benefits dealt with by the Northern Ireland Social Security Agency



(Further details can be found at Table 6 in Annex A.)



Seated: left, Anne Parker; right, John Hunter, Department for Social Development – Permanent Secretary
 Standing: left, Phil Latus, ICE Office Manager; right, Chris Thompson, Chief Executive Northern Ireland Social Security Agency

Raising awareness

The Social Security Agency has been signposting its customers to the Independent Case Examiner since April 2000 in responses to complaints sent from the Agency's Chief Executive. During the first year, we received 15 complaints about the Agency. All clients who received a response after April 2000 had been properly signposted.

As this is the first time we have been involved with SSA we tried to raise awareness about the Independent Case Examiner amongst both staff and customers of the Social Security Agency. The Agency arranged a launch in Belfast on 4 May 2000, which prompted articles in a number of local newspapers, and radio interviews on the subject. Several presentations about the role of the Independent Case Examiner were held for Agency staff during the year and it is planned to extend this service to other organisations who represent the Agency's customers. In addition, two representatives from the office attended the launch of the Agency's Customer Charter on 11 October 2000 and used this opportunity to make contacts with a number of customer organisations, and to promote the services offered by the Independent Case Examiner.

Complaints received

Of the 15 complaints received, two were withdrawn as clients decided to approach the Assembly Ombudsman (one client returned to this office as the Ombudsman declined to investigate the complaint at that time), we could not accept four (see below) and nine were accepted for investigation. So far, four of these complaints have been investigated and the average clearance time is nine weeks.

Cases not accepted for investigation

Of the four complaints we could not handle, three were rejected because the clients had not exhausted the Agency's own complaints procedures, and therefore failed our gateway process. These cases were passed to the Agency for investigation and for a reply to be issued to the client. None of these cases returned to this office with their complaint. The remaining case failed our gateway as it was outside our jurisdiction.

We also received a further 12 telephone enquiries from Agency clients, in these cases, we provided advice on how to pursue the complaint and asked the Agency to contact the client to discuss the complaint. None of these clients subsequently returned to this office, to advise that they were still dissatisfied. This was encouraging, and suggests that the Agency grasped the opportunity to put matters right.

What we found

The table below shows the number of complaints accepted for investigation by benefit type, and the findings of our investigation, together with the current number of cases outstanding.

Type of benefit	Number of complaints accepted for investigation	Number of cases outstanding	Findings of completed cases		
			Complaint fully upheld	Partially upheld	Not upheld
Jobseeker's Allowance	2	1		1	
Disability Living Allowance	5	2		2	1
Income Support	1	1			
Incapacity Benefit	0	0			
Fraud investigation	1	1			



Detailed below are two examples of the complaints we have investigated.

Example 1

Mr A complained about the Agency's handling of his father's Disability Living Allowance claim. He complained that the Agency would not arrange for someone to visit his father to help him complete his claim form, despite repeated requests to both the Disability Living Allowance Branch and a 'freephone number'. He also said that he had been told that home visits were not available, despite the Disability Living Allowance claim form stating that they were and that the Agency had yet to clarify whether home visits were made by doctors or by clerical staff. Finally, he complained that the Agency had yet to provide him with the legislation concerning the backdating of Disability Living Allowance claims.

The complaint was not upheld, as there was no evidence, from either Mr A or the Agency, that Mr A had requested help with the completion of the form. On 13 April, an officer from the Agency had telephoned Mr A about the completion of his father's claim form and the claim was subsequently backdated to 30 March. There was also no evidence that Mr A had been advised that home visits were not available or that he had previously requested the legislation concerning the backdating of Disability Living Allowance claims.



Example 2

Mr B complained that the Agency would not make a decision on his daughter's renewal claim for Disability Living Allowance, until an appeal tribunal heard her appeal against an earlier decision. As a result of this he said that the Disability Premium on her Income Support had also ceased. He said that; the Agency should continue to pay the Disability Living Allowance until the appeal was heard; the Disability Premium on his daughter's Income Support should be reinstated; and that her appeal should be fast-tracked.

Our investigation highlighted that it was normal procedure in cases where a renewal claim for Disability Living Allowance was received, and the previous decision had been appealed, that the renewal claim was not considered until the appeal was heard. (Appeal tribunals may consider awarding Disability Living Allowance for life, but if a decision has already been made on a renewal claim to award benefit, the appeal tribunal would only be allowed to make the award for a closed period i.e. up to the date from which the renewal claim was awarded. In effect this could penalise a client.)

The complaint was partially upheld, and the Independent Case Examiner recommended that the Agency consider changing their procedures. She recommended that in cases where a customer has appealed a decision made on a claim for Disability Living Allowance and subsequently makes a renewal claim, the Agency should fully explain the position and offer the customer the option of having a decision made on the renewal claim. The Agency agreed to the recommendation.

As a result, Mr B requested that the Agency now make a decision on his daughter's renewal claim prior to the appeal hearing. This action was completed as a matter of urgency, resulting in a favourable decision. Arrears totalling £350 were paid, and the Disability Premium on the Income Support was reinstated. A consolatory award of £200 was also made, due to the fact that the Agency delayed in issuing medical reports, and failed to offer the option of having a decision made on the renewal claim prior to the appeal hearing.