

Department for Work and Pensions

Research Report No 568

# **Summary report on the potential causes of lower overall satisfaction from non-white customers and customers with a long-term illness or disability**

**Richard Stockley, Sinead Lawless and Zoe Slade**

A report of research carried out by BMRB Qualitative on behalf of the Department for Work and Pensions

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# The Authors

**Richard Stockley** Associate Director, joined BMRB recently from Ipsos where he worked closely with the Department for Work and Pensions (DWP) specialising in communications research, policy evaluation and engaging with hard to reach audiences. Recently he has conducted a large scale deliberative study for the Department, examining employers' reactions to DWP's strategic priorities and how, in the future, DWP can work more collaboratively with employers to tackle these. Alongside this, he was also recently part of the team which undertook an extensive deliberative study which examined the future challenges facing the Department and how it might need to respond to these. Additionally, he has managed a qualitative study for the Department investigating communications with customers over 60.

Richard graduated from the University of Surrey with an MSc in Social Research Methods and has a BA in criminology. He is a member of the Association for Qualitative Research (AQR).

**Sinead Lawless** is a Research Executive in the BMRB Social Research Qualitative Unit. During her time at BMRB, Sinead has managed and worked on several projects, mainly for official bodies such as the Food Standards Agency, Department for Work and Pensions, eaga PLC, BBC, the Ministry of Justice and the Law Society.

Sinead graduated from the University of Brighton with a BA Hons in Retail Marketing. Sinead conducted a dissertation looking at 'Ethics in the UK Fashion Industry'.

**Zoe Slade** is a Research Executive within the qualitative unit of BMRB Social Research. Since joining the team she has been involved in a variety of projects covering a range of issues. One of Zoe's recent projects she was involved in was a study carried out for the Home Office, to help inform the development of the British Crime Survey. The research set out to explore how young people understood crime and victimisation.

Zoe holds an MSc in Social Research Methods and BSc in Sociology from the University of Surrey.

# Glossary

<b>Attendance Allowance (AA)</b>	Attendance Allowance is a tax-free benefit paid to customers, aged 65 or over, who need help with their personal care because of an illness or disability.
<b>Carer's Allowance (CA)</b>	Makes a contribution to the financial needs of people who, for 35 hours a week or more, care for severely disabled persons in receipt of Disability Living Allowance or Attendance Allowance. Administered by Disability and Carers Service.
<b>Council Tax Benefit (CTB)</b>	This is the means-tested benefit available to help cover the costs of Council Tax. It is available to both people renting and owner-occupiers.
<b>DCS</b>	Disability and Carers Service now forming part of the Pension, Disability and Carers Service.
<b>Disability Living Allowance (DLA)</b>	Disability Living Allowance is a tax-free benefit paid to customers, who claim before their 65th birthday, who need help with their personal care because of an illness or disability. Administered by Disability and Carers Service
<b>DWP</b>	Department for Work and Pensions.
<b>Housing Benefit (HB)</b>	This is a means-tested benefit paid to tenants or their landlords to help meet their rent.
<b>PDCS</b>	The Pension, Disability and Carers Service is a new executive agency of the Department for Work and Pensions formed in April 2008.

<b>Pension Credit</b>	Pension Credit is an entitlement for people aged 60 or over which was introduced in October 2003, replacing the Minimum Income Guarantee. It provides a guaranteed income for pensioners and rewards those who have saved for their retirement. Administered by The Pension Service.
<b>Pension forecasts</b>	A State Pension forecast informs customers of: <ul style="list-style-type: none"><li>• the amount of State Pension they have earned already;</li><li>• the amount of State Pension they can expect at State Pension age based on what they have earned already and what they might earn before reaching State Pension age.</li></ul>
<b>State Pension</b>	State Pension is paid to entitled people who claim it having reached State Pension age. It is based on National Insurance (NI) contributions. Administered by The Pension Service
<b>TPS</b>	The Pension Service now forming part of the Pension, Disability Carers Service.
<b>Vaccine Damage Payments</b>	Vaccine Damage Payments are one-off, tax-free payments made to people who have suffered severe disability as a result of vaccination against certain diseases. Administered by Disability and Carers Service.

# Summary

A qualitative study was undertaken by BMRB Social Research with customers with a long-term illness or disability, who did not speak English as their first language and non-white customers. These customers had expressed dissatisfaction with the service they had received from The Pension Service (TPS) and/or Disability Carers Service (DCS). The interviews were conducted throughout the South of England, the Midlands and the North of England between October and November 2008. A summary of the key finding follows:

## **Awareness**

- Customers across all groups included in the research had varying levels of knowledge about available benefits and the claims process. There was a greater degree of knowledge among those customers who had previous experience of claiming benefits.
- Existing customers of the Department for Work and Pensions (DWP) were more likely to utilise a telephone helpline when making a claim to a new benefit whereas new DWP customers were more likely to rely on external sources.

## **Access**

- There were a number of barriers that both non-white customers and customers with a long-term illness or disability identified as most likely to affect a claim. These were: providing accompanying information/documents, providing what some customers often perceived to be unnecessary information, lost documents, language barriers (non-white customers only), filling complex forms and trying to avoid stress (customers with long-term illness or disability only).
- Dissatisfaction among non-white customers was closely related to problems that TPS or DCS staff had in understanding their accent and minor problems around providing personal documentation. There was also a perception by some that customer advisors either did not want to or did not like dealing with customers who had strong accents or who had broken English.

- For customers who defined themselves as having a long-term illness or disability, their capacity to deal with the additional stress of a complicated application process was directly related to their levels of dissatisfaction, as was their ability to perform the application process tasks.<sup>1</sup> In addition to this, disagreement over what constituted a long-term illness or disability between the customer and DCS also negatively affected satisfaction.

### **Application process**

- The lack of awareness surrounding the range of application methods available for individual benefits affected the claim method customers chose to use, as would be expected.
- For those customers with limited mobility, the need to obtain documentation that required the customer to travel away from home, (for example, to obtain a Doctors statement) was regarded as a significant barrier to making a claim.
- Pension Credit customers were happy to provide personal information, but reluctant to provide specific detail relating to their spending habits. Concerns over documents getting lost in the post and issues over data security were also raised.

### **Information provision**

- Customers with long-term illnesses or disabilities also often utilised information provided by healthcare professionals such as doctors, carers and hospital staff as well as from other social services.
- Other sources popular with customers were friends, family, the Internet, television and print media such as magazines and newspapers.
- A range of external sources, such as Jobcentre Plus, Age Concern, local libraries and local voluntary organisations, emerged as a first point of contact for many new customers. These customers tended to have low levels of experience in claiming benefits and were seeking information on entitlement to benefits, including those administered by TPS and DCS, but also benefits such as Income Support (IS), Housing Benefit (HB) and Council Tax Benefit (CTB).
- All staff, regardless of which customer helpline contacted, were considered to be polite and helpful most of the time, but some non-white customers thought that customer advisors did not adequately understand what the customer was saying. In addition, there was some variability in the quality of information provided by staff.

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1 The customer status of having a long-term illness or disability was self-defined and taken from the survey conducted in 2007. A detailed explanation of this definition can be found in the background section on page 2.

## Recommendations

- There was a range of suggestions made that would improve the application process. These were:
  - where customers had experienced a particularly difficult journey, with a need to make frequent contact, changing the helpline numbers to 0800, 01 or 02 could help reduce the cost burden on them;
  - ensuring that promised callbacks were made and that customer expectations regarding the time needed to resolve issues are realistic and reasonable;
  - making sure letters are clear and concise;
  - making sure forms are clear, concise and do not collect unnecessary data;
  - joined up government databases, to reduce the need for the customer to replicate data gathering exercises;
  - where making a claim is difficult, all customers, irrespective of what benefit they are making a claim for, would like to see greater availability of face-to-face meetings;
  - increasing claim continuity by providing each customer with a personal account handler or account manager.



# 1 Introduction

## 1.1 Background

In 2007, BMRB quantitative were commissioned by the DWP to conduct a survey with customers who had contact with TPS. Interviews were conducted with 2,392 individuals between December 2007 and February 2008 in their home, by interviewers using Computer Aided Personal Interviewing (CAPI). The majority of customers interviewed were current pensioners between the ages of 60 and 65. Just over half of customers (54 per cent) interviewed considered themselves to have a long-term illness or disability. Eight per cent of customers were from ethnic minority groups and six per cent of customers said that English was not their first language.

The overall aim of the survey was to measure customers' experience of, attitudes towards and satisfaction with TPS. This survey was a follow up to previous studies conducted in 2005 and 2003, and was carried out to identify progress in this time period.

One of the key findings of the 2007 study was that customers with a long-term illness or disability and non-white customers tended to have lower levels of satisfaction. While there were relatively high levels of satisfaction overall, customers with a long-term illness or disability were less likely to be satisfied with TPS overall (83 per cent compared to 87 per cent of customers without a long-term illness or disability). Non-white customers said they were less likely to be satisfied with TPS overall (77 per cent compared to 86 per cent of white customers), with customers who did not speak English as their first language saying they were less likely to be very satisfied (42 per cent compared to 58 per cent).

To gain deeper insight into some of the issues that were causing lower levels of satisfaction within these sub-groups, BMRB were asked to conduct qualitative research to explore possible factors.

The research focused on existing customers. who had stated in the 2007 study that they were happy to be re-contacted for the purposes of further research and who were currently claiming or applying for a range of Pension Service or DWP

administered benefits. These customers could be broken down into the following sub-groups:

- those who were from an ethnic minority group (some of whom who had English as a second language);
- those who were from an ethnic minority group and spoke English as a second language;
- those who considered themselves to have a long-term illness or disability;
- those who considered themselves to have a long-term illness or disability and were also from an ethnic minority group;
- those who considered themselves to have a long-term illness or disability, were also from an ethnic minority group and spoke English as a second language.

Customers with a long-term illness or disability were not drawn from benefit records, but were self defined. The 2007 survey asked customers:

*'Do you have any long-standing illness, disability or infirmity? By 'long-standing' I mean anything that has troubled you over a period of at least 12 months, or that is likely to affect you over a period of at least 12 months?'*

By answering yes to this question, these customers defined themselves as having a long-term illness or disability; they were selected into the sample for the qualitative work on this basis. The question itself is a standard harmonised question developed by the Office for National Statistics (ONS) and DWP that has been used on numerous occasions by BMRB on various surveys for government departments including DWP.

## 1.2 About The Pension Service

TPS is part of the Pension, Disability and Carers Service (PDCS), an executive agency of the DWP, which was established on 1 April 2008. TPS aims to provide information on and deliver pension-related benefits and entitlements such as the State Pension and Pension Credit, to current pensioners, and their representatives. It aims to provide a seamless, holistic service through joint working with other statutory and voluntary organisations.

As well as dealing with those currently receiving pensioner benefits, TPS also provides pension-related information and advice to future pensioners, such as forecasts of likely pension entitlement.

Since 2005, TPS has delivered the majority of its service functions through Pension Centres, mainly through telephony. This enables TPS to provide a more efficient, high quality service allowing more customers to have their application for benefits managed within one phone call.

Local Service provides a face-to-face channel of contact for the most vulnerable customers, including the eldest and those with a long-term illness or disability or health problems, who may find it difficult to contact organisations like TPS in the usual way via telephone or post. It operates in the community offering home visits along with appointment-based Information Points in places that customers are familiar with, such as local libraries and community centres.

In addition to this, Local Service has been actively developing a network of services in the community including the creation of Joint Working Partnerships with local authority staff (primarily CTB/HB and Social Care/Supporting People Financial Assessment staff) and, where possible, voluntary sector staff. The aim is to operate as one team, undertaking a single visit, in an holistic manner, covering all benefit and financial-related activities with the customer.

### 1.3 About Disability Carers Service

DCS is part of the PDCS, established on 1 April 2008 and an executive agency of the DWP. DCS provides financial support for more than five million disabled people and carers through the administration of:

- Disability Living Allowance (DLA);
- Attendance Allowance (AA);
- Carer's Allowance (CA);
- Vaccine Damage Payments.

The DCS main customer groups are children, people of working age, pensioners and disabled people and their carers. Customers can make contact with DCS by phone, email or post. Telephone contact can be made via the Benefit Enquiry Line (for general advice or information about benefits for disabled people), Disability Allowance and Attendance Allowance Helpline, Carer's Allowance helpline and the Vaccine Damage Payment Line.

Face-to-face contact is also available to customers, with some DCS offices having caller facilities. In addition to this, customers can also contact DCS via their local Jobcentre Plus office and TPS which provides a face-to-face service in locations convenient to the customer.

### 1.4 About the Pension Disability Carers Service

On 1 April 2008, the DWP officially launched a new agency, the PDCS, made up of two of its existing agencies, TPS and the DCS.

The two existing agencies will continue to operate under their existing names and their customers will continue to receive services from them as they do now. Over 50 per cent of the DCS customers are also customers of TPS.

## 1.5 Aims and objectives

### 1.5.1 Research aim

The research explored customers' experiences of applying for, and claiming, TPS and DCS benefits, with the aim of providing findings that could be used by TPS to improve future satisfaction levels among customers with long-term illness or disability and non-white customers. The research specifically sought to understand the issues that had led to dissatisfaction and had three core objectives:

- Identify burdensome areas in terms of time, cost and frustration that customers face when making or updating a claim through TPS or DCS and generate recommendations for these areas.
- Assess the extent to which customers understand the claim process.
- gain a broader understanding of customers' perceptions of the claim process.

## 2 Methodology

### 2.1 Methodology and design

BMRB conducted a series of face-to-face qualitative interviews in October and November 2008 with customers with long-term illnesses or a disability and non-white customers who had stated in previous quantitative research conducted by BMRB, that they were dissatisfied with the service they had received from TPS. This qualitative approach enabled a deeper exploration of the range of issues that may have influenced dissatisfaction among customers with long-term illnesses or a disability and non-white customers than was possible with the existing quantitative data.

### 2.2 Sample profile

The sample was designed to ensure full coverage of key groups within the target sample. To achieve this, the sample was purposely selected to reflect diversity in terms of gender, geographical location and whether the customer had a long-term illness or disability, or were part of a non-white group.

A total of 30 respondents were interviewed. An even mix of males and females were recruited and a geographical spread was achieved covering areas in the Midlands, London, South East and South West. The respondents were aged between 60 and 86 years with the exception of one appointee who was aged 39.

Due to a limited number of potential non-white customers in the sample, it was not possible to achieve the target quota of 15 interviews with this group. The final breakdown achieved was as follows:

- 11 non-white customers (of which four had English as a second language);
- 19 customers with a long-term illness or disability (of which six were non-white).

An introductory letter was sent out to all potential respondents within the sample who had stated they were dissatisfied with the service they had received from TPS and who were non-white and/or had a long-term illness or disability. There

was an opt-out period during which respondents could contact TPS or BMRB to inform them they did not wish to take part in the research and, therefore, would be removed from the sample. A freepost address and freephone number were provided to enable people to opt out at no cost to themselves.

Once the opt-out period had closed, telephone recruitment started. This involved specialist telephone recruiters screening customers over the phone to ensure they met the criteria; with those who did being invited to take part in the research.

### 2.3 Conduct of interviews

All the interviews were exploratory and interactive so that questioning could be responsive to the experiences and circumstances of the individuals involved. They were based on a topic guide which outlined the key themes and specific issues to be addressed.

Although topic guides ensure systematic coverage of key points in interviews, they are also adaptable enough to allow issues relevant to particular respondents to emerge. Interviews lasted approximately 60 minutes.

### 2.4 Analysis of findings

Verbatim transcripts, produced from digital recordings, were subject to a rigorous content analysis (Matrix Mapping), which involved systematically sifting, summarising and sorting the verbatim material according to key issues and themes within a thematic framework. These analytic charts formed the basis of the evidence reported here.

Adopting a qualitative approach made it possible to report on a range of views, experiences and suggestions elicited from participants. While many of the issues encountered by customers were generic and would have been experienced regardless of non-white or disability status, the analysis attempted to draw out the key aspects affecting dissatisfaction that were specific to these groups.

### 2.5 About qualitative research

It is important to note that the methods employed in this research were qualitative in nature. This approach was adopted to allow for individuals' views and experiences to be explored in detail. Qualitative methods neither seek, or allow, data to be given on the numbers of people holding a particular view nor having a particular set of experiences. The aim of qualitative research is to define and describe the range of emergent issues and explore linkages, rather than to measure their extent.

## 3 Findings

### 3.1 Key influencing factors

The 2007 quantitative survey, conducted by BMRB, revealed that there were a number of central factors which were key in lowering levels of satisfaction among all customers. These were:

- not having their enquiry dealt with promptly;
- not being provided with correct information regarding the enquiry;
- not being responsive to the customer's needs;
- not being told what would happen next in relation to their enquiry;
- the enquiry being unresolved.

However, a number of issues, related specifically to customers with a long-term illness or disability and non-white customers, emerged during the course of the research.

#### **3.1.1 Customers with a long-term illness or disability**

Low income was a key issue for customers with a long-term illness or disability. These customers felt they were most in need of the financial benefits that both TPS and DCS could provide, but were also the most anxious about the costs involved in applying. Many felt they did not have sufficient income to survive and had to limit necessities such as heating or food.

Where a disability severely impacted on a customer's ability to lead a normal life, having to deal with and rectify mistakes made by government departments and/or poor service was perceived to be far more stressful than for customers who did not suffer a disability.

Customers with conditions that could be triggered by stress were often under medical advice to avoid these situations on all accounts. As a result, these customers were less likely to follow-up unprocessed or incorrectly processed claims (relating to disability or pension benefits) and were more likely than customers without

these conditions to accept there would be no additional income even if they felt they were entitled to it.

*'My Dr. told me, "I know life is difficult but make sure you're stress free". I've got enough problems with the doctors and NHS at the moment because that's my first priority, my health, I can not be getting upset over this.'*

(Male, non-white, disabled, 65, Pension Credit)

Additionally, those customers whose conditions caused confusion or forgetfulness felt that the application process could result in them becoming distressed when dealing with complicated issues, This made them less likely to try and engage in the application or appeals process.

### **3.1.2 Non-white customers**

Of the 11 non-white customers interviewed, none were born in the UK. Many of the problems experienced by the non-white group were broadly similar to those experienced by those with a long-term illness or disability, or other TPS customers where satisfaction was an issue.

Initially, customers without English as a first language did not state that they thought customer advisors had difficulty in understanding them, and data collected in the 2007 survey did not highlight this as an issue. However, with further probing it became apparent that some non-white customers felt that if they had a strong foreign accent this could lead to staff having difficulty in understanding them correctly. This could impact on their ability to communicate effectively. While these customers were able to speak and understand English to a high level, their strong accent emerged as a factor that hindered communication.

Generally, an inability to understand the English language did not emerge as a key barrier to satisfaction. None of the customers' English was at a level where they would have needed to use a translation service. However, some did feel that their level of English might not have been sufficient to confidently converse with the staff at TPS or DCS, especially over matters which were complicated or unique. However, indications were that this was an issue of lack of knowledge relating to government systems and terminology rather than poor command of the English language.

While these non-white groups did have some problems in accessing some personal documentation (e.g. birth certificates), this did not seem to be a major problem for them in progressing their claim. However, some felt that there was a presumption that this information would be easy for them to source.

The 2007 survey uncovered that non-white customers experience lower levels of satisfaction if they had to contact TPS five or more times. This research did not uncover any variance between white and non-white customers in this regard, with all customers interviewed stating that repeated contact was likely to make them less satisfied.

## 3.2 Knowledge of claiming benefits

Customers' previous experiences of claiming fed directly into the level of knowledge they had of benefits available and awareness about the application process. When a customer's initial contact in the application process was with TPS, it was more likely that these individuals had a history of making claims, compared to those customers who made the initial contact through other means. This was consistent whether the previous claims were for other benefits administered by TPS, DCS or those not related to age or disability such as IS. For these customers, the organisations through which they claimed their existing benefits were considered an effective means of signposting for other benefits to which they may be entitled. New customers took a more active role, researching and collecting information by going on the Internet, reading leaflets or talking to friends/advisors before making first contact with TPS or DCS.

### 3.2.1 Contact resulting from existing claims

Often, when making contact with TPS or DCS, customers were not attempting to start a new claim, instead these customers were usually trying to resolve queries relating to existing claims and were advised of the possibility of other benefits they may be entitled to. Other customers had made contact as a result of receiving a pension forecast and were advised there may be a possibility of entitlement to other benefits. Some customers said they had received a letter from The Pension Service asking them to get in touch.

*'Well I had a letter to say to phone them up [...] The guy there was very pleasant, very helpful, went through all sorts of things and he said, I think you should be eligible for Pension Credit, I don't see why you shouldn't qualify for Pension Credit.'*

(Male, disability, 64, Pension Credit)

### 3.2.2 New customers

Existing pensioners who had little or no previous experience of the benefits system took a more active role in finding out further information before reaching the stage of first contact with TPS. The use of the Internet and typing the words 'Pension' and 'Pension Credit' into a search engine was a popular way of increasing knowledge relating to possible benefits they were entitled to.

*'I don't think anyone actually told me to go on it [the Internet], but it's just that, I thought well there must be something on the Internet about this...I mean if you go onto Google and you type out pensions you know.'*

(Male, disability and non-white, 69, Pension Credit)

Other establishments considered convenient, such as local libraries, were first points of contact for customers applying for State Pension and existing pensioners applying for Pension Credit, who wanted to try and collect additional information relating to their entitlement.

*'We had a couple of friends who were deaf and they managed to get some money, they were comfortable, they had a house, how come they can get it and I can't? So I went investigating, I started, where can I find people to help me out, so I went to the library which is just around the corner.'*

(Male, disability, 75, DLA)

All customers, but especially those who were approaching or in early retirement, or had recently developed a long-term illness or disability, collected information booklets from places such as the post office, doctor's surgeries, hospitals and Jobcentre Plus as well as libraries. A feeling that they needed to stay knowledgeable regarding benefits and keep up-to-date with any changes which may occur was important.

*'I try to keep up-to-date with everything because the rules and regulations are changing all the time.'*

(Female, disability, 60)

### **3.2.3 Current claims**

A number of different benefits were being claimed by customers including:

- State Pension;
- Pension Credit;
- AA;
- DLA;
- Mobility Allowance;
- CA;
- CTB;
- HB.

The need for financial assistance to support a minimum level standard of living was a key concern for all customers. Having to stop work early and retire due to disability or illness led to a reduction in the financial security of the customer. Customers who had previously been in a comfortable financial situation found that having to stop work suddenly often caused additional financial problems, due to the need to get financial or business matters resolved quickly.

Reluctance to stop work due to money worries was apparent among customers who, on the whole, had all worked hard for most of their lives. Some customers who were in their early 70s recently retired while others past retirement age were still working part-time. A desire to be able to continue working and supporting themselves was evident and, as mentioned earlier, had an impact on customer's low levels of previous experiences of claiming benefits and a lack of knowledge in this area.

Encouragement from advisors to make claims for certain benefits was another key reason affecting customers' decision to look for further financial support. These advisors could represent either TPS or DCS or be from another governmental organisation. They could also be an external advisor, such as Department of Health (DoH), Citizens' Advice Bureau, Age Concern or other charities. After a customer had received this sort of encouragement from a trusted advisor, this created a sense of entitlement to the benefit in the individual which could impact on satisfaction were the application refused.

### 3.2.4 Sources of information

TPS was not seen to be a first point of contact for information by all customers. Those with low levels of knowledge and little experience of claiming benefits often had a low level of awareness relating to TPS and what they did. Therefore, they did not consider using these sources in the initial stages of a claim. Those who had previous negative experiences with TPS or DCS were reluctant to use these as a first point of contact as a result.

Where the customer already had knowledge of the benefits system and considered DCS or TPS to be a trusted source, the telephone helpline could be a first choice for information. Customers who understood the relationship between each service and the benefits it administered, primarily as a result of previous contact with DCS or TPS, frequently made the telephone helpline their first point of contact.

A variety of alternatives emerged as significant sources in providing customers with information about benefits. These included charitable organisations, friends and relatives, television, print media and hospitals. Relatives and friends who were claiming certain benefits themselves, or simply had a higher level of knowledge about particular benefits, were vital in passing on information to customers, advising them on possible forms of help.

*'You know people talk to you and they say oh well I get this and I get that, I think I am not getting any of these things, perhaps I could.'*

(Female, disability, 65, Pension Credit and DLA)

Personal circumstances affected how information about benefits was acquired. For customers who had a long-term illness or disability, doctors, nurses or helpers within the hospital provided information about what benefits they may be entitled to, often recommending the next steps they needed to take to progress the claim.

*'It was when I was actually in hospital and one of the nurses said to me you know, you should, why don't you claim, you should be able to get some help.'*

(Female, disability, 61, Disability Benefits)

There were a range of other organisations used as a first point of contact towards getting some help. Customers who had a very limited awareness of benefits relied on organisations such as Age Concern, Jobcentre Plus, local libraries and

voluntary organisations, where representatives from TPS or DCS offered support and advice face-to-face. In some cases, the friends who provided information on customers' eligibility of certain benefits also directed them where to go for further information.

*'I didn't claim you know, [Joe] said you need to go to the job centre, and just get in and apply he said, you might find a job, at least you will get some pocket money, so I said well, he was the one that come with me and [...] then we came back home and make a phone call.'*

(Male, disability and non-white, 63, Pension Credit)

Television and print media also increased customers' awareness by highlighting certain benefits and additional information such as being able to defer their pension until they wished to start claiming at a later, more convenient, time.

While non-white customers did not express a preference for a particular channel for sourcing information, those with long-term illnesses or disabilities were more likely to display a propensity towards using certain advisors, such as healthcare professionals, or age-related charities.

### **3.2.5 Customers with a long-term illness or disability**

Those customers who self-defined themselves as having a long-term illness or disability were more likely to seek information regarding their claim from a medical or support source than those who did not. These could be customers who were seeking information on a range of non-disability-related benefits as well as those that related specifically to their long-term illness or disability. Often these services or individuals offered customers advice about eligibility and influenced how the claim progressed. Depending on who the customer spoke to, they could either be given a form to fill in straight away or be provided with a telephone number to take away and make further enquiries.

*'The lady at [the hospital], she got the necessary forms for us to fill in.'*

(Male, disability, 65, Pension Credit)

As well as healthcare professionals, customers with a long-term illness or disability were also more likely than other customers to rely on help from other support sources such as Jobcentre Plus, Age Concern and other charities and carers.

## **3.3 General areas of dissatisfaction**

There were consistent threads of dissatisfaction among customers, found in the data gathered from the 2007 survey, which were not specific to those customers with a long-term illness or disability or non-white customers. The issues noted here were discussed frequently by both customer groups examined in this research and could have a significant impact in improving satisfaction levels for all customers.

### 3.3.1 Insufficient benefits

Customers expressed differing levels of satisfaction with the income provided by the benefits that they were claiming. Customers whose income was not supplemented by other sources, such as a private pension or savings, tended to express the lowest levels of satisfaction in this regard. Many customers felt their benefits were not enough for them to live on and that the Government should provide more adequate support for those in old age or with a long-term illness or disability.

Often, Pension Credit customers said that they felt that they had put a lot into the system over their working life but were now getting very little out, especially when compared to the benefits others were perceived to be receiving. This feeling was often driven by the current economic climate and the perception that costs were rising, with benefits not keeping pace.

*'I've worked for 40 years, my wife has worked during her life, we have put a lot into the system and get nothing in return. It seems you have to be clever to get money of the system, not honest'*

(Male, disabled, 64, Pension Credit)

### 3.3.2 Cost of making an application

While TPS and DCS offered some freephone numbers, often customers had to make contact through numbers that were not free. Customers who were on a low income or who had to make a high number of calls to TPS or DCS felt the telephone number for customer advisors should be a free or at least a geographical number (e.g. starting 01 or 02) to take advantage of inclusive call packages that come with landline and mobile phones. These customers felt they had spent a lot of their time making calls and being on hold (sometimes due to inefficiency) and that it was not a cost they should have to bear. They also did not consider TPS to be proactive in offering a call back service and many of those who were offered a call back never got one and had to make a further call at their own expense.

The cost of sending documents to TPS or DCS was also one that customers felt they should not have to cover, especially when they were having to resend a document after it had been lost or mislaid by TPS. Customers on a low income felt that having to send documents by recorded delivery was a cost that TPS or DCS should bear from the outset. However, if a customer experienced repeated requests for documents or there were a high number of requests, then income became less of an influencing factor with all customer groups stating that TPS and/or DCS should bear the cost. While the customers did not have to send their documents by recorded delivery, due to the sensitive nature of what they were sending, they often felt this to be the safest method. This was particularly true for customers who had sent documents to TPS or DCS only to be told they had not been received.

### 3.3.3 Lack of dedicated team or staff members to handle claims

Those customers who experienced a complex or difficult application, often felt they had been unsupported when making their claim. These customers felt that this could be rectified by having an account manager or regular contact. There was also a suspicion that staff did not want to take ownership of a call that was problematic, either because they were not trained deal with the issue, or they did not want the burden of taking it on. This led customers to believe they were being 'brushed off' which added to their dissatisfaction.

*'I think the situation should be made a lot simpler, you should be able to talk to one person and they have all the information in front of them, rather than being transferred from one department to another.'*

(Female, Disabled, 66)

*'Whoever you talk to, if it's on a different subject then, "oh I am not trained on that, I only do this sort of pension", "I only do that sort of pension" or "I only deal with this benefit" or "I only deal with that". Nobody seems to know the whole package.'*

(Female, disabled, 60, Pension Credit)

### 3.3.4 Automated telephone systems

Finally, when contacting TPS or DCS customers found the process of using the automated telephone system time consuming and costly, with some customers unsure as to how to use the system and preferring a more traditional system or having a direct extension number to call. The cost of making calls to the automated telephone system was not flagged as a significant issue in the 2007 survey, where customers were more concerned with the number of times the customer had to speak to TPS and the length of time it took to resolve their query. Indeed, it is recognised that TPS has limited automation at present. However, discussion around the additional cost of making an application did emerge as an issue during depth interviews, as previously discussed, and was likely a result of the propensity of these customers to have had a particularly complex claim or an ability for them to cover the issues in greater depth.

## 3.4 Providing documents

Customers were generally happy to provide personal information about themselves. Even if some customers were a little reluctant at first.

*'I think in a way I have discovered that if you don't have anything to hide, well it's alright [providing documents].'*

(Female, non-white, 60, State Pension)

Details of actual earnings were not regarded as too sensitive to provide. However, customers were uncomfortable about showing what they actually spent their money on. Requests for some Pension Credit customers to provide receipts detailing spending to resolve issues relating to deprivation of capital was seen to be intrusive and these customers could not understand why this sort of information was required.

*'It was very invasive...they nearly want to know what you are doing with your last penny and it's wrong...they make you feel like you shouldn't even be having what you're claiming.'*

(Female, disability, 66, Pension Credit)

Sending off original documents was a key concern for customers, and many stated that they were reluctant to send the originals and would have preferred to send photocopies.

*'I mean a photocopy is a photocopy of an original anyway, so why can't you send them photocopies, it is so much easier.'*

(Female, disability, 65, Pension Credit)

The security of government data was an additional concern. Customers were reluctant to send original documentation such as birth certificates as they thought that government departments had lost sensitive data of this nature recently.

*'I mean I don't particularly like letting the birth certificates or the marriage certificate go anywhere, especially nowadays when they are...missing off computers and things.'*

(Female, disability, 75, disability benefits)

These initial concerns tended not to lead to dissatisfaction among customers whose personal data was not lost, but once a customer had experienced the loss of documentation, either temporary or permanent, it had serious effects on levels of trust in future and, as a consequence, lowered satisfaction.

### **3.4.1 Issues for non-white customers and customers with a long-term illness or disability**

The ability to provide relevant documents was only a problem for customers who were born overseas and had moved around from place to place. A lack of awareness of the 'British system' and 'how things work' also had a direct impact on customers not being aware of what documents would be needed and having them readily available. Non-white customers stated that on occasion there was a presumption by TPS or DCS that certain data particular to British or western culture were in fact universal and should be available to all customers.

Customers with a long-term illness or disability were often confused regarding who should provide the necessary evidence supporting their long-term illness or disability. The cost of getting a certificate to support their DLA claim for example, from the GP was also an aspect which affected how some customers felt about

providing the documents. The additional cost of acquiring these documents could be a factor in customers not progressing their claim.

*'If I say I've got pain in my leg and my body who's going to certify me that, GP or consultant, or who's going to do that? Where should I go for that? If I go to GP if you ask for certificate for like that he'll charge me another £25.00 so what's the point?'*

(Male, disability and non-white, 69, disability benefits)

The usefulness of some supporting documents, such as letters from medical professionals, solicitors and charities, was also questioned. Some customers felt that even if these documents were sent in under approval from TPS or DCS, they would pay no attention to them, relying solely on the information they had gathered. Customers thought that TPS or DCS were only asking for them to be provided because they had no reason not to request them as the customer bore the cost and effort involved.

Acquiring information from the doctor was not difficult for all customers however. Doctors' signatures on forms were easy to get hold of, as was getting a letter written by a doctor explaining the customer's illness or disability. However, it was those customers who were seriously ill and frequently in and out hospital who found it easier to access to this service.

*'I mean if I ask, if I need any information or if the Pension people or anybody wanted any information I am quite able to go to my specialist and ask them to clarify a situation and they will.'*

(Male, disability, 78, disability benefits)

### 3.5 Areas of dissatisfaction specific to non-white customers

None of the customers involved in this research required an interpretation service to progress their claim, as all customers had a good command of the English language, even when this was not their first language. At no point during their claim were they aware of, or offered, support such as translated materials or an interpreter, etc. However, if a customer thought their language or accent was an issue, they would sometimes ask a family member or friend to make a call on their behalf.

In one example, a customer believed that because he spoke in broken English, this may have created problems when trying to progress his Pension Credit claim. He asserted that if his son had not intervened, it would not have been resolved, as staff were more willing to deal with those who have an easily understandable English accent. Other customers with strong accents had also indicated that, in their opinion, the direction of the conversation and unexpected responses from helpline staff indicated that they did not always comprehend what the customer was saying, even if they acted as if they did understand.

Customers with strong accents, therefore, may have suffered from increased levels of poor service. Conversations with helpline staff may have not conveyed accurate information and, as a consequence, more errors than would be typical could have been introduced into the application process. However, some of the non-white customers with strong accents stated that they sometimes found it difficult to understand helpline staff that had strong British regional accents, when contacting TPS. Therefore, this communication breakdown could be an issue in both being understood and in understanding what is being said.

Some non-white customers who were born outside of the UK thought that the benefits system makes a presumption that you have ready access to documents such as birth and marriage certificates, or that if you don't have these documents now, that you will be able to get hold of them without too much difficulty. In reality it may be impossible to ever do so.

One particular customer who was born outside the UK did not have a birth certificate, nor felt that she was ever likely to be able to get one as she was not sure of the exact place or date of her birth. Although TPS had not requested her birth certificate she felt that it was important that they recognise that information which they presume to be readily available, may not be, especially if the customer's cultural background does not put emphasis on recording this information. The information is of course, not just limited to birth certificates.

*'I was born in [...] China and we moved to Malaysia in 1943, and I don't know where I was born and wouldn't know how to go about trying to get a birth certificate.'*

(Female, non-white, 60, State Pension)

Non-white customers highlighted a perception that their hard work when emigrating to the UK had not been appreciated and even though they had done the jobs that no one else had wanted to do, new immigrants were better off than they were.

*'My mother, she used to clean the floor in the hospital, kneeling on her knees, she used to get £11 in her hand. She had to pay gas bill, electric bill, water bill out of it but people come here now, black come here and white, don't take me funny, but they wasn't doing this work. They wasn't doing it. [...] I was doing it, I broke my neck doing it.'*

(Female, non-white, 63, DLA)

### 3.6 Areas of dissatisfaction specific to customers with a long-term illness or disability

Many of the customers with a long-term illness or disability felt that the Government was happy to take their money when they were working, but that now they were unable to work the Government had deserted them. Many stated that they had never been economically inactive in the past, had paid tax and National Insurance all their working lives and would like to still be economically active if possible.

*'We both feel, don't we, both of us, as you said, worked all our lives, and you don't want to claim... We're not benefit people.'*

(Male, disability, 86, Pension Credit and disability benefits)

However, following the emergence of their long-term illness or disability as a factor that restricted their ability to work, they had felt that the assistance offered to them was not sufficient. Customers expressed feelings of being owed some sort of debt for the value they had brought to the system in the past and when this debt was left unpaid many felt upset.

Gathering all the necessary data to make a claim, and then posting this information, could be very difficult for those with mobility issues. If TPS or DCS lose data for a person without mobility issues it can be irritating and frustrating for these individuals to have to revisit the doctor for a replacement letter for example. However, those with mobility issues will find it more difficult and may have to rely on expensive forms of transport. Such a trip may be a real burden for some people and, if following this, the result of the claim is not positive, their frustration is only exacerbated.

*'So I had to pay for a taxi to the hospital to get this note from the consultant because there was no way I could have made it on the bus.'*

(Female, disabled, 71, disability benefits)

The customer would then frequently make telephone calls to get progress updates on the status of their claim. While initial stages of the application process for Pension Credit, DLA, CA and AA were usually undertaken by telephone, customers were subsequently often required to complete later stages by sending information by post.

Customers' definition of what constitutes a long-term illness or a disability may also differ from that of DCS. As previously stated, customers in the 2007 survey, from which the sample for this work was drawn, were self-defined as suffering from a long-term illness or disability and therefore their conditions, although undisputable, may not make them eligible to receive benefits. Some of the tests used to assess a long-term illness or disability can also seem strange to customers, with medical remedies that improve the long-term illness or disability leading to qualification for a benefit, while prior to the operation the customer has no entitlement.

*'I should be getting something you know [...]. I say well, I know all about that, but, and it did say that the only reason that I can't is that I haven't had it done. Once I've had my knee done, I've got an artificial knee, I will be able to claim it. Even though I will be more mobile, once I get my new knee, then I can claim [Disability Living Allowance].'*

(Female, Disabled, 65, DLA)

This often leads to customers seeing DLA as unfair, which in turn impacts on their general perception of benefits. In addition to this, the application process, and especially the application form, are perceived as much more complicated than with other benefits. These complex forms are not only viewed as a way of deterring people from making a claim, but are also used by DWP to 'check up' on people.

*'They used to send out quite simple forms that you could fill in, but the ones they send out now are 40 pages of repeating the same questions over and over again, which is a waste of everybody's time really. They ask the question in a slightly different way so it's just to check on whether you're telling them the truth.'*

(Female, disabled, 64, DLA)

While many customers with long-term illnesses or disabilities were under strict medical orders to relax and keep their stress levels down, the application and appeals process seemed to be unnecessarily complex and stressful. Many felt that this was the last thing they needed at this time and withdrew from the process as a direct result feeling that they were faced with a choice between the money and their health.

*'I don't even complain now, I just say look it is better, I don't want any stress. The doctor's told me to do this after that stent was put in my heart vein.'*

(Male, non-white, disabled, 69, Pension Credit)

For customers who have issues affecting their comprehension or memory, some of the security procedures that helpline staff, across all areas are obliged to complete can cause problems even before the customer, or person acting on behalf of the customer, can even start to deal with it.

*'How many times have I been verified an all in the last 14 months that I could answer questions But it's every time I ring and say who I am, "is your husband there, can we confirm bits and bobs", that's what annoys me as well. And when you say to them I can and what, well we just need him to confirm it. But he can't confirm a lot of it because he can't remember it.'*

(Customer representative for: Male, disabled, 66, Pension Credit)

Customers who were affected by this issue stated that they understood why it was necessary to have such checks, but that the systems inflexibility resulted in it not always being fit for purpose.

### 3.7 Increasing customers' satisfaction

When asked, customers suggested a range of potential improvements to the service they were offered. These were often not specifically related to their long-term illness or disability or their status as part of a non-white group, but irrespectively would have improved their customer experience and helped to avoid the areas of dissatisfaction discussed above. Many suggestions made were specific

to the customer's case so would not easily transfer into a wider context. However, there were a number of improvements suggested which had possible generic applications and these have been outlined below.

Non-white customers and customers with long-term illnesses or disabilities stated that one of the most important changes that could be made by TPS and DCS were to their helplines. Customers felt that it would be a valuable improvement if the helplines was either made free or assigned a geographical number that is compatible with mobile and landline call packages. This is especially important for those customers who have long outstanding claims who need to contact TPS or DCS on a fairly regular basis.

*'The last thing you want to do is have to keep calling them up all the time, I mean I don't have the money do I, that's why I'm applying for Pension Credit [...] I think they should have a freephone number.'*

(Male, non-white, 61, Pension Credit)

Forms and letters should be clear and concise, and forms should not ask for information which had been requested in previous applications either for the benefit in question or other government benefits. Customers would also consider information to be unnecessary if it did not relate specifically to the need they were trying to assess or did not seem to influence the outcome of the application. One customer stated that a doctor's note accompanying the application for DLA seemed to have no influence once mobility tests had been carried out.

On occasions such as this, where gathering this extra information to progress an application for any benefit involved physical effort, customers with mobility issues resented the extra effort involved when they felt it was unnecessary. Customers sometimes felt confused if letters or forms were overly complex and this could have a negative effect on the likelihood of progressing their claim. The complexity of the form could also lead to the customer perceiving that some of the information was unnecessary. Letters with too much complex information were also viewed negatively as customers just wanted to get to the key message.

Customers also thought that there should be more co-operation between government departments in updating their information. Several customers thought once you had provided information to one government department it should be available to all of them. Many were surprised when they found out that this was not already the case. This would save customers having to fill out multiple complex forms requesting the same information.

Customers found face-to-face meetings with TPS or DWP representatives very useful. Many felt that they were able to explain their circumstances better in a face-to-face setting and it would help to reduce stress, an important factor for many customers with long-term illnesses or disabilities. Some non-white customers also said they would have preferred to make a claim for Pension Credit face-to-face, as it was easier to understand what was going on and it may have gone some way to addressing issues relating to strong accents. Customers applying for Pension

Credit who were not aware of a face-to-face service stated that it would be better if they had the opportunity to progress their claim in this way regardless of what benefit they were making an application for.

*'I mean if, for instance, instead of having to deal with Cardiff all the time, if they'd had somebody, say one person here in [my local DWP office], who specifically dealt with those enquiries, and you could drop in and see them then that would be great.'*

(Male, disability, 64, Pension Credit)

Finally, customers would like customer advisors to provide a more user friendly experience by ensuring there is understanding and continuity. This could be achieved by customers having a specific advisor that deals with their particular case. This would help to ensure the customer is happy, that there is a decent level of comprehension between themselves and the customer advisor reducing the risk of errors, an important issue for non-white customers. It would also save them time as they would not have to explain the situation each time they made a new call.

*'What's the point in them giving you a name if you can't contact them? You should be able to dial that person direct, then you might get somewhere.'*

(Female, disability, 65, Pension Credit)



## 4 Conclusions

There was a range of issues which affected dissatisfaction with a claim. Many of these were not directly related to customers having a long-term illness or disability or belonging to a non-white ethnic group and we would expect these issues to exist similarly for all customers. The most prevalent issues for customers were:

- low income from benefits;
- inaccurate information/lack of information;
- unnecessarily complex process/forms;
- a perception that DCS and TPS distrust the customer, their eligibility, and the information they provide in support of their application.

However, there were some issues affecting dissatisfaction which were particularly related to the customer being a member of a non-white group or having a long-term illness or disability. One of the key issues affecting customers with a long-term illness or disability was if customers were refused a benefit (often linked to DLA, CA or AA) at a time they felt was the moment in their life when they needed it the most. Levels of dissatisfaction were unaffected irrespective of whether this benefit was directly related to their long-term illness or disability (i.e. DLA, CA and AA), or just to replace the income lost as a direct result of being forced to stop work or retire early (i.e. Pension Credit). This was compounded if the customer felt they had put far more into the system than they had taken out of it.

Some customers were under direct orders from their doctor to avoid stressful situations. Frequently these customers felt that to challenge any claim following a refused application (whether it be for DLA, CA, AA or Pension Credit), the burden of providing proof was placed on the customer and effectively required them to ignore the medical advice they had received. For the application processes which were frequently considered to be overly complex or burdensome, the claim itself could be considered overly stressful. Sometimes customers felt they were faced with a choice between their health and securing money from the Government to pay the bills.

In addition to this, gathering data, for any kind of benefit, could be difficult for those customers whose long-term illness or disability restricted their mobility. This was particularly important for those customers who were making claims related to a disability or long-term illness such as DLA, CA or AA, where the proof required for the application could require trips to a GP's surgery or hospital. As a result, not only was gathering information more difficult to physically achieve, but it could also be more expensive if the customer could not rely on cheaper forms of transport, such as the bus, which required greater mobility.

Security checks also made it more difficult for some customers with conditions affecting memory or comprehension to progress their claim. They, or the person acting on their behalf, found getting through security made an already complicated task even more complex.

For non-white customers, especially those who spoke English as a second language, the predominant issue appeared to stem from problems with comprehension, with either the customer advisors on the helplines not properly understanding the customer or, less frequently, the customer not understanding the helpline advisor because of a strong (often British regional) accent. Comprehension problems such as these were not specific to any one helpline, but instead related to the ability of the advisor to comprehend strong accents and the ability of customers to comprehend the advisor's accent. Customers with English as a second language described that there was a considerable variation between advisors in this regard. The customers who experienced this problem felt that this not only made communication more difficult, but it also meant there was a higher likelihood that there would be errors in any information they gave or received via the helpline.

Non-white customers who were born overseas also thought there could be problems in obtaining some personal documents. These customers did not have access to particular documents and were unlikely to be able to get access, but felt that there was a presumption they should be able to acquire them.