CLAIMANTS' PERCEPTIONS OF THE CLAIM PROCESS

Jane Ritchie
Mark Chetwynd

A report of research carried out by Social and Community Planning Research on behalf of the Department of Social Security

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Within SCPR, we are grateful to Andrew Thomas who contributed to the early design and conduct of the study; and to Jill Keegan and Kit Ward for their thoughtful and thorough conduct of the interviews.

The evidence presented in this report is derived from interviews and discussions with 92 benefit claimants. We are indebted to them all for the time they gave to taking part in the study and for so openly sharing their experiences and opinions.
### ABBREVIATIONS

<table>
<thead>
<tr>
<th>Abb</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AA</td>
<td>Attendance Allowance</td>
</tr>
<tr>
<td>CAB</td>
<td>Citizens Advice Bureau</td>
</tr>
<tr>
<td>CB</td>
<td>Child Benefit</td>
</tr>
<tr>
<td>CTB</td>
<td>Council Tax Benefit</td>
</tr>
<tr>
<td>DLA</td>
<td>Disability Living Allowance</td>
</tr>
<tr>
<td>DSS</td>
<td>Department of Social Security</td>
</tr>
<tr>
<td>BA</td>
<td>Benefits Agency</td>
</tr>
<tr>
<td>FC</td>
<td>Family Credit</td>
</tr>
<tr>
<td>IB</td>
<td>Incapacity Benefit</td>
</tr>
<tr>
<td>ICA</td>
<td>Invalid Care Allowance</td>
</tr>
<tr>
<td>IIB</td>
<td>Industrial Injuries Benefit</td>
</tr>
<tr>
<td>IS</td>
<td>Income Support</td>
</tr>
<tr>
<td>IVB</td>
<td>Invalidity Benefit</td>
</tr>
<tr>
<td>RP</td>
<td>Retirement Pension</td>
</tr>
<tr>
<td>SF</td>
<td>Social Fund</td>
</tr>
</tbody>
</table>
SUMMARY

Background (Section 1.1) The Department of Social Security (DSS) is currently undertaking a major review of Social Security operational expenditure. One of its key objectives is to identify how both efficiency and customer service can be improved in the assessment and payment of social security benefits.

In order to improve the process of benefit delivery, it is considered important that some attention should be paid to the customer-led part of the process. In particular, there is a need to encourage claimants to provide the right information at the right time and to minimise their contacts to those which are necessary. To help to determine how this might be achieved, the DSS, on behalf of the Benefits Agency, commissioned Social and Community Planning Research (SCPR) to conduct a qualitative research study.

Objectives (Section 1.2) The study had three central objectives:

* to provide greater understanding of how claimants currently view, and respond to, their part in the claim process, in terms of the roles and responsibilities required of them

* to provide further insights into what causes non-compliant or ‘inefficient’ activity on the part of claimants. The activities of particular interest were:
  * providing incomplete or inaccurate information on claim or renewal forms
  * not providing supporting evidence or documentation
  * not reporting changes of circumstances which affect the level or duration of benefit payments
  * ‘unnecessary’ enquiries about eligibility, entitlement or procedures
  * checking on the progress of claims or payments

* to determine some strategies on actions that would help to improve claimant responsibilities within the claim process and to reduce the level of ‘incorrect’ activity that occurs.

The research (Section 1.3) The study was qualitative in form in order to allow in-depth and exploratory investigation of claimant perspectives. It was carried out among Benefits Agency customers, covering long-term recipients, new claimants and people whose claims had not yet been processed. All had had some form of recent contact with the Agency.
The fieldwork was conducted in two stages: the first involved 36 in-depth interviews; the second comprised eight focus groups. The interviews and discussions were carried out during August and early September 1996.

The study participants

A total of 92 people took part in the study, 36 in individual interviews and 56 in group discussions. Within the sample, a wide range of personal circumstances, benefit histories and experiences of the benefit system were represented. The sample covers the main classes of benefits (income related, contributory and disability) and included those administered both locally and through central directorates. The benefits used for selection purposes were Income Support, Family Credit, Incapacity Benefit, Disability Living Allowance and Retirement Pension; the Social Fund was also covered. The sample also provides diversity in terms of the nature and form of contact with the BA.

The roles and responsibilities of claimants

Claimants tended to make a fairly sharp distinction between activities which they saw as their responsibility and those which they saw as lying with the BA. In the main they saw very little interplay between the two, largely because they have a fairly restricted perspective on the benefit claim and payment process. Perhaps not unexpectedly, they tend to view claim activities mainly from their own standpoint and show only limited understanding of what is involved from the BA’s point of view.

Claimants’ perceptions of their responsibilities are largely limited to one stage of the process – the claim – and essentially can be summed up by “giving them all the information they need”. They identified a rather longer list for the BA. Despite this, the balance of responsibilities was often described as “50-50” or in some other “equal” terms. This appeared to reflect the fact that each party had a role to play rather than the individual weight or importance of the roles ascribed.

The limitations of claimants’ perceptions (Section 8.2)

These and many other features of the commentary suggest that claimants had a narrow and somewhat inconsistent conception of their roles and responsibilities within the claim process. There was also very little evidence to suggest that what claimants said about their own responsibilities was borne out by their practice. For example, among those who felt that they had a good deal of responsibility for a claim, some translated this view into progress-chasing, while others simply meant that they should fill in their forms properly and wait patiently for their claims to be processed. Alternatively, there were those who held very narrow conceptions of their responsibilities but who had either been very pro-active or conscientious within the claim process. Although there were some people for whom stated notions of responsibilities and behaviours matched, it was more common to find some inconsistency.
The research also suggests that claimants saw the notion of their responsibility in the claim process as rather a theoretical concept. Although they were able to discuss roles and responsibilities, and the division between their own and the Benefits Agency's, they did so with a certain degree of neutrality. It appeared that few of the claimants had ever thought about these ideas before, a point which some of them made themselves.

All of this is in sharp contrast to what can be termed the “claimant's agenda”. There were numerous features of benefit delivery which claimants felt needed to be reviewed if a more smooth-running and efficient service were to be effected. Commentary on these recurred throughout the interviews and discussions, often expressed with considerable strength of feeling.

In the light of this evidence, it is suggested that the idea of simply encouraging claimants to take more responsibility in the claim process may not be the most effective way forward. Instead, it is suggested that increased participation in, and compliance with, claim procedures can best be achieved through strengthening the Agency/claimant partnership. This will require greater clarity on the part of the claimants about the administrative partnership in which they are involved, and at least some response on the part of the BA to key elements of the claimant's agenda.

Three specific recommendations are made:

- Introducing a claimant contract which, among other things, would set out the roles and responsibilities of both the BA and claimants, making it clear what each has to do to ensure the smooth and efficient running of the claim process.
- Providing introductory interviews for first time claimants with a member of BA staff.
- Allocating “special case” managers to deal with the administration of designated claims, on a dedicated basis.

Claimants varied considerably both in the level of “noise” they created within the system and in the extent of their compliance with the claim process. Certain features were often associated with ‘good’ and ‘not so good’ claimant behaviours. However, amongst the latter group, a key distinction is made between claimants who have some frailty which makes it difficult for them to cope with the benefit process; and those who appear just more generally non-compliant.

The ‘good’ claimants tended to be proactive in their engagement within the claim process. They also had a reasonable level of understanding of how the system works, what was required of them as claimants and generally good lines of communication with the BA. In some cases, this
derived from a generally confident and business like approach to their claim, in others because of the accrued experience they had gained through longer term contact with the benefit system.

Conversely, the 'not so good' claimants appeared much less confident as a group and were generally much more confused or even bewildered by the benefit system and its procedures. This led to either overactive engagement with the BA in trying to clarify or get reassurance about what was happening; or to a generally passive approach, without any attempt to engage. In its most extreme cases, this level of inertia caused considerable problems both for the claimants and the BA.

The factors that were associated with being a 'good' or 'not so good' claimant are to some extent interrelated; they can also compound to increase the tendency towards more or less compliant behaviours. They include knowledge of benefit procedures; confidence in "the system"; the complexity of the claim history; the individual's personal characteristics and circumstances; and general attitudes towards receiving benefits. All of these factors are also recurrent in explaining specific areas of non-compliance.

The incorrect completion of claim forms (Chapter 3) Incorrect completion of forms was recognised as the most obvious way in which claimant error could lead to delays in the processing of claims. Awareness that this was so had arisen because of experiences of forms being returned or queried. As a consequence, some claimants were very "careful" when completing forms, others had become practised over time.

But despite the strong incentive to complete forms "properly", the claimants identified a number of reasons why this might not happen. These included:

* personal factors that might affect an individual's ability to complete forms correctly such as the effects of an illness or impairment, problems with literacy or a general lack of confidence with forms

* features of the forms such as question wording, content or layout but in particular, their length

* the repeated provision of information to the BA. Claimants were both irritated and bewildered by having to provide the same information on repeated occasions, particularly when they knew that it is 'all on a computer'.

Providing supporting documentation (Chapter 4) In the main, claimants understood that the supply of supporting evidence was a requirement that they had to meet in order to receive benefit. There was generally little resistance to the principle of providing such documentation.
Reasons given for a failure or delay in doing so included a fear of losing or parting with documents, particularly birth or marriage certificates and order books; difficulties in obtaining specific items of information, such as estimates for Social Fund applications; questioning of the necessity to provide documentation, particularly when other evidence was already available to the BA; and a lack of awareness of the requirement.

Reporting changes of circumstances (Chapter 5) The claimants varied in the extent to which they “knew” which changes of circumstances needed to be reported. However, almost irrespective of their level of knowledge, most of them appeared to work on a basis of “common sense”. As a consequence, the changes most readily identified as “reportable”, apart from simply a change of address, were those affecting income or the size or composition of the household.

Other causes of non-reporting were identified. These included the potential administrative consequences for claimants, particularly the interruption of benefit payment or withdrawal of their order book; the perceived importance of the change in terms of the effect it might have on benefit income; the lack of necessity to report because the BA would already know; and uncertainty about whether the change would last long enough to merit reporting.

Seeking information about benefits (Chapter 6) A high proportion of the claimants had had queries or uncertainties about benefits which they needed further information to resolve. The extent to which they went directly to the BA to resolve these, or any other enquiries, differed considerably between individual claimants. The factors that were influential included the extent to which BA documents were retained or used; the use made of alternative sources of information, particularly advice agencies; the nature of the enquiry; and the extent to which claimants saw the BA as a first and immediate line of enquiry.

The reasons given for contacting the BA for information were related to some perceived general features of the benefit system, such as its complex and changing nature, the fear that necessary information might be withheld, or the volume of paperwork with which claimants were “bombarded”. For one reason or another all of these features led claimants to want to “check” with the BA to make sure they had the correct and most up to date information. But other reasons related more to the individual characteristics or circumstances of the claimants. These included previous experiences of the benefit system that had led some people to believe that “double checking” was imperative; attitudes to receiving benefits; and personal characteristics and circumstances such as a disability which increased their need to contact the Agency.
Checking on the progress of claims (Chapter 7) Although claimants acknowledged that progress chasing created work for BA staff and had to be justified, the ease with which such justifications could be made varied considerably between claimants. In some cases this was because claimants were of the view that contacting the Agency, to find out what was happening, helped to speed up the claim process. Other causes of progress-chasing included a lack of information about what was happening; previous experiences which had caused difficulties; views about what constitutes a “reasonable” waiting period; the level of dependency on benefits; and again the nature of individual personalities.

Reducing non-compliance (Section 10.2) The report contains a number of suggested action points that may help to reduce specific features of non-compliance. Many of these should also contribute to strengthening the BA/claimant partnership.
The Department of Social Security (DSS) is currently undertaking a major review of social security operational expenditure. The aim of this review is to examine the administration of social security business and to identify proposals that can deliver a step change reduction in Departmental running costs over the longer term. The implementation of these proposals is being enacted through a strategic programme, known as the Change Programme.

The Change Programme is wide ranging and involves all parts of the Department and its Agencies. It has a number of different strands of activity covering all aspects of social security operations. One of its key objectives is to identify how both efficiency and customer service can be improved in the assessment and payment of social security benefits.

In order to improve the process of benefit delivery, it is recognised that systems and procedures will need to be simplified and clarified. This has involved a review of the information that the BA provides to its customers and the clarity with which its requirements are conveyed. However, it is considered equally important that there should be some investment in the customer-led part of the process. In particular, there is a need to encourage claimants to provide the right information at the right time and to minimise their contacts to those which are necessary.

In order to determine how this might be achieved, the DSS, on behalf of the Benefits Agency, commissioned Social and Community Planning Research (SCPR) to conduct a qualitative research study. The purpose of the research was to examine how claimants view their roles and responsibilities in the claim process, and how compliance with the Benefits Agency's requirements might be enhanced. This report documents the findings of the study.
The aims of the research, as originally stated, were:

- to examine claimants’ perceptions of their roles and responsibilities in dealing with the Benefits Agency
- to examine claimants’ perceptions of the Benefits Agency’s roles and responsibilities in dealing with claimants
- to identify how the Benefits Agency can encourage claimants to take more responsibility (in particular, providing documentation) in their dealings with the Benefits Agency
- to consider how customer service might be made more efficient by reducing unnecessary contacts without increasing running costs.

These objectives required three forms of output from the research. The first was to provide greater understanding of how claimants currently view, and respond to, their part in the claim process in terms of the roles and responsibilities required of them. The second was to provide further insights into what causes non-compliant or ‘inefficient’ activity on the part of claimants. The activities of particular interest were:

- providing incomplete or inaccurate information on claim or renewal forms
- not providing supporting evidence or documentation
- not reporting changes of circumstances which affect the level or duration of benefit payments
- ‘unnecessary’ enquiries about eligibility, entitlement or procedures
- checking on the progress of claims or payments.

The third requirement was to determine some strategies on actions that would help to improve claimant responsibilities within the claim process and to reduce the level of ‘incorrect’ activity that occurs.

There is already a considerable amount of research evidence which has relevance to the focus of this study. In particular, the DSS has recently commissioned research to investigate the number and types of contact a customer has with the BA in order to complete a piece of business (Stafford, Kellard and Horsley, 1997), to assess the consequences of changes in claimants’ circumstances for both claimants and the Benefits Agency (Sainsbury, Hutton and Ditch, 1996); and to explore communications between the BA and its customers (Bailey and Pyres, 1996). The Benefits Agency National Customer Surveys also cover areas of relevance to this research. It was intended that the present study should build on, rather than replicate, existing evidence through its focus on claimant ‘responsibilities’. Where relevant, the findings of other research are referenced in appropriate sections.
The study was conducted using qualitative methods, with fieldwork carried out in two stages: the first involved 36 in-depth interviews; the second comprised eight focus groups. The interviews were used to provide a detailed exploration of claimants' perceptions of their roles and responsibilities, and of the factors which determined their own behaviours in claiming benefits. The focus groups discussed these processes in more general terms, and provided a forum for generating and assessing possible options for change.

The sample

The study was carried out among Benefits Agency customers, covering long-term recipients, new claimants and people whose claims had not yet been processed. All had had some form of recent contact with the Agency. The fieldwork at both stages was conducted in the catchment areas of four local benefits offices in England and Scotland, selected by the DSS. These were located in different regions and between them served two inner city areas, and two large towns.

The study covered the main classes of benefits (income related, contributory and disability) and included those administered both locally and through central directorates. The benefits used for selection purposes, termed the 'sampled benefit', were:

- Income Support (IS)
- Family Credit (FC)
- Incapacity Benefit (IB)
- Disability Living Allowance (DLA)
- Retirement Pension (RP)

Loans and grants from the Social Fund (SF) were also included.

The sample was also designed to provide diversity across a range of other variables. These included:

- types of transactions or episodes of business
- mode of contact with the BA
- claimant compliance with BA requirements
- age and gender
- and whether living alone or with others.

The sample was selected by Benefits Agency local offices for Income Support, Incapacity Benefit, Social Fund and some Retirement Pensions; and from central Benefits Agency records for Family Credit, Disability Living Allowance and some further Retirement Pension claims.

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1 Claimant compliance was determined by whether the claimant had been 'correct' or 'incorrect' in their dealings with the BA, in the view of the benefits office (see Chapter 2).
The samples identified locally were selected after a short period of monitoring at the four local benefit offices. The offices were asked to keep records of claimants who engaged in some transaction or contact relating to one or more of the sampled benefits, within a given period. People contacting central benefit offices were selected during the same period, although because of the way in which information is held at central directorates, it was not always possible to identify all the selection criteria described above.

People selected by the DSS were sent a letter explaining the purpose of the research and providing an opportunity to withdraw if they were unwilling or unable to take part. The sample was then passed to SCPR for further screening. Selected individuals were then approached to confirm willingness to take part and to arrange attendance at an interview or discussion. Further details of the sample design and method of selection are given in Appendix I.

A total of 92 people took part in the study, 36 in individual interviews and 56 in group discussions. The characteristics and circumstances of the study participants are described in Chapter 2.

Fieldwork
The interviews were conducted during August and early September 1996, the focus groups in late September. They were based on topic guides which were designed in close collaboration with the DSS, copies of which are shown in Appendix II. The interviews took around one to one and a half hours to complete, and the groups about one and a half to two hours. All the interviews and groups were tape-recorded and transcribed verbatim.

Analysis
The qualitative analysis was undertaken from the verbatim transcriptions using Framework, a qualitative analytic method developed at SCPR. After the identification of key topics and issues emerging from the data, the verbatim material was charted within a thematic matrix. The charts contained a synthesis of the verbatim text, with references to locations in the transcriptions. From these charts, a detailed within and between case analysis of each interview and focus group was carried out, from which the report was then prepared.

1.4 Coverage of the report
The report is divided into two main parts. Part Two examines the causes of non-compliance covering in turn the provision of incomplete and incorrect information, seeking information about benefits and checking on the progress of claims. Part Three explores claimants' perceptions and understanding of their roles and responsibilities and considers how more responsive actions might be encouraged. As a context to both parts of the report, Chapter 2 provides a profile of the study participants.

The evidence provided in the report is qualitative in form in order to describe the factors that influence claimants' behaviours and decisions.
within the claim process. It is not possible from such evidence to determine the extent to which views are held or behaviours occur, nor to determine variables which discriminate statistically. Both the size of the sample and the purposive basis on which it was selected prohibit such analyses.

Throughout the report, current benefit recipients as well as people who have received benefits in the past, are referred to as "benefit claimants".

In parts of the report, case illustrations are presented. Where a combination of characteristics or events could potentially identify an individual or family, some changes to their circumstances have been made. All the names cited are fictitious.
2 A PROFILE OF THE STUDY PARTICIPANTS

The sample for the study was purposively selected to ensure that a range of personal circumstances, benefit histories and experiences of the benefit system were represented. This chapter provides a profile of the 92 people who took part.

2.1 Key selection criteria – the sample distribution

The sample for the study was generated by local offices and central benefit directorates in four areas. The aim was to ensure coverage of six benefits with some diversity in terms of reasons for contact, mode of contact and levels of claimant compliance. Claimant compliance was determined for each area of business by whether the claimant had been ‘correct’ or ‘incorrect’ in their dealings with the benefit office. The research team, in collaboration with the DSS, produced the following examples of actions which were defined as correct or incorrect:

<table>
<thead>
<tr>
<th>Correct customer action</th>
<th>Incorrect customer action</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>New claims (and renewals)</strong></td>
<td><strong>Information from claim form missing</strong></td>
</tr>
<tr>
<td>Claim form correctly filled-in</td>
<td>Claim form not signed</td>
</tr>
<tr>
<td>Claim form correctly signed</td>
<td>Supporting documents incorrect or missing</td>
</tr>
<tr>
<td>Correct supporting documents supplied</td>
<td>Delays in providing correct documentation</td>
</tr>
<tr>
<td></td>
<td>----------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Change of circumstances</strong></td>
<td><strong>Not reported a ‘reportable change’</strong></td>
</tr>
<tr>
<td>Made a ‘reportable change’, i.e. any change that the BA has told a customer to report</td>
<td>Delayed in making a ‘reportable change’</td>
</tr>
<tr>
<td></td>
<td>Reported a change that is not a ‘reportable change’</td>
</tr>
<tr>
<td><strong>Seeking information</strong></td>
<td><strong>Checking progress of claim</strong></td>
</tr>
<tr>
<td>Asking for leaflets</td>
<td>Chasing payment</td>
</tr>
<tr>
<td>Seeking information about entitlement or eligibility</td>
<td>Querying payment amount</td>
</tr>
<tr>
<td>Requesting help to fill in forms</td>
<td>Wanting to pursue the matter further</td>
</tr>
</tbody>
</table>
The distribution of the sample across the key criteria used for initial selection, was as follows:

- **Sampled benefit**
  - Income Support: 17
  - Social Fund: 16
  - Family Credit: 16
  - Incapacity Benefit: 16
  - Disability Living Allowance: 13
  - Retirement Pension: 14

- **Reason for contact**
  - New claim or renewal: 29
  - Change of circumstance: 22
  - Seeking information: 25
  - Not specified: 16

- **Claimant compliance (on selected contact)**
  - 'Correct' action: 35
  - 'Incorrect' action: 34
  - Not specified: 23

As the figures above show, the sample was reasonably evenly distributed across the main categories used for the initial selection. There was also an even division of participants between the four geographical areas covered by the research. The even distribution of the sample was the result of procedures used both at the initial selection and recruitment stages. Further details are given in Appendix 1.

### 2.2 Personal characteristics and circumstances

The study participants were evenly divided between men and women and ranged in age from 18 to 86. Both gender and age differed to some extent with the sampled benefit, particularly for Family Credit and Retirement Pension. (Table 2.1)

---

1 For claimants sampled through Family Credit records, the reason for contact and the claimant compliance was not always known at the time of selection. For claimants sampled through DLA and centrally administered Retirement Pension records, the claimant compliance was not always known.

2 All the study participants sampled through Family Credit records were female although eight of the 16 were in married or living as married partnerships. Family Credit claims are usually made in the mother's name.
### Table 2.1  Gender and age of study participants, by sampled benefit

<table>
<thead>
<tr>
<th>Gender and age</th>
<th>IS &amp; SF</th>
<th>FC</th>
<th>IB &amp; DLA</th>
<th>RP</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>17</td>
<td>-</td>
<td>18</td>
<td>9</td>
<td>44</td>
</tr>
<tr>
<td>Female</td>
<td>16</td>
<td>16</td>
<td>11</td>
<td>5</td>
<td>48</td>
</tr>
<tr>
<td>Under 25</td>
<td>5</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>6</td>
</tr>
<tr>
<td>25-34</td>
<td>10</td>
<td>11</td>
<td>2</td>
<td>-</td>
<td>23</td>
</tr>
<tr>
<td>35-44</td>
<td>11</td>
<td>5</td>
<td>7</td>
<td>-</td>
<td>23</td>
</tr>
<tr>
<td>45-59</td>
<td>5</td>
<td>-</td>
<td>11</td>
<td>1</td>
<td>17</td>
</tr>
<tr>
<td>60-69</td>
<td>2</td>
<td>-</td>
<td>6</td>
<td>7</td>
<td>15</td>
</tr>
<tr>
<td>70 or over</td>
<td>-</td>
<td>-</td>
<td>2</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>Base: all participants</td>
<td>33</td>
<td>16</td>
<td>29</td>
<td>14</td>
<td>92</td>
</tr>
</tbody>
</table>

Note: The IS and SF, and IB and DLA samples have been combined because the claimant populations involved overlapped and were similar in profile.

Around a fifth of the sample lived alone, the rest predominantly with their partner and/or children. The parents with children divided more or less evenly between lone parents and partnered couples. Inevitably, there were some differences in household composition between benefits, with greater proportions of families with children on the three income-related benefits (Income Support, Social Fund and Family Credit).

**Changes in living arrangements**

There was considerable variation within the sample in the stability of people's living arrangements. At one end of the spectrum were people who had experienced little change for several years. At the other end were claimants whose accommodation, partnership or family responsibilities had changed once or more in recent months. The latter group includes:

- Sam Brewer, who lives in a hostel and has changed both his accommodation and town of residence several times over the last year (Receiving IB)
- Maggie Wainwright, whose husband moved out, then back in again, then out again, then back in again during the last year (Receiving FC & CB³).
- Don and Lesley Ford, whose three nephews and nieces suddenly came to live with them and their four children after severe family difficulties in their own home (Receiving IB, IS, DLA, ICA, CB and DLA for one of the children).
- Sandra Thompson, whose 18-year-old daughter and small baby came to live with her and her three younger children, then moved out again leaving the baby, then came back and took the baby away into foster care. (Receiving IS, CB and DLA and AA for one of her children).

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³ Abbreviations used in case and quote identifications: CB = Child Benefit; ICA = Invalid Care Allowance; AA = Attendance Allowance; IIB = Industrial Injuries Disablement Benefit.
These kinds of changes are not unique to families on benefits, but they can place serious financial demands on those with low incomes. They can also cause considerable disruption to benefit claims. Both factors have significance in the context of this study.

Partly because of the inclusion of DLA and IB, the sample contained a high proportion of people who had a long-term illness or disability. The nature of the illness or disability was not investigated in the study but information was very often volunteered. It was clear from this that the sample covered a very wide range of medical conditions or impairments. These included musculo-skeletal conditions, cardio-vascular conditions, neurological disease, terminal illness, such as cancer, mental illness, and learning disabilities. In some cases, and particularly where individual interviews were conducted, it was evident that the condition or impairment was severe.

There were also many examples where other members of the family had a long-standing illness or impairment. It was also evident that long-term illness or disability often combined with other difficulties or instabilities in the household. For example, in all but one of the cases cited above, either the participant or another member of their family was incapacitated by illness or was disabled.

As previously noted, the study participants were selected because of a recent contact related to the sampled benefit. Because the contacts covered a variety of circumstances, including unsuccessful claims, pending claims or seeking information, the individuals concerned were not necessarily receiving the benefit through which they were sampled. Conversely many of the claimants were receiving benefits other than the sampled benefit, as Table 2.2 shows. In some cases other members of the claim unit were also receiving benefits. The highest concentration of benefit receipt existed amongst those sampled through Income Support and the Social Fund, the lowest amongst the Family Credit sample and those on, or about to, receive RP.
Table 2.2 Benefits received by the study participants

<table>
<thead>
<tr>
<th>Sampled Benefit</th>
<th>IS &amp; SF</th>
<th>FC</th>
<th>IB + DLA</th>
<th>RP</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income Support</td>
<td>27</td>
<td>16</td>
<td>1</td>
<td>1</td>
<td>44</td>
</tr>
<tr>
<td>Family Credit</td>
<td>2</td>
<td>14</td>
<td>1</td>
<td></td>
<td>17</td>
</tr>
<tr>
<td>Incapacity Benefit</td>
<td>2</td>
<td>13</td>
<td></td>
<td></td>
<td>15</td>
</tr>
<tr>
<td>Disability Living Allowance</td>
<td>2</td>
<td>6</td>
<td>1</td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>Mobility Component – DLA</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Attendance Allowance</td>
<td></td>
<td></td>
<td>2</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Industrial Injuries Disablement Benefit</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Invalid Care Allowance</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Special Disability Premium (IS)</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Retirement Pension</td>
<td></td>
<td>4</td>
<td>11</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Child Benefit/One Parent Benefit</td>
<td>15</td>
<td>15</td>
<td>3</td>
<td>33</td>
<td></td>
</tr>
<tr>
<td>None</td>
<td></td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Base: All participants</td>
<td>33</td>
<td>16</td>
<td>29</td>
<td>14</td>
<td>92</td>
</tr>
</tbody>
</table>

*Column totals add to more than the sample bases as many participants were receiving more than one benefit.

The length of benefit claims also varied considerably between claimants and between benefit groups. Although this is in part an artefact of the method of sampling, it meant that the participants had very different histories, both in length and complexity, of dealing with the Benefits Agency. The following examples serve to illustrate:

Mr Baxter is 64 and will start receiving a Retirement Pension in a few weeks time. He has never been to the local office, having dealt with his RP claim entirely by post. He has not claimed any social security benefits before.

John Waters is 46 and has been on IB for about three months. He has worked consistently for 30 years and, until his current illness, had never had any contact with the DSS. At the time of his claim, he visited and telephoned the local office but has had relatively little contact since.

Dan and Susan Bird are currently receiving Family Credit and Child Benefit. Prior to that they were on IS. They have had previous periods on both Family Credit and Income Support because of an interrupted work history. They have had a lot of contact with the local office and the Family Credit office in Blackpool, both recently and over the last few years.

George Fry who lives with his wife and adult son, receives Incapacity Benefit, Industrial Injuries Benefit and the Disability Living Allowance. Their son receives Income Support. Some months ago, Mr Fry’s IIB

A number of participants on IS also had current SF loans but it was not possible to document this systematically, particularly for the group participants.
was reduced, and they were sent an application pack for Income Support. Their claim for this latter benefit was turned down, and they are now trying (mistakenly) to claim an Attendance Allowance. Mrs Fry also hopes that her son will be able to claim Invalid Care Allowance for looking after Mr Fry.

As is evident, the combination of the number of benefits and the length of time of benefit receipt led to very different levels of contact with BA offices. Similarly levels of contact also varied depending on the general complexity of the family’s circumstances. As a result, some of the people interviewed had never been inside their local office; others went there on a regular basis. Some had had perhaps one or two phone calls, either with the local office or a central directorate, others knew the benefit office number off by heart. Again, these varying levels of contact have a strong bearing on the issues addressed in this research.
The following three chapters all examine aspects of the claim process in which claimants are required to provide information to the Benefits Agency. This chapter looks at initial application and renewal forms which require correct and complete information before a claim can be processed. Chapter 4 is concerned with the provision of supporting documentation or evidence, which is needed for certain benefits or in specific circumstances. Chapter 5 explores claimant behaviours when circumstances change and the reasons why changes may not be reported.

3.1 The importance of correct form-completion

Since the early 1980s, the DSS in common with many other government departments, has placed considerable importance on the design of documents used by members of the public. As a consequence, application forms as well as other written documents have been significantly improved in terms of presentation, language and content. In addition, the ease of form completion has been monitored in previous National Customer Surveys. In 1995, the results showed that around three-quarters of those who had completed forms found them very or fairly easy to fill in, although with some important differences between benefits in the level of ease experienced (discussed more fully below) (PAS, 1996).

Despite the evidence of clearly improved form design, Benefits Agency staff spend a considerable amount of time dealing with incomplete or incorrect application or renewal forms. It has been estimated that 60% of Income Support claim forms are not correctly filled in on first completion\(^1\). Questions therefore arise as to why this happens and whether there is sufficient understanding amongst claimants about its consequences.

\(^1\) DSS Press Release, Secretary of State for Social Security, February 1996.
Claimants' perspectives

The incorrect completion of forms was, to the respondents, the most obvious way in which a claimant error could lead to delays in the processing of claims. Indeed, as Chapter 8 shows, claimants saw filling in forms “properly” as their primary, and even their only, contribution to ensuring the smooth and efficient handling of benefit claims.

A link between the completion of forms and delays in the claim process had been made by claimants through experiences of having had forms returned to them by the Benefits Agency. This had occurred in order for them to correct mistakes, to complete questions which they had previously left blank, to give further information in answer to a particular question, or because the form had not been dated or signed. As a result, some claims had taken longer to be actioned and first payments had been delayed.

Several instances were cited where the additional information required was thought to be trivial or very obvious from other evidence supplied. Although this caused some irritation to the claimants, it provided confirmation that forms had to be “done properly” before a claim could be processed.

“It happened once where the answer was obviously ‘Yes’ — you know, ‘Are you receiving Social Security?’ It was the obvious answer, ‘Yes’ and she missed tick-ing it, and they sent the form all the way back. So I mean they obviously knew by their computer. I mean they could have ticked it and initialled it [But] they sent the form all the way back.”

(Receiving Incapacity Benefit)

Other claimants had experience of being telephoned by the benefits office and asked verbally for missing information, so that a mistake or omission could be corrected immediately. While this was seen as the more sensible course of action for benefits office staff to take, it again reinforced the need for full and correct form completion.

Claimants’ knowledge of the consequences of incomplete form-filling, learnt either through personal experience, or through hearing other people’s stories, was held as a powerful incentive to complete the form fully and correctly at the first time of asking. However, this incentive was viewed very much from the perspective of its advantages to claimants, rather than to the Benefits Agency. There was relatively little spontaneous discussion of the time that this might save for Agency staff. When questioned further about this, claimants could appreciate that getting it right meant that “forms did not have to go backwards and forwards.” This, however, was generally seen as an advantage in accelerating the claim process, rather than for saving unnecessary work for the benefits offices.

The recognition that incorrect completion of forms slowed up the delivery of benefits did not prevent mistakes from being made. The factors which worked against the correct filling-in of forms are discussed a little further
on in this chapter. First, however, it may be useful to consider briefly how and why correct form completion appears to occur.

A key factor in explaining how some respondents managed to complete their forms correctly seems to be their basic approach to form-filling. More conscientious approaches were characterised by: reading the form through just before starting to answer it; reading accompanying notes or instructions, particularly when applying for a benefit for the first time; reading through the completed form “to make sure there were no mistakes”; and generally taking some time to do it properly. Many claimants also emphasised the importance of being able to concentrate on the form, away from other distractions.

“I like to sit down on my own and do it myself without the kids running around and having to stop every five minutes and forget where I am. I just like to do it in peace and quiet.” (Receiving Family Credit)

The Disability Living Allowance claim form suggests that claimants read through all the questions before answering any, “to see what we need to know”. There was some evidence of the more methodical form-fillers doing just this across a number of benefits.

Some people claimed that their more considered approach to form-filling came naturally – “that’s how I am.” Others said it was a result of jobs they had held in which they had to deal with a lot of paperwork. Others said it arose from “habits” they had learned – for example, only signing documents after they were confident of their accuracy, or from wanting to be “neat” or correct.

“I’m just checking I haven’t made any mistakes or said anything – or too many spelling mistakes – my mother was a schoolteacher and she used to send back my letters with spelling corrected sometimes, and I mean it’s impressed on me now I check for ‘em.” (Receiving Disability Living Allowance)

Another important factor was their learned experience. Claimants whose first claim forms had been returned with omissions or mistakes by the Benefits Agency, were influenced by that experience and often learned from it. This happened in two ways: first, by gaining a better appreciation of the nature of the information required by the Agency; and second, by having greater understanding of the need for attention to detail.

The experience of the Family Credit claimants is a good illustration of this. Claims for Family Credit need to be renewed on a six-monthly basis, and those respondents who had undergone the renewal process tended to describe it in terms of a pattern or routine, and of being “used to it now”. They were still quite assiduous in their approach to the forms, and were mindful of the consequences of making mistakes. However, they seemed to find the actual process of completing the form, (and, where relevant, of collecting the required number of wage slips) to be much less problematic than did claimants of some of the other benefits.
Claimants’ confidence in form-filling is also of relevance. In part this derives from practice, as in the case of Family Credit renewals described above. It is also related to individual backgrounds, in terms of education, occupation or levels of literacy.

3.2 Reasons for incorrect form-completion

Counteracting the strong incentive to complete forms “properly", were a number of reasons which claimants felt explained why people failed to fill in their forms fully or correctly. To varying degrees, these reasons operated both for first-time claimants and for people with more experience of dealing with the Benefits Agency. The factors which militated against correct completion fell into three broad categories, although with a high level of interplay between them:

- Personal factors
- Features of the forms
- Repetition of information provision.

Personal factors

- Approaches to form filling In sharp contrast to the more conscientious form-fillers, some claimants described quite haphazard approaches to completing forms. For instance they reported not reading the questions closely, never reading accompanying instructions, rushing through the form, and sometimes leaving questions unanswered. The reasons they gave for this were often underpinned by the need to complete the form as quickly as possible. In some cases this was because their need for benefit was pressing and they saw some urgency in getting the claim form in. In others the haste arose from a general dislike of form-filling and a wish to spend as little time as possible dealing with them.

“I hate doing them to be honest with you so I do read them as quickly as possible to be honest with you . . .”

(Receiving Incapacity Benefit but has completed forms for several other benefits)

In some cases this wish to “get it out of the way" was fuelled by a general impatience with the Benefits Agency and “all the paperwork" it created. Other respondents freely admitted that they were, in their own words, “careless” and that they had given fairly little thought or time to completing their forms.

“[I] just put it in the envelope and hope I’ve done it right.”

(Applied for Social Fund)

- Personal circumstances Claimants suggested a number of personal circumstances which would affect a person’s ability to complete claim forms:
  - the effects of an illness or impairment
  - anxiety and stress arising from circumstances which had led to a claim (e.g. marital breakdown, redundancy)
  - problems with literacy
• limited understanding of English
• intellectual abilities
• age.

It was thought that any of these circumstances could make it difficult for claimants to complete a form, either at all, or correctly. In some cases this view was expressed on the basis of direct experience, either their own or through knowledge of helping family members or friends. In other cases people were commenting more generally about groups for whom they felt help with forms would be required.

In discussing such circumstances, claimants often referred to the need for good concentration, or the ability to “think straight” when completing an application form. It was thought that if concentration was disrupted or you were “in a fog”, then mistakes were likely to occur. As an example, one claimant said he could not sit for very long because of the severe pain in his back. Consequently he kept getting up and down when completing forms. He was certain that this was why he ended up missing questions.

A similar point was made by parents with young children, most of whom said they tried to complete forms when their children were in bed, or were not around. It was said that being interrupted or distracted made accurate form completion much more difficult.

“I had a two-year old running around and she's not a very easy two-year old, and I'm sort of in the middle of doing six jobs, as well as writing out this form. With a two-year old you haven't got time to sit there and read it, then think about it, then fill it in. You're sort of doing it as you're doing everything else.”

(Receiving Family Credit)

• A lack of confidence Some of the claimants expressed a lack of confidence in dealing with claim forms. The origins of this lay in both the claim forms (for reasons which are discussed later in the chapter) and in the individuals themselves. To some extent, confidence grew with experience of completing forms, but there were notable exceptions to this rule.

In some cases a lack of confidence arose from circumstances already described, such as a learning disability or problems with literacy. In other cases, it arose from a general lack of experience of dealing with official documents, and particularly application forms. In some extreme cases, claimants, having had forms returned in the past, sent off their forms almost knowing that they had made mistakes, but not quite knowing how. In such circumstances, they relied on the Benefits Agency to identify the errors, and to explain how to correct them.

Existing research evidence shows that a significant proportion (14–20%) of claimants seek help from other people when completing benefit application
forms. The proportion who do so is higher for disability benefits than for other benefits; and higher for new claimants than among the claimant population more generally (PAS, 1996; Williams, Astin and Ditch, 1995).

A number of the study participants had sought help when completing their claim forms. This was either from a relative or friend; a health or social services professional with whom they were in contact; from a disability organisation; or from a general advice agency like a Citizens' Advice Bureau (CAB).

Some claimants had also tried to seek help from the local Benefits Agency office with very varied experiences. Some had been very willingly helped to complete their forms; others reported that staff had told them to try to complete the forms themselves. There was a rather more widespread perception that the local office staff are too busy to help with forms and claimants therefore have to go elsewhere for assistance. One of the more recurring suggestions for change amongst claimants was for a reversal of this situation.

Features of forms

The National Customer Survey asked claimants about the completion of application forms and how easy or difficult they are to fill in. With the exception of the DLA applicants, around two-thirds or more found the forms very or fairly easy to complete. There are, however, some differences in the level of ease experienced, as the following figures show:

Table 3.1 View on difficulty of completing forms, by benefit

<table>
<thead>
<tr>
<th>Benefit</th>
<th>% finding forms:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>very easy</td>
</tr>
<tr>
<td>Retirement Pension</td>
<td>47%</td>
</tr>
<tr>
<td>Family Credit</td>
<td>37%</td>
</tr>
<tr>
<td>Social Fund</td>
<td>34%</td>
</tr>
<tr>
<td>Income Support</td>
<td>24%</td>
</tr>
<tr>
<td>Incapacity Benefit</td>
<td>16%</td>
</tr>
<tr>
<td>Disability Living Allowance</td>
<td>14%</td>
</tr>
</tbody>
</table>


The main difficulties experienced in completing forms are not understanding the questions, confusing layout, unclear instructions and the length or repetition of the form. Similar causes of difficulty have been found in other recent research (NCS, 1995; Williams et al, 1995).

The discussions surrounding forms in the present study provide strong confirmation of the existing research evidence. For example, there was relatively little negative comment about Retirement Pension and Family Credit forms, rather more of the Income Support and Incapacity Benefit
forms and a considerable number of criticisms about the DLA form. Similarly, the difficulties encountered in completing forms were of much the same kind as found in other research. However, the specific interest of this study was to investigate how and why error in form completion occurs. It is therefore important to briefly review claimants' perceptions of the features of forms which they felt caused this to occur.

- **Length of forms** Claimants were heavily critical of the length of some of the benefit claim forms, particularly those for Income Support and Disability Living Allowance. They were described as "books", with accompanying complaints about the amount of time that they took to complete. People said they found the sheer size of the forms "daunting", even before they turned over the first page to look at the questions inside.

- **Question repetition** There was a strong perception that forms "repeated themselves" in the sense that they asked essentially the same questions more than once within the form, but with subtly different wording. Again the Disability Living Allowance form was criticised in this respect.

  "Specially in DLA forms, they ask you the same thing over and over. Like 'How far can you walk' then it'd be 'Do you get pain when you walk?' . . . It will say 'Can you walk this far?' And you've already told them that you couldn't walk that far but they'll ask you again halfway through the form. As though they're trying to trip you up."  
  (Receiving Disability Living Allowance)

Other forms too were thought to contain repeated questions.

  "They ask you your name and address and if you're single, 'any dependants?' 'None', then you go down the page a little bit further: 'How many children?' As far as I'm concerned they repeat the questions that many bloody times on some forms it's unreal."  
  (Receiving Incapacity Benefit)

As well as being a source of great irritation, repeated questions meant that claimants found that they would answer a question on one page, only to find that they had misunderstood its meaning, and the answer should more properly have been addressed to a subsequent question. This problem was particularly important where claimants did not read through the forms before beginning to complete them. There was a view among some of the respondents that the repeated questions were a deliberate device used by the Benefits Agency to "catch people out" by revealing inconsistencies.

- **Question wording and content** Claimants criticised the wording of some of the questions in various benefit claim forms as being ambiguous or even incomprehensible. The interviews and group discussions were conducted without the use of actual benefit forms, and people could therefore rarely cite specific examples from memory. Nevertheless, they were insistent that some questions were difficult to answer, or to follow.
One specific example that was quoted concerned the part of the DLA form that looks at "Help that you need". Because both the care and mobility components of Disability Living Allowance are payable even if claimants do not receive help, the form uses both the present and future conditional tenses:

"What I do or would do if I had the help I need."

"Where I go or would go if I had the help I need."

Questions of this kind were found difficult both to understand and to answer. Respondents also criticised questions to which they felt that they simply could not provide a definitive or meaningful answer such as help with toilet needs: "Roughly how many minutes do you need help each time?" They also became frustrated by questions to which they thought the answer would be obvious:

"They ask stupid questions like 'How long do you have to spend bathing this child? . . . Does this child need constant supervision?' I mean of course my disabled daughter does need constant supervision. You can't put her in a bath and leave her."

(Receiving Income Support)

As in the above cases, these difficulties were a particular issue for people who had completed the claim forms for Disability Living Allowance, which asks several questions about needs. Similar problems, such as answers being obvious, were mentioned about other claim forms but with less recurrence.

- Routing Another aspect of the forms which caused some confusion was the way in which questions were routed according to claimants' answers. While some thought the routing instructions were very clear, others found them difficult to follow. There were also claimants who effectively decided their own route through a form, and in doing so, left some questions unanswered. Typically this happened where claimants thought that, having given their answer to one question, there was no need to respond to a subset of supplementary questions which followed directly from it. For example, if they responded to one question about savings by saying that they had none, they assumed, wrongly, that there was no need to answer any further questions on the subject.

- Layout Finally, the format or layout of some forms were criticised in quite specific ways. A key example was the location, on the back of a form, of the box in which claimants were required to write their signature. Some respondents had failed to sign their forms because they had not turned over the page, and therefore had not seen that it was necessary. Similarly a Family Credit claimant was critical of the way that the form used columns for allowances and disregard figures, which made it look "almost like an accountant's form". She thought that some people would
be confused and would not “realise that you add up Column A to C and then that makes Column B”.

The link between these features of the forms and incorrect completion is more obvious in some cases than in others. Inevitably, misunderstandings of difficult questions could lead to incorrect answers, as could unclear routing of questions. But it also appears that the length of a form can have a direct effect on whether it is filled in completely, or correctly. Claimants tended to fill in longer forms in more than one session, therefore increasing the chances that they might forget to return to questions which they had left blank, or needed to check from a previous session. Equally, it appears that the less methodical form-fillers rushed even more if a form looked as though it would take a long time to complete. Claimants also noted that “mistakes happen” in filling in forms, and that longer forms simply presented more opportunities for them to be made.

Forms which were perceived as excessively long, and which contained repeated questions, appear to have had a less direct, yet important, effect on the accuracy of form-filling. They led some claimants to be very frustrated with the forms, which in some cases led people to what might be termed ‘irritable’ form completion. Although it is difficult to draw a direct link between such an approach and missed or incorrect information, it is clear that claimants see it as highly relevant. Impatience at overlong forms and repeated questions was a key theme in their analyses of the reasons why forms are not filled in correctly.

In a speech to senior DSS managers about the ‘Change Programme’, in February 1996, the Secretary of State for Social Security proposed that information should be obtained from claimants “just once”\(^2\). This suggestion would be met with wholehearted support from claimants. There was widespread criticism of having to provide the same information at repeated intervals, whether within the course of an individual claim, when renewing an existing claim, or even applying for a different benefit. In part this was caused by ‘form fatigue’ and having to repeat an activity which was seen as something of a chore. However, it was aggravated by bewilderment about why they were asked questions again to which they had already provided answers, and moreover, answers which had not changed. This was especially the case when claimants were applying for a benefit which they had claimed before. However, others felt it unreasonable to have to provide the same information even when claiming a different benefit. Central to this view was a knowledge that benefit information is now “all on a computer”.

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"You've got 'you' and you've got 'Your partner' [on the form]. Now if you're on your own, they've already got this on the computer, that you're on your own. They've all got it, they've got your things down because when you first claim it's all put down, who you're with, what you're with and what you're doing and whatever."  

(Receiving Income Support)

The claimants varied in the extent to which they distinguished between different business units within the BA, or even amongst the DSS's different Agencies. Some appreciated that, even within a site, different benefits were dealt with by different staff; others appreciated that communication between local and central offices might not be easy; even those who felt that the different arms of the Benefits Agency should have strong links with each other knew that, in reality, there may be practical problems in moving towards a more integrated system. Nevertheless, generally there was clear irritation about having to repeat information to different sections because it was felt that it should be possible for information to be accessed through a central computer system.
For some benefit claims, the Benefits Agency requires claimants to provide documents for evidence to verify the information presented in their application forms. The claimants in this study, between them, had been required to provide: birth certificates; marriage licences; medical statements; proof of a child's college enrolment; mortgage papers; and either wage slips or a record of the number of hours worked in a given period, signed by an employer. Some applicants to the Social Fund had been required to submit estimates from shops, builders or contractors. In addition, some respondents had had to send in their pension books or their Child Benefit books to a benefits office in support of a further claim.

The Benefits Agency is concerned that some claimants either fail to provide such evidence, or do not provide it at the right time. Some of the claimants in this study certainly had very hazy memories of whether they had even been asked to provide any supporting information at all. Among those who could remember having to produce evidence, however, there was only limited recall of failing to meet the Agency's requirements.

In the main, claimants understood that the supply of supporting evidence was a requirement they had to meet in order to receive benefit. There was generally little resistance to the principle of providing additional evidence. It was broadly accepted that the Benefits Agency needs to verify information, and to ensure that it only pays benefits to people who are entitled to receive them. They were aware of the problem of fraud, and thought it unrealistic to expect the Agency simply to pay money without seeing any evidence of a claim's legitimacy.

Despite the general acceptance of the principle, there were some claimants who had not provided the required evidence at the right time, or who had had some difficulties in doing so. There were others who felt that particular requests for evidence were unnecessary, which are discussed more fully below. Yet others were able to identify circumstances in which they thought the supply of documentation could be problematic or might be overlooked.

4.1 Reasons for non-provision of supporting documentation

The reasons given for a failure, or delay, in supplying supporting documentation, whether experienced or anticipated, fall into four categories:

- Fear of losing documents
- Specific difficulties in obtaining supporting evidence
- A perceived lack of necessity
A lack of awareness of Agency requirements.

Some claimants displayed a great deal of anxiety about the possibility of personal documents not being returned to them. This fear applied most clearly to birth certificates, marriage licences, pension and benefit books and sometimes wage slips.

Among some claimants there was a considerable reluctance to send the originals of birth or marriage certificates to the BA. In general, they would have preferred to send photocopies and could not understand why these were not acceptable to the BA. Some people appeared to have a deep rooted concern that the originals, which were felt to be of either emotional or personal value, might get lost. Others seemed more concerned about having the certificates available should they be needed for another reason. The cost of obtaining a new certificate – which claimants variously put at between £5 and £15 – was mentioned as another concern.

There was also some nervousness about sending order or pension books to a benefits office, whether in support of a claim, or to allow the books to be altered. Their concerns were largely related to security, or to the potential prospect of not receiving the books back again in time for the next payment.

A small number of the claimants interviewed had personal experience of documents being lost, either by the Post Office or the BA. These losses had sometimes occurred many years ago but, nevertheless, left a permanent legacy of apprehension that such events might occur again. For example, one claimant lost a claim form in a post-box fire several years ago, and since then has “made a point” of delivering all her correspondence, in person, to the local office. That way, she said, she can be sure that the documents have been received.

It was much more common to find that concerns about the safe return of documents were based on fears rather than reality. Indeed, several claimants commented on the quick and safe return of documents they had sent to the BA, leaving them with no worries about sending things in future. But amongst other claimants there was a strongly held view that documents easily could be lost, although it was usually acknowledged that this had never happened.

“I don’t like sending [birth certificates]. They’ve always come back but it’s always that fear that they might get lost. Things do get lost in the post, and if you lose your marriage licence or your birth certificate, you know, it’s – when you have to produce it next time and you say you’ve lost it, it causes more problems.”

(Receiving Income Support)
These somewhat irrational fears about the security of valuable documents affected how people delivered them to the BA. Those who had such worries tended to take documents to the office in person, or send them by special or recorded delivery, thereby ensuring their safe arrival. Some claimants went one stage further and insisted that the benefits office give them a receipt when they handed in their documents.

“You want receipts and everything . . . I do that with my sick-note all the time. I get a receipt for it because they’re forever losing things in the Social. I remember when I used not to ask for receipts for my sick-line and they would lose it all the time, you know . . . Then when you asked for a receipt they never lost it, you know.”

(Receiving Income Support)

Claimants whose claims were dealt with by central or regional BA offices did not have the option of delivering documents in person, and seemed content to commit their documents to the post. Indeed there were some claimants who had both locally and centrally administered benefits, and who took the former to their local office in person while accepting that the latter would have to be posted.

On the whole, claimants felt that they could locate documents such as birth certificates and marriage licences quite easily. They tended to keep them alongside passports, medical documents, insurance papers, and other personal or legal documents. However, there was some evidence of difficulties in providing other types of supporting evidence. These included wage slips for Family Credit claims, quotations and estimates for Social Fund applications, and medical statements and other evidence for disability or incapacity claims. A claimant who tried to claim the latter described the amount of evidence which he was required to collect as "unreal".

Jon Hill claims Income Support plus ‘sick money’ which he gets because of a back condition. He and his family moved house last year, and to help with the cost of moving, he applied to the Social Fund for a loan. He was required to provide two estimates from removal companies “which I didn’t like, ‘cos you’re talking legwork which with my back I shouldn’t do it, or by ‘phone which costs us a fortune.” He found it quite hard to obtain estimates. “[It] took me all day to find two ‘cos a lot of them will not take DHSS, simple as that . . . it’s too much hassle, I didn’t like it at all. But I had to get it either way or I wouldn’t be able to move.” Knowing that it might be difficult to get estimates, Jon had rung his local office “just to make sure – did I have to have two estimates, and they said ‘Yeah or you don’t get the loan.’”

Frank White has been unable to work since having ‘a nervous breakdown’. He is still receiving psychiatric treatment and relies on his wife Irene to help him with filling in benefit forms. Recently they applied for Disability Living Allowance. They waited for two weeks to return the form because one of the two booklets which made up the
form had to be signed by Frank’s GP, who was away on holiday. They knew that they could have asked the Sister at the psychiatric unit to sign it, but thought that she would still have wanted to talk to his GP. “That's why I thought it was best for him to do it.” The benefits office told Irene that she could send off the first part of the form as soon as she had completed it “and then send the other one off when I had the doctor's letter. And I thought it's stupid to send one and then send [another] so I kept the two together 'cos I knew when my doctor was coming back.”

A further problem concerning the provision of wage slips, for Family Credit, arose out of the mistaken belief that the form for the first claim could not be sent until several weeks’ wage slips had been collected. In one such case, an application was unnecessarily delayed by six weeks, largely because the claimant had not properly read the instructions.

Claimants could not always understand why the Benefits Agency should need to see some types of supporting evidence. For instance, it was thought “illogical” of the Agency to require a Retirement Pension claimant to produce a birth certificate, when it was the Agency itself which had initiated the claim process. Similarly, an applicant for Disability Living Allowance could not understand why he was required to provide the signature of his surgeon, when his form had already been signed by another clinician. Also in this context, the unacceptability of photocopies of certificates and licenses was questioned.

In each of the circumstances described above, the claimants had nevertheless provided the supporting evidence which was required. However, in some other cases, the perception that the evidence was unnecessary had led to a failure to supply it, or a delay in doing so.

Michelle Rawcliffe has been claiming Family Credit for a year. Shortly before her first 26-week period ended, she sent off a form to renew the claim. She then received a letter from the Benefits Agency asking her to send her children’s birth certificates. She had sent these certificates when she made the original claim, and therefore thought, despite the instructions on the renewal form, that it would not be necessary to send them a second time. “You see when the person is very first time claiming they always ask you all the information they can get. And they should have a record in their computer. So that’s why I was wondering why they [kept] asking for it.” It also seemed strange to her that the Agency should need proof that she had children, when it had already paid her Family Credit before. “What’s the point asking me again you know?” After receiving the letter from the Agency, she did in fact send the certificates again.

Jasmine and Stuart Brown applied to the Social Fund for a grant to cover the cost of home repairs. They completed the claim form, but did not initially send an estimate, as the form requested. They wanted a particular builder to do the work, but “couldn't catch hold of him” to get
an estimate. They intended to send one when the builder was available, but “didn’t think it was very important” to send an estimate immediately. “We explained everything to them, explained the problem and why we need the money.” Looking back, they still think that the office could have proceeded without the estimate. “Because the cost would be the last thing they would want to know wouldn’t it? . . . Although they could say ‘No’ to the cost, first of all they would check for the details and see what you actually need . . . They’ve got all the information they really need on the form, and the money side of it would come after.”

A lack of awareness of Agency requirements Some claimants had failed to support claims with documentary evidence because they were not aware – or had forgotten – that it was needed. Three reasons for this were suggested. First, it was said that claimants were “bombarded” by very large volumes of information when making a benefit claim; this deterred them from reading all the papers and led them to miss the requirement for supporting evidence. Second, it was thought that it was easy to read, but then forget, any such instructions unless they were clearly noted at the beginning or end of a form. Third, some instances were cited of claim packs which did not contain all the necessary leaflets – either because they were obtained from a post office in that state, or had been torn open in the post. Whatever the reason, the requirement to send supporting documentation had escaped the claimants’ notice at the point at which the form was sent back to the benefits office.

The study participants were asked if they believed there should be penalties for people who did not fully and accurately complete their application by providing all the necessary information and documentation. While there was no support at all for there being any penalty in the amount of benefit paid, there was a reasonably widespread view that delays in the processing of the claim would not be unfair. In other words, it was felt to be quite reasonable that claimants who fully complied with the application requirements should have their claims processed more quickly than those who did not. Indeed, many claimants thought this was what happened now and thought it quite just that it was so. They would not, however, accept the idea of any attached financial penalty because “mistakes happen”, it would be unfair to groups who have difficulties in understanding and completing forms and because the “BA should be there to provide adequate help.”
The changes of circumstances which should be reported vary from one benefit to another, although all except administrative changes (such as a change of address or bank account) may have an impact on the amount of benefit entitlement. Information about the duty to report is set out in order books, notification letters, leaflets and other benefits literature.

The incorrect or late reporting of changes in circumstances are sources of additional work for BA staff. This can occur either through having to obtain further information about the change that has occurred; or through correction of under- or over-payment of benefit during the 'non-reported' period. It was therefore of interest in this study to identify why changes of circumstances are not reported, either at the right time or at all. Before examining the reasons, we look briefly at claimants' understanding of which change of circumstances they should report and how this understanding is acquired.

The claimants varied in the extent to which they 'knew' which changes of circumstances needed to be reported. This depended on the extent to which they had read information that had been sent and the degree to which they understood how benefit entitlement was calculated. However, irrespective of their level of knowledge, most claimants appeared to work on a basis of 'common sense' as to what did or did not have to be reported. As a consequence, the changes most readily identified, apart from simply a change of address, were those affecting income or the size or composition of the benefit unit. Changes in health, for example, or periods in hospital, were only occasionally referenced as examples of changes that needed to be reported. Although such changes do not need to be reported by claimants of all benefits, they were rarely cited by the recipients of benefits for which they are relevant.

Despite, (or perhaps because of) their reliance on 'common sense' and assumptions about which changes are reportable, claimants found it hard to identify any changes about which they were uncertain. That is to say, they could think of few situations in which they would not be sure whether a change of circumstances was reportable or not. If such a situation arose, some felt that they would do nothing, others that they would contact the local benefits office to check.

The only notable area of uncertainty concerned claims for Family Credit. Recipients were aware that Family Credit is paid for a 26 week period, irrespective of changes in circumstances after the application is made, but were sometimes unsure as to how it affected their duty to report changes.
While some thought that they did not have to report changes until they renewed their claim, others thought that the Benefits Agency required claimants to report changes as and when they happened.

"You're entitled for six months no matter what the circumstances but then [the benefits office] might say that, you know, 'You should have told us about this.'"

"I'm still, I've got to admit, a little bit confused on Family Credit. I mean as I understand it, because my hours and my earnings have gone up since I last claimed – and I've read the thing – and on Family Credit that's OK isn't it?"

The discussions with claimants about changes in circumstances suggested a considerable haziness about exactly what did or did not have to be reported. Although some claimants knew exactly where to look if they wanted to check on changes to report, others appeared to be unclear and to have given the subject very little thought prior to being questioned about it in this research. This was particularly so for respondents receiving Retirement Pension and disability benefits, but was also apparent amongst some of those receiving income-related benefits.

By far the greatest incentive to report changes of circumstances, particularly those where additional income or changed household composition were involved, was a fear of reprisal or penalty from the Benefits Agency. Some described the duty to report as being "a legal requirement in a way" or in terms such as "It's the law"; others felt that non-reporting would be dishonest. There was also a view that the Benefits Agency would eventually come to know of a change in circumstance, and would recover any money already paid – a prospect which filled some claimants with alarm. They stressed how they would not want to receive anything to which they were not entitled. For instance, it was felt that to receive a benefit while being cared for in a hospital would be to receive state help twice over. Similarly, some claimants felt that to receive money "under false pretences" would deprive other claimants of their benefit.

For some claimants, the incentive to report changes of circumstances was all-embracing and their tendency was to report a change whatever its size or significance. Others said that they might respond in different ways depending on the scale or permanence of the changes involved. The distinction between small and larger changes was not entirely clear although the extent to which the change might be 'visible' to the Benefits Agency was clearly of some relevance.

It is important to emphasise that this research did not attempt systematically to test claimants' knowledge or to check on whether specific changes had been reported. This was done in a recent study carried out among Income Support claimants (Sainsbury et al., 1996). This showed that the 'reportable' changes that, in practice, were reported most often, were house moves, a person leaving home permanently, births and changes in
earnings. Conversely, those generally not reported, although they should have been, included temporary absences from home, a child leaving full-time education and hospital admissions and discharges. In addition, the study showed that fewer than half of spells of employment were reported to the Benefits Agency.

Sainsbury et al's research showed that there was a large minority of persistent non-reporters but also claimants who 'over-report' - that is who report changes that do not need to be reported. As already indicated, this same lack of clarity about what should or should not be reported was evident amongst the participants in this study. It was also apparent that claimants saw, or at least, could envisage, some strong disincentives against reporting changes which would have a direct impact on their benefit entitlement.

5.2 Reasons for non-reporting

Within this study, there were only isolated examples of acknowledged non-reporting of 'reportable' changes. However, some claimants said they had never had a change to report despite, in some cases, several years on benefit. It is certainly possible that, among this group, there were people who should have reported a change but who had not recognised, or had chosen not to recognise, that this was so. Nevertheless, there were some who described specific situations in which they had failed to report a reportable change and gave the reasons why. The same reasons were echoed by other claimants who could envisage circumstances in which they might not report a change to the Benefits Agency. They fall broadly into three groups:

- Effect on benefit/benefit administration
- Perceived importance of the change/necessity to report
- Temporary nature of the change.

Effect on benefit/benefit administration

There was a widespread view that reporting a change of circumstances would involve some negative consequences for the claimant. At one extreme, people could foresee that certain changes would lead to a reduction in benefit. If the change was not of any great 'significance', then this was judged to be unjust given the perceived low level of benefit payments. But more commonly there was concern about the impact on benefit payments or administration, with the following potential outcomes noted:

- interruption of benefit payment
- withdrawal of an order book
- additional form filling
- additional contact with/visits to the benefit office
- and general "hassle".

The greatest fear was the withdrawal of an order book, which was often described as a kind of "lifeline". Although a potential reduction in benefit
exacerbated this fear, it was also noted in cases where the benefit might be increased. One claimant, who was describing a change that would result in a small increase to his benefit, said that he would rather go without the increase than face the possibility of being without his order book for a couple of weeks. Although this is an extreme case, the reluctance to part with order books was clearly deeply felt:

“That book is your lifeline. It might sound silly but that book is all the money you’ve got in the world, because most people who are on Income Support have got no money.”

(Receiving Income Support)

Perceived importance of the change/necessity to report

It has already been noted that claimants appear to have their own ‘common sense’ rules about what changes do or do not need to be reported. Amongst these is a belief that certain changes are ‘not very important’. A lack of importance is typically attached to a change that would make little or no difference to the level of benefit paid; or to the absence of any legal requirement, such as declarations of income.

When Jenny Pearce and her husband were receiving IS, Jenny had small occasional earnings from a part-time job selling household goods door-to-door. When her weekly income from the job increased from £6 to £12 she did not report this to the Benefits Agency. “I think at some time I thought ‘Oh I suppose I should have informed Social really’ but as far as I was concerned I wasn’t really breaking the law.” She said that, even though she was earning less than the £15 threshold, she should have told the benefits office of the change, “but I just thought it would get very technical if I informed them of what I did.” By “very technical” she meant supplying the BA with details of all her sales and commission, which amounted to “pages and pages”.

In some cases, it was thought unnecessary to report a change because of a belief, or assumption, that the Benefits Agency would already be aware of the circumstance concerned. This resulted from the view, noted earlier, that separate parts of the Agency either are, or should be, in close contact with each other.

Terry Hamilton has claimed Incapacity Benefit for two years, and is nearing retirement age. He admits that he has not given much thought so far to any changes which he might have to report: “These are all hypothetical questions really, aren’t they, that... you deal with them as and when they present themselves.” But if he is still claiming Incapacity Benefit when he turns 65 he does not think he will point this out to the benefits office. “I wouldn’t have thought so, no – because it [the Incapacity Benefit form] has got your date of birth on, they must know, mustn’t they, especially in these days of computers.”

“Temporary” nature of the change

A final factor which inhibited people in reporting changes of circumstances was their uncertainty about whether the change would last long enough to
merit reporting. Such situations typically arose out of changes in family relationships: for instance, estranged partners returning home, or adult children leaving home.

Angela Bould lives with her three-year-old son and claims Income Support. Last year she had a relationship with a man, and he moved into her flat. “I should have reported it, only I didn’t.” The couple stayed together for two months, during which time Angela worried about the consequences of not telling the local office. “I knew that I had to, but I was holding on... because I wasn’t sure whether he was going to stay or not.” As it happened, she did make a decision to inform the office but before she did so, her boyfriend left. Consequently she feels glad she did not inform the office, as she would have been “pretty much left in the lurch for a few weeks” after his departure, with less money until the office began paying her the original benefit. Thinking about this, and about “taxpayers’ money”, she says: “I suppose really I was right to do what I did and wrong to do what I did.”

Within the context of employment, the issue of permanence tended to arise in relation to the number of hours that someone worked. For some Family Credit and Income Support claimants, this was extremely variable, with no two consecutive weeks the same. In such situations, it was thought to be impossible to notify the Benefits Agency of a change in circumstance every week, even if the level of earnings in a particular week exceeded Benefits Agency rules. Moreover, as was noted above, Family Credit claimants tended in any case to be uncertain about the need to inform the Benefits Agency of changes during the life of each claim.

It is evident from some of the examples given above that the factors that can work against reporting a change of circumstances become heightened once they interact. For example, a ‘not very important’ change is more likely to go unreported if the consequences of reporting are seen as potentially burdensome to the claimant. Similarly, the perceived ‘hassle’ that is attached to reporting a change seems even more exasperating if the change is not likely to be permanent.

Of perhaps greater significance to this research is the distinction that can be drawn between ‘evasive’ and ‘misconceived’ non-reporting. There are examples of each above but they require quite different solutions to reduce their levels. These will be further discussed in Chapter 10.
Benefit claimants and recipients seek information from benefit offices for a wide variety of reasons. Broadly these divide into three groups:

- to obtain information about eligibility or entitlement
- to clarify claim procedures
- to check on the progress of a claim or payment.

In each category, enquiries are made which could be judged as unnecessary but, nevertheless, take up a considerable amount of staff time and resources. The Benefits Agency is concerned to reduce 'unnecessary' contacts to a minimum although it recognises that claimants and the BA may define 'necessity' rather differently.

This chapter examines how and why information about benefits is sought and the extent to which the enquiries may be deemed as unnecessary from the Benefits Agency's perspective. The next chapter explores the origins and causes of progress-chasing.

6.1 Information requirements

A high proportion of claimants interviewed individually identified a query or uncertainty about benefits that would require, or had required, further information to resolve. These are classified and listed in Chart 6.1.

Three features were evident from the information requirements described. First, and most inevitably, the nature of the enquiry varied depending on the stage of the claim process that had been reached. Second, the volume of queries appeared to vary depending on the type of benefit being claimed or received. In general it was lowest among the Family Credit and Retirement Pension claimants. Third, and related to the latter point, the complexity of the claimants' circumstances appeared to have a direct bearing on both the nature and rate of information needs. While perhaps none of these is surprising they are recurrent features of claimant contact behaviour described in this chapter and the next.

On the surface, none of the information requirements described seem unreasonably demanding for people claiming or receiving a benefit. For each category of enquiry, it could be said that it is clearly within the realm of Benefits Agency business to respond to questions of these kinds. Indeed, this was precisely the point made by some of the claimants — "that's what

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1 Systematic information of this kind was not obtained from group participants.
It was apparent, nonetheless, that approaches to seeking information differed between individual claimants. Some were highly reluctant to “bother” the BA with their query and had either let it go or found an alternative means of resolving it. Conversely, others were on the phone or down at the office as soon as any uncertainty arose in their minds. There are therefore some explanations to be found as to why some claimants are more demanding than others in seeking information or clarification about their claims. To put these in some context, it is necessary first to understand how claimants approach the quest for information.
Andrew Malloy has been receiving IB (and formerly IVB) for over 10 years. He keeps all the letters and other communications he has from the BA, but says that he doesn’t always understand them. As a consequence he often goes to, or rings, the local office to ask them to explain. He says he knows this irritates the staff — they say “What don’t you understand about English . . . it’s pretty plain enough” — but this does not stop him enquiring. However, recently he wanted to know how much more he had to pay off on his SF loan and managed to work it out for himself. But, more generally, he will ask because he says, the documents “very, very rarely” answer his questions. Moreover, he likes to make an appointment to see someone rather than deal with it on the phone. When he rings to make an appointment, the staff say “Oh we can deal with that on the phone” . . . but he says “I’m sorry but I prefer to talk to someone face to face in a private interview, thank you.”

Suzanne Dean has been receiving IS since her husband left her about a year ago. She has phoned the office recently on a number of occasions and says “they’ve always been very good”. One of the last occasions on which she rang was to clarify the content of two letters she had received from the local office which appeared to be giving conflicting information. “I really didn’t understand what they were talking about . . . It was probably from two different departments, one saying about mortgage payments and the other one changes in Income Support but it was slightly worrying and it was totally confusing . . .”. However, she says that she would not phone until she had tried to understand it herself, by reading all the “pamphlets” and perhaps talking to her husband. This is because “If the answer’s there it’s not worth troubling anybody else . . . the pamphlets do seem sort of quite in-depth and nine times out of 10 the answer is there, and there’s going to be nothing worse than phoning somebody and them saying ‘well now, if you just read a little bit further . . .’”

Elsie Taylor receives a Retirement Pension and IS, and recently wrote “to an office in Blackpool” for AA and DLA forms. She found the address of the office in her pension book which she always consults first if she wants to know something. “I use this [pension book] for everything . . . I mean that’s what it is there for. This is what they took the trouble to print ‘em for, was it not?” She says she would not have rung the DSS and would only contact them as a last resort if she could not get the information elsewhere. If she did want information from the DSS, she would probably write because “it’s far more explanatory than using the ‘phone and it’s easier for the receiver.”

As the cases above demonstrate, claimants’ approaches to answering questions that arise in the course of claiming or receiving benefits are influenced by a number of factors:

- The extent to which BA documents are retained and used
- Use of alternative sources and first lines of enquiry
- The nature of the enquiry.
The extent to which claimants keep and use benefit correspondence and literature has been well documented in previous research\textsuperscript{2}. The picture that emerged from this study showed the same variations in what documents were kept, where they were kept, how retrievable they were and whether or not they were consulted. In particular, the evidence confirms again that notes in order books are more regularly used than other written information; there is a higher retention of notifications confirming benefit award and levels of benefit payment than of other documents; and there is considerable variation in the extent to which leaflets and accompanying explanatory material are read or referenced.

Earlier research has also demonstrated that claimants use a variety of other sources to obtain information about benefits\textsuperscript{3}. In this study, these included Citizens' Advice Bureaux; welfare rights agencies; disability groups and agencies; the Employment Service; social workers and health professionals; and family, friends and other informal networks. In some cases, other sources were used as an alternative to contacting the BA, in others as a supplementary line of enquiry.

In some cases, people showed a clear preference for seeking information from a source other than the Benefits Agency. This was particularly the case with CAB and welfare rights and advice agencies. It was suggested that bodies such as these were more likely to be forthcoming about benefit eligibility, were generally more sympathetic in giving advice or information and would be clearer about claimants' rights. Other issues, relating to access to BA staff, like waiting times and their general "busyness", were also mentioned in this context.

It was very evident that claimants differed greatly in where they turned first for information. Some went straight to the BA and would not have contemplated either looking up documents or asking elsewhere. At the other extreme were people who contacted the BA only as a last resort. In between were people who used the BA selectively, depending both on the nature of the enquiry and the clarity of alternative information or advice. Enquiries which could be defined as unnecessary were perhaps least common among the 'reluctant' contacters but, for reasons discussed below, were not confined to those who used the BA as the first line of enquiry.

The nature of the enquiry was itself a source of variation in how people resolved their information requirements. In the main, they were more likely to go directly to the BA if the question concerned benefit entitlement or payment or was a query arising from correspondence. Alternative

\textsuperscript{2} See for example Hedges and Ritchie, 1988.

\textsuperscript{3} See for example Williams, Aspin and Ditch, 1995; Vincent et al, 1994.
sources were more commonly used when questions about benefit eligibility arose. This was either because the BA was seen as rather reluctant to encourage new or additional claims and the claimants felt they might get better advice elsewhere; or because they did not want to make an enquiry at a benefit office until they were more certain about their potential eligibility. There was also greater use of alternative sources for help with form-filling either because BA staff appeared to be reluctant, or too busy, to help, or because people did not want to appear incapable in the eyes of the staff.

In the context of describing claimants' approaches to obtaining information, it is appropriate to note people's preferred mode of contact with the BA for information enquiries. Although some people said they would call, 'phone or write depending on the nature of the query, it was clear that claimants had quite strong preferences for one or other mode of contact. This is well documented in the Benefits Agency National Customer Surveys, which in 1995 showed the following levels of preference:

Table 6.1  Claimants' preferred modes of contact with BA offices

<table>
<thead>
<tr>
<th>Mode</th>
<th>Local</th>
<th>North Fylde</th>
<th>Newcastle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone</td>
<td>62%</td>
<td>68%</td>
<td>56%</td>
</tr>
<tr>
<td>Call</td>
<td>22%</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Write</td>
<td>5%</td>
<td>23%</td>
<td>28%</td>
</tr>
</tbody>
</table>

Source: Benefits Agency National Customer Survey 1995. It should be noted that these figures refer to all purposes of contact, not just information seeking.

The claimants who preferred to deal with the Benefits Agency by telephone said that it was quicker and that you were more likely to get through to someone who would be able to answer your query and who knew about your case. Some of the 'phoners were also very averse to going to the local office, because of difficulties getting there, waiting times or the general atmosphere that prevailed inside the office. In addition, for those dealing with central directorates, the choice was usually between 'phoning and writing; generally people preferred the former. There were also a number of former users of the Freephone helpline who said they now 'phoned the office directly.

Those who preferred calling in person argued that it was easier to both convey and receive information if you were talking to someone face to face. They also thought you could more easily be "fobbed off" on the telephone and there was no guarantee that your query or problem had been understood or would be acted upon. Additional reasons against 'phoning were the length of time it took to get through, "being passed from person to person", and cost.
Writing to the office with a query was a minority preference although some people followed up calls with letters requesting or providing confirmation of the enquiry outcome. Similarly there were some who felt it was “safer” to write in order to provide some record or have it in “black and white”. There were also some who said that they would write if the circumstances they had to explain were in any way “complicated”. In the main, however, people thought writing was a slow way of obtaining information and would not necessarily resolve the enquiry concerned.

6.3 Reasons for contacting the Benefits Agency

The factors described above go some way to explaining how and why claimants contact the BA for information, particularly through calling at, or ‘phoning, the office. They do not, however, explain why claimants differ in their behaviours nor do they clearly identify why unnecessary contacts are made. Both sets of explanations are in part dependent on a mixture of claimants’ previous experiences, their level of dependency on benefits, their attitudes towards receiving benefit and on personal circumstances or characteristics. More crucially, perhaps, there are some general features of the benefits system that lead claimants to want to check the information or understanding they have. These both compound more idiosyncratic behaviours and also underpin many of the ‘unnecessary’ contacts.

General factors

Complex and changing nature of the benefits system

There was frequent reference amongst the claimants to the general complexity of the benefit system, in terms of understanding eligibility for benefits, the basis of benefit entitlement and the procedures that needed to be followed. This was often accompanied by comments that only the Benefits Agency ‘really knows’ how the system works. As a consequence, some of the claimants felt they needed the reassurance of checking with the BA, even when they had tried first to resolve the query themselves.

A similar point was made about the need to check how rules and regulations apply to particular circumstances. Again for some this led to a need to be sure how a feature of the system would apply “in my case”. Others, however, were quite adamant that they had looked in information they had but nothing had been specific enough to answer their particular question.

A third feature of the benefit system that gave rise to uncertainty was what people saw as its frequently changing nature. This meant that claimants were never quite sure that the information they had was current, or sufficiently up to date. Again the only way you could be certain of this was to check with the BA.

“Well, I’ll go down [to the local office] because I’ve had this [leaflet] a while and something might have altered, they might have brought something else in . . . it might have been in the cupboard twelve months.”

(Receiving Income Support)
Key criticisms of the operation of the benefits system

It is shown in Chapter 8 that there are certain aspects of the benefits system about which people are persistently critical. High amongst these is the apparent lack of effort or willingness put in to ensuring that people understand the system and, in particular, know what benefits they can claim or are eligible for. Most directly, this leads some claimants to feel that you have to be highly proactive with the BA to make sure “that you are getting everything you are entitled to”.

“I think if you didn’t contact them you wouldn’t get to know what you’re entitled to, but you’ve sometimes got to keep on their back. You know, you’ve just got to ask if you can have this, that and the other.”

(Receiving Income Support)

This becomes a very dominant factor for people who have discovered after some time that they could have been claiming a benefit and who feel quite incensed about all the months, or even years, of payments that they have not received.

But the perceived withholding of information can have more indirect consequences. In some cases it simply made claimants anxious that there may be something they should know but do not. Again, this can lead people to want to “double check” with a benefits office if there is something about which they are not sure.

A second major criticism, which has already been discussed in Chapter 3, is what people describe as “all the paperwork”. This partly relates to the number and size of forms but also to all the other documents and communications that claimants are sent. While some people are highly organised about both what they keep and how they keep it, others appear to be almost overwhelmed by what they see as a general mass of forms and leaflets. Despite the fact that they may keep the papers, they do not know where to begin to look in order to answer any questions they may have.

Previous experiences of the claim process

There were certain events that had occurred to claimants in the course of claiming or receiving benefits which made them more prone to check – or even double-check – uncertainties with the BA. Of particular consequence were overpayments which the claimant had been made to repay; incorrect or conflicting information from BA staff; and not knowing about their eligibility for benefits, as described above. Experiences of this kind can leave a legacy of doubt which affected other dealings with the Agency and made double-checking imperative.

Attitudes to receiving benefits and/or the BA

The claimants varied in their attitudes towards claiming benefits. In particular there were variations in the extent to which they felt “grateful” for the money they received or felt it was a rightful entitle-
ment; and the extent to which they feared any potentially fraudulent action on their part against what might be called a more "cavalier" approach. These attitudes will be discussed again in later sections of the report but they have some bearing on why people do or do not contact the BA for information. For example, those who feel gratitude for their benefit have a tendency not to want to bother the BA; those who see it as a right are more inclined to believe the BA has an obligation to provide claimants with information whenever they need it. Conversely, those who fear the consequences of doing something wrong are more likely to want to check that they have understood a procedure or regulation than those who are less daunted by potential penalties.

Personal factors

It was shown in Chapter 3 that personal factors have some bearing on a claimant's capacity to deal with forms. Similar characteristics or circumstances can also have some bearing on the frequency with which people contact the Agency for information. These may be related to impairments or disabilities that bring them within the benefits system such as visual impairments, learning disabilities or confusion arising from mental health problems or medication; to levels of social contact and the extent to which they can ask family relatives or friends about their queries or uncertainties; or simply to some personal characteristic which makes them cautious or anxious to check things out – the "worrier" tendency which is described more fully in the next chapter.

None of these factors alone can explain why one person will ring the BA and another will not or why unnecessary contacts are made. Each of them contributes in some way and to some extent they interact, as the cases cited above illustrate. However each of them needs to be considered in the course of reducing contacts with the BA to the minimum necessary.

4 The particular information requirements of people with disabilities are well documented in Hedges and Thomas, 1994.
A claimant activity which can create much unnecessary work for Benefits Agency staff is the practice of contacting a benefits office in order to check the progress of a particular claim. In 1995, 14% of phone calls to local offices were enquiries about the progress of a claim; for the North Fylde directorate the figure was 25%. The figure for the Newcastle directorate was 10% (PAS, 1996). The recent research carried out on customer contact with the Benefits Agency shows that customers' progress-checking of claims and payments was one of the main reasons for unnecessary contacts (Stafford et al, 1997). The first part of this chapter explores approaches to progress-checking, and the influence of individual personality on this. The second focuses on the reasons why checking occurs.

7.1 Approaches to progress-checking

Progress-checking, as it was described by the claimants, revolved around two key areas: i) claims that were being processed for the first time; and ii) the actual payment of benefits once the claims had been set up.

In the first category, examples of routine chasing included:

* contacting the benefits office within a day or two of posting a claim form, to check that the form has been received
* contacting the benefits office regularly throughout the course of a claim being processed, to check general progress.

In the second, progress-chasing meant:

* contacting the benefits office a day or so before payment is due, to check that payment will be made
* contacting the office to report the non-arrival of a girocheque, and to arrange for the payment to be paid.

Where claimants said that they would check on a new claim, they varied greatly in the point at which they would decide to check up. Some expected some form of response from the benefits office within a couple of days of sending in a claim form; others were prepared to wait for a couple of weeks, or in some cases rather longer. Their expectations of what was reasonable were based in part on previous experiences of claiming, and in part on their own personal views of how long it should take an organisation of the Benefits Agency's size to deal with an application. Claimant expectations are discussed more fully in the next section.

The key feature which distinguished claimants' approaches was whether they progress-chased habitually or simply in response to specific problems.
Thus, broadly speaking, claimants' checking behaviour could be placed on a continuum: at one end, there were those who said they would never progress-chase; then there were those who also tended to wait for claims to be processed, but who in certain isolated instances had contacted their offices; at the far end of the scale were those who chased claims or payments on a regular basis, virtually as a matter of course. This continuum is illustrated by the examples below:

Edith has recently started to receive Disability Living Allowance in addition to her state pension. It took the benefits office two months to process her claim and make the first payment, which Edith thought was "a long time, to be honest." Shortly after applying, she received letters to say that the office had received her form, and to apologise for the delay. Edith made no contact herself to check on the progress of her claim. "I did think about it [but] I didn't do anything, no I just waited." Had the payment not been made when it was, she thinks that she would have "just carried on waiting. I would have left it, you know." She is taking the same approach to a query she has over the date of her next payment. It is three weeks since her last girocheque arrived and, although she knows that the DLA will soon be put on her pension book, she does not know when to expect the next interim payment. Again, she did consider ringing: "I thought about it this morning and I changed my mind, I picked the 'phone up and I thought 'Well no I'll wait for a day or so.'"

Gillian has claimed Family Credit for the last two years, and before that claimed Income Support. She can vaguely recall 'phoning a benefits office once to see what had happened to her claim, which was "for one or other" of these benefits. Two or three weeks after applying she had "not received anything or heard anything" and so she rang to tell the office. This was unusual for her: "We usually wait about two or three weeks then [to hear] something. If it goes on and on then we just find out what's happening but I very rarely [do] . . . 'cos then it just comes through the post."

David receives Disability Living Allowance, and is regularly in contact with the benefits office which deals with his claim. "When I get a letter now [from the office] I normally 'phone them up." He has had to send in his order book to the office on numerous occasions, and he usually takes measures to ensure their return. "I normally 'phone them up on the Tuesday to remind them that I need it. Then I 'phone up on the Wednesday and the Thursday, and if it's not there [at home] Friday I've got to go over and get it."

It is important to recognise the difficulty of making any kind of judgement about the reasonableness of an individual's progress-chasing. While it would generally seem more appropriate to check on progress in response to problems, rather than as a pre-emptive measure, some claimants produced what they felt were strong arguments against such an approach, based on their own experiences. Below are two examples which illustrate the different kinds of background to respondents' chasing behaviour:
Mr and Mrs Brown have been claiming Income Support for the last two years. They receive a girocheque from their local Benefits Agency every second Wednesday. Each fortnight, on the Tuesday, Mrs Brown telephones the local office to “make sure” that their giro will arrive in the post. Making the call can be a “hassle” as the lines are usually engaged, so she would prefer not to have to check the claim. However she does so “just to be on the safe side”, and stresses that she and her husband depend on getting the money on the Wednesday “’cos everything’s sort of arranged on that day, paying out bills and things like that.” Since their claim for Income Support began, there have been two occasions on which a girocheque was not sent on time. Mrs Brown feels that if she could receive a cheque on the right day consistently for, say, six months, she would “have a bit of patience with them and think like ‘Oh yes it’s going to come’ and [she] wouldn’t worry about it so much.” In the meantime, she seems likely to continue making the calls each fortnight.

Mrs Walker had an accident which forced her to give up her job, and now claims Income Support and the mobility component of DLA. Prior to the accident, she had claimed Family Credit for several years. Three months ago, she was required to send a doctor’s sick note to the Benefits Agency, and duly posted it to the local office. The office never received the note but Mrs Walker was not told this. Instead, she received a letter “saying they’ve cancelled your benefit.” After that experience, and her subsequent prolonged efforts to get the Income Support claim restored, Mrs Walker has adopted a new approach to checking. She had never chased her Family Credit or DLA claims: “I just sent the forms off and left it.” Now, though, she will intervene much more in her Income Support claim, and in fact has already done so. When the main benefits office in the city required her to send her order book in, she delivered it in person to the local office, insisting on a receipt, so that it became “their problem.” She has also “checked to make sure – I sat there and made the bloke in the [local] office phone this [main] office to tell them that they had got my book.” She did all of this, she says, “Because I have no trust in the system now; none at all.” She adds that she feels sorry for people “that perhaps aren’t quite as articulate or even prepared to keep pushing.”

The second case in particular illustrates the importance of claimant confidence in the Benefits Agency as a factor in explaining progress-checking. David, whose regular telephone calls to his benefits office were described above, said that he felt this was necessary because “I’ve got no confidence I’m going to get [the money] when I’m supposed to have it.” In his case, however, there has been no errant episode to make him doubt it.

The diversity of claimants’ attitudes towards the principle of progress-chasing reflected the range of behaviours described above. Generally, claimants acknowledged that progress-chasing created work for Benefits Agency staff, and they tended to feel that contacts had to be justified, either by a delay in
the claim being processed, or by some other problem. However, the ease with which people could justify a call to the benefits office varied enormously from one person to the next. Some were clearly more ready to chase than others.

_Criticisms of progress-chasing_

Among those who seemed more reluctant to check claims, the reasons given included:

* That it was up to the Benefits Agency to alert claimants to any problems
* That Benefits Agency staff already have a heavy workload, and that this should not be made heavier
* That, with many claims being processed, it had to be accepted that each one would inevitably take time to pass through the system
* That claimants should be patient.

Some felt that they had been "brought up" to be patient, and that this was why they were prepared to wait for claims to be sorted out. Others were concerned that contacting the benefits office about a delayed claim might appear "grasping", and they distanced themselves from those who they felt were.

Those claimants who took a negative view of progress-chasing tended not to have experienced serious problems with their own claims, and this must not be overlooked. Nevertheless, there were cases in the study of people who had concerns about their claims, but who, for the reasons above, did not address them.

_Defending progress-chasing_

"Well if you're concerned about your benefits you will do, won't you?"

Some claimants admitted that, almost regardless of the Benefits Agency, they were likely to check claims because of their own personalities. They described themselves as "impatient" and "worriers" and said that they needed to know exactly what was happening to their claim. Although such tendencies would be displayed more if they felt there was a problem, they tended to "get on the phone" even if there were no reason to think that the benefit would not be paid on time.

Other respondents felt that there were sometimes good reasons for chasing claims, despite the extra work that this could create for staff in benefits offices. For some this was because they felt the need to check what was happening and spoke of their "right to know". For others it derived from taking some responsibility for the claim, for instance in terms of "pulling your finger out" or of taking "an interest". Indeed there was a view that claimants were effectively "penalised" for not chasing, and a perception that staff in offices welcomed or even expected people to be checking up.

"If you go in a couple of days or a day before you get paid, if you're not sure about something it gives them a chance then to get your payment sorted out properly . . . [The Agency staff] appreciate it because it saves them a whole lot of hassle and a whole lot of hard work." (Receiving Incapacity Benefit)
"We put a claim in and we said 'How long's it going to take?' 'About four weeks'. So after about four weeks we didn't hear anything and we went down. So [the clerk] said 'Oh, why's it taken four weeks to come down to see you about your claim? Why weren't you down two weeks ago?' I said 'Well you told us to wait four weeks.' 'Well you should have been down two weeks ago. Now we've got to decide whether we've got to pay you from that, from four weeks ago.' So you can't win either way.”

(Receiving Family Credit)

7.2 Why progress-checking occurs

In seeking to explain the reasons why progress-checking occurs, it is necessary to highlight the fact that it can take more than one form. There is an important distinction between progress-checking and wanting to find out when a claim will be paid; and what might be called “claim-pushing” and trying to increase the speed at which it is processed.

Certainly there were some respondents who felt that, had they not “chased” their benefits office, they would have had to wait even longer for their claims to be processed. Some of these had felt the need to “pester” their offices right from the point of handing in their application, almost as a matter of habit; others had taken action only after some delays.

Some claimants appeared to recognise, almost subconsciously, that they rang their offices in order to “push” their claims, despite knowing that this was “wrong”. Conversely, there were those who described how they had actively tried to promote their claims, and who explained their reasons for doing so in explicit terms. These either related to the importance of receiving benefits quickly; or arose from a recognition that the Agency has to deal with large numbers of claims at the same time, many of which were also being “pushed” by other claimants.

“I think deep down [ringing the office] is to hurry them up, you know, because it does help . . . I'm sure there's a lot of people out there exactly the same as me that'll keep ringing them and hassling them. And it's not right, but in the person that's doing its eyes it is right. I know it's wrong really to keep bothering them [but] . . . In your eyes you're a priority because you know that you need it, and the more you hassle them, the quicker you will . . . get it.”

(On applying for Social Fund loans)

“I thought it would keep me in mind. You know, I mean if it's a case of 'Oh God, that woman'll be on the 'phone again if we don't hurry up.' . . . I mean if you want something to happen, I mean they deal with so many people, so many claims . . . I suppose it's human nature that they're going to deal with the ones that are, [who] may phone in more, because you do don't you? People that are quiet and don't do anything, they probably do go down to the bottom.”

(Receiving Income Support)

The claimants believed that their “chasing” had been vindicated by the results of their contacts. Generally, those who had “learned from experience” to push their claims felt that they tended now to be dealt with
more quickly than they had been when they simply waited for their claims to be processed. At a more specific level, some claimants had, in pushing their claims, discovered that they needed to take some action, for instance attending meetings at the benefits office, or supplying documents. In other cases, claimants felt the response of benefits office staff had confirmed the claimants’ worry that they had been “forgotten”, and that a telephone call was a trigger to action.

“Well you find then, once you’ve spoken to them, you phone them up, they just seem to go there and get your file there and then. You know: ‘Oh, right, we’ve got the file here. We’ll get it seen to.’”

(Receiving Income Support)

There was also a feeling that regular telephone calls from the claimant discouraged benefits office staff from putting off dealing with claims which they found difficult.

“Sometimes you get somebody who doesn’t really understand the job – and I’ve done it myself, you put it to one side, you put it in the stack like, you know, and when it comes to the top again . . . The ones who’re a little bit slack and they put it in the stack again . . . that’s the ones I try to chirpy up, you know.”

(Receiving Incapacity Benefit)

In a sense, pushing a claim is an extension of progress-checking. Certainly, both actions stem from a shared set of factors. Those claimants who had made some attempt to check the progress of a claim in the past offered five key reasons why they had done so:

- Lack of knowledge about the process
- Experience of problems with previous claims
- Views about reasonable waiting periods
- High level of dependency on benefit
- Nature of individual personality.

Lack of knowledge about the process

It is perhaps self-evident that a key reason for claimants wanting to check the progress of a claim is their lack of knowledge about what is happening once it has been submitted. However, there is also a more subtle factor operating: a major complaint from claimants is that the Benefits Agency does not keep them informed about their claims. They noted that they did not always know how long they should expect to wait for a claim to be processed. None of the claim forms for the benefits covered in this study give information about the length of time the Benefits Agency would take to process the application, although some of the claimants had clearly obtained such information from contact with the Agency.

1 Typically, forms contain a final section entitled “What happens next” in which it is explained that the Benefits Agency will write back to the claimant to inform him or her of the outcome of the application. These give no details of time frames.
Some claimants criticised what they felt was the Benefits Agency’s failure to keep them informed about their claims’ progress, once they had submitted their forms. People had very mixed experiences of this. Some had received acknowledgements, either that their claims had been received or, where there were delays, to confirm that their claims were being processed. Others had received no such information. It seems that this largely reflects different practices for different benefits.

“It's the not knowing . . . You’re thinking ‘They haven’t got my claim. They’re not dealing with it’ They don’t even let you know that, somewhere along the line it’s getting dealt with.”  
(Receiving Income Support)

“I never ever chased up Disability Living Allowance . . . I didn’t have to. They wrote and said ‘We are dealing with it.’ . . . They send you a letter to say ‘We are dealing with your claim. We will let you know as soon as possible.’ Then you have another letter to say ‘We will not send a doctor to examine you — that will happen on such and such a date.’ As long as you’re being informed of what’s happening you’re quite happy to wait.” (Receiving Income Support and DLA)

It is clear that a sense of not being kept informed about a claim is a key factor in explaining why claimants “chase” their claims. It also appears that, in some cases, claimants felt there was a great value in contacting the benefits office because they could get a “sense of the process” through which their claims passed.

Chapter 4 described how the experience of losing important documents created a deep and long-lasting anxiety about providing such documents to the Benefits Agency in the future. Similarly, the experience of problems in dealings with the Agency, even if they happened many years ago, represented a strong incentive for claimants to check that current claims were being processed, and that payments would be made.

The key problems in this respect had been: the loss of birth and marriage certificates, either in the post or within the Benefits Agency; the loss or the late return of order books; delays in the processing of claims, and missed payments. These problems had sometimes been aggravated by inaccurate or inconsistent information from Benefits Agency staff. For instance, claimants complained of being assured by a member of staff that a girocheque would arrive on a particular day, only to find that this did not happen.

There were also cases where claimants knew that their current claims had particular complications, which meant that they felt it necessary to keep a check on their progress, even after the first payment had been made. These were people who had what they thought were “complex” cases (for instance, with regular changes in benefits, or multiple benefit households), or whose claims for some reason could not be dealt with using the Benefits Agency’s computer systems and were therefore clerically maintained.
In some cases, a claimant's lack of faith in the Agency was not grounded in any particular experience. Rather they expressed a general feeling that “places like the Benefits Agency”, and any “government office” was bound to lose things within its systems.

*Views about reasonable waiting periods*

As was discussed above, claimants were not always given any idea of how long they should expect to wait for their claims to be processed by the Benefits Agency. However, those who had been told, either verbally or through letters or other documents, did not necessarily accept this information. They had their own views as to what constituted a reasonable waiting period; this ranged from around a week to a month. If they had not heard any news of their claim within that period, they would be prepared to contact the relevant benefits office regardless of advice to the contrary.

*High level of dependency on benefit*

A quite pragmatic reason for progress-checking, and one which underpinned all of the others, was the claimants’ urgent need to receive the benefits they had claimed, and at “the right time”. This was particularly true of income-related benefits. Claimants stressed the hardship that they experienced while they waited for the benefit to be paid for the first time; some were going through difficult transitional times in their lives, because of job loss, illness, or the breakdown of relationships, which left them with substantially less money. They also pointed out that, once a benefit claim was “live”, their budgetary plans made it important that benefit payments were made on the day that they were due: a day’s delay could have serious implications for the payment of bills and other household demands.

Conversely, those who felt less dependence on the benefit that they were claiming believed that this made them much less likely to get in touch with the benefits office and check up.

*Nature of individual personality*

It was noted in the first part of this chapter that some claimants felt their individual personalities explained why they tended to chase their claims, and that they would always be likely to progress-chase, almost regardless of any measures taken by the Benefits Agency to address the problems discussed above.

Other claimants were not “natural checkers”. They felt that they would only be moved to chase up their claims in particular circumstances. Their explanations of why they checked on their claims were generally framed in terms of the Benefits Agency, and the possibility that the Agency would not deliver benefits as quickly as they would like.

In some cases, there were specific actions which the Agency could take to reduce or remove the claimants’ perceived need to check up. In others, it is not at all clear what the Agency might do to deter the determined progress-chasers.
8 CLAIMANT RESPONSIBILITIES - A CONTEXT

The final part of this report explores how claimants view their responsibilities within the claim process and how responsiveness to BA requirements might be enhanced. This chapter provides a context by first describing how claimants perceive the balance of responsibility between themselves and the Agency, and what they think their responsibilities entail. This demonstrates the rather limited nature of claimants' conceptions of responsibility and the tenuous relationship with their behaviour. In contrast, there is extensive and vehement commentary from claimants about what the BA should do to improve the smooth running of claims. A description of the 'claimants agenda' therefore concludes this contextual chapter.

8.1 Claimants' perceptions of roles and responsibilities

Claimants from all benefit groups tended to make a fairly sharp distinction between activities which they saw as their own responsibility, and those which they saw as lying with the Benefits Agency. In the main, they saw very little interplay between the two.

Claimants' responsibilities

Claimants' perceptions of their responsibilities can essentially be summed up as "giving them all the information they need". Between them, the claimants identified this as involving the following:

- Answering the Benefits Agency's questions/filling in claim forms, and doing this:
  - quickly
  - accurately
  - honestly
  - completely (including the provision of any supporting evidence) and
  - to the best of one's abilities.

- Informing the Benefits Agency of any changes in their circumstances.
Generally, these two functions were seen as the sum of the claimants’ responsibilities. Indeed, some claimants acknowledged what they saw as their own restricted scope for action:

"[It's] all you can do. You know, fill in the forms they give you, send them the relevant documents and leave the ball in their court and see what comes back."

(Receiving Incapacity Benefit)

Claimants identified rather more roles for the Benefits Agency, although again, these could largely be seen as parts of one overarching responsibility, namely (and once the claimant has provided the information) 'to deal with the claim'. This involved:

- Checking that claim forms have been filled in correctly, and necessary documents provided
- Alerting claimants to any problems with their claim, and seeking any necessary claimant action
- Processing the claim as quickly as possible
- Paying the benefit at the right time
- Honouring promises to post girocheques
- Paying the correct amount of benefit.

Whilst processing a claim, and paying benefits, were very much seen as the key duties of the Agency, claimants also identified other areas in which they thought it should have a role. These were:

- helping claimants to fill in their forms, where necessary
- explaining to claimants what information is required from them, and assisting them in providing that information by giving them the correct claim forms and other assistance needed
- keeping claimants informed about a) changes in benefit "rules" that might affect them; b) claimants’ entitlement to benefits.

The responsibilities of claimants and the BA, described above, were all mentioned spontaneously. However, in the individual interviews, claimants were also asked to think about 12 specific activities in the process of claiming and paying benefits, and to decide whether they were the responsibility of the Benefits Agency, the claimant or both. They were then asked to explain their decisions. A list of the 12 aspects discussed is provided in Appendix II.

With some exceptions, claimants’ responses to the specific items reflected the general principle that responsibilities could be divided between themselves and the Agency according to whether they involved providing information or processing claims. This was particularly clearly illustrated by responses to questions which asked about: ‘Making sure that the claim is
being dealt with as quickly as possible; 'Making sure that the right amount of benefits is being paid'; and 'Making sure that payments are made at the right time.' All these activities were very much seen as the responsibility of the Benefits Agency. Claimants felt that they had very little, if any, influence on the correct and fast payment of benefits, saying that this was the 'job' of the Agency. Indeed they thought that the staff of the Agency were the only people who could have any control over this. Similarly, 'Making sure all the information needed for a claim is provided'; 'Making sure all the information provided for a claim is accurate' and 'Reporting changes in circumstances' tended to be seen as responsibilities of the claimants, since they would be the only people in a position to execute them.

There were some who took a different view of the boundaries between Benefits Agency and claimant responsibilities. For instance, they recognised the part that claimants might play in ensuring the prompt payments of benefits. Where people felt that there was "an onus" on claimants to become involved in these matters, this view was underpinned by either or both of the following factors:

- Benefits Agency inefficiency meant that claimants needed to take their own measures to ensure that their own claims were dealt with quickly.
- As the potential recipients of the money, it was in the claimants' own self-interest to ensure that their payments were made correctly and at the right time.

Some claimants also felt that they and the Benefits Agency shared a joint responsibility to carry out certain aspects of the claiming and paying process, most notably checking that information in claims is accurate. An extension of this was the assertion made by a few people that both parties should "work together" to ensure that a claim runs smoothly. Such explicit emphasis on partnership was certainly the exception rather than the rule, but it was suggested by claimants from a variety of different benefit groups.

As well as discussing the nature of their own and the Benefits Agency's responsibilities, claimants considered how these compared in terms of relative weight. While there were some who felt that one party had more responsibility than the other to ensure the smooth progress and payment of a claim, the general view was that the division of responsibility was "equal". In the depth interviews, respondents were asked to draw scales showing the balance between the Benefits Agency and themselves, as claimants, and to explain their drawings. Typically they produced scales which were absolutely even, to illustrate their belief that responsibility was divided "50-50" or along the lines of "six of one and half a dozen of the other".

A balanced view This even balance was very much tied to a view, noted above, that claimants had an obligation to provide information to the Benefits Agency, and that the Agency equally had an obligation to use that information
and process the claim. While some felt that the Agency should help claimants to provide the information, the division between claimant and Agency responsibilities was nonetheless clear and explicit in respondents’ minds.

“Well at the beginning it’s the claimant ‘cos they’ve gotta give the evidence and that and then afterwards, once they send the forms, then it should be the offices because then they have to deal with it and work out the money and . . . work with the information.”

(Receiving Family Credit)

In the main, claimants did not discriminate between the weight or importance of these two key roles; rather, they appeared to see a “half and half” relationship simply because there were two parties involved, and each had a role to perform. Although some did implicitly see the completion of claim forms as being directly equivalent in importance to their processing, there were others who, whilst stressing the “half and half” idea, felt that the Benefits Agency’s knowledge meant that they were “in charge” of ensuring that claims were paid efficiently. Nevertheless, such people did hold to the view that each side had an equal part to play, in which they had to pull their weight. Thus, increasing their share of responsibility would not equate to the better performance of their existing roles, but something quite different. For instance, one claimant felt that, in having taken action to deal with a variety of complications in her claim, she had effectively taken on “a good 75%” of the responsibility.

- A heavier weight for the BA Where claimants did not see an equal division of responsibilities between themselves and the BA, this was usually based on a belief that one side or other had more work to do, in practical terms:

“’Cos all I’m doing is just filling out a form. Make sure I’ve written, fill[ed] it in right, and just signing it and then putting it into an envelope and posting it. [Whereas] they’ve actually taken it out and [are] looking at it and then dealing with the claim, so they’re actually doing a lot more work.”

(Receiving Family Credit)

Among those who felt that the Benefits Agency had the heavier weight of responsibility, the key factors were:

- the Agency’s knowledge and understanding of the benefits “system”
- the perception that the Agency existed in order to help people
- the resources that were available to the Agency.

Claimants drew sharp distinctions between the Agency and themselves on these points. A recurring theme was the disparity in terms of professionalism; while claimants were “members of the public”, the Agency ran a professional system to deal with thousands of claims. As was noted above, claimants felt that it was the Benefits Agency’s “job” to administer the payments of benefits quickly and efficiently: “That’s its very
reason for being there, it's a Benefits Agency. It is there to help people.” Similarly, the imbalance in knowledge and understanding of benefits was cited as a reason why the Benefits Agency had to have a heavier responsibility.

“They know what they're going on about don't they? They know what I'm entitled to, if I'm entitled to the money. They've got more responsibility than what we have.”

Claimants also compared their own meagre resources with the computer systems and general infrastructure available to the Benefits Agency, and felt that this imbalance meant that the Agency could do much more than they could to ensure the smooth processing of claims.

• A heavier weight for claimants The small minority who felt that claimants had a greater share of responsibility than the Agency for their claims, did so for two reasons:

  • their greater knowledge of their own circumstances
  • a kind of “moral” obligation to assume responsibility for their own claims.

Claimants holding this view pointed out that benefits office staff could do nothing to process a claim until the claimant had provided them with the necessary information. Moreover the extent to which they could pay the correct benefit was determined by the accuracy of the claim form. Since only the claimant could provide the information, this meant he or she had a very substantial responsibility.

Some also attached considerable importance to the fact that, as claimants, they had a responsibility to help themselves, rather than relying wholly on other people. This was seen as a kind of moral obligation that they hold through claiming help from the State.

8.2 The limitations of claimants' perceptions

The section above has described how claimants responded to a series of questions about the division of roles and responsibilities between themselves and the BA. There are a number of reasons why some doubts have to be cast over accepting this commentary at face value. Three have particular weight:

• Inconsistency of response
• Self-assessments of claimants’ behaviour
• A theoretical, not real, agenda.

Inconsistency of response There were two respects in which what claimants said about their own responsibilities was inconsistent with other responses. First, they commonly described the weight of responsibility between themselves and the BA as being equal, but with usually no other evidence to back this up. The list of responsibilities assigned to the BA was usually much longer than that
assigned to claimants; and many claimants saw their own part as limited to only one stage of the process.

Second, and perhaps more significant, there was little evidence to suggest that what they said about their own responsibilities, was borne out by their practice. For example, among those who felt that they had a good deal of responsibility for a claim, some translated this view into progress-chasing, while others simply meant that they should fill in their forms properly and wait patiently for their claims to be processed. Similarly, some of those who clearly identified activities as claimant responsibilities had failed to comply fully in that part of the process. Alternatively, there were those who held very narrow conceptions of their responsibilities but who had either been very pro-active or conscientious within the claim process. Although there were some people for whom stated notions of responsibilities and behaviours matched, it was more common to find some inconsistency.

During the interviews and discussions, claimants were asked whether they thought they were a ‘good’ or ‘bad’ claimant in terms of playing their part. The question followed a lengthy discussion about specific causes of non-compliance and roles and responsibilities and a few claimants answered directly in these terms. These defined being a good claimant as

- being thorough in their applications
- and being patient in waiting for the benefit.

Many claimants, however, answered in quite different terms with notions of compliance commonly based on:

- only claiming benefits to which they were entitled
- being honest
- being polite/not being rude or aggressive to BA staff
- being “grateful” for rather than demanding of their benefit
- and not being “any trouble” in terms of complicated or problematic claims.

While such characteristics may well be defined as ‘good’ from the BA’s perspective, it is evident that notions of compliance quickly shift out of the realm of roles and responsibilities within the claim process.

There was evidence to suggest that claimants saw the notion of their responsibility in the claim process as rather a theoretical concept. Although, as is evident, they were able to discuss roles and responsibilities and the division between their own and the Benefits Agency’s, they did so with a certain degree of neutrality. Moreover, this was almost always in response to questions raised by the research team, rather than through spontaneous commentary. Statements about responsibilities made directly by the study participants were rare. Indeed, it appeared that few of the
claimants had ever thought about these ideas before, a point which some of them made themselves.

All of this is in sharp contrast to what can be termed the “claimants’ agenda”. There were numerous features of benefit delivery which claimants felt needed to be reviewed if a more smooth-running and efficient service were to be effected. Commentary on these recurred throughout the interviews and discussions, often expressed with considerable strength of feeling. It was clear that the study participants had already given some thought to changes that they would like to see to “improve the service they [the Benefits Agency] provide in assessing and paying benefits,”¹ and they discussed these with evident commitment.

These three features of claimants’ responses cast some serious doubt on whether the idea of directly encouraging claimants to take more responsibility in the claim process is the most fruitful way forward. Although there is clear evidence to suggest that increased participation in, and compliance with, claim procedures can be achieved, we believe the most effective route to this is through other means.

In summary, the premise is that greater conformity with Benefits Agency requirements will be achieved through strengthening the Agency-claimant “partnership”; and that this can be accomplished through increased understanding of, and responsiveness to, both Agency and claimant “needs.” The remainder of this report considers features of claimants’ views which will help to achieve this. To this end, the present chapter concludes with a brief review of what lies high on the claimants’ agenda.

8.3 The claimants’ agenda

In thinking about how they might contribute to the better and more efficient delivery of benefits, claimants felt strongly that there were aspects of the process which the Agency itself needed to address. It is not the intention in this report to discuss these in detail since they have all been documented in many previous research studies. As just one example, recent qualitative research on the factors underpinning customer satisfaction shows an almost identical list of issues which claimants felt needed to be resolved (Elam and Richie, forthcoming 1997). Our purpose here, therefore, is simply to highlight the aspects of the service which drew greatest comment in the context of improving the smooth-running of benefit assessment and delivery.

**Paperwork** The problems that claimants identified in relation to forms and other ‘paperwork’ have already been described in Part II of the report.

¹ This statement appeared in the DSS letter inviting participation in the research (see Appendix II)
Essentially the issue was volume, both in terms of the length of claim forms, and of the perception that claimants had to provide the same information several times. Specific complaints included:

- the need to fill in entire forms in order to report just one change of circumstance
- the need to fill in forms every year, even if there are no changes in circumstance
- answering virtually the same questions “over and over again” in the same form
- having to provide different parts of the Benefits Agency with identical information.

Another major issue regarding paperwork was the problem of benefits offices dispatching several copies of the same letter. Claimants of a variety of benefits had been irritated by the obvious “waste of money” which they thought this represented. It also tended to reinforce the perception of a lack of communication within the Benefits Agency, with one department apparently unaware of what another was doing.

Claimants were critical of both the quantity and the quality of the information which they received from the Benefits Agency. A lack of information was seen as being most obvious in relation to claimants’ entitlement to benefits. There was a good deal of frustration that, as claimants see it, the Agency does not volunteer information about benefits to which they might be entitled, but simply responds to inquiries. They took the view that, since Benefits Agency staff were so much more familiar with the rules of the benefits system, they should tell people everything that they might be able to claim. Failure to do so was seen as being an abdication of the Agency’s responsibilities. Although evidently a misconception, some claimants said they had been explicitly told by staff that they were not allowed to volunteer information to potential claimants about eligibility for benefits.

Some people felt that, in terms of reducing non-compliance, there were important advantages to informing new claimants about every benefit to which they might be entitled, rather than leaving them to discover this by themselves. This was because it would reduce the need for subsequent claims to be processed at a later stage. It was thought this would cut down on the amount of administration and paperwork needed to deal with each individual claimant.

Claimants also commented on the Agency’s approach to providing information in respect of the progress of new claims. The variability of information provision was discussed in Chapter 7. Among those who did not receive acknowledgements that their claims were being dealt with, or
that there would be a delay before the benefit was paid, there was again a feeling of frustration at this absence of information.

Comments on the communications which claimants did receive from the Agency focused on accuracy and consistency. A key complaint was that staff sometimes told claimants that their girocheques were “in the post” when this had proved to be untrue.

Others said that they had been given incorrect information by office staff, sometimes with important consequences. There was also a view that different members of office staff sometimes gave conflicting information, with the result that claimants were left uncertain. Examples were cited of being told different things about which benefits they should apply for, which forms they should complete or how the receipt of one benefit affected another.

Staff attitudes towards claimants were also commented upon, although usually with the caveat that some of them are “very nice”, “kind” or “helpful”. However, some officers were perceived as cold and even contemptuous towards their customers. When such negative attitudes were displayed, claimants felt they sometimes reciprocated, and this led to ill-feeling and, inevitably, unconstructive relationships. Although claimants insisted that they tried hard not to let personal grievances create problems, it is clear that feeling demeaned did little to engender a sense of “working together”.

It was noted in Part II that some claimants had little or no confidence in the Benefits Agency’s ability to correctly process and deliver benefits. One criticism was of a perceived lack of co-ordination and communication between different departments of the Agency, and even within departments. For instance, claimants criticised situations in which the section responsible for dealing with one benefit was not aware that a claimant was claiming another benefit. They also complained about the length of time taken by the Agency to deal with some claims, particularly
those for disability benefits. Other perceived failings which contributed to
an impression of incompetence were: the loss of claim forms and
important documents; mistakes in the issuing of order books; difficulties
following the reporting of changes of circumstances; failure to respond to
important information from claimants (for instance, that they are not
working); and errors arising from "their computers".

Access  A final issue which drew some complaint from claimants was difficulties
with access. It could be difficult to make contact with an office by tele-
phone, either because the line was engaged or because it simply took a
long time to answer the call. When they did get through, they might be
"passed from pillar to post" between different departments, until they were
put in touch with the appropriate member of staff. Claimants also felt that
staff did not always ring them back as they said they would.

There was some criticism of calling at offices because of having to wait for
long periods in what were seen as unpleasant and stressful environments.
The inflexibility of the appointment system also received some comment.
Access to staff could be restricted by their heavy workloads: for example,
some claimants had asked for help with filling in forms but had been told
that this was not possible because the staff were too busy. Similarly, it was
said that staff were under so much pressure that it was difficult for them to
give adequate time to each claimant.

This section has dwelt on aspects of the Benefits Agency's service about
which claimants were critical, since this was where changes were seen to
be needed. However, it is important to note that a significant proportion
of the claimants commented very positively on the service they had
received. This was particularly so in connection with the central directo-
rates, most notably in relation to Family Credit. But local offices also
received positive appraisal from some claimants, especially in relation to
the helpfulness or efficiency of staff. There was also a view amongst some
long-term recipients of benefits that local offices had "greatly improved" in
recent years.
The previous chapter has shown that claimants' perceptions of their responsibilities are limited and inconsistent with their behaviours. But it is also very clearly the case that claimants varied considerably both in the level of "noise" they created within the system and in the extent of their compliance with the claim process. The purpose of this chapter is to distinguish the circumstances and perspectives of those who conform from those who do not and the factors that are related.

The following two cases represent different ends of the spectrum of claimant behaviours. The first represents what might be termed a 'good' claimant, the second a 'not so good' claimant.

Mary Soames is a lone parent in her 30's. She has been receiving Income Support for over 10 years. One of her daughters has a learning disability for whom she receives DLA and the Attendance Allowance, both at the higher rate. Mary's experience of the BA has been one of general efficiency although she is critical of what she sees as its generally unforthcoming approach to claimants.

Mary thinks that claimants have a large part to play in making a claim run smoothly. Although she sees the BA as "cold and unfriendly" she goes out of her way to make sure that she complies fully with claim requirements. She reads through everything she is sent and recently worked out herself a query she had about entitlement if she changed to Family Credit. She is not very confident about filling in forms but takes great pains to do them correctly, by doing them in pencil first. If she is unsure about anything she makes a note on the back. Generally she doesn't like ringing up for help, "because it doesn't make you look very good, does it? It makes you think you look as if you're thick". She also thought that the staff did not like it . . . "they're just shirty with you . . . as if 'you should know, you've been on this benefit long enough you should know how to fill out this form'".

Mary has always reported changes of circumstances promptly: "I usually drop them a line . . . I usually write Dear sir or Madam Re Change in Circumstances . . . A lot of people don't do it because they like to hang on to a bit extra benefit but if you don't do it . . . they could come and take your benefit off you there and then . . . I like to be honest". She has recently had a lot of contact with the local office because of changes occurring in the household. Although this required sending her order book in twice, everything went reasonably smoothly. She did, however,
have to phone the office once "to find out what was happening" after she had written a letter and heard nothing.

But despite a fairly complex claim history over many years she says that she doesn't have much contact with the office. She says herself that she is "very good when it comes to claiming benefits. I try not to claim more than what I'm entitled to . . . it's just that I've been on benefit for so long and you get to sort of know somehow how the system works". She also has a very clear view of what kinds of things cause problems from the BA's perspective. "Forms, not understanding your entitlement, people over-claiming, people not being truthful enough when circumstances change and when they've got to go and chase people up, people working and claiming benefits when they shouldn't be claiming benefits and they've got to go and chase around and have all the benefits sorted out again . . . "

Edna Maddox is in her fifties, lives in "bed and breakfast" accommodation and is "on the sick at the moment". She has not worked for over 20 years and has a long history of illness during which time, it seems, she has been receiving Income Support. However, her account of what benefit she receives is extremely unclear and she says she is about to go on to "a Job Seeker's Allowance with Income Support". Incapacity Benefit also gets mentioned, both recently and in the past. "As far as I know it (benefit) is going to come from the unemployment place rather than the sick one . . . but of course I understood . . . right from the first I should have been on the sick because me hand was fractured and I couldn't use it".

She says that since she has been in the process of changing benefits she is "never away from" the local office. "I think I was down there four days last week. I've been twice this week . . . while you're signing sick you have this form to fill in. And it said something about the date and of course I was hazy about the date so I went in on Monday to see and the woman, I said 'will there be any money coming on this Thursday' and she said 'yes' . . . (the last time) was this morning . . . took in the sick note for the month ahead. Whenever Edna has a query or any business to transact she always goes to the office in person. I don't think you can really get it over on the phone. And actually they're very efficient there now and they were being very kind and helpful".

Edna finds all the form filling she has to do rather troublesome and gets rather confused so she usually checks with the office when she has one to do. "I filled it in . . . I wrote fully, I explained what my injuries were . . . I think she [local officer] filled it in now I come to think of it but I did the letter . . . I remember showing it to her . . . I always take things and hand them over the counter to make sure they're filled in properly, I won't post them . . . I went in on Monday . . . she took the form off me. It turned
out I’d got mixed up. I says, ‘I was going to bring the [sick] note in . . . it said don’t bring it – don’t fill it in before the twelfth and of course I didn’t know that was the day I should’ve taken it in . . .’

Edna always worries about any delays in getting her benefit, “if you think there’s a possibility that you won’t be getting any money at all to live on”. Because of the recent changes “going from one thing to another” she is particular anxious about getting her benefit . . . “even though you feel fairly confident yourself . . . she’d [rent office] been told I’d be getting paid on this Thursday . . . but if the money didn’t turn up, I would probably be in trouble over there, so I went down [to the local office] to make certain.”

Edna thinks that there are a number of things that slow up the claim process . . . “well the doctors won’t put you on the sick straight away and they seem very suspicious . . . the adjudicating officer doesn’t believe the doctor . . . ‘cause if you’ve filled in the form and you’ve filled it in correctly . . . everything should be explained on the form . . . it’s because of the system, they just don’t want people to go on the sick.”

As was suggested, these two cases represent different ends of the spectrum in terms of their general conformity to BA requirements. Not all cases are as easy to assign as these either because their levels of compliance are more varied or because what they said and what they did appeared to be contradictory. Nevertheless, on the basis of their general responsiveness to, and compliance with, BA requirements it was possible to differentiate the clearly ‘good’ claimants from the rest. On this basis, 20 of those interviewed individually were assessed as ‘good’ and 16 as ‘not so good’ in the level to which they conformed. Although the original selection criteria were not used for this assessment, there was some relationship between these two ‘conformity’ categories and compliance in the claim activity which brought them into the sample.

<table>
<thead>
<tr>
<th>Compliance in sampled activity</th>
<th>‘Correct’</th>
<th>‘Incorrect’</th>
<th>Not known</th>
</tr>
</thead>
<tbody>
<tr>
<td>‘Good’ claimants</td>
<td>9</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>‘Not so good’ claimants</td>
<td>3</td>
<td>10</td>
<td>3</td>
</tr>
</tbody>
</table>

Assessments of the kind needed to assign people to these categories could not be made for all the group discussion participants although again the most clear cut cases were evident.

It was noticeable that certain features were often associated with ‘good’ and ‘not so good’ claimant behaviours. To characterise, the good claimants tended to be proactive in their engagement within the claim process. They also had a reasonable level of understanding of how the system works,
what was required of them as claimants and generally good lines of
communication with the BA. In some cases, this derived from a generally
confident and business like approach to their claim, in others because of
the accrued experience they had gained through longer term contact with
the benefit system. Conversely, the ‘not so good’ claimants appeared much
less confident as a group and were generally much more confused or even
bewildered by the benefit system and its procedures. This led to either
overactive engagement with the BA in trying to clarify or get reassurance
about what was happening; or to a generally passive approach, without any
attempt to engage. In its most extreme cases, this level of inertia caused
considerable problems both for the claimants and the BA.

It is important to note two further features about the ‘not so good’ clai-
mands. First it was clear that some of them, because of very disadvantaged
circumstances, illness, or frailty of some kind, had great difficulty coping
with the benefits system. This was also true of other aspects of their lives.
Conversely, others appeared more generally to cope with life’s demands
but were less proficient in terms of their dealing with the BA. It is
important to distinguish between these two groups in considering non-
conformity with BA requirements.

Second there appears to be some relationship between general non-com-
pliance and the benefits being received. It was apparent that, across the
sample as a whole, there were higher numbers of non-conforming clai-
mants among those receiving, or claiming, IS or disability benefits than
amongst those claiming or receiving FC and RP. The reasons for this
however are difficult to disengage. It may be in part to do with the nature
of the procedures associated with different benefits and their general level
of complexity, features which to a degree have some relevancy.
Alternatively it may be associated with the distribution of characteristics
within the different claimant populations. It is most likely to be a combi-
nation of the two. It is not possible for a qualitative study of this kind to
move beyond suggesting such hypotheses since no numerical associations
of any significance can be demonstrated. It must also be noted that there
were some ‘not so good ’ claimants amongst all the benefit groups, just as
there were some ‘good’ claimants. The following section suggests some
reasons why.

9.2 The factors
influencing claimant
behaviours

There are a number of factors that are associated with being a ‘good’ or
‘not so good’ claimant. Some of these relate to the individual
circumstances or personal characteristics of the claimant; some are a
consequence of features of the system; others are an interaction between
the two. All of them have been described or referenced in earlier sections
but a brief resume of the key elements is given below.

The claimants vary considerably in the extent to which they are aware of –
and understand – the basis of their benefit entitlement and the procedures
they need to follow to claim. To some extent this is a reflection of the amount of effort they put in to reading about, or finding out about, the benefit they are claiming, or their ability to do so. But it is also related to the benefit they receive, with some benefits such as Retirement Pension, or Family Credit, appearing to present less difficulty than Income Support or disability benefits. Nevertheless, there are examples from all benefit groups of people who have a sound knowledge of how the system works. This in turn leads to greater clarity about their roles and responsibilities as a claimant.

**Confidence in the system**

Claimants' confidence in the benefits system is highly variable. Some clearly have considerable faith that the operation of the benefit system is "good", "efficient" and sound and expect it to work that way. Even if things go wrong, they put it down to the fact that "mistakes happen" and this does not appear to undermine their belief that the system generally "works well". Conversely, others say that they have "no trust in the system at all". They assume that things will go wrong, expect to have "hassle" and generally see themselves as victims of a problematic and over-complicated system. Although such views are, in some cases, based on previous bad experiences with benefit offices, such correlation is by no means perfect. Again, however, there appear to be differences between benefits with apparently least confidence in the system amongst those on IS.

**Complexity of claim history**

It was noted in Chapter 2 that there is considerable variation between the circumstances of claimants, both in terms of their length and level of benefit receipt and the stability of the benefit unit. Those who describe their circumstances as "straightforward" often see this as a key factor in giving them a "trouble free" relationship with the BA. Those who were in receipt of a number of different benefits, with less stable family circumstances, clearly had a need for much greater contact with the BA, thus increasing the chances of some errant episode. In addition, the very circumstances that made the claim history complex, such as unstable partnerships or poor health, increased the potential for less compliant claimant behaviour. Possibly as a result of these factors, those with the more complex and changing circumstances are among those with least confidence in the system.

**Personal characteristics and circumstances**

Individual characteristics cannot be ignored in attempting to explain differences between the 'good' and 'not so good' claimants. Three features are relevant. First, there are some key differences in people's approaches or dispositions when dealing with administrative bodies. As previously noted, some claimants described themselves as "worriers", or not "very tolerant". Alternatively, others said they hated "to make a fuss" and would not want to be seen as "pushy". Yet others generally appeared very confident in their approaches to the BA, while others were very hesitant. Such differences clearly affected how people dealt with benefit offices in the course of their claims.
Second, some of the claimants, as suggested earlier, displayed considerable frailty, either because of ill health or because of a more general difficulty in 'coping' with life's stresses. These very circumstances that had brought them into the benefit system also made it difficult to handle its demands.

Third, and to some extent related, there were claimants who were very isolated from social contact and support. They had no one to turn to immediately for help or advice which increased their dependency on the Benefits Agency. Edna Maddox, whose circumstances were described, clearly falls within this group.

The different attitudes that people hold towards receiving social security benefits were described in Part II of the report. As was noted there, such attitudes could affect levels of non-compliance in specific claim activities but also have a more general affect on claimant behaviours. As a general rule, those with defensive attitudes towards benefit receipt tend to be amongst the more non-conforming.

With the exception of Retirement Pension and Family Credit claimants, benefits were the main or only source of income for the majority of people who took part in the study. Because of this, there was frequent reference throughout the interviews and discussions to the level of dependency that claimants have on the BA. But some of the claimants gave much more weight to this than others. "You've got to have the money to live" or "it's all you've got to feed the children" became the rationale for some less compliant behaviours. One IS claimant, who knew she would not "be destitute" if anything happened to interrupt her benefit, said how easily she thought this could happen "if they haven't got that support from other people and they're on their own... it makes you more panicky about things."

As will be evident, the factors described above are to some extent interrelated. They can also compound to increase the tendency towards more or less compliant behaviours. However, no one factor above can explain why some claimants are 'good' and others 'not so good'. As a consequence, any solutions sought to improving compliance needs to be multifaceted.
The principal purpose of this final chapter is to identify some strategies and solutions which will enhance the claimants' involvement in, and compliance with, benefit claim procedures. It was briefly suggested in Chapter 8 that, at an underlying level, such enhancement will best be achieved by strengthening the Agency/claimant partnership. Before considering some possible actions, we begin by reviewing the basis of this recommendation.

It was shown in Chapter 8 that claimants have fairly narrow, and not entirely consistent, conceptions of their responsibilities within the claim process. More crucially, it was suggested that there appears to be little relationship between claimant beliefs about their responsibilities and actual behaviours in terms of compliance with BA requirements. Since the underlying purpose of this research was to find ways of strengthening the part that claimants have to play in the delivery of benefits, it was suggested that simply trying to encourage claimants to take greater responsibility may not be the most effective way forward.

It can also be argued that in order for claimants to take their share of responsibility — or fully play their part — there must be some clarity about the administrative partnership in which they are involved. It would certainly be fair to conclude from this study that, in general, claimants do not have a clear feeling of being “in partnership” with the BA during the process of benefit claims and delivery. There are two strands of evidence that point to this. First, it has been noted at various points in the report that claimants have a fairly restricted perspective on the benefit claim and payment process. Perhaps not unexpectedly, they tend to view claim activities almost exclusively from their own standpoint and show only limited appreciation of what is involved from the BA’s point of view. In particular, very little thought appears to have been given to the consequences for the BA of any non-compliance on the part of claimants. However, claimants generally do seem aware of the scale and complexity of the BA’s operation and of the heavy demands placed on BA staff in administering the system.

The other strand of evidence derives from questions that were asked about the claimant’s “relationship” with the BA and its offices. In response to these, some claimants were able to describe their relationship, either in positive or negative terms, the rest said their relationship was non-existent — or looked extremely puzzled. Those who saw no relationship referred to their lack of contact with the Agency; the “routine” nature of the claim process — “they write to me and that’s it”; and; to the view that the
Agency, because of its nature and function, was not the kind of body with which “you have a relationship”.

Those who described their relationship as one which was in some way flawed commented on three features. First, they felt a power imbalance between themselves and the Agency and often described, or drew, themselves as “small” in relation to the BA. Essentially, this derived from claimants’ views of their dependency on the Agency for money, the Agency’s greater knowledge of benefit rules, and on what claimants saw as an obligation to “do what they say”. Second, there was the feeling that the relationship was based on confrontational lines – a “them and us” situation. Third, some claimants felt that there was no warmth in their relationship with the Benefits Agency, and that generally the BA did not feel particularly “friendly”.

Where claimants described their relationship with the Agency in more positive terms it was often precisely because they felt that an element of co-operation or “partnership” existed between themselves and the Agency. “I work with them and they work with me”.

Some of the more positive relationships were felt to exist despite a feeling that claimants were “just a number” to the Benefits Agency, and that there was an imbalance in terms of dependence and power. Others, however, explicitly saw themselves as being “the equal” of the Agency, and felt “perfectly at ease” when they dealt with it.

A notion of partnership therefore begins to enter people’s thinking when the relationship with the BA is viewed positively. Similarly, it was evident that when claimants’ roles and responsibilities were being discussed the idea of each side “playing their part” “meeting their part of the bargain” or even “pulling their weight” were terms which start to appear. It was also shown in Chapter 8 that some claimants, who hold the view that there is an “equal” balance of responsibility for the claim process, did speak of a “mutually” helping relationship.

“I always feel that they (the BA) are there trying to help me so I’ve got to do everything to help them as well and try not to be obstructive or obnoxious.”

(Receiving IS)

All of this leads us to the view that there is considerable scope for strengthening the BA/claimant relationship. In particular, there is clearly room to improve claimants’ awareness and understanding of BA needs and requirements and to bring them more fully on board in terms of honouring their part in the process. There is also potential for the BA to respond more fully to some of the key items on the claimants’ agenda (as described in Section 8.3). Many of the suggestions made in the following section will help to move in these directions.
It is perhaps also worth noting in this context that claimants generally see claiming a benefit (although not Retirement Pension) as a unique activity. Although they see parallels with other financially based administrative processes, such as income tax, loans and mortgages, hire purchase applications, insurance claims, none are quite the same as applying for and receiving a benefit. At the root of this view, was the level of dependence on the outcome and a view from some that it is not quite "your money". There is an accompanying view that "there's only one DHSS – if you need to make a claim, there isn't anybody else". The uniqueness of the BA-claimant relationship is perhaps something to be utilised in the development of the partnership.

Before considering some specific strategies and solutions it is important to emphasise a feature of the evidence that has recurred in previous chapters. This has shown that some claimants have perceptions of the Agency which are not entirely borne out by recent experience. This is either because they have "long memories" or because they have a general conception about how the Agency operates. This would suggest that any changes introduced to strengthen the BA/claimant partnership are unlikely to be reflected in immediately changed attitudes and behaviours. They will take time to permeate, just as the, now, generally recognised "improvements" have done in recent years.

10.2 Some strategies and solutions

We turn now to consider some of the strategies and solutions which are suggested by evidence in this report. They are divided into two groups. In the first we consider direct actions which may help to reduce specific features of non-compliance. In the second, we suggest some more generic solutions which should help to strengthen the BA/claimant partnership. These should also help to overcome some of the underlying causes of 'not so good' claimant behaviours. As will be evident, there is some interrelationship between the recommendations in each group and, to this extent, they should be mutually reinforcing.

Some of the solutions suggested below come directly from claimants. Others are derived from evidence about causes of non-compliance or disaffection and are similar to those noted in the context of other research. Some may involve relatively small administrative changes, others will require more radical changes of strategy. None of the suggestions have taken into account any costs, administrative difficulties or practical feasibility.

Reducing non-compliance

The following suggestions all arise out of the causes of non-compliance that were described in Part II of the report. They are listed as direct action points without background explanation since this would be repetitive of the evidence documented in the individual chapters.

In considering the suggestions made, it is important to bear in mind the distinction between people who need to be encouraged to be more compliant; and those who need help or support to conform with BA requirements. As is noted in the previous chapter, some of the people who
are 'not so good' have a frailty of some kind which makes it more difficult to cope with the benefit process. Some of the suggestions below should be of direct aid to this group. Others are more specifically targeted at claimants who need stronger guidance, instruction or procedures to make them "play their part" more effectively.

Improving the quality of form completion (Chapter 3)

- Provide assistance at local offices for claimants who need help with forms, particularly first time claimants and including those claiming benefits administered by central directorates

- Offer a service at local offices to check through completed application forms before they are submitted, again particularly for first time claimants

- Inform claimants of advice agencies they can contact for help with benefit applications

- Review the need for information to be collected on repeated occasions, both for the same and different benefits

- Review the length of selected forms

- Consider alternative methods for obtaining the information needed for benefit renewals or reviews, possibly by asking claimants to check the information already held by the BA

- Review the clarity of question wording and routing instructions on selected forms, most notably those for IS and DLA

- Review the siting of signed declarations and advice on how to complete the claim form

- Extend the advice on completing application forms to encompass "good practice" in form completion

- Avoid the return of forms when missing information is self-evident

- Obtain missing information/clarify queries or inconsistent information on claim forms through direct contact with the claimant, either by telephone or by asking them to call at the office

- Inform claimants that their claim will not be processed until all the information required on the claim form is complete.

Encouraging the correct (and timely) provision of supporting documentation (Chapter 4)

- Remove the ambiguity about when supporting documentation has to be provided (e.g., estimates for social fund loans)

- Provide explanations to claimants (in both forms and leaflets) about why supporting information is needed

- Provide a check list on all forms about the documents that may need to be sent, cross referenced to relevant sections of the form
• Add sections to all forms (as already exist on some) for “Documents you are sending us”

• Review the need for originals of certificates and licenses

• Review information that has to be verified through direct supply of documents from claimants

• Provide claimants with reassurance of the safe and early return of documents that are supplied

• Make it clear to claimants that claims will not be processed until the key documentation needed is obtained.

Improving reporting of changes of circumstances (Chapter 5)

• Provide clearer and fuller information about the duty to report, the changes that must be reported and why they need to be reported. In particular, explain the reasons why those changes that are not obvious and “common sense” must be reported

• Provide a check list of the changes that must be reported on documents that will be retained and used

• Provide fuller information about the consequences of not reporting changes of circumstances, emphasising the legal implications and possible penalties

• Provide information about what happens when changes are reported, with reassurance about return of order books and interruption of payment

• Increase ease of reporting e.g. through specially designed forms, use of telephone and avoiding completion of new claim or renewal forms

• Utilise existing communications (e.g. annual uprating of benefit) to remind claimants of the need to report

• Increase reminders to report changes for selected benefits (e.g. IS) and selected benefit groups, particularly those with greatest propensity for change

• Review list of changes that are “reportable”

• Review period for which a change has to exist to be reportable (i.e. as some acknowledgement of “temporary” nature of some changes)

• Review the procedures that follow a reported change of circumstance.

Reducing unnecessary contacts for information (Chapter 6)

• Provide claimants with a list of the sources of advice they should use for different types of enquiry

• Provide a dedicated information service/help service within BA offices for people with special needs
• Provide a “Before you contact the Benefits Agency” action plan for claimants to refer to

• Indicate currency of documents by giving a “valid until” date

• Maximise utilisation of instruments of payment and payment notification to convey information for claimant use

• Provide greater detail of how benefit levels have been calculated in notifications of payment

• Provide more detailed information about the reasons for a claim refusal.

Reducing progress chasing (Chapter 7)

• Provide claimants with clearer statements about usual processing times for claims, possibly in the “What happens next” section on forms

• Issue acknowledgements of receipt of claim forms/other documents if payment/next claim communication will not be delivered within a specified period (say 10 working days)

• Include a statement on forms or leaflets that “If there are any problems with your claim the Benefits Agency will contact you”

• Where problems with claims or processing arise, or delays occur with obtaining necessary documentation, inform claimants (either by telephone, or in writing) of what is happening and why

• Discourage staff from saying communications, giros, order books etc. are in the post when they have not yet been sent

• Increase on-going initiatives to reduce the processing time for claim awards and decisions

• Make it clear to claimants that progress checking will not increase the speed with which a claim is processed. This should be done both in benefit literature and on occasions when progress chasing occurs.

It will be evident from the above list, and the suggestions to follow, that many of the action points derive from a central need for improved communication with benefit claimants of various forms.

Strengthening the BA/claimant partnership

The research evidence suggests that the BA/claimant partnership can be strengthened by two general strategies: first, by increasing claimants understanding of, and responsiveness to, the requirements of the BA; and, second, by meeting, at least in part, some key elements of the claimant’s agenda. Some suggestions as to how this might be achieved are summarised below.

A Claimant Contract The recent study which investigated Customer Contact with the Benefits Agency suggested the introduction of a Benefit Contract (Stafford et al, forthcoming 1997). The evidence from this research would wholly support this recommendation although with some extensions. The contract or covenant would set out the roles and responsibilities of both
the BA and claimants, making it clear what each has to do to ensure the smooth and efficient running of the claim process. In particular, it should make clear “What being a claimant requires” in order to properly play their part in claiming and receiving benefits; and what they should not do if delays and additional work for the BA are to be avoided. It would also document what claimants can expect from the BA and what to do if these expectations are not met. There would also be scope in such a document to inform claimants about the BA’s objectives in terms of service delivery and its improvement over recent years. It might also contain some suggestions about additional sources of help or advice for people claiming benefits.

It is suggested that a claimant contract should be issued with claim packs but in a form that is clearly distinctive and detachable from any other documents contained within them. Claimants should be told to keep the contract and reminded of its content in key communications, such as notifications and instruments of payment. To be most effective, the document should be kept as short and simple as possible, although it is recognised that this may not be an easy requirement.

Introductory interviews for first time claimants There is little doubt that new claimants would warmly welcome the opportunity to have a “special” interview with a member of BA staff at the time of their first claim. In particular they want someone who will sit down with them, go through their circumstances, tell them what they can, or might be able to, claim; and then advise them how to go about it. This was one of the most persistent suggestions made by claimants and they are largely perplexed as to why such interviews do not happen. An almost identical recommendation was made on the basis of the research on First Time Customers (Williams et al, 1995).

Although claimants see a special interview of this kind as having particular value to them, the evidence suggests that it could also be used to the Benefits Agency’s advantage. There would be an opportunity at such an interview to explain what happens when claims are made and processed, what claimants have to do to make the process smooth running and, more generally, to emphasise features of the claimant contract noted above. It is believed that such interviews would do more for increasing understanding and responsiveness amongst claimants, and their compliance with BA requirements, than virtually any other recommendation arising from this study.

'Special case' managers Evidence in this report, as summarised in Chapter 9, suggests that certain claimants create disproportionate amounts of work for BA staff and considerably more “noise” within the system than others. Although in some cases this is the result of idiosyncratic behaviour, there are many who can be identified through their personal or claim circumstances. In particular, claim units with multiple or complex claim histories, or frequently changing circumstances are identifiable and
probably already well known to benefit offices. Similarly, there are groups of claimants who display some fragility in terms of their ability to cope with the claim process. This may be because of disabilities, age, language or more general intellectual frailty in dealing with administrative processes.

It is suggested that there may be value in assigning specific benefit officers as “case managers” to deal with the administration of such claims, on a dedicated basis. This would certainly have some advantage for the claimants but probably also for the BA. If the claimants accounts are anything to go by, then a considerable amount of time must be taken up by different members of staff getting to know the particular circumstances of a complex case, or the uncertainties, or needs, of individual claimants. This would be greatly reduced by having dedicated officers assigned, at least as the first point of contact. It is also anticipated that the number of contacts that such claimants make would reduce through the knowledge and reassurance that there is someone who “deals with” their claim and, more generally, an increased confidence in the system.

From the evidence of this research, these three changes would be the most significant in helping to strengthen the BA/claimant partnership. Other, more minor changes, would allow some introduction of specific elements built within these recommendations, such as greater opportunities for claimants to receive advice about benefits they can claim; further efforts to improve access to benefit office staff; and improved co-ordination between BA sections for people claiming more than one benefit. In addition, many of the suggested changes to reduce non-compliance will also help to work in the same positive direction.

There is little doubt that there are more radical changes that would help to improve claimant roles within, and responsiveness to, the claim system. Greater simplicity of benefit rules and requirements and greater integration of benefits would be high amongst these. Certainly, any attempts that are made to reduce the number of times that claimants have to supply the BA with information, and the amount of information they have to supply, should have direct effects on the levels of non-compliance that occur.

One of the central aims of this research was to consider how customer service can be made more efficient by reducing unnecessary contacts without increasing running costs. In making the recommendations above, this latter requirement has not been ignored. Although many of the recommendations will require some additional input – and input of different forms – there is a belief that there will be a long term pay-off in terms of greater conformity with requirements. However, to some extent, this relies on an act of faith. There may therefore be value in piloting and monitoring the impact of some of the suggestions before considering their introduction on a national basis.
APPENDIX I  DESIGN AND CONDUCT OF THE RESEARCH

A brief description of the study design is given in Chapter 1. This appendix gives some further details of the research methods used.

The study design
The study was conducted using qualitative methods in order to provide in depth and exploratory information about the views and behaviours of benefit claimants.

The study was carried out among Benefits Agency customers, including long-term claimants and people whose claims had not yet been processed. All had had some form of recent contact with the Agency. The sample was selected in the catchment areas of four local benefits offices, three in England and one in Scotland. These were located in different regions and between them served two inner city areas, and two large towns.

Fieldwork was carried out in two stages. The first stage involved 36 individual interviews. This was followed by eight focus groups. The interviews were used to provide a detailed exploration of claimants' perceptions of their roles and responsibilities, and of the factors which determined their own behaviours in claiming benefits. The focus groups allowed more general discussion of these issues but also provided a forum for generating and assessing possible options for change.

The sample
The sample was purposively selected and designed to provide diversity across a range of variables. These divided into two groups:

* benefit related, covering
  benefit type, covering income related, contributory and disability benefits
  nature of recent transaction with the BA, covering broadly new claims and renewals, changes of circumstances and seeking information
  mode of contact, whether in person, by phone or letter
  whether action was "correct" or "incorrect" (in the view of the local office).

* socio-demographic, covering
  age
  gender
  whether living alone or with others
  ethnic background.

Sample selection
The sample was initially selected by staff at local Benefits Agency offices (for Income Support, Incapacity Benefit, Social Fund and some Retirement...
Pension claims) and from central Benefits Agency records (for Family Credit,
Disability Living Allowance and some further Retirement Pension claims).

Local office selection The samples were initially identified by local
offices after a short period of monitoring. The offices were asked to keep
records of claimants who engaged in some transaction or contact relating
to one or more of the six sample benefits, within the sampling period.
The information was recorded on pro-formas which included: the name,
address and where possible telephone number of the claimant; the type of
benefit; the nature of the transaction; and whether or not the contact was,
from the perspective of the office, correct or incorrect (see Chapter 2).

Central record selection Similar procedures were used to select samples
from central records of DLA and Retirement Pensions although it was not
always possible to apply the full range of selection criteria. For Family
Credit, a sample of recent claims or renewals was selected without further
monitoring. For all the central record samples, selection was made only
from addresses that fell within the catchment areas of the four local offices.

For both local and central selection, the benefit offices were asked to over-
sample by a factor of four. This allowed for further purposive selection of
the sample, facilitated clustering of interviews, and ensured confidentiality.
As far as was possible, each sample list met precise requirements in terms
of the combinations of types of benefit, types of transaction and correct
and incorrect contacts.

Individuals selected were then sent a letter by the DSS inviting
participation in the study. After a two week period, allowing withdrawal
for those who did not wish to participate, the sample records were passed
to SCPR. At that stage, a matrix of different combinations of benefit and
transaction characteristics was created, so that the sample would provide
maximum diversity in coverage.

The target sample was divided equally between the six sampled benefits
(with Retirement Pension claimants being divided evenly between those
from central and local office records) and between the four fieldwork areas.
It contained approximately equal numbers of people making claims or
renewals and seeking information, and slightly fewer changes of
circumstances (since these would not apply to Social Fund cases). The aim
was also to achieve a correct and an incorrect case for each type of
transaction in each benefit. The matrix also contained designated alloca-
tions of men and women, a range of age groups (from 18 and above) and,
in three of the areas, a small allocation of some people from ethnic
minority backgrounds. Information from benefits offices was used to
convert the specifications within the matrix into priority ordered lists of
selected names for further screening and recruitment.
The sample lists were issued to SCPR survey interviewers for further screening, where this was necessary, and to make arrangements for interviews and attendance at the focus groups. On each list issued, the interviewers were provided with names and addresses, ordered in the priority with which they should be approached and selected. This provided three allocated names for each 'cell' within the sample matrix. In cases where the first person allocated was either unavailable or unable or unwilling to take part, the second person listed was approached. These procedures were followed in order to ensure that control was maintained over the composition of the sample in terms of the key selection criteria.

For the 36 in-depth interviews, only seven of the first allocations could not take part in the study at the time required. Second allocations were used in all but one of these cases. For the focus group, more of the second or third allocations were used because people were either unable or unwilling to attend the groups at the specified times.

A profile of the achieved sample was shown in Chapter 2. Although there were small deviations from the allocations originally specified, it mirrors the target matrix on all the key selection criteria. It also provided approximately equal numbers of participants in each of the four study areas.

The interviews were conducted during August and early September 1996, the focus groups in late September. All the interviews and discussions were conducted by members of the research team. Two of the focus groups were attended by a member of the DSS Social Research Branch.

The interviews and discussions were interactive and exploratory in form based on topic guides. These were designed in close collaboration with the DSS. Copies are shown in Appendix II.

Individuals recruited for the focus groups were allocated to one of two groups, according to their age. Those who were aged over 45 were invited to the mid-afternoon group; those under 45 were invited to an evening group. The result of this was that there was a higher concentration of DLA, IB and RP claimants in the afternoon groups, and rather more FC, IS and SF claimants in the evening groups. Nevertheless, within each group, at least three and usually more of the six sampled benefits were represented.

Respondents who were individually interviewed were given a small payment of £12 in appreciation of their time and help in taking part in the research. Focus group participants were given £15 to cover any expenses in attending. All the interviews and groups were tape-recorded and transcribed verbatim.
The qualitative analysis was undertaken from the verbatim transcriptions using Framework, a qualitative analytic method developed at SCPR. After the identification of key topics and issues emerging from the data, the verbatim material was charted within a thematic matrix. The charts contained a synthesis of the verbatim text, with references to locations in the transcriptions. Seven subject charts were produced for each interview and focus group. For focus groups, the responses of individual participants were separately recorded. The charts covered the following topics:

* Contextual details (including household circumstances, benefits history and level of contact with BA)
* Approach to completing forms and experience of problems with forms
* Providing documents/ seeking information
* Reporting changes in circumstances
* Progress-chasing
* The balance of BA and claimant responsibilities
* The claimant agenda.

From these charts, a detailed within and between case analysis of each interview and focus group was carried out, from which the report was prepared.
• DSS Approach Letter to selected sample
• Topic Guide used for individual interviews
• Topic Guide used for focus groups
  (This was the same as the guide used for individual interviews, but with particular focus on Sections 9–13.)
Dear

YOUR VIEWS ABOUT BENEFIT DELIVERY

I am writing to ask for your help with a piece of research. The Benefits Agency would like to find out how to improve the service they provide in assessing and paying benefits. Your name has been selected randomly from Benefits Agency records.

Social and Community Planning Research (SCPR) are carrying out this study. They are independent of the Benefits Agency. An interviewer from SCPR may ask to interview you within the next week or two. They may call at your home or telephone you if you have a telephone. They will not have time to talk to everyone, so if you have not heard from them by the end of October 1996 you will know you are not going to be asked for an interview.

Anything you discuss with the interviewer will be treated as strictly confidential. The results of the study will be presented in such a way that neither you nor your family can be identified. No information about you will be disclosed to anyone. Your identity will not be divulged to anyone at the Benefits Agency.

Whilst this is a voluntary survey its success depends on the goodwill and cooperation of the public. The more people who agree to take part the more representative and accurate the information will be. However, if you do not wish to take part, for whatever reason, you can phone me on 0113 2327302 during office hours, or return this letter to Kailash Mehra at the above FREEPOST address (you do not need to put a stamp on the letter) by August 16th 1996. Whatever you decide I can assure you that it will not affect any dealings you have with the Benefits Agency either now or in the future.

I do hope that you agree to take part in this important study because your views are very important to help the Benefits Agency.

Yours sincerely,

Anne Harrop
Senior Research Officer

1. BACKGROUND

Age
Household composition
Employment activity
Current/last occupation
Nature of incapacity (where relevant)
Sources of income (i.e., benefits, maintenance, earnings, etc.)

Benefits/pensions
Benefits/pension currently received (including HB and CTB)
length of time received
how benefits are paid (i.e., order book, giro, directly to bank, etc.)

Benefits currently claiming (including any grants/loans recently claimed)

Whether previous periods of benefit receipt; when, which benefits

PART 1. CLAIMING AND RECEIVING BENEFITS: CURRENT EXPERIENCES AND PERSPECTIVES

Benefit Offices

- Which social security office(s) do they deal with for current benefits/claim. Check all benefits and whether local/central or both: obtain names they use for reference
2. RECENT EPISODES OF BUSINESS
Throughout this section particular attention should be paid to identifying and explaining contacts concerning
incomplete/incorrect application forms
providing supporting evidence or documentation
reporting changes of circumstances
seeking information/enquiring about progress of application/payment

• When did they last have contact with a benefits office
  which office
  when was it
  whether calling by phone by post
  whether initiated by claimant or office
  reasons for contact; why was it necessary (probe fully)
  account of what happened (if asked to put details in writing, check what
  information they had to provide)
  outcome; did they do what they had to do
  was outcome satisfactory from their perspective

• Was last contact part of longer episode of business:
  Obtain account of whole episode covering
  when it started
  number/form of contacts
  whether initiated by office or claimant
  what was it about; why was it necessary (probe fully)
  who dealt with
  whether now completed
  outcome
  whether outcome satisfactory from their perspective

• Whether had any other contacts with ……named offices in last three months.
  If so, repeat above to obtain accounts of previous episodes of business until
  sampled 'episode' is covered
  (NB If sampled episode is not clearly identified, or there are several, select
  another which is in the four categories above)

3. PATTERNS OF CONTACT WITH OFFICES
• Whether recent level of contact is usual/unusual; reasons

• How do they usually contact ……named offices i.e. calling at office by phone by
  post; reasons

• In general, would they describe their relationship with ……named office

4. FILLING IN CLAIM FORMS
• When did they last complete a claim/renewal form (if not already established);
  for which benefit (for new claims/renewals this should be sampled benefit)

• How did they approach it; Obtain account of what did including
  whether read it all through or started filling it in without reading it
  read accompanying notes
  completed it all at once or left sections to be done later
  checked it through when they completed it
  did they have any help, who from
  reasons for the approach adopted

• Whether this is their usual approach to form filling; If not,
  what do they usually do
  why did they approach the benefit claim form differently

• Whether had any difficulties in filling in the form
  what difficulties; what caused them
  what did they do to sort them out
  did they leave any questions/sections unanswered; reasons
  did they think of asking for any help with these; who from
  what did they think would happen about unanswered questions

• What would have made the form easier to complete
  have they filled in other benefit forms that were easier
  which; what made them easier

5. PROVIDING SUPPORTING DOCUMENTATION (For sampled benefit or most
recent claim or renewal)
• Were they asked to provide documents or evidence with their ……(sampled
  benefit)/most recent claim form (e.g. birth or marriage certificates, statements
  of bank/saving accounts; wages slips; business accounts)
  what were they asked for

• Were the documents requested on the claim form or later by the office
  was it clear on the claim form which documents they had to provide

• Did they send/take the required documents in with the claim form or later;
  reasons for action;
  If not sent with form; Did they explain reasons to ……named office why/why not
  did office ask for the documents to be sent in
  how long after did they send in the documents (no. of days/weeks)
  what happened then
6. STORAGE AND USE OF BENEFIT DOCUMENTS

- When they receive documents from the benefit office, what do they do with them?
  - do they keep them in a special place
  - where do they keep them
  - can they find them easily if they need to
  - how long do they keep them

- Do they usually read the information they are sent by the benefit offices (letters, leaflets etc)?
  - how thoroughly (just glance at them, read them through, etc)
  - how easy do they find them to understand
  - what are the difficulties

7. REPORTING CHANGES OF CIRCUMSTANCES New claimants, not in receipt of any benefits or pensions, skip to Section 8

Ask in relation to sampled benefit. If sample benefit is the Social Fund, ask in relation to IS

- Do they know what changes of circumstance they have to report?
  - which, how do they know this
  - why do they have to report them
  - if receives more than one benefit: are the changes they have to report different for different benefits; how do they differ?

- If they were unsure about whether a change had to be reported, what would they do?
  - how would they find out
  - do they have any documents that they could look up to find out
  - which, where do they keep them

- Have there been changes they should have reported but didn't; reasons for non-reporting; what happened

- Have there been changes they reported later than they should have done; reasons; what happened

- How important do they think it is to report changes of circumstances?
  - what do they think happens if they don't report key changes
  - what do they think the consequences might be

- Have they been asked to provide supporting evidence/documents when reporting a change of circumstance?
  - which documents
  - why were they needed
  - whether any difficulties in assembling or providing
8. SEEKING INFORMATION/ENQUIRIES ABOUT PROGRESS

- Identify, from previously discussed, an occasion when they contacted ... named office to:
  - find out what was happening to a claim or payment
  - ask a question or get information
  - make some other enquiry

- Obtain account of what happened
  - when did they do this
  - what was it about
  - why did they feel it was necessary (probe fully)
  - what was the outcome
  - how did they feel about it

- If to get information: could they have got the information in some other way; why didn’t they

- Have they done this before
  - If no: why was it necessary on this occasion
  - If yes: why do they feel they need to keep doing it.

- In general, do they feel that benefit offices need to be ‘chased’/’kept on their toes’ why do they feel this
  - do they think they should have to ‘chase’ the benefit office
  - what should be done to overcome this
  - are there ways in which claimants could help

PART II. ROLES AND RESPONSIBILITIES OF CLAIMANTS

9. CLAIMANT ROLES

Many of the staff in the Benefits Agency and its social security offices spend a great deal of time and money dealing with peoples’ applications for benefits and making sure that the benefits are properly paid. Some claims are dealt with quickly and smoothly, others cause more problems.

- What do they think helps claims to be dealt with quickly and smoothly
  - Probe (where necessary) whether this is done by BA or claimant

- And what do they think causes problems or slows things up
  - Probe (where necessary) whether this is done by BA or claimant

- Whose responsibility is it to make sure claims go smoothly- the claimants or the BA’s?
  - Where do they think the main responsibility lies; reasons

- Thinking of what they have just said about the things that claimants can do to make things go smoothly, would they describe themselves as a ‘good’ claimant or a ‘bad’ claimant
  - reasons for being ‘good’/’bad’
  - how could they be better
  - what could the BA do to help them be better

- If claimants did more to help the BA, what would be expected in return from the BA
  - would they expect a better service; in what way

10. CLAIMANT RESPONSIBILITIES

- If they had to draw a balance showing where the weight of responsibility lies for making things go smoothly with a claim, where would they place themselves/ the BA
  - Ask respondent to draw a balance scale placing themselves and the BA and to explain what they have drawn
  - should it be more evenly weighted; how

- Ask respondent to look at the pack of ‘responsibilities’ cards
  - I’d like you to look at these cards which describe various things that have to happen in the course of claiming and paying benefits. For each I’d like you to think whether you feel this is
  - a claimant’s responsibility
  - the responsibility of the benefits office
  - or a bit of both

TG/revised on 9/12/96/ page 6

TG/revised on 9/12/96/ page 7
Please sort these cards into three piles in this way.
When the cards are all sorted, ask them to read out the item and say why they put it in the pile they did.

Making it clear what information is needed for a claim
Making sure all the information needed for a claim is provided
Making sure all the information needed for a claim is accurate
Proving that the information provided for a claim is correct
Obtaining all the supporting evidence/documents for a claim
Making sure all the evidence/documents needed for a claim are produced as quickly as possible
Making sure that the claim is being dealt with as quickly as possible
Making sure that the right amount of benefit is being paid
Making sure that payments are made at the right time
Making it clear what changes of circumstances have to be reported
Reporting changes in circumstances
Checking on changes of circumstances

11. ACCURACY AND FULL REPORTING

- What do they think should happen if people don't give all the information needed when they make a claim?
  - should there be any penalties
  - is there anything that would encourage claimants to do this
- How do they think claimants would react if their claims were not processed until all the information needed was available?
  (Explain that this would also mean that the start date of being paid would also be delayed, without back payment)
- And what do they think should happen if people don't inform the BA of changes to their circumstances?
  - should there be any penalties
  - is there anything that would encourage claimants to do this

12. CLAIMANTS' RELATIONSHIPS WITH THE BA/DSS

- How would they describe their relationship with the BA/DSS?
  - What one word would they use to sum it up?
- How do they see themselves in relation to the BA?
  Ask respondent to draw a picture showing how they see themselves in relation to the BA (if respondent cannot think of anything to draw, ask them to draw the scale again). Ask them to explain their drawing.

13. SUGGESTED CHANGES

As explained at the beginning, the Benefits Agency and the DSS are looking at ways to improve the costs and efficiency of dealing with claims and payment of benefits. They want to find ways of helping claimants to play their part in the process as well as possible so that problems with claims are avoided and payments can be made quickly and on time.

- Can they think of anything else that could be done to make things run more smoothly?
  - that the BA can do
  - that claimants can do


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<td>0 11 762077 7</td>
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<td>Invalidity Benefit: A Survey of Recipients</td>
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